

# Exhibit 598

## National Citizens Inquiry (NCI)

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

## Witness Transcripts

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# VOLUME THREE

## | Witness Transcripts



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This title has three volumes:

Volume 1: Executive Summary

Volume 2: Analysis

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

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

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

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# 11. Transcripts

## 11.1. Introduction

The inclusion of full transcripts of each of the witnesses as part of the official record is an essential component of the Commission's work. These transcripts serve to preserve the firsthand accounts, opinions, experiences, and perspectives of those directly impacted by or involved in the issues under investigation.

**Process of Transcription:** The transcription process involved the detailed recording of all verbal testimony given by the witnesses during the hearings. A team of volunteer transcribers, utilized both manual (human) or automated (AI-based) methods, as well as multi-levels of manual reviews to ensure accuracy and efficiency. Every word is documented in the transcript, preserving the tone and context of the testimony.

**Quality Assurance:** Transcripts are carefully reviewed for accuracy. This may involve listening to the recorded testimony multiple times and correcting any errors. In some cases, unclear or disputed sections may be annotated within the transcript.

**Importance of Transcripts:** The transcripts serve multiple purposes. They provide a permanent, verifiable record of the hearings. This is important for ensuring the transparency and accountability of the Commission's work. It also allows those who were not present at the hearings to access the information presented.

Furthermore, transcripts can serve as a valuable resource for future research, policy development, and historical record. They ensure that the experiences and voices of the witnesses are preserved for posterity, contributing to our collective understanding of the issues investigated by the commission.

In this way, the transcription process provides a meticulous, enduring account of the testimonies provided by the witnesses. It plays a vital role in preserving the evidence, upholding the integrity of the Commission's proceedings, and informing future generations.

## 11.2. Opening Statements

We are proud to present full transcripts of the opening statements made at each of the eight hearings held across Canada as part of this Commission's proceedings. While these statements are not direct testimonies from witnesses, they hold significant value and form an integral part of our understanding of the proceedings.

The opening statements set the tone for each hearing, encapsulating the mood, context, and undercurrents of the deliberations that followed. Delivered by key figures in the Commission, these remarks provide insights into the purpose, motivations, and aspirations of the Inquiry. They elucidate the themes that emerged in each hearing, illuminating the unique character and concerns of the various communities involved.

These transcripts offer an opportunity for readers to delve into the emotions, reflections, and aspirations that framed each of the eight hearings. They capture the intensity, hope, and commitment that defined the opening moments of each session. Each opening statement is a call to attention and a pledge of dedication to the truth-seeking mandate of the Commission.

The Commissioners have underscored the importance of these opening statements as part of the official record. Their inclusion reflects our commitment to preserving a complete and nuanced account of the proceedings. It is our hope that these transcripts will serve not only as a historical record but also as a source of insight and understanding for future generations as they reflect on this pivotal period in our national journey.

With the availability of these opening statement transcripts, we invite you to immerse yourself in the spirit and resolve that catalyzed each hearing, deepening your understanding of the proceedings and the invaluable contributions made by all involved.

### 11.3. Witness Testimony

We are honoured to present to you the complete transcripts of the testimonies provided by both lay and expert witnesses during the hearings of this Commission. These accounts form the heart of our proceedings, encapsulating a wealth of experience, knowledge, and insight that has been crucial to our understanding of the issues at hand.

Lay witnesses—those individuals who have lived through the events under investigation—provide personal, firsthand accounts that breathe life into our understanding of these experiences. Their testimonies paint a vivid picture of the human impact of these events, revealing the deeply personal and often poignant realities that lay behind the facts and figures. These accounts provide an invaluable perspective that helps us appreciate the complexity and the human dimension of the issues we are exploring.

Expert witnesses, on the other hand, provide a different yet equally valuable perspective. Drawn from various fields such as healthcare, education, law, and social sciences, these individuals offer insights grounded in extensive study, research, and professional experience. Their testimonies help us to understand the broader context, uncover underlying mechanisms, and explore potential solutions.

Both types of testimonies—lay and expert—are integral to our investigation. Together, they offer a nuanced and multifaceted understanding of the subjects at hand. The dialogue between personal experience and professional expertise deepens our appreciation of the complexity of the issues under review, informing our deliberations and guiding our recommendations.

The transcripts of these testimonies, painstakingly prepared by our dedicated volunteer transcription team, offer an accurate, detailed, and enduring record of these proceedings. They ensure that the voices heard during the hearings continue to resonate, informing and inspiring future discussions and decisions.

As you explore these transcripts, we invite you to reflect on the diverse perspectives, experiences, and insights they represent. These are the voices that have shaped our work, and we hope they will also shape your understanding of the important issues that have been brought before this Commission.

## 11.4. About the Transcripts

Our transcription volunteer team was a dedicated group of individuals who committed their time and expertise to support the essential work of this Commission. Their collective mission was to ensure the accurate and comprehensive documentation of each witness's testimony, preserving their stories and contributing to a deeper understanding of the issues at hand.

This team was comprised of a diverse and skilled group, including both professional transcriptionists and individuals with strong listening and typing skills from various backgrounds. They were united by their shared dedication to accuracy, attention to detail, and respect for the content they handled.

Our volunteers understood the importance of their role in this process. They were committed to translating the spoken word into text with the utmost care, maintaining the tone and intent of the original statement, and ensuring that every voice was accurately represented.

Their work played a critical role in ensuring transparency, promoting accessibility, and preserving the historical record of these proceedings. Through their efforts, we maintained a thorough and lasting account of the testimonies presented to the Commission, contributing to our collective understanding and memory of these impactful events.

In recognition of their dedication and important contributions, we extend our deepest gratitude to our volunteer transcription team. Their unwavering commitment to this task reflected the spirit of service, civic engagement, and commitment to truth that was central to the work of our Commission.

# VOLUME THREE

## | Witness Transcripts



# VOLUME THREE



## | Witness Transcripts

Part 1 of 9: **Truro, Nova Scotia**





**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
TRURO HEARINGS**

**NCI | CeNC**

**Truro, Nova Scotia, Canada  
March 16 to 18, 2023**

## **ABOUT THESE TRANSCRIPTS**

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

### EVIDENCE

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Opening Statements: Ches Crosbie and Commissioners

Full Day 1 Timestamp: 00:42:37–00:51:53

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

#### **Ches Crosbie**

Thank you, everybody, for your patience during this little bit of delay. We had some technical things to work out. As you can see, we've got a fairly big array of equipment here and talented people working it. Apparently, the Wi-Fi was not quite as muscular as we might have hoped. That was one problem. But I think we've got the bugs worked out of it. And the reason we have all this, of course, is we want to reach a bigger audience than the people in this room.

I've been walking around and chatting with some of you, and I get a real sense of excitement and anticipation from the folks I talked to, that they want a process that is going to bring the truth out. And that's what the NCI—the National Citizens Inquiry—and the commissioners are here to deliver to the people of Canada. And that's the truth.

So this is the first of nine hearings that are going to be held across the country: the first one being here in Truro, National Citizens Inquiry. And they're each three-day hearings, and I want to welcome the commissioners. I want to welcome the witnesses, on-site guests, all those following the proceedings from home. My name is Ches Crosbie. I'm a long-time lawyer in Newfoundland and Labrador, and I focused on medical malpractice and class actions. I have a King's Council designation, and I was Leader of the Opposition in the House of Assembly in Newfoundland and Labrador. That's when I chose non-practicing status, so I'm not a practicing lawyer. This means I can't give legal advice or act as a barrister and solicitor in the courts. My position under the rules of this Commission is **Administrator**.

**The Commission is consensual, it makes its own rules, and has no legal powers based in statute. It's based on the desire of Canadians for the truth. Now I'd ask commissioners, in light of this truth-seeking mission, to just say a few words about who they are and why it is they've chosen to devote such substantial volunteer time to the mission of this Commission of truth-seeking. Perhaps we could start on this side, Ken.**

#### **Commissioner Drysdale**

Hi, I'm Ken Drysdale. I'm a professional engineer with 41 years of experience. I spent a lot of that time preparing forensic engineering reports for various technical issues, and so

that's kind of the background that I bring to this. On a more human side, I have six children, four grandchildren, two godchildren, and that's the reason I'm here.

**Commissioner Kaikkonen**

Good morning. My name is Janice Kaikkonen. I am here for all sorts of reasons like you. I really believe that the truth must prevail in all our discussions. I'm hoping for open discussion and debate to come back into this country and that our freedom of expression, or constitutional rights and freedoms, are honored once again as the bedrock of our foundation. I have seven children and seventeen grandchildren. I often have to think about how many there are. I work with vulnerable populations, the people who are most at risk, in my day-to-day. I'm an academic and I'm also a researcher. And most recently I was elected as a school board trustee in Ontario.

I live on a farm. I raise turkeys as well. So, I kind of have all the bases covered. And I'm here to hear you. I'm so thankful that there's so many of you who are willing to step up and to speak. I think it's very important. And we will do you justice and we're going to listen. Thank you.

**Commissioner DiGregorio**

Hi, my name is Heather DiGregorio. I am a lawyer from Calgary, Alberta. I've been practicing at a regional firm in Alberta for close to 20 years. My area of law has been tax, so a little bit different from what we're talking about here. I've appeared at all levels of court for tax:

[00:05:00]

the Tax Court of Canada, the Federal Court of Appeal, most recently at the Supreme Court of Canada.

But why I'm really here is, my wish is that we have an honest and open inquiry here with a group of people who are all committed to be open-minded and to hear from Canadians and really get to the bottom of what it is that we did as a country in our pandemic response, and what effect did it have on us. And we want to determine, was there anything we did that worked? What can we do different next time? And we're here to listen, we're here to learn, and we're going to come up with recommendations on how to deal with the next one that comes along. And that's why I'm here.

**Commissioner Massie**

[In French] Hello everyone. Hello everyone, I'm Bernard Massie. I'm a consultant in biotechnology. I retired as a scientist at the National Research Council, where I worked for 35 years in biotechnology with expertise in therapeutic antibody development and adenoviral-based vaccines. [In English] I'm going to translate that immediately. My name is Bernard Massie. I'm a retired independent consultant in biotechnology. I've been working at the NRC for 35 years, in the area—to simplify—of therapeutic antibody development and adenoviral-based vaccines.

So I'm bringing to the table, I would say, scientific expertise in therapeutic antibody development. And, as with the other members of the Commission, on a human level I was really—I would say—amiss with all the stories I was hearing from the scientific community and medical community, which to me didn't jive with my understanding of the science. And

I wanted to go to the bottom of it. So that's why I thought I could join the Inquiry and listen to people that can actually bring their perspective on what happened during this crisis of the pandemic.

I have five children, two grandchildren, and I'm really concerned world we're trying to build for them. And I'd like to see something different for the future. And I'm hoping that, with this inquiry, we're going to let truth emerge and we're going to try to find ways to do better next time.

**Ches Crosbie**

**Thank you kindly, Commissioners. There's a fifth Commissioner, Christian Grebe, who has a very distinguished track record. She has a PhD in history. She knows a lot about war crimes and crimes against human rights. She's a practicing lawyer in Alberta, and she'll be able to say a bit more about herself when she appears at the next hearing.**

Our rules provide for commissioners, in case of necessity, to not attend. But they have to either be present virtually, so that they can be taking in the evidence as it comes out, or they can review it later. It gives us that bit of extra flexibility.

Now, given the time thing that's gone on here, as much as I might like my own opening remarks, I'm going to suspend them for right now. I think we'll go straight into the evidence. I might get a chance to make these remarks anticipating the evidence that the commissioners should expect to hear sometime later in the proceedings.

Right now, I guess we should really go to our first witness. Are we okay with that? Are we ready to go?

Okay, let's go!

[00:09:27]

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 1: Dr. Chris Milburn**

**Full Day 1 Timestamp: 00:52:05–01:36:03**

**Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>**

[00:00:00]

**Chad Horton**

Good morning, everyone. This certainly isn't about me, but just by way of very brief introduction: My name is Chad Horton, and I'm a partner at MacGillivray Injury and Insurance Law. And I'm here today and for the next couple of days to help facilitate this process and help these witnesses tell their stories.

Dr. Milburn?

**Dr. Chris Milburn**

Sitting in front of a lawyer is a place a doctor never wants to be.

**Chad Horton**

Here we go. Before we get into the details of your examination, can you kindly provide the Commission with an overview of your education, training, and experience?

**Dr. Chris Milburn**

Sure. So my name is Dr. Chris Milburn. I'm a native Nova Scotian. I graduated in 1999. I've been a full-time emerge. doc, been involved with family medicine. But also—importantly for the purposes of this—I've been quite involved with public health in several roles, both on several local committees, local initiatives over many years. I was a member and then head of the Canadian Medical Association Committee on Healthcare and Promotion, which is one of their core committees that deal with public health issues. I was a long-time member and then the chairman for the Doctors Nova Scotia Public Health Issues Committee. So I have a foot in public health and a foot in frontline medicine.

**Chad Horton**

Now, you may have somewhat answered this question already. But what are your primary areas of interest and involvement in medicine?

**Dr. Chris Milburn**

Emergency medicine and public health are probably at the very opposite poles. Public health deals with populations and big picture recommendations—what’s best for this population. Emergency medicine is the most focused part of medicine; it’s one patient, one problem, at one instant at a time. So I have a real interest in both of those, which are in a way polar opposites, but they really should connect.

**Chad Horton**

Okay, and what was your specific role in early 2020 at the beginning of the pandemic?

**Dr. Chris Milburn**

So when the pandemic began, from the public health point of view, I was still Chair of the Public Health Issues Committee for Doctors Nova Scotia. But I was also the Chief of Emergency Medicine for eastern Nova Scotia, the Eastern Zone of Nova Scotia Health Authority. So, I had a kind of a high-level oversight role on 13 different emergency rooms and urgent care centers from Antigonish right up to the tip of northern Cape Breton.

**Chad Horton**

Can you explain your professional responsibilities as the Emergency Room Chief of the Eastern Zone?

**Dr. Chris Milburn**

Yeah, so I was responsible for making sure that we had a coherent approach to providing emergency care for that zone. You can imagine that was kind of a broad role. And so when COVID hit, my role was to take all these new policies and procedures and to make sure that our staff at all the different sites was aware of what the approach was going to be—what was the safest and best approach to see a patient who might be infected with COVID. So I was really kind of taking the policies and procedures that were being developed at a high level and trying to get our staff on the front lines up to speed.

**Chad Horton**

Okay. So setting aside your duties as Chief of Emergency, but within your role as an emergency room physician—and I appreciate this number likely varies, but on average—how many patients could you expect to treat in the run of a regular week?

**Dr. Chris Milburn**

Yeah, so to some degree my schedule is flexible but in a full week where I might do, say, five shifts I could see up to 150 patients a week. So I was more or less functioning as a full-time emerge. doc and doing the chief job sort of in my spare time, we’ll say.

**Chad Horton**

That sounds busy.

**Dr. Chris Milburn**

Yeah, never bored.

**Chad Horton**

So, can you confirm for the record, Dr. Milburn, that you've actually provided me with a copy of your CV?

**Dr. Chris Milburn**

Yes, I have given you my CV [Exhibit TR-20].

**Chad Horton**

Okay, we'll make that available to the Commission.

So based on your education, training, experience, and any clinical literature that you had read or were familiar with,

[00:05:00]

what was your understanding of the danger posed to public health by COVID-19?

**Dr. Chris Milburn**

I'll try to give you a brief answer. So, when COVID first reared its spiky head in China, there was a lot of fear. I was one of the ones who was afraid because we have a very unstable and fractured emergency system already with a lot of worker shortages. So we were struggling to provide care. And when we kind of looked at, you know, first China and then Italy and then New York City, we were quite afraid of what might come. At first, we thought—we were given the idea that—there's an extremely high mortality rate and that, quote unquote, "everyone was at risk." That was actually a quote from our premier at one point. But very quickly, in the first month or two, the data started to come out. The average age of death was 80 or more than 80 in Italy. It became clear pretty quickly that it was very, what we call "risk-age stratified." And it turns out that for a young, healthy person, the risk is maybe somewhere around one 5,000th to one 10,000th of the risk for an elderly, unwell person. So, by the summer—certainly by June or July of 2020—that age stratification of risk was becoming apparent.

**Chad Horton**

Okay. Now, would you have been in a position in your role as an emergency doctor and Chief to personally observe the impact of both the COVID-19 illness and also the impact of COVID policy measures on Nova Scotians in your area of responsibility, being the Eastern Zone?

**Dr. Chris Milburn**

Yeah, for sure. So, we had sick COVID patients, mostly, almost entirely elderly or what we call comorbid, and that was an issue. But I believe, in my experience, it pales in comparison to the issues that I saw both as Chief, you know, second hand, but also just personally working as a frontline doc: the impact that things like hospital shutdowns had. For instance, I can rhyme off several patients who died of cancers that I believe they didn't need to die of because their care was delayed. I had patients who were scheduled for joint replacements who were living in chronic pain and suddenly saw the wait list stretch out over the horizon for them. I saw—I look after a nursing home for the last few years—and I saw those patients locked down. I saw patients in nursing homes give up, stop eating and

die because they were essentially prisoners and couldn't see family. You know, I watched family outside windows crying, looking at patients inside. So I saw these terrible impacts of COVID policy, and they were much more prevalent. They were a much bigger issue than the impacts of actual COVID.

**Chad Horton**

Can you just repeat your conclusion again, what you just said at the end?

**Dr. Chris Milburn**

Yeah, I think there's a lot of talk on the impacts of COVID. When we hear this in the mainstream news, or we hear politicians or bureaucrats talking about it, they talk about how COVID impacted us in the last few years. But although I did see some very, very elderly, very unwell people die after they got COVID, I didn't really see it shortening lifespans. But I saw major impacts on the population from COVID policy. So, I'd like to distinguish those. There's impacts of COVID policy, which I think were huge. There's impacts of COVID, which I think were relatively small if you parse them out.

**Chad Horton**

So you're talking about impacts of COVID policy, or you spoke about that partially. I want to explore that a little bit. Now, you described numerous observations you made over a period of time. During the relevant time that you were just discussing, did you look for answers regarding either the reasoning or the data supporting the policy decisions behind the scenarios that you've just described to us?

**Dr. Chris Milburn**

I did. So, as Chief of Emerge., nurses I work with and a handful of physicians

[00:10:00]

were concerned with policies. For instance, universal masking policy: Was that really necessary, was it justified? It was extremely uncomfortable for nurses, and these policies were made by somebody who sat behind their own desk in Halifax and never had to wear a mask. So, it was easy for them to make policy. When I asked for the justification, what I ended up getting back was either nothing in most cases, or when I did get back answers, the answer was, "Well, our committee met, and we decided." I was never provided with justification: "Here are the papers. Here are the minutes from the meetings." The committee that decided these things was in camera. We were not privy to what was happening. They'd never ask for our feedback on policies. They'd never ask for what we saw as the impact of those policies, how do you see this playing out, is this good or bad?

So, we did— And I say "we" because, as a group of doctors, behind the scenes, we sent several emails to Dr. Strang to ask for things like, for instance: What's the justification behind recommending vaccinating children? The recommendations in Nova Scotia seemed to actually go against the recommendations of NACI [National Advisory Committee on Immunization]. And we sent formal letters. I sent informal emails, and the best I ever got back was, "because our committee decided."

**Chad Horton**

So just one little point for the people watching at home or for members of the audience: When you say most of the meetings were in camera, what does that mean?

**Dr. Chris Milburn**

It means they were private; they involved politicians, the Health Minister, the Premier; they involved some hand-picked bureaucrats; but physicians like me were not asked to be part of it. We were not privy to the notes, we were not privy to the data that was used. Those were private, confidential meetings.

**Chad Horton**

And did you specifically ask for the notes or the minutes coming out of those meetings?

**Dr. Chris Milburn**

I specifically asked how those decisions were made. Could they please give me the justification? And again, I either got nothing or, "our committee decided, and that's why."

**Chad Horton**

Do you have any more specific recollection of what sort of responses you got to those inquiries?

**Dr. Chris Milburn**

No, not much recollection because the usual reply was none. Emails would go off and they would disappear into a black hole and I would never hear back; they were mostly ignored. And that includes recently too. I've still been asking, and they're still ignored and sucked into the black hole.

**Chad Horton**

The black hole. So, no response whatsoever?

**Dr. Chris Milburn**

No response was the most common response.

**Chad Horton**

And what was your perception about what was going on there?

**Dr. Chris Milburn**

Well, I think my perception is very much like most people who attempted to get answers. And the perception is that these decisions are— There's a saying, "when you mix politics with science you end up with politics." And these committees did have people like Dr. Strang and some upper-level doctor bureaucrats on them. But the decisions, I do not believe, were scientifically-based. I think they were politically-based and that's why we couldn't get an answer back. Because it was a political decision made for a certain appearance rather than, you know, following the science, so to speak.

**Chad Horton**

So myself as a Nova Scotian, who occasionally listens to the radio, I do have some first-hand awareness of the fact that you had been in the media and had some involvement. But can you briefly describe your media involvement over the years?

**Dr. Chris Milburn**

Yeah, I've always been an outspoken guy. I'm willing to say my views in public and to try to back them up. And so, for many years. I've done interviews on CBC Radio, including— I was asked to be part of this thing called the "Issue Panel" [Exhibit TR-20a], which is a regular feature of CBC *Information Morning* in Cape Breton, where they get three people on, they throw out an issue that's topical in the news. The three people debate it and argue it. It's kind of off-the-cuff. I had been on this for a number of years. I can't tell you exactly how many times, but every few months I get asked to be on. And the typical way that would happen was they'd ask me, could I be on next Thursday? And then a few days before—or just the day before—I get an email saying, "here's going to be the topics." Because of my schedule, I would typically look at that— This particular time that we're about to discuss, I looked at the email at midnight and I was to be on at 7:30. And I noticed that the topic was COVID policy.

And I kind of thought, "Well, this is bound to be controversial." But I felt—

[00:15:00]

By that time, I had tried to get answers from within the system. And I just felt that the public needed to know that there were physicians, nurses, other people out there who had an inside view on the system but didn't agree with the policies. Because there was, I believe, a real attempt to make it look like all the doctors were onside. And I decided to go ahead and speak my views. I made it clear that I was not speaking for NSH [Nova Scotia Health]. I was speaking as my own self, but I felt people needed to know there was another side to this and some doctors felt differently.

**Chad Horton**

I understand from your evidence that you were on the "Issue Panel" by invitation a number of times over a period of time. When is the last time you appeared on the issue panel?

**Dr. Chris Milburn**

So, yeah, this would be in June of 2021. The move to vaccinate every human being in Canada was well in full swing. And I was asked to be on. Like I say: I looked at the email the night before. The issues that came up that day were: Number one, the schools had just been put back in. They had been out for quite some time; they had just been put back in. I was asked what I thought of them going back in. And what I said was, I don't think they should ever have been out. I think there was clear evidence that was bad for kids to be out of school. Kids were not at risk from COVID, nor were they vectors. So I don't think they ever should have been out. So I kind of contradicted public health statements in that way.

Number two, I was asked what I thought of potential vaccine passports, because they were just kind of on the horizon at that point. I said, number one, I think they're unconstitutional. And I also made the point that these vaccines were brand new. And by definition, we did not know long-term side effects. That's not an opinion, that was just truth.

And the third thing I said that turned out to be controversial was that I thought the public health role should be advisory, not a rulemaking body, because they were unaccountable. And that when we gave them this much power, that some people enjoyed that amount of power. And history shows us that people who are given power only give it up reluctantly. I made those points. And that was the last time I was ever asked to be on the “Issue Panel.”

**Chad Horton**

And more specifically, when was that? What was the date?

**Dr. Chris Milburn**

Yeah, so I can kind of tell you how things played out. So, that was on a Thursday morning. I got numerous—

**Chad Horton**

What month was that?

**Dr. Chris Milburn**

I’m sorry, early June 2021.

I can’t tell you exactly, but it was a Thursday morning. I got tons, actually tons, of supportive emails through the next couple of days. And then on Saturday, I got an email from friends saying, “Did you hear that Strang got ambushed at a press conference?” And I looked it up and saw the clip. And Tim Bousquet of the *Halifax Examiner* had ambushed Dr. Strang with questions. He said, “Did you hear that Milburn told people not to get vaccinated and basically said you were power hungry?” So it was a mischaracterization of what I said.

I’ve had, what would you say, very reasonable communication with Dr. Strang in the past. So I sent him an email basically saying, “Look, I saw that you were ambushed.” I didn’t say it that way, “I’d love to talk to you, here’s my cell number.” So I reached out. Later that day, saw his reply, which was: “Milburn should stick to emergency medicine, and I’ll take care of public health.” And basically, accused me of not being qualified to speak because I wasn’t an expert like him. So I didn’t get a reply back from the email. So as I described it, I felt the icy winds blowing.

On the Tuesday morning, I got a call while I was at work from Dr. Don Bryan, head of the Eastern Zone: we had a long conversation. He explained to me that I had created vaccine hesitancy, that—as Head of Emerge.—it wasn’t appropriate for me to ever criticize public health. That, you know, I had sort of undermined the NSHA [Nova Scotia Health Authority]. And I was told that I was no longer Head of Emerge. as of that point. I asked Dr. Bryan—the one thing I asked him, he and I have been colleagues for years— “I’m fine with all that. If that’s your decision, I obviously can’t argue it. But please put this all in a memo. What you’ve told me, please be public with it. I am going to be asked why I was fired. I would like you guys to state why I was fired, because you’re the ones firing me.”

More than a week went by.

[00:20:00]

I think he probably went to the lawyers of the NSHA. And the statement that came out said, “Dr. Milburn is no longer head of Emerge., thanks very much for your service.” So, they never publicly said all of the things that Dr. Bryan told me in a 25-to-30-minute conversation, creating vaccine hesitancy, et cetera, et cetera. All the reasons I was fired, they would not put in writing.

**Chad Horton**

Do you have any awareness of any record of that conversation?

**Dr. Chris Milburn**

No. Like I say, I actually worked in the same office as Dr. Bryan. And part of my work— We had a great relationship for many years, so I trusted him. You know, looking back at it, I guess you should always record these things. Trust no one. But I kind of, really innocently thought that he would actually be honest and open and actually say what he’s told me publicly. And I was very wrong.

**Chad Horton**

I just want to unpack a little bit of what you said there. And what I’m hearing is that one of their concerns was that you were promoting vaccine hesitancy. Was anything communicated to you with respect to what specific statement you made that could be construed as promoting vaccine hesitancy?

**Dr. Chris Milburn**

Yes. One of the things people should note and might be surprised: I’m vaccinated myself. I got two: I got the first two vaccines because we were told at that time. As a frontline staff, I work with the most critically ill and comorbid and elderly people there are in our community there; I’m face-to-face with them on a regular basis. I was told that by being vaccinated, I would prevent or at least greatly lower my odds of passing it on. So I was vaccinated myself. So I’m a vaccinated anti-vaxxer. But in terms of promoting vaccine hesitancy, my great sin was in saying that this was a new vaccine and the side effects— especially the long-term side effects—were not well spelled out. So by definition, we couldn’t develop a risk-benefit ratio.

Because whenever I speak to a patient about getting any treatment, be it a vaccine or something else, I always talk about, “Here’s the benefits to you, here’s the risks to you.” The patient always makes the final decision. But I could say, based on this, I would recommend it or I wouldn’t. I didn’t have that information at that point. I couldn’t advise somebody this vaccine is more benefit than risk to you. I only got it myself. I didn’t know the risk-benefit ratio, but I was willing to take the chance because I thought it would prevent me from passing on to my patients. I did it as a safety thing for my patients.

I wouldn’t have recommended it to anyone else at that point with the dearth of evidence. But that was what I did. From Dr. Bryan’s point of view, I created vaccine hesitancy by daring to say that the vaccine might have side effects that we don’t know about.

**Chad Horton**

Now, I understand from the commencement of your testimony that you’ve been a practicing physician for more than 20 years. I understand from your testimony that you

have significant emergency room experience, and you also advise that you had involvement in public health—or at least a strong interest in public health.

**Dr. Chris Milburn**

Great interest for over 20 years, and involvement.

**Chad Horton**

Within the scope of your education, training, and experience, do you have any knowledge—or is there any perspective that you're aware of within the medical realm—that that statement that we do not have long-term safety data was incorrect?

**Dr. Chris Milburn**

It turns out it was very correct. The first data on myocarditis was coming out at that time, but it wasn't public. It turns out we've had—I believe it's over 80 cases in Nova Scotia alone. That's the government data, not mine. And if you look at the Nova Scotia government website, they've admitted to a host of other side effects, which were not apparent at that time and certainly not told to the patients at that time when they were choosing to be vaccinated or not. They were not told about these potential side effects. So I stand by my statement. It's just become more and more true over time.

**Chad Horton**

So was it your understanding at that time, to put it directly, that you were stating an objective fact?

**Dr. Chris Milburn**

Yeah, what I said—"we don't know long-term side effects"—was just a fact because that's just true with a new vaccine. It's not an opinion, it's not, "That's Milburn's take on it." That is just a fact, like the sky is blue.

**Chad Horton**

At any point during your career as an emergency physician or chief in Nova Scotia, did you ever sign any agreement or contract—or were you ever told—that there were restrictions

[00:25:00]

on the opinions you could express, either as a private citizen or within your capacity as a doctor?

**Dr. Chris Milburn**

No, absolutely not. I always labored under the impression that I had the same rights to free speech as anyone else in Canada. I was always extremely careful because I not only was on the "Issue Panel" but I got interviewed about other things on the radio or in the newspaper. I always made it—I always took great pains to say, "This is my personal opinion. I'm not speaking for the Health Authority." I made that very clear. So I never signed anything to say that I would agree to agree with all of my colleagues or agree to agree with Dr. Strang or not criticize my profession.

Matter of fact, I think it's essential that we physicians do. I was very critical of my profession during our complicity in the opioid crisis and thank God we were allowed to speak out and we've somewhat turned that around. It's just essential for docs to be able to speak out and we have— No, absolutely I never signed anything and was never told that I wasn't allowed to speak out.

**Chad Horton**

Okay. And from your earlier testimony, I understand that you had issued correspondence. Or I think, as you described it, you were seeking answers to the reasoning behind various policy decisions, correct?

**Dr. Chris Milburn**

Correct.

**Chad Horton**

Okay, and when you did that, did you express any of your personal concerns, whether in your capacity as a private citizen or as a medical professional? Did you express any concerns about the policies that were being implemented in Nova Scotia?

**Dr. Chris Milburn**

Yeah, absolutely. I had concerns like, say, that the masking policy really decreases job satisfaction. It makes retention difficult. The school closure policies were very destructive for children. I expressed these both to some degree publicly. But behind the scenes, I expressed these over and over—numerous concerns I had

**Chad Horton**

Okay, and was it your understanding that your termination was specifically related to the comments you made on the CBC program?

**Dr. Chris Milburn**

It absolutely was. Dr. Bryan made that very clear to me on the call. Matter of fact, I had had a very good performance review just several weeks before with Dr. Bryan and then I appeared on the radio. And I was told that because of what I said on the radio, I was being terminated.

**Chad Horton**

Okay, so prior to your termination: After you had expressed concerns internally and asked questions about policies, did anyone professionally ever approach you and suggest that those views were unacceptable, that you had unacceptable views?

**Dr. Chris Milburn**

Sorry, after I spoke out or before?

**Chad Horton**

Prior to your termination.

**Dr. Chris Milburn**

No, I was never, definitely. I understood that some doctors disagree with me, and some agree with me, but I was never told that I wasn't allowed to have those views or not allowed to express them, no.

**Chad Horton**

So was your first awareness that your expressions were problematic at that termination meeting?

**Dr. Chris Milburn**

Yes. But I will say that I'm far from innocent to these things. I knew the lay of the land. I had watched other doctors be dragged through the mud and walked over the hot coals because of speaking out with their views. So when I said those views, I knew they were potentially controversial and would potentially make some people angry at me.

Did I expect to be fired as Chief of ER? I did not. I didn't think it would go that far, even though I knew that it would ruffle some feathers.

**Chad Horton**

Now, you indicated previously—and we didn't explore this, but you indicated—that after your appearance on that particular CBC program in June of 2021, you had said that you had received supportive emails. Can you explain what you mean by that? Can you elaborate please?

**Dr. Chris Milburn**

Yeah. I was on the radio at 7:30 am and I started to get texts. And then by the time I first checked my email a couple hours later I had a couple of dozen emails in my inbox. Within a week I had, I would say, at least a couple of hundred emails of people supporting me. After I got fired and that came out, I know for a fact that the NSHA and Dr. Bryan specifically received a lot of angry emails sort of supporting me and supporting my right for free speech. So I know there was a lot of support on my side.

[00:30:00]

There were detractors too. A Twitter mob came after me and organized to launch a formal complaint about me. That was all very public on Twitter. So there were both sides but there was a lot of support.

**Chad Horton**

A formal complaint on the basis of what?

**Dr. Chris Milburn**

That's all— You can read about that on Twitter. For various reasons, I'm not allowed to talk about that, but you can see that playing out on Twitter.

**Chad Horton**

So after you were terminated as Chief of Emergency, do you know if and when that position has been filled?

**Dr. Chris Milburn**

Yeah, my understanding— It was a very busy job. Theoretically, I was paid as a 0.2 position, but it wasn't much more than that. So there's two people filling that role now, one for one part of the zone, one for the other.

**Chad Horton**

So am I understanding correctly that your responsibilities were delegated to two of your colleagues?

**Dr. Chris Milburn**

Correct.

**Chad Horton**

Not a new hire?

**Dr. Chris Milburn**

Not a new hire.

**Chad Horton**

And I believe you testified earlier this morning that in your capacity as an emergency room physician, you would treat—or you could expect to treat—approximately 150 patients per week?

**Dr. Chris Milburn**

That would be a big week. That would be sort of the maximum I'd see in a week. But yeah, the average week would be definitely over a hundred.

**Chad Horton**

Okay, average over a hundred. And where are you practising now, and in what capacity?

**Dr. Chris Milburn**

I am an old-fashioned rural family doctor now. I work in the small village of Canso in a tiny hospital there. And I do everything from palliative care, house calls, to I mind the ER and whatever comes in. I do family practice, and I take a mole off if you need it. So I'm an old-fashioned country doctor.

**Chad Horton**

I expect that the community appreciates you. So after leaving your previous role as an emergency room physician, wherein you would see between 100 and 150 patients per week, do you know if and when the vacancy that would have created has since been filled?

**Dr. Chris Milburn**

Well, Nova Scotia Health is constantly recruiting. Since I left that position, I have had colleagues retire; there's been new hires there. So the answer is they don't specifically advertise my one position and try to fill that one position. It doesn't work that way. We have sort of a stable of doctors. And when I stopped working in at the regional site as an Emerge. doc, it just meant that 12, 14 shifts per month were unfilled and the other docs had to step up and take more shifts on. So it made things busier for everyone else. That does affect the overall picture, because these are doctors who might have picked up shifts that would have been empty in a rural Emerge., but now they are doing more shifts in Sydney. So it does have an impact on the overall lay of the land in terms of staffing.

**Chad Horton**

Dr. Milburn, broadly speaking, what motivated you to come in and speak with us today as part of this process?

**Dr. Chris Milburn**

Yeah. There's a whole other side to COVID out there that has not been well-represented in the mainstream media, in discussions, in statements from our chief medical officers of health or our premiers. There's many, many Canadians who feel that these policies were overreach, probably unconstitutional in many ways, and that they were destructive and harmful. That side of the debate has not been well represented, and I just want to be a part of getting that message out there: that there is another side. I don't think I'm always right, maybe I'm wrong on some things, but we have to have the debate. You know, science is about debate and arguing. Einstein said science can only flourish in an atmosphere of free speech. So that's why I'm here.

[00:35:00]

**Chad Horton**

Final question. Based on what you just said, as you've gone through this process, are you aware of any like-minded physicians practicing in Nova Scotia who share the concerns that you expressed today?

**Dr. Chris Milburn**

There are many. There's a saying: punish one, silence a thousand. And there are a lot of doctors behind the scenes, a lot of doctors and nurses who would love to speak out. I know there's some doctors who wanted to testify here but are still uncomfortable to do so. Doctors and nurses were kind of held hostage because, if we lose our position, it impacts— We can't care for our patients. And when it comes right down to it, doctors and nurses want to care for their patients. So the threat of job loss or losing our licenses or whatnot is used basically. Our love of our patients and our desire to care is actually used against us here. And it works well.

I can tell you there are many, many doctors who'd like to speak out; many, many nurses who'd like to speak out; many other health care workers. And they still don't feel comfortable, even though we're in 2023.

**Chad Horton**

Dr. Milburn, thank you for coming in and answering these questions today.

**Dr. Chris Milburn**

Thanks for having me.

**Chad Horton**

Don't leave.

**Ches Crosbie**

I apologize Dr. Milburn; I should have sworn you in before, but we can fix that.

**Dr. Chris Milburn**

Okay. I can assure you my wife swears at me enough!

**Ches Crosbie**

Dr. Milburn, do you affirm that what you have told the Commission of Inquiry is the truth, the whole truth, and nothing but the truth?

**Dr. Chris Milburn**

Absolutely.

**Chad Horton**

Thank you. And one final point. For the Commission's consideration, as Dr. Milburn indicated, he's provided me with a copy of a CV. We will forward that to you for your consideration. And also, two news articles: a CTV article, "Cape Breton doctor removed as head of emergency medicine for Eastern zone" [Exhibit TR-20a] and another article by *SaltWire*: "Dr. Chris Milburn wants health authority to tell public reason for firing" [Exhibit TR-20c]. We will put those in for the Commission's consideration. But they are a matter of public record.

Thank you, Dr. Milburn.

**Commissioner Massie**

Dr. Milburn, I want to ask you two clarifying questions. The first one is about the first impression or reading that you had about the potential risk associated with the vaccine. And yet you decided to take the vaccine, considering that this could be the right thing to do, given that you were facing vulnerable people and you didn't want to put them in danger.

So my question is: you've been working in public health, so you probably have a notion about epidemiology and all of these things that would actually support that kind of decision based on anything you had available. So, my question is: What was your assessment at the time in terms of the potential for these vaccines to actually benefit in stopping or reducing transmission?

**Dr. Chris Milburn**

I'm not a vaccinologist, but I know enough about vaccines to know there's certain things like smallpox and measles, which don't mutate, so the vaccines against them work very well. We don't have smallpox now because we have a smallpox vaccine and we eliminated smallpox. There's other things like the flu. We've had flu shots for 25 years and we still have the flu. I knew that COVID fell more into the realm of the flu.

But I think at the time when the vaccines first came out, we were still learning a lot about COVID. So I wasn't sure: Is this going to be more like measles or more like the flu?

[00:40:00]

The initial data—which I now look at in a very different way, let's say I don't trust it much—seemed to say that it did decrease your odds of contracting COVID and therefore passing COVID on by a lot. So again, I had assessed my own risk by January or February of 2021 when I got vaccinated. I had assessed my own risk as being low, so I didn't get vaccinated for me. I didn't think I needed it. I thought I would do fine with COVID, being skinny and relatively healthy. But I got it because I thought it would reduce the odds of passing it on. Obviously, the data was in its infancy at that point, so I knew that that wasn't a sure thing. But I went into it knowing that. And I was fine with taking that risk on myself, but I was not fine with pushing that risk on anyone else.

**Commissioner Massie**

Okay. The other question is more of— I'm asking about your opinion. You mentioned that even today, in 2023, a lot of people in the medical field practicing in hospital and nurses and so on are still reluctant to raise any issue they might have about past or even current policies. Based on your experience in this area, what would be your best guess of why is it that people are still locked, and what would it take to unlock and speak?

**Dr. Chris Milburn**

I'm going to go by memory, but I believe it was in 2021: every physician in Nova Scotia got an email from the College saying, "Your duty is to support all public health policies. So far, we have not had any problem with anti-maskers or anti-vaxxers." They actually used those words in the email to us, "and we appreciate your compliance." And they talked about the need for unanimity. The College is the body that gives us our license or can take it away.

So it's not just physicians feeling like they might get in trouble. It's the College saying: "You will agree with public health, you will be unanimous, you will not speak out against masks, you will not speak out against vaccines." So there's a very good and logical reason. It's not just a feeling, but it's actually a dictum from colleges. And that's happened across Canada, it's not just in Nova Scotia. So there's still a lot of fear out there. And, as I say, we're three years into this. And there's many doctors who may share my opinions—either completely or at least some of them—and would not be willing to go on the record with it. I would say the great majority are not willing to be on the record.

**Commissioner Massie**

So if I understand, what you're saying is that, until such a time where the College of Physicians would actually remove that kind of directive, people will maintain their silence.

**Dr. Chris Milburn**

Correct. And I'm actually in the process of kind of speaking with the College behind the scenes to say I think they should walk back some of that now. For instance, the Cochrane collaboration has said that masks do not work: mask policies do not work. Are we now allowed to criticize them given that the Cochrane collaboration has said they don't work? Are we allowed to state that? And so, I'm pushing back but I do think we need to keep working on this because physicians are still in fear of speaking their opinion.

**Commissioner Massie**

Thank you.

[00:43:58]



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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 2: Dr. Peter McCullough**

Full Day 1 Timestamp: 01:36:15–02:03:01

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Nicolle Snow**

Good morning, everyone. Can you hear me okay? My name is Nicolle Snow, and I'm an injury and insurance lawyer with McIlvery Law. And I am honored and very happy to be a part of this process. Thank you for being here. We're just waiting for the witness, who's virtual.

**Nicolle Snow**

Good morning, Dr. McCollough.

**Dr. Peter McCullough**

Good morning. Can you hear me?

**Nicolle Snow**

Not well, so we're going to work with that. We'll keep going here, Dr. McCullough, so they can sort out the sound. I can hear you; it's just not projecting that well.

My name is Nicole.

**Dr. Peter McCullough**

I have until the top of the hour.

**Nicolle Snow**

Okay, yes, no problem at all, and I do apologize for being late. We're running a little bit late. We had some technical issues. So we're going to move through, and I'll have you out here by the top of the hour. Thank you for being here. We're going to put you under oath.

**Ches Crosbie**

Thank you, Dr. McCullough. Do you affirm to tell the truth, the whole truth, and nothing but the truth?

**Dr. Peter McCullough**

Yes, I do. Thank you.

**Nicolle Snow**

Dr. McCullough, we know you're a cardiologist, an internist, an epidemiologist. Could you start by giving a summary of your qualifications and experiences?

**Dr. Peter McCullough**

I'll do so quickly, I'm in practice in Dallas, Texas, in internal medicine and cardiology. I hold degrees from Baylor University, University of Texas Southwestern Medical School, University of Michigan School of Public Health, and Southern Methodist University Graduate School. I've been in practice now for greater than four decades and I have published extensively on the interface between heart and kidney disease. In the last three years, I have directed my clinical and research focus on COVID-19. I have over 60 peer-reviewed papers on SARS-CoV-2 infection, COVID-19 illness, and I've commented extensively in the US Senate, multiple state senates, as well as in the media.

**Nicolle Snow**

Thank you. And Dr. McCullough, you also have a clinical practice whereby you've had opportunity to treat COVID-19 or vaccines.

**Dr. Peter McCullough**

Yes.

**Nicolle Snow**

Okay, I want to turn to SARS-CoV-2, Dr. McCullough. The Government of Canada determined in the early stages of the COVID crisis—so in and around early March 2020—that the virus was highly transmissible and a virulent pathogen with an approximate 1 per cent fatality rate, for which there was no natural immunity and no effective antivirals. Can you comment on those conclusions?

**Dr. Peter McCullough**

I disagree that SARS-CoV-2 infection was one that was early on well-characterized. It was highly transmissible from symptomatic person to susceptible person. It had an overall case fatality rate far less than 1 per cent available to risk stratification. So, the elderly, those with multiple risk factors, at risk for death. And we knew early on that the virus was amenable to antivirals and, more importantly, use of drugs to reduce inflammation and thrombosis.

Within a few months of the onset of the pandemic, myself and researchers had already synthesized and then quickly published the first peer-reviewed paper describing the treatment of SARS-CoV-2 infection at home to reduce the risk of hospitalization and death.

And that was ultimately well-supported over the next few months with multiple comparative studies.

**Nicolle Snow**

Thank you. What do we know about the virulence of the virus now, Dr. McCullough?

**Dr. Peter McCullough**

It's greatly reduced with the continued progression of mutations to the Omicron and the sub-variants.

**Nicolle Snow**

Dr. McCullough, Canadians were advised that until a vaccine was created, the only available interventions were non-pharmaceutical measures to reduce transmission in the population—such as frequency of contact reduction, such as isolation, as well as probability of transmission-reducing measures such as social distancing, hand-washing, mask-wearing and so forth.

Can you comment on the assertion,

[00:05:00]

that these were the only available measures prior to the vaccine rollout?

**Dr. Peter McCullough**

Yeah, I disagree with that. Before the vaccine rollout, we had dozens of very viewed manuscripts: comparative studies that sequence multidrug therapy for the acutely ill worked to reduce the risk of hospitalization and death. And just shortly after 2021, we had a breakthrough paper showing that virucidal nasal sprays and gargles markedly reduced PCR positivity and reduce the risk for hospitalization. And there were no published studies at any time showing that public masking, social distancing, hand sanitizers or locking down those people without the illness had any impact on the pandemic.

**Nicolle Snow**

And Dr. McCullough, is there any real scientific logic to social distancing and masking and lockdowns in the context of this virus?

**Dr. Peter McCullough**

Not among well people, so there were no data suggesting that somebody perfectly well could transmit the disease and make somebody symptomatic who was adjacent to them. So the only thing that clinically was practical is somebody acutely ill with a characteristic signs and symptoms to keep distance from others. So the only people who needed to go into quarantine were those acutely ill with SARS-CoV-2, not the universe of people without the illness.

**Nicolle Snow**

Dr. McCullough, I know that you and a group of doctors had did some early research on the COVID in the early stages, treatment of COVID in the early stages. You touched on that a bit earlier. Can you speak about your findings in a bit more detail and how those findings were received once published?

**Dr. Peter McCullough**

The very first paper published on sequence multidrug therapy for COVID-19 in the *American Journal of Medicine*, August 7, 2020—myself as the first author—was widely applauded. It's still the most frequently read paper from the *American Journal of Medicine* over the last three years. It's listed as a top paper of interest. It received multiple letters to the editor as interest with replies, and it became the base standard of the Association of American Physician and Surgeons Home Treatment Guide in October of 2020.

So it was a breakthrough piece of information, a breakthrough paper. And it was followed up in December of 2020 in an updated protocol, which included now more drugs available to use, in *Reviews in Cardiovascular Medicine* in December of 2020.

**Nicolle Snow**

Thank you. I want to turn your attention now to the COVID injection. It is sometimes, well it's most often called a vaccine; it's sometimes called gene therapy. Are you able to speak to just what the injection is and how it operates?

**Dr. Peter McCullough**

In the United States, 92 per cent of those who've received a COVID vaccine—I'll just use the word "vaccine"—have received messenger RNA vaccines. And the messenger RNA vaccines, in my interpretation, are synthetic genetic materials: a genetic code with a three prime and five prime synthetic nucleoside analog caps, which make the messenger RNA essentially indestructible. They are loaded on lipid nanoparticles to provide distribution throughout the body, including the brain, the heart, the adrenal glands, reproductive organs—all the critical organs in the body. Messenger RNA has been demonstrated to be circulatory in the bloodstream for at least 28 days. We know that it codes for the spike protein of SARS-CoV-2. The spike protein was engineered by the University of North Carolina Chapel Hill and published by Manchurian colleagues in 2015. This work was done in the Wuhan Institute of Virology, Biosecurity Annex Level 4.

This messenger RNA that people have received codes for is the lethal part of the virus. And then once the messenger RNA is in the body, there is an uncontrolled production of the **spike protein in terms of quantity and duration. The spike protein is proven in over 1,000 peer-reviewed papers to cause damage to the brain, the heart, the blood vessels; to cause blood clotting; and to cause immunologic problems in the bone marrow.**

**Nicolle Snow**

Thank you, Dr. McCullough. It sounds like, then, that the COVID injection doesn't operate like a true vaccine. Is that correct?

**Dr. Peter McCullough**

The messenger RNA vaccines harnessed the body's own genetic material to produce the spike protein.

[00:10:00]

And the spike protein causes damage to the body, as I've described. Now, the aspiration I anticipate was that the spike protein would induce immunity. But we understood very quickly that there was no effective immunity from the vaccines. And so within 90 days of the release of the Pfizer vaccine in the Pfizer post-marketing data—which they kept as regulatory documents and were released under court order to the public—Pfizer had recorded dozens of fatalities due to COVID in people who were fully vaccinated with the product. And sadly, Pfizer recorded 1,223 deaths directly attributable to the vaccine.

**Nicolle Snow**

Dr. McCullough, are you able to speak on the research and development process for this product? In other words, did it follow established regulatory standards for vaccines?

**Dr. Peter McCullough**

In a paper by Lalani and colleagues in the *British Medical Journal* in the last month, the description of messenger RNA development is laid out in a timeline since 1985. So the United States has had a long-standing interest in the development of messenger RNA. And then in 2012, DARPA, the research division of the U.S. military, created a program called the ADEPT-P3 program. It's on their website even today stating that the military had a desire to use messenger RNA to end pandemics within 60 days. So the United States made an unprecedented government investment in messenger RNA. However, human studies were never performed until we had a condensed, rushed production of the vaccines for COVID-19 in Operation Warp Speed.

So, it had a very long development cycle. There were many issues to tackle, and then it was in a condensed set of prospective randomized trials to gain emergency use-authorized approval.

**Nicolle Snow**

Did safety and efficacy have to be proven in the production of the product?

**Dr. Peter McCullough**

Safety and efficacy always have to be proven. With genetic products, the safety by regulatory standards takes a five-year timeline. So the safety study should have been started way in advance, since the United States been working on this since 1985 and they simply weren't done. Efficacy had to be proved for the outcome of hospitalization and death. And hospitalization and death were never a primary or secondary endpoint of any trial. And so there can be no claims that the vaccines reduced hospitalization and deaths, since they weren't assessed in these trials. Where recorded, there was no reduction in hospitalization and death. In fact, deaths were more frequent in those who took a vaccine. And in the United States, the consent form doesn't make the claim that the vaccines reduced hospitalization and death.

**Nicolle Snow**

I want to turn your attention to the vaccine event recording systems, Dr. McCullough. I know in the U.S. where you are, there's the VAERS [Vaccine Adverse Event Reporting System]. In Canada, we have CAEFISS, that's the Canadian Adverse Events Following Immunization Surveillance System. There's the yellow card system in the U.K. and the European Safety Monitoring System. These systems have been in place for decades, as I understand it, at least in Canada. CAEFISS has been in place since 1987.

Can you speak about what, if any, unusual findings are showing up in these vaccine reporting systems following the rollout of the COVID injection?

**Dr. Peter McCullough**

In June 11, 2022, the World Council for Health summarized those safety data systems: 39 total, but four major ones, including VAERS, YellowCard, the EUGIS system, and the WHO VIGI-safe system. All of them have been recording record numbers of injuries, disabilities, and deaths.

For example, in the U.S. VAERS system, all vaccines combined and accumulating all injections before COVID, a child would receive greater than 70 injections over the course of childhood. Per American child—and we knew 98 percent of Americans were taking vaccines at this level—there was a total on average of 158 deaths per year in this entire data system, which is the best. With COVID-19 vaccines as we sit here today, as of March 3rd, 2023, for U.S. domestic cases only, VAERS has recorded 17,071 deaths that have occurred within a few days of taking the COVID-19 vaccines, and 16,454 permanently disabled Americans.

The VAERS reports are largely done by doctors, nurses,

[00:15:00]

and those caring for patients where they believe the vaccine is the cause of the injury or death.

**Nicolle Snow**

Dr. McCullough, is there an accepted percentage of adverse events that are considered medically tolerable, if you will, beyond which the product would be removed from the market for safety concerns?

**Dr. Peter McCullough**

I've chaired over two dozen data safety monitoring boards as the head of the board or a member, including those for the NIH [National Institutes of Health], BARDA [Biomedical Advanced Research and Development Authority], the Military Research Division of the NIH, as well as pharmaceutical companies—in vitro diagnostic companies. It's my testimony that five, 10, 15, no more than 50 deaths—even for the largest program—would ever be tolerable. That programs would be shut down. And then a deep dive on safety to figure out why people are dying after taking an injection.

It's my testimony that, knowing what we know— The rollout of Pfizer in the United States was started December 10th, 2020. Pfizer should have been pulled off the market before the end of January of 2021, with fewer than 27 million Americans being injected. Moderna

probably should never have rolled out. And if it rolled out, it would have been pulled off the market shortly afterwards. Janssen, again, should have never had market entry because Pfizer and the entire product line would be off the market because there would be an understanding that the spike protein being produced is lethal to the human body.

**Nicolle Snow**

Dr. McCullough, you spoke a little bit on adverse events already, but would you speak in a little more detail on the cardiovascular events that are medically known to be connected to these COVID vaccines?

**Dr. Peter McCullough**

There are over 200 peer-reviewed papers published on cardiovascular syndromes directly attributed to COVID-19 vaccination and agreed to by regulatory authorities. One of them is myocarditis or heart inflammation. Two studies have indicated that 2.5 per cent of people who take a vaccine suffer heart damage. About half of them, it's symptomatic. Half of them, it's not: the peak age is 18 to 24 years, 90 percent are men, 10 per cent women. It's a skewed distribution with a tail up into the 60s and 70s.

There have been fatal cases, autopsy-proven, by Verma, Choi, Patone, and Gill. It is conclusive that in a fraction of those who have received the COVID-19 vaccine, heart inflammation or myocarditis is fatal; and the mechanism of death is sudden cardiac death, a sudden arrhythmic death, a young person collapsing and not being resuscitated by CPR.

This is now well described here in the peer-reviewed literature. An important paper by Yonker and colleagues in circulation from Harvard has shown, in young boys and girls hospitalized at Massachusetts General Hospital with myocarditis, about 90 per cent acutely are hospitalized to recognize the symptoms. Those who are having myocarditis have unopposed spike proteins circulating in the body damaging the heart. Those not affected with myocarditis actually have appropriate antibodies neutralizing the spike proteins. What I conclude is that, unfortunately, a small number of people do produce spike protein that is not effectively neutralized by the antibodies and so they have unevaded heart damage.

Myocarditis is lethal and, of course, a single death in a young person is unacceptable, because young people are not at risk for hospitalization and death with the virus. The COVID-19 vaccines should have always been contraindicated for young people not at risk for the illness. In addition to that, the vaccines cause a progression of atherosclerotic cardiovascular disease. They precipitate coronary atherosclerotic plaque rupture in traditional plaque, cardio infarction. The vaccines are proven to cause blood clots, both in arteries and in veins. **The U.S. FDA [Food and Drug Administration] has published on this. In a paper, Wu and colleagues have demonstrated thousands of Americans developing blood clots after COVID-19 vaccines, where the FDA agrees that vaccines cause the blood clots, describing them going from the ankle to the hip. So, very large blood clots in the venous system: in the Wu paper, 11 per cent are fatal.**

[00:20:00]

Additionally, the COVID-19 vaccines have been associated with a whole variety of other cardiovascular manifestations, including vasculitis, a problem of inflammation in the blood vessels in the kidneys. In a paper in the *Journal of the American Society of Nephrology*, Wu

and colleagues describe the progression of the vasculitic and nephritic kidney disease in those, worsening their chances of survival free of dialysis.

In summary, the COVID-19 vaccines, by the mechanism of myocarditis progression of cardiovascular disease and blood clots, are believed to be the cause of unknown death in any individual where the vaccine is known to be taken by that person.

**Nicolle Snow**

Thank you. Dr. McCullough, the Canadian government has maintained that the COVID vaccines are both safe and effective, and continues to encourage Canadians to take them, including children: to vaccinate and to booster.

Given what you have had to say about COVID-19, its virulence, the vaccine, and the statistics on adverse events, what is your opinion on whether the vaccine is both safe and effective?

**Dr. Peter McCullough**

The decision on safe and effective is made by senior care doctors with medical authority. I would have—and I do have—medical authority over government officials in Canada. It's my testimony today that the vaccines are neither safe nor effective. And that opinion has superiority and supersedes any government statement.

**Nicolle Snow**

Thank you, Dr. McCullough.

My last question is really just about corrective measures. A lot of people the world over have taken the injections. What, if anything, can they do to mitigate the damage they have incurred in their bodies?

**Dr. Peter McCullough**

Two points. One is the toxicity and the risk of death appear to be cumulative. So the first point is to take no more injections because the next one could be fatal or disabling. Second point is to be vigilant. Blood clots, heart damage, neurologic damage, intracranial hemorrhage stroke: all these need to be clinically recognized and treated the best they can conventionally.

None of the governments have started large research programs into vaccine injuries, disabilities, and death, and that research is greatly needed. Very similar to the tobacco settlement and the final recognition that tobacco causes disease in the U.S. tobacco settlement: much of the money received by the tobacco industry had to be turned around into research for doctors to learn how to treat patients. We'll need a similar type of program with COVID-19 vaccine injuries.

A paper by Zogby and colleagues, a representative survey in the United States, showed that 15 per cent of those who've taken a vaccine have some new medical illness—some new disease that we're dealing with. I've covered just the tip of the iceberg in terms of the cardiovascular complications, but they also span the fields of neuropsychiatric problems, autoimmune problems, and so there's a great medical need to care for those individuals. And I would just say there's also an acute medical need, even though very few people now are taking COVID-19 vaccines. This CDC V-safe data, which was released under court order,

reveals 7 per cent to 8 per cent of people who take a vaccine have to acutely go to the hospital and be hospitalized in the emergency room or urgent care center. So there's a great need to still manage the acute problems that develop within a few hours of taking it in a shot.

**Nicolle Snow**

Thank you, Dr. McCullough. I thank you sincerely for giving evidence here at this Inquiry today.

Don't go away just yet. I'm leaving a few minutes here in case any of the commissioners would have questions for you. Thank you very much.

**Commissioner Massie**

I have some expertise in biotechnology and vaccine, so I've been following everything you've published and said on many conferences. One other thing that really puzzles me is: What's happening with all the evidence that has been pouring in for more than two years?

[00:25:00]

What's happening that the medical establishment and all the health institutions are still promoting that kind of intervention?

**Dr. Peter McCullough**

In the United States, the medical establishment, I think, has been greatly influenced by the COVID Community Corps program. The COVID Community Corps program announced early in 2021 that over \$13 billion was sent out by the White House and the Department of Health and Human Services to a variety of health institutions, thousands of media outlets, Hollywood pro sports teams—all to promote the vaccines. We know separately that Pfizer and Moderna contracted a public relations firm called Weber Shandwick. And Weber Shandwick initiated a corporate program called Plan VX. Plan VX promoted vaccine mandates within large companies.

Then lastly, Weber Shandwick had an installed marketing unit within the CDC vaccine office. This has all been uncovered by Senator Rand Paul in October of 2022 and is publicly disclosed.

**Commissioner Massie**

Thank you.

**Nicolle Snow**

Okay, those are all the questions. Thank you so much, Dr. McCullough, for appearing here today.

[00:26:46]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

### EVIDENCE

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**Witness 3: Dr. Patrick Phillips**

Full Day 1 Timestamp: 02:31:26–03:26:07

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Nicolle Snow**

Okay, everybody, thanks for taking your seats. We have our next witness up, who is Dr. Patrick Phillips out of Ontario. I'll let you bring him up on the screen there.

Hi, Dr. Phillips, how are you?

**Dr. Patrick Phillips**

Good, how are you?

**Nicolle Snow**

I'm well, thank you. Before we get started here, we're going to affirm you. I'm going to let that happen now.

**Ches Crosbie**

Dr. Phillips, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Dr. Patrick Phillips**

I do.

**Ches Crosbie**

Thank you.

**Nicolle Snow**

Good morning, Dr. Phillips, you're joining us from Ontario?

**Dr. Patrick Phillips**

I am joining you from Ontario.

**Nicolle Snow**

Thank you for being here to give testimony in this proceeding. Dr. Phillips, can you start by going over your medical credentials?

**Dr. Patrick Phillips**

Yes, I graduated from Dalhousie Medical School in New Brunswick in 2016. After that, I did go to the University of Toronto, where I completed my two-year family medicine residency. And after that, I entered into practice.

**Nicolle Snow**

All right, and can you give a little summary of where you were practising?

**Dr. Patrick Phillips**

Sure, yeah. Like many new graduates, I primarily worked locums, which is basically filling in temporarily at various locations. As well, I had a weekly addictions medicine practice where I saw patients once a week in downtown Toronto, giving methadone and suboxone. But as time went on over the last few years, I did kind of narrow down the places where I was working, doing emerge. and medicine, to Nipigon and Englehart. And then eventually I moved full-time to Englehart at the beginning of 2021.

**Nicolle Snow**

Okay. And your locums were in the area of family medicine and emergency medicine?

**Dr. Patrick Phillips**

Yes.

**Nicolle Snow**

Okay. And your practice in Nipigon was in the area of Emergency Department work or family?

**Dr. Patrick Phillips**

Both. So comprehensive family medicine, which is in-patients, office-based family medicine and emergency.

**Nicolle Snow**

Thank you. And Dr. Phillips can you confirm that you sent me a copy of your CV?

**Dr. Patrick Phillips**

I did.

**Nicolle Snow**

All right, and the CV for the record is exhibit number TR-0001.

Are you currently practising, Dr. Phillips?

**Dr. Patrick Phillips**

No, I'm not. My medical licence has been suspended by the CPSO [College of Physicians and Surgeons of Ontario] since May 3rd, 2022.

**Nicolle Snow**

Okay, and why was your medical licence suspended?

**Dr. Patrick Phillips**

So, it was suspended primarily for holding a medical opinion that is contrary to the public health directives and some of the consequences of that. We'll get into some of those details later, but that's essentially it.

**Nicolle Snow**

Okay, thank you. We'll talk about that in a little bit. When was the suspension effective?

**Dr. Patrick Phillips**

May 3rd, 2022.

**Nicolle Snow**

Dr. Phillips, did you take the Hippocratic Oath and what is that?

**Dr. Patrick Phillips**

I did take the Hippocratic Oath as part of our ceremony at Dalhousie Medicine. It's an oath, basically, that the medical profession has taken, or some other oaths that are also taken across the world, in order to uphold medical ethics. And to put the patient and our oath to the patient first, above any other authority, so that the patient's interests are always the number one priority of doctors in that doctor-patient relationship.

**Nicolle Snow**

And I'm sure you took that oath seriously.

Do you know what the Declaration of Geneva is, Dr. Phillips?

**Dr. Patrick Phillips**

During the course of World War II—both in Germany and Japan, and many other places—there were atrocities committed by these regimes that were primarily carried out by doctors, physicians. Physicians who were actually captured by a public health ethos of believing they're doing what's best for the race: for the Aryan race as an example in Germany, or just following government directives or following orders. And so, after the

doctor trials in Nuremberg in 1947, Canada, among many other nations, signed on to the World Medical Association. And the World Medical Association came up with this oath,

[00:05:00]

as a way to prevent those atrocities from happening again. So that doctors will not just follow orders blindly but will put the rights of their patient first.

And if I can quote, I won't do the whole thing but a few of these are very relevant. Most have the medical schools in the U.S. make the oath of the Declaration of Geneva and most of them in Europe. I'll just pull a couple out of it here: "I solemnly pledge to dedicate my life to the service of humanity. I will respect the autonomy and dignity of my patients. I will maintain the utmost respect for human life." And most pertinent I think here is: "I will not use my medical knowledge to violate human rights and civil liberties, even under threat."

So that was—Canada was a signatory to this.

**Nicolle Snow**

Thank you. And it sounds like those passages in particular resonated with you, Dr. Phillips, did they?

**Dr. Patrick Phillips**

Absolutely.

**Nicolle Snow**

Dr. Phillips, on April 30, 2021, the College of Physicians and Surgeons of Ontario issued a statement forbidding physicians from questioning or debating the official COVID-19 response measures in Ontario.

What do you know about this, and can you give a little more detail on that?

**Dr. Patrick Phillips**

Yeah. Although the College was quietly coming after doctors for having an opinion that goes contrary to the government narrative before this, amazingly, the College came out and very explicitly forbade doctors from carrying out our oath and scientific method for patients.

So, what they state in their message, that they just sent out as a tweet; it wasn't a policy, it wasn't a regulation. But they put this out saying that, "Physicians hold a unique position of trust within the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements, and/or promoting unsupported, unproven treatments for COVID-19." They go on to say, "physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted."

This was shocking to me and many others. As a result, I gathered together with a group of physicians, and we together created Canadian Physicians for Science and Truth. And made the declaration asking and demanding for the CPSO to rescind their statement. And in that declaration, which has thousands of signatories of the public, and there's over 700 signatories in the physician category. Well, not all those have been vetted, but there's

definitely hundreds in there. Basically, saying that this statement—to follow this, would be a violation of three things. So, one is the scientific method, which requires the advancement of medicine, requires that we have to challenge the status quo. We have to be able to speak freely again, to debate things. And that requires us to be able to be wrong, right? Because otherwise you can never challenge things.

The other one is our obligation to give evidence-based medicine to our patients. And that means discussing the evidence. If the evidence says people are dying from this vaccine, that people are suffering severe adverse events, or that it's not effective, those could be considered as anti-vaccine views. But they're true. And so, we have an obligation as physicians, no matter what the College says, to give the truth to our patients as we see it.

The third one is our duty of informed consent. In order for us to administer a vaccine to somebody, they have the right to be informed of all of these things. About the fact that we don't have any long-term data. About the fact that patients have died from these vaccines and many others, including for lockdowns, for masking, and others. Without that, if doctors are muzzled, patients don't get informed consent. And that is their right. So we basically demanded from the CPSO to rescind this statement, which they did not do.

**Nicolle Snow**

Okay. And you mentioned this group of physicians that got together and created this declaration: do you happen to know the website?

**Dr. Patrick Phillips**

Yes, CanadianPhysicians.org, where you can see our declaration in its entirety, and the signatories to it.

**Nicolle Snow**

Thank you.

[00:10:00]

Dr. Phillips, where were you practicing in and around the time of the pandemic when the pandemic was declared?

**Dr. Patrick Phillips**

In the beginning of 2020, I was working between two sites. I was living in downtown Toronto, but working primarily in northern Ontario, flying in and flying out to Nipigon and Englehart.

**Nicolle Snow**

Okay. And your practice was in a hospital setting?

**Dr. Patrick Phillips**

Hospital and an office space as well.

**Nicolle Snow**

What measures were taken in your region with respect to the COVID crisis? In the hospitals you're working in and, et cetera.

**Dr. Patrick Phillips**

There were a number, and they were changing all the time. But some of the most striking ones were the switch from in-person medical care to phone-based care in the medical community. That was throughout all of Ontario. Patients could not see their doctor unless in very rare circumstances. So almost all medicine was done just by phone, where doctors were asking patients to do their own physical examination, which they're not trained to do. And basically, doing guesswork, which was quite concerning.

**Nicolle Snow**

Did that pose any other concerns for you?

**Dr. Patrick Phillips**

Definitely. In the beginning, I was watching a lot of what the media was showing on Italy and New York. And so, I was concerned that there was an extremely deadly virus coming around at that time. I don't believe that now. But at that time, I thought maybe this is worth it. Maybe there's something we need to do, because if everybody comes into the office and catches COVID—the deadly form of COVID that I thought was coming—then I thought it could be worth it.

But yeah, that was kind of my main concern until later on, when I started to see the real consequences of this shift. And that's when I began to speak out.

**Nicolle Snow**

Okay, and what kind of consequences were you seeing in your practice?

**Dr. Patrick Phillips**

I was seeing a few things. One is devastation to both the physical health and the mental health of patients. To give you one example, there was one patient who I saw in emerge. Over the last year, she was treated for back pain over the phone—severe back pain to the point that she was on opioids. And she only came to see me in emerge. by the time her pain was so bad she had to call an ambulance. And when I saw her and physically examined her, what she called back pain was actually a giant tumor. It was actually a liver riddled with cancer.

That was not the only example of this, of late-presenting cancer of patients who were treated over the phone. If they were able to see their doctor in person, that could have been caught much earlier and possibly treated. But by the time I saw her, it was metastatic. I saw a number of patients like that.

The other thing I saw that really concerned me was the mental health of patients. And while I did see an uptick in overdoses in suicidality and depression in emerge. in adults, what was most striking was the children. I'd never seen so many suicidal children—as young as eight, right? And it's very rare for that to happen. But I noticed a common thread, and that was children— During the height of lockdown, when schools were closed, parents

were told by public health to keep their kids at home. No play dates, no play, no sports, nothing. And so, these children were essentially locked up at home with no friends, no socialization. And that, I believe, was the leading cause of the suicidality in children. Which concerned me.

And nobody was saying anything. In fact, what I found most concerning is, at that exact same time, the Ontario Medical Association, the Ontario Hospital Association, and Public Health were putting out advertisements saying: "Ontario's doctors are calling for stricter lockdowns to stop the spread of COVID." And I'm like, "No, I'm not. I'm definitely not!" And they didn't even send out a survey to ask what my opinion was.

That was what really led to me believing I needed to speak out here: because there's no other side of the story that's getting heard.

**Nicolle Snow**

Okay. Dr. Phillips, you worked in a hospital setting and there was a lot of early concern that hospitals were going to be overrun by patients with COVID-19. What did you observe with that respect?

[00:15:00]

**Dr. Patrick Phillips**

I did not see that at all, quite the contrary. I saw, especially in the beginning, a steep decline in the number of patients who came in—especially in the early 2020. I thought it was kind of nice at the time, not knowing these harmful consequences, because I was paid the same amount to do very little.

But our emergency rooms were empty and there was very little COVID in our communities. Nevertheless, because of the media, the people in our communities were still afraid and still reluctant to come in to seek care in the Emergency Department, which is devastating for some people.

**Nicolle Snow**

Have you had occasion to treat any patients that you believe were suffering from COVID-19?

**Dr. Patrick Phillips**

Very few but yes, I did. We had a few in our community. The COVID wave came later, mostly after I was no longer working in the hospital. But while we did have a few; I did treat one while I was working in the hospital in Kirkland Lake.

**Nicolle Snow**

And can you offer any details about that?

**Dr. Patrick Phillips**

In my opinion, it was a very disturbing story. It was a middle-aged, like 50s, 60s, woman who came in, diagnosed with COVID. And she was short of breath, and she needed oxygen.

At that time, there was so much evidence. There was study upon study: I think there were 30 to 40, when you bring those together, showing that ivermectin would reduce mortality by 50 to 70 per cent. We have very few drugs that can do that.

When she came in and she was under my care—at that point, I was working as a hospitalist on the floor in Kirkland Lake, which is the sister hospital to mine in Englehart. I felt a duty to give her informed consent and to prescribe to her ivermectin for the treatment of her COVID, because she had a number of risk factors for severe disease or death.

When I wrote that, the pharmacist reported me to the chief of staff. The chief of staff then ordered me to cancel that order for ivermectin, including the zinc and vitamin D and other harmless vitamins that I also prescribed to her, which we know can be helpful. And he ordered me to call the local ICU in Sudbury—well, the distant ICU in Sudbury—and get their permission to prescribe outside the guidelines, which requires remdesivir, which is very harmful, and others, such as steroids. And they basically only allowed me to prescribe the steroids, so I gave her steroids. But I was shocked that this chief of staff ordered me to cancel lifesaving treatment to this patient that peer-reviewed research shows reduces mortality.

**Nicolle Snow**

Approximately when was that?

**Dr. Patrick Phillips**

This was in March 2021.

**Nicolle Snow**

Okay. And I think you said that was March 2021 that that occurred?

**Dr. Patrick Phillips**

Yes.

**Nicolle Snow**

Okay.

Have you had occasion to prescribe ivermectin again or was that the end of your prescriptions for ivermectin?

**Dr. Patrick Phillips**

I would have, but again, in my community, there was very little COVID and the ones that were there were very mild. They didn't need to be hospitalized for the most part.

I did prescribe ivermectin again to a patient who had what I believe could have been a vaccine injury. She received a dose of the vaccine and after that, had nausea lasting for weeks—nausea, fatigue, muscle aches. So, I did prescribe according to the FLCCC [Front Line COVID-19 Critical Care Alliance] protocol, which was ivermectin, fluvoxamine and atorvastatin, which was successful. It did resolve her symptoms, but the pharmacist reported me to the College. And as result of that, the College did put a restriction on my

licence forbidding me from prescribing ivermectin, fluvoxamine or atorvastatin for COVID—among other things, such as vaccine exemptions and mask exemptions.

**Nicolle Snow**

Okay, and we'll get into some of those details on the charges in a moment. I want to move into the post-vaccine period.

You've spoken about that a little bit.

[00:20:00]

You had a patient that had a vaccine injury. The rollout of the vaccines was in and around early 2021. What, if any, protocols were put in place at the hospital you were working in with respect to monitoring vaccine effects?

**Dr. Patrick Phillips**

So, I mean, our hospitals spoke nothing at all about monitoring vaccine effects, but we do have a legal obligation to report adverse events. Some of the more serious ones we're obligated to and other ones we're kind of permitted to.

**Nicolle Snow**

Is it a form that you complete, Dr. Phillips?

**Dr. Patrick Phillips**

Yeah, there's a form. The CAEFISS [Canadian Adverse Event Following Immunization Surveillance] System basically is very local in the sense that there's a form through Ontario Public Health that we fill out and send to our local public health officer. Who then is supposed to investigate and pass the investigation onto Public Health Ontario, and then they're supposed to amalgamate the data and pass it on.

**Nicolle Snow**

Okay, and you mentioned CAEFISS. That's the Canadian Adverse Event Following Immunization Surveillance System. It's a bit of a mouthful.

The adverse event forms that that you were just speaking about: those were the forms that the doctors would fill out in the hospital if they thought something was a vaccine adverse event? And can you confirm that you gave me one of those blank forms?

**Dr. Patrick Phillips**

Yes.

**Nicolle Snow**

Yes. Okay, and that is marked as Exhibit TR-0001a. So TR-0001a is the exhibit, it's the Adverse Event Following Immunization Reporting Form.

**Dr. Phillips**, as I understand the evidence that you just gave, you would not be forwarding that form to the CAEFFIS system. You would be forwarding it to a public health officer who would then determine whether it would be filed with CAEFFIS.

**Dr. Patrick Phillips**

Correct.

**Nicolle Snow**

Okay. Is vaccine aftermarket monitoring an expectation for physicians?

**Dr. Patrick Phillips**

It's supposed to be, yes.

**Nicolle Snow**

And for what reason?

**Dr. Patrick Phillips**

Yeah, we're actually obligated by law. For certain severe ones, we're obligated to report these adverse events when we see them. And then outside of that there's kind of more of a permissive requirement. I think it's an ethical requirement to pass on all adverse events that happen after these, especially in the context of an emergency use authorization. So, something that's not fully tested but yet was rolled out early. Even more, we have in my opinion an ethical obligation to report all possible adverse events, so that the CAEFFIS system will be able to detect possible harm and be able to withdraw the product if it's warranted.

**Nicolle Snow**

Okay. And the purpose is to monitor the safety and the effectiveness of the product. Is that correct?

**Dr. Patrick Phillips**

Exactly.

**Nicolle Snow**

What kind of events were physicians required to take note of, according to the form—the adverse event form?

**Dr. Patrick Phillips**

It's pretty broad on the form. I can't recall all of them off the top of my head. I don't have it in front of me.

**Nicolle Snow**

Yeah, it's okay. If you don't have it in front of you, it's marked as an exhibit in any event. Did you have any occasion to complete any of those adverse event forms?

**Dr. Patrick Phillips**

Yes.

**Nicolle Snow**

All right, can you elaborate on that?

**Dr. Patrick Phillips**

Yeah, I did. I did complete 10 adverse event reports that I sent in. I'll give you kind of the basic details of these reports really quickly here. All but one of them, as far as I know, were not submitted. So nine of them were rejected, as far as I know. The first one is a person with nausea for two weeks and vomiting, including hematemesis or bloody vomiting. This started four days after the second dose of Moderna.

The second one was a new onset severe vertigo and ringing ears, by diagnosis vestibular neuritis, that came up four weeks after his Moderna shot. The third one was sudden onset, in a young woman: sudden onset arm weakness for four hours. Weakness in the arm and complete decrease of sensation in an entire half of her body,

[00:25:00]

with persistent loss of sensation in fingers, lasting hours to days. In my opinion, it was stroke until determined otherwise, so I started the stroke protocol.

**Nicolle Snow**

How many days post-vaccination was she?

**Dr. Patrick Phillips**

Oh, sorry—this was nine days after her Moderna shot.

The fourth one was an elderly woman with severe delirium, a high fever, and left arm numbness four hours after her Moderna shot, lasting greater than 48 hours. That's the point I saw her.

**The fifth one was a woman with dementia but was functional at home, able to talk and walk. But after her dose—I'm not sure which vaccine it was—she lost the ability; she slowly declined over the course of about two to three weeks and lost the ability to communicate and to walk as well.**

**The sixth one was an older woman who developed palpitations, so a heart issue, possible arrhythmia with severe hypertension, and that started one week after her Moderna shot.**

**The seventh one was a younger woman with persistent numbness to the right side of her forehead; she lost sensation there entirely. No other symptoms really, but that started two hours after her Pfizer shot and then persisted.**

The eighth one was intermittent left arm weakness. His arm would become weak, he was dropping things and no longer able to work. That would happen three to five times a day. That started two days after his Pfizer shot. And two weeks later—so it was two days after and then persisted—then developed persistent daily headache, nausea, and vomiting. It could have been something going on in his brain or others. I don't have the final diagnosis because, as an Emergency [Department], we don't follow our patients, we pass them on to others; they're investigated.

The ninth one was a middle-aged woman, who tragically—16 days after her Pfizer shot, with no other health history—had a devastating bleed into her brain after her blood pressure surged into the two hundreds. She lost the ability to talk and walk, she was found on the floor. She then was devastated.

The tenth one is, the only one that I know was actually accepted as an adverse event, and that was a severe rash on a woman's arm that came on eight days after the vaccine. That was kind of a ring-like rash that spread up above her shoulder and down the arm.

**Nicolle Snow**

And so, as you as you've indicated, that tenth one where there was the rash on the arm, that was at the site of the vaccination, was it?

**Dr. Patrick Phillips**

Yep.

**Nicolle Snow**

That's the only one that you know definitively was accepted.

What happened with the rest of them? Did anyone contact you?

**Dr. Patrick Phillips**

I was contacted by the public health officer; he sent me a letter after the first five. He told me that none of these five meet their criteria for an adverse event, so they've all been rejected and, "Take note of that because I'm doing my reports." I send a note back to him by fax asking for the details of why each one of these were rejected. "Do you need more information?" I want to make sure that not just rejected for a clerical reason and I did not get a reply.

**I was very concerned about this. I was concerned that the public was not getting informed the consent about these possible severe adverse events. Many of those may have been strokes. And so, in order for us to have a safe vaccine safety system, they need to be able to get these reports to be able to know if a product needs to be pulled off. So I did go public. I did an interview with Rebel News where I spoke about these adverse events. And the letter that I got sent saying they're all getting rejected, and as a result that public health officer complained to the CPSO. And they're investigating me, and I'm charged for professional misconduct for those nine of the adverse events that were not accepted. They're saying that I'm being incompetent for filing these adverse event reports and they're saying I failed to meet the standard of practice in the profession.**

**Nicolle Snow**

Okay, stunning. All right, Dr. Phillips, let's talk a little bit about your personal life outside of your clinical practice. You've indicated that you were quite vocal about the concerns that you had that were going on inside your practice and in the hospital system. Can you speak a little bit about that?

[00:30:00]

**Dr. Patrick Phillips**

Like my Twitter feed, you mean?

**Nicolle Snow**

You indicated that you were quite vocal outside of the hospital system. And you also indicated that public health officer came after you when you were vocal, so maybe you could talk about that.

**Dr. Patrick Phillips**

Yeah, so around that time—like I said, at the end of 2020—when I was seeing those harms from the lockdowns, and the medical association was saying, “doctors are calling for harsher lockdown,” that was the moment that I made the decision that I need to speak out.

I got onto my Twitter account, and that's where I've done a lot of my speaking out about public health measures: about the science that public health isn't talking about, like vitamin D, exercise, things like that—other public health measures that are effective, and the ineffectiveness and harms of lockdowns, of masking, and of these vaccines.

I spoke out on Twitter, and I've done a number of alternative media interviews, and I even did a press conference with [inaudible] on Parliament Hill in June. And for all of these, the College opened up a section 75 investigation here in Ontario. And they have charged me with professional misconduct and incompetence for my communications, saying, again, that statement from before: that we're forbidden from saying anything that goes contrary to other public measures, and therefore they've charged me with professional misconduct for all of it.

**Nicolle Snow**

Okay, and is that what led to the eventual licence suspension?

**Dr. Patrick Phillips**

Yes, all of these things combined. Yeah, they opened up a number of investigations that kind of all piled on top of each other. Essentially, the charges are on my public speaking contrary to public health measures. They're charging me with professional misconduct for providing prescriptions for ivermectin, for vitamin D, for zinc, and vitamin C. They have charged me with professional misconduct for providing vaccine exemptions to patients, for either medical conditions or for being coerced, as somebody promoting their autonomy. They've charged me with professional misconduct. I think that's the majority of it.

There's a lot of side charges as well. Yeah, as well as reporting all these adverse events. I have those nine charges of professional misconduct for each of my adverse event reports.

**Nicolle Snow**

All right. I think you indicated some of this was also related to you writing exemptions and so forth. And was that in the context of a family practice?

**Dr. Patrick Phillips**

Yeah, so some of them I did privately. And some of them I did in the Emergency Department. I had people coming to me. After they saw me speaking publicly, they would come into the Emergency Department and ask for letters of support or for notes and I gave that to them—either if they had a medical condition or sometimes for patients who were being forced against their will and they were under duress and couldn't give their consent. And so, I gave letters of support in those cases.

**Nicolle Snow**

Okay. It sounds as though, Dr. Phillips, that when you spoke out about your views with respect to your concerns with the protocols and so forth, were you somewhat under the microscope after that point?

**Dr. Patrick Phillips**

Oh, absolutely. Any interview that I gave on media, every Tweet that I've ever made, anything that I've ever said, they have recorded and gotten transcripts of to prosecute me. One funny story about this: I spoke in Toronto at the World Freedom Rally, I think it was in January. And there was a whole crowd of people at the rally: none of them wearing masks at all, right? Because it's a freedom rally. There's two people that are coming in with masks with a microphone and a recorder, and they kind of came right up to me. There's only two people in the whole place wearing masks. I later found out in my disclosure that that was the College actually coming to record my speech. And I have the transcript of it from those two people at the rally.

Yeah, I was definitely under the microscope!

**Nicolle Snow**

Okay.

[00:35:00]

Is it fair to say that your actions throughout the pandemic and your willingness to speak out is directly connected to your desire to protect your pledge to your patients?

**Dr. Patrick Phillips**

Absolutely. What I'm most concerned about— And as a physician, the way I've always practised medicine, is that we're there as an advisor. We're there to share our medical knowledge to help patients make choices with their own health care. And I was so concerned about this change in ethics in the medical community, where coercion is normalized, and where doctors participate in coercion in forcing patients into things. I found it abhorrent. And that was what mostly led me to want to speak out: to protect the rights of patients for their wants, their desires, their freedoms to be at the center of the medical system and the doctor patient relationship. Yes.

**Nicolle Snow**

Thank you so much for offering your testimony here today, Dr. Phillips. There may be questions from the commissioners, so I'm going to ask you to hold on there. Hold on one moment, there may be questions.

**Commissioner DiGregorio**

Thank you, Dr. Phillips. I just have a few questions following up on some of the things that you've spoken about today. Early in your testimony, you talked about there being a college statement that was issued forbidding doctors from communicating anti-vaxx, anti-mask, anti-lockdown type positions. Is that something that we have in our evidence as an exhibit? And if not, is that something that we would be able to take a look at?

**Dr. Patrick Phillips**

Oh, yeah, definitely. It's still on their Twitter feed. It's on their website. They have not taken it down. Yeah, I can send it on to you.

**Commissioner DiGregorio**

Thank you.

Another thing you mentioned was some of the early measures that were taken early in the pandemic and the switch from in-person visits with doctors to phone-based appointments. I'm just wondering if that was a recommendation, or what was the impetus for that to happen on such a large scale.

**Dr. Patrick Phillips**

It was essentially a requirement put out there. Virtually everybody was doing this and suggestions by the College we now know are our requirements. They treat a suggestion as a suggestion, "you will be prosecuted." So yeah, that's basically what happened. They did have exceptions. If a child was to get a vaccine or if somebody—we were supposed to basically talk to them first on the phone. Then if required, you bring them in for a physical examination. So, there were still physical examinations happening, but it was drastically reduced. And most doctors were depending on patients to kind of report their physical exam.

**Commissioner DiGregorio**

Thank you. And the last question I had was around the public health officer investigation that you talked about. I think you mentioned that it was after you had submitted your first five reports that you received a call.

Were you not contacted earlier than that as part of the investigation?

**Dr. Patrick Phillips**

No, I thought I would be. I thought they'd call me because I dictate a lot of my reports. Again, working in emerge., it's not the same as a family practice where you have an ongoing relationship with a patient. When I work that day, I submit my reports and paperwork that same time. A lot of my reports are dictated; they're kind of not fully done yet. So I expected he would contact me back, asking for more information, or asking for— I dictated reports

for my emerge. visit. And they didn't contact me at all, even after I requested him to contact me. Because I was concerned about these rejections.

**Commissioner DiGregorio**

Thank you.

**Commissioner Massie**

Thank you very much.

**Based on your assessment of the, I would say, state of the art in terms of evaluating** whether an adverse event report is serious or not: What was the protocol that was explained to doctors to guide them to fill out those reports? Did you have access to a specific protocol?

**Dr. Patrick Phillips**

I didn't know about the protocol until after. But in his letter, he sent me the guidance document,

[00:40:00]

for what criteria they use to determine whether something qualifies for an adverse event or not. It is an extensive document. But the number of adverse events they're looking for is very limited, to kind of one and a half pages. For COVID specifically, it was about 10 adverse events they would look at, and if it didn't fit in that category it didn't count.

The one example I liked for how arbitrary a lot of these criteria were, I'll give you one example: If you administer a vaccine and a patient has syncope, they faint, it doesn't count at all, unless they also have an injury. So, if they faint, hit their head, and have a bleeding to their brain, that does count. But again, even in that circumstance, it only counts if it happens within 30 minutes. If that person faints at 31 minutes and then they fall and have a bleeding to their brain, that report will be rejected.

For each category they have arbitrary time requirements and if it doesn't fall within those strict criteria, they're rejected. And these were developed before the COVID vaccines, before Pfizer data that came out in a post-marketing analysis that they were forced to release under a FOIA [*Freedom of Information Act*] request in the United States showing pages and pages of adverse events of concern. So they had 10—just 10 on this form when there were hundreds to thousands that Pfizer notified and found were adverse events that **we should be monitoring for.**

**My patients didn't fit in those categories of those 10, therefore they were rejected. But we now know that even Pfizer themselves acknowledged a wide array of adverse events that my patients certainly would have been fitting into.**

**Commissioner Massie**

**Based on your best assessment again, what would you say about the so-called under-reporting factor that, in the States, has been calibrated or has been assessed in the range of 40 to sometimes up to 100. Some people say it's 10-fold. What would be your evaluation on that in your practice in Canada?**

**Dr. Patrick Phillips**

Yeah. I mean, if you look at what happened with me, it shows you what happens when you report adverse events. So, there's a number of things that happen. One, they often get rejected. So you get pushback from public health themselves. The other one is I got reported to the College and I'm being prosecuted for reporting these adverse events. Even if my adverse events were wrong, even if they weren't adverse events, how does it make any sense that it's professional misconduct to report them? People know that. My case is very public. I just use that as an example that doctors know there's consequences.

**There are consequences on a number of levels: from public health; from the colleges, their licences at risk for reporting; and within their hospitals as well. So, doctors—besides their maybe internal biases—even if they didn't have those biases, their license is at risk from reporting any adverse events.**

Yeah, it's definitely underreported, to answer the question.

**Commissioner Drysdale**

I have a couple of questions about the CAEFISS system. And some people don't even understand what that system is. Is it fair to say that it's very similar to the VAERS [Vaccine Adverse Event Reporting] System in the United States?

**Dr. Patrick Phillips**

No. It's the same idea in that it's vaccine adverse event reporting. The VAERS has problems with its transparency, but it is extremely transparent compared to our Canadian system. So you can go on the VAERS, and you can look at those reports. They're just de-identified and you can look at them. Anybody can report to the VAERS system, not just your doctor. You can report it yourself. They verify them to make sure that the lot numbers line up and the patient to make sure that they're genuine. But in Canada, it's completely opaque. Nobody knows who's reporting what. And there's multiple levels of censorship. So the doctor can choose not to report, even if the patient asked him to. Then, even if the doctor does report, it goes to the local public health officer, who is the person tasked with promoting the vaccine and forcing people to get the vaccine, that's their role. So they have a major conflict of interest in investigating adverse events. They have the ability to reject it.

[00:45:00]

And then they send it to Public Health Ontario, which has the ability to amass the information and filter even more out. And then they report it to Health Canada.

**There are so many layers for things to get censored, covered up. And I can tell you, I got an email as part of disclosure for my charges at the College that the public health officer sent on June 11th to the College, saying that my batch of adverse event, none of them were— My batch of adverse event reports were not submitted to Public Health Ontario. So yeah, none of them as far as I know, made it into the system to be able to be reported in the safety system.**

**Commissioner Drysdale**

**Did you know prior to submitting those adverse events reports that they were subject to censor?**

**Dr. Patrick Phillips**

No, I did not know that. I didn't know much about the system. I learned it along the way.

**Commissioner Drysdale**

Have you had any of your colleagues indicate to you that they were hesitant in reporting to that system, based on your experience?

**Dr. Patrick Phillips**

Based on my experience, yeah. When people heard what happened to me, then yes, I've heard from some that said they wouldn't report. I'll mention one more thing that really, I found disturbing to me, that influenced myself and some other doctors. And that was: In that letter, and what I found out about that process is, when the public health officer investigates, and they decide something is not an adverse event, they called up each and every one of those patients that I saw, told them it was not an adverse event, and told them that they're required to get their next dose. So that's documented in paper with every single one of them.

That I found very disturbing. What I started to realize is that I'm actually putting my patients in harm's way by reporting, because they're going to be at risk of being gas lit in the sense that they're going to be told that this is not an adverse event, because it doesn't meet the strict criteria, and therefore they should get another dose of something that could have caused them severe harm.

It's malpractice in my mind. If somebody had a reaction to Tylenol, we would put that in their chart and say, "don't take Tylenol." Even if we're wrong about it, you want to be cautious and say, "okay, look, stay away from Tylenol, this caused your arm to go numb, don't take another one." But instead, when I report them, they're getting told to take another and they're told it's not related. And I realized at some point that it's actually harmful to patients to report.

**Commissioner Drysdale**

Prior to the public health officer essentially making a medical determination with one of your patients, are you aware of— Two parts to the question: First, did the public health officer in any instance actually bring the patient in for examination before making a recommendation to that patient?

**Dr. Patrick Phillips**

No, they called them up, but there were no physical exams in the documentation that I saw.

**Commissioner Drysdale**

And do you know anything at all—and this is perhaps a bit of a stretch of a question—but do you know anything at all about the public health officer's clinical experience in treating patients?

**Dr. Patrick Phillips**

In my area he actually does. He's a part-time family and emergency doctor and then part-time does the public health office. I think in the majority of places that are more populated, it's a full-time job. But in my case, he does have clinical experience.

**Commissioner Drysdale**

Okay, my last question on this is: Is there any practical suggestions that you might make for the future in order to improve this system, the CAEFFIS system?

**Dr. Patrick Phillips**

Yeah. There's a number of them. I think we need to follow the VAERS system, where any reports that go into that system need to be available to the public, with removal of identifying information.

There should be a verification process, but it should be more around the details, right? Name, age, date of birth, lot numbers. To make sure it's a genuine report. But then don't censor it or keep it hidden.

There needs to be a division of powers when it comes to investigating adverse events from vaccines and promoting vaccines.

[00:50:00]

That's a major conflict of interest for the public health officer to be tasked with those same things. If you're pushing these vaccines on everybody, you're not going to want to see adverse events. You're not going to want to believe that you're pushing something that might be harmful to people, so you're going to be more likely to discount those adverse events. So yeah, I think it needs to be transparent, so they're submitted right away. The public need to be able to submit them as well. If your doctor doesn't want to report it, the patient should be able to report as well.

And we need cut-off criteria. How many deaths are we going to tolerate before we pull something off the market? They pulled off treadmills after four people just got injured, no deaths at all. It's pulled off the market immediately. Breast milk, I think one baby died from baby formula. They pulled it off the market immediately.

At this point, there's tens of thousands of deaths, credible reports of deaths reported to the VAERS system. It's still on the market—not only on the market but being forced on people. It's an atrocity, honestly. But we need that criteria. We need to be, after how many deaths? **I would say five. Five credible reports of death, pull something off. We should not be giving this to the public. Maybe even five is too many.**

**But right now, what's the point in reporting? The criteria are already met. These things are deadly. They're dangerous. They kill people, including my own cousin. Autopsy confirmed. And they're dangerous. The reporting system is useless unless you're going to act on it. We need to have laws in place that, after certain criteria, a product needs to be pulled off the market to protect public safety.**

**Commissioner Drysdale**

Thank you.

**Commissioner Kaikkonen**

A quick question: is it normal historically for pharmacists to report physicians when they prescribe medications for their patients?

**Dr. Patrick Phillips**

That's not normal. I've never experienced that before. Pharmacists do have a role to verify things and double check things, right? Because sometimes doctors do make mistakes, and that's legitimate. But in all of those circumstances, they call back the doctor and they ask you to clarify, "Is this what you meant to prescribe? Is this the right dose?" And they'll often catch things. But I've never seen where they go directly— They don't even call you and they directly report a prescription to the College of Physicians. That's new, I think.

It's a snitch culture that's kind of developed over the course of COVID. And it happened not just with the pharmacists for prescriptions for ivermectin, it also happened with vaccine exemptions. So if you filled out an exemption, a good chunk of the exemptions that I filled out were sent to the College from employers as well. So yeah, I think it's a cultural thing that's happened. It was seen in totalitarian regimes like Russia and Germany, and it's part of the totalitarian experience.

**Commissioner Kaikkonen**

My last question is, if you had to do this all over again, would you do anything different?

**Dr. Patrick Phillips**

Yeah, I would. There were a few things that I would have done differently. Essentially, no. Like on all these things, reporting adverse events or other things: maybe looking back now, seeing those patients that got called and told to get another shot, maybe I wouldn't have reported them as much. Or I would have stopped earlier. I would have still told the patients, like, "Look, don't get this."

But essentially, no. I think I made the decision according to my conscience at the right time. And I learned so much along the way. Of course, there's always things you would have done differently if you went forward. But as far as providing treatment with ivermectin, providing exemptions to people who are being coerced against their will into gene therapy, for reporting adverse events, and for speaking out to give people the other side of the story: the facts, the scientific facts, the harms, the lockdowns, and other things. I would totally do that again, even knowing I would lose my license.

**Commissioner Kaikkonen**

Thank you, Dr. Phillips.

[00:54:44]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

### EVIDENCE

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**Witness 4: Cathy Careen**

Full Day Timestamp: 03:32:00–03:53:30

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

There's Cathy. How are you today, Cathy?

**Cathy Careen**

I'm very well, thank you. How are you?

**Ches Crosbie**

I'm well, thank you as well. It's a great room of people here who seem to be very interested and enthusiastic to hear all the evidence, including yours.

I'm going to ask you first, though: do you affirm to tell the truth, the whole truth, and nothing but the truth?

**Cathy Careen**

I do.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Hi, Cathy. We meet again.

**Cathy Careen**

Absolutely. Before we start, though, I do really want to thank everybody involved with this and just giving everybody an opportunity to speak their experience and share what they've experienced for the past few years. It's an honour to be able to speak here today, so thank you for that.

**Criss Hochhold**

You're welcome, Cathy. So, tell us a little bit about yourself, Cathy. What do you do?

**Cathy Careen**

I'm an educator. And I say educator because I am a teacher by trade. But when I was working in the school system, but not as a classroom teacher, I was what was called a TLA, a teaching learning assistant. So, when all this happened, I was full-time permanent.

I'm a mom. I have three kids, ages 7 to 21. I'm a big animal lover, and, you know, I'm just an average person.

**Criss Hochhold**

Absolutely. What do you teach, Cathy? Do you still work as a TLA now?

**Cathy Careen**

So, we were able to go back to work last June 1st, and then I did. And then I went back in the school year, starting in September. So I worked with Newfoundland and Labrador English School District. And then I just got this other job opportunity, which I just thought I would explore. It was more money, and not that that's really the issue, but given the fact that I was unemployed for a number of months, our family was financially stretched. So I really had to explore this opportunity and see. My heart is still in education, and I do hope to go back at some point.

**Criss Hochhold**

Absolutely. How long were you working as a TLA?

**Cathy Careen**

I've been in the school system with the NLESD since 2007, sometimes replacement. I've moved in and out of doing different things. I've consistently worked with young people; I've worked with Choices for Youth in the past. So as a TLA in this permanent position, that was— I guess this is my fifth year. 2019 is when I started.

**Criss Hochhold**

Okay, excellent. What grades are you mainly involved with?

**Cathy Careen**

My school is K to [Grade] 4.

**Criss Hochhold**

K to 4. And the ages that you typically teach will be—?

**Cathy Careen**

The way that the TLAs are support, so we basically helped the teachers. So, I was most often with the K to 2. They were 5 to 7 years old.

**Criss Hochhold**

Okay so just starting out in life really.

**Cathy, in your submission to the NCI, you had stated that you were diagnosed with Guillain-Barré Syndrome.**

**Cathy Careen**

Yes.

**Criss Hochhold**

Can you tell me more about that, please?

**Cathy Careen**

So, I am a Newfoundlander, but I was living in Ontario. Just after I moved back home to Newfoundland, I became ill with— I had pneumonia and I was experiencing really weird symptoms. I was getting hives and weakness in my extremities. And just without sharing all the details, I ended up— Nobody really knew what was wrong with me. I went to emerge. My doctor was following me, the symptoms kept getting worse. Remembrance Day weekend, after seeing another specialist on Friday, who kind of wrote it off as a flu, on the Sunday of Remembrance Day weekend—I think it was actually Remembrance Day—I woke up and I couldn't move. It's hard to explain. Anyone who's had an epidural or given childbirth and how heavy your limbs feel, that was the feeling that I had, and it was a struggle for me to walk and it was progressively getting worse.

By the time I went to emerge., I could only get my hands up like this to my head, but I couldn't comb my hair; I couldn't brush my teeth, and I was like, "Okay, this is not a flu." So I went and I saw a neurologist, who just so happened to be at emergency that day for something else.

[00:05:00]

He came and saw me and decided that I had to stay for observation. After some tests, it was determined that I had Guillain-Barré Syndrome. The first thing they did for me was put me on IVIG [intravenous immune globulin]. And it got worse: I couldn't move my arms at all. It's really weird with Guillain-Barré: like, it's not like if you had a car accident, you're paralyzed from the waist down and everything is known. I couldn't move. With help, I could get to a seated position, but I couldn't go to the washroom myself. I couldn't feed myself. My mom gave up her job and came to my bedside and she helped me actually. Yes, **I was in hospital, but she did all my primary care for me. I was a young mother at the time. My children—I only had two then—were five and eighteen months old.**

**After two weeks of being in the hospital— Sorry I focus on this part, but it is important to understand where I was coming from. After two weeks of being in the hospital, it was— Like I said, they treated me with IVIG first, and it got worse. And then it was determined that I should have what was called plasma paresis, where I had a line inserted in my jugular. My blood was put through a centrifuge and all the bad plasma was taken out. And that went on for two weeks with the hopes of getting rid of all the plasma.**

**What happens with Guillain-Barré, your immune system— A doctor would better be able to explain it, but essentially what happens is your immune system is attacking your body. My**

**immune system was attacking the myelin sheets around my nerves, that was preventing my brain from communicating and doing certain things. I know of people who've been paralyzed to the point that they were on respirators.**

**Thank God that did not happen to me. But I was essentially paralyzed. I couldn't do anything for myself. I couldn't lift my arms. I couldn't feed myself. I couldn't comb my hair. I couldn't dress myself. I couldn't go to the bathroom without help.**

**And so then, once I was considered medically stable, I was moved into the Miller Center, which is a physical rehabilitation center in St. John's. A lot of times you'll see stroke patients there. And so, I stayed there then for four weeks as an inpatient. It might have been six, but for sure it was four. As an inpatient, where I had intensive physiotherapy and occupational therapy to try to get myself back to where I was—even though sometimes people are not lucky enough to get back to where they were and have long term residual effects.**

But I was a mom. And not being able to hug my children, it was really hard. That was a thing that got me through—was thinking about getting back to my kids. After a lot of hard work— I used to be able to go home on visits. Sometimes on the weekends, sometimes in the evenings just for a few hours. But on the weekends, there were certain stipulations that my family had to have. There had to be a bed on the main floor. I was allowed to go home on weekend visits to visit my kids.

I remember one night sitting in a wheelchair and not being able to move. And my little 18-month-old, this toddler, fell flat on her face. And your instinct is to hug her, and you just can't move. And I had to sit there and just watch her cry while I summoned my mother-in-law to come pick her up and console her.

It was very surreal, a very traumatic experience for me. As you can see, I can move, I'm back to normal. My neurologist said it was pretty much miraculous that I gained the recovery level that I have. I should be very grateful for that. Now, I do have residual effects. I don't know how to describe them, they're like pins and needles in my extremities sometimes. But they're more intense than that. It's more like razors. And they just kind of come and go. And I do have a lot of tight muscles that I regularly have to get massage therapy and stuff for, like in my legs and hips.

After discussions with my neurologist— I have a letter that I submitted to you, where he said to my family doctor that it was advised for me not to get. He specified vaccinations in the letter as pneumococcal and influenza, which really, at that time, the only respiratory-type vaccinations that were available. But in our conversations, he would discourage me against vaccination period. Unless there was, you know, a way to benefit sort of deal.

**So I've kind of lived my life that way for 15 years. Not as an anti-vaxxer.**

[00:10:00]

**I have three children; my children are all vaccinated. My pets are all vaccinated. I was not an anti-vaxxer.**

**But just to give you a level of an idea of the kind of support I had for this: because, since I recovered from Guillain-Barré syndrome, we had the H1N1 epidemic, that outbreak. And, you know, my family doctor was a doctor who I had with Guillain-Barré syndrome. I was her first Guillain-Barré patient. And she always, always supported me with this. So the**

conversation around H1N1— I was a substitute teacher at the time. Classes were filled with sick children going home during the day and that sort of thing.

She wanted me to get my children vaccinated and my husband vaccinated for what she considered herd immunity to protect me, because I wasn't going to get vaccinated against H1N1. And that was what we determined together as a team: well, no, you can't be getting vaccination. So, I'm not an anti-vaxxer but I typically never got my children vaccinated for influenza. I really do believe, when it comes to influenza, healthy children should just deal with that growing up. I think that's part of building your immune system. And after some serious thought, I was like, "Okay, maybe I should have gotten it, a lot of young people are dying." So, they did get vaccinated.

But I, on the other hand, continue to teach out in the school system. So, one night I get a phone call from my family doctor who was very concerned about me out there teaching. She just said, "I've been thinking about you. Would you mind if I put a prescription of Tamiflu at your pharmacy for you? So that if you get any signs whatsoever of this H1N1 influenza, that you go get it." Now, I never needed it.

Another example is I used to volunteer with Therapy Dog. I volunteered at the Janeway here, which is a children's hospital. And I volunteered in seniors' homes. Now, you have to always get your tests, do the tuberculosis test. You submit your vaccination record and that sort of thing and your MMR. My MMR comes back as inconclusive because I was born before 1982, when we only got one shot. Now, I could get another one, but they advised against it.

Even when it came to the tuberculosis test, where they insert a little bit of the virus under your skin: again, they found the alternate blood test for me so I could go volunteer in these places. Now, I don't remember exactly, but I believe I did have to sign a waiver for volunteering at these, but I was allowed to go. I was allowed to go.

So, when it came to this vaccine, I was very vigilant. I started listening to people, reading things as quickly as I could just to see what this was about. I was scared too of COVID.

#### **Criss Hochhold**

Cathy, let me just quickly interrupt you then. You've got a wonderful flow going. I really appreciate the wealth of information you're providing us. I'd just like to ask a couple of clarifying questions.

What year was the original diagnosis of your Guillain-Barré syndrome?

#### **Cathy Careen**

November 2006.

#### **Criss Hochhold**

So that was in 2006. And you said there was a neurologist there at the time that happened to be there. And I do have a letter, and I will forward that to the commissioners as well for consideration: the medical exemption and recommendation. But the neurologist suggested to you in writing not to get any vaccines because of the potential hazards associated with it, is that correct?

**Cathy Careen**

Yes.

**Criss Hochhold**

**Yes. Okay. Now, you may not remember the exact conversation that you had with your general practitioner—your family doctor—in regards to the vaccine. Specifically, let's say to the COVID-19 vaccine. Can you surmise potentially the conversation that you had with your physician?**

**Cathy Careen**

I grappled with getting this when I knew it was going to possibly be mandated. I wasn't sure what to do. Let me be clear: I really did value my family doctor. I felt I had a really good relationship with her, so I called her just to talk this out with her. In all fairness, she didn't push it on me. But she didn't have—or didn't express—the same kind of concern that she did, for example, when H1N1 happened. It was basically, "Well, this is what we're recommending, and we recommend everyone to get it."

She didn't want to see me lose my job. So, she did agree to write a letter for me—again which I submitted to you as well. Because what happened, so you know— I listened to different sources of information. I've often followed the GBSCIDP.org website.

[00:15:00]

They had a whole section for people like myself, who were feeling like survivors. Apparently in December of 2020, Dr. Fauci recommended against the vaccine for people who were— Sorry, survivors of Guillain-Barré syndrome. And this organization actually wrote an open letter to Dr. Fauci asking that he reconsider that. There was a doctor on that website as well. Dr. Peter Donofrio, I believe his name was, was this chairman of the Global Medical Advisory Board. And I watched a video from him where he talked about how miraculous these vaccines were: 95 percent effective, no adverse effects.

So, as time went on, there was a news story that came out, Global News out west, I think it was dated June 17th. It was of a gentleman who had gotten Guillain-Barré syndrome from the vaccine and was seeking compensation. And in that news article, there were, I think, 14 people identified in Canada who were getting Guillain-Barré syndrome as a result of the vaccination.

I followed what was happening in the States. I followed people like Dr. Peter McCullough, who spoke earlier, and Dr. Robert Malone and their concerns. And the more I had those **concerns—and, like I said, I had concerns anyway just with vaccination. I've lived my life 15 years without that. When there was outbreaks of anything at school, hand washing essentially is what I did.**

**So when our premier met with Francois Legault, who— Quebec had already had the mandates. I felt, okay, that's exactly where we're going, and we did. I reached out to my union on September 29th to express my concerns. At no point was I what you'd call angry. I wanted to change the conversation, because I felt like this was just too black and white of an issue.**

**Not that my concern is any more than anyone else's concern. But I know there had to be people like me, who had similar concerns, whether it was just because it was a new vaccine,**

or they had something like blood clot issues, or— and you couldn't even have the conversation.

So my doctor did write a letter for me. But in that same letter she basically confirmed my diagnosis, said that I was advised of the COVID vaccine benefits. And I declined because of the small chance of relapse. And my neurologist told me that relapse— So the average population has a one in 100,000 chance of getting Guillain-Barré syndrome. Mine was now increased significantly because of having it again. It is still rare, don't get me wrong. It's still rare, but it's there. And my neurologist also emphasized the importance of being healthy. I take my health very seriously now. I mean, I suppose I always did on some level, but probably even more so now.

So it's not something I took lightly. And the way I see a vaccine: Why would I stimulate my immune system, which has already shown that it can turn on me on purpose? If I get a cold or pneumonia or something, I mean, I do my best to avoid that. I do my best to avoid getting sick. I take my vitamins, I exercise, I go outside. I wash my hands—

#### **Criss Hochhold**

Cathy, I think it sounds like you're taking all the necessary caution that are best for you to make sure that you're as protected as you can be without taking a vaccine. And I hate to interject, but we are running a little bit short on time. I really appreciate your story. I know you have much to tell us, but unfortunately, we have such limited time.

I just have one final question before passing on to the commissioners if they have any. Just briefly: How has this experience affected your financial situation with your family? Because I believe there was an impact there, too.

#### **Cathy Careen**

Well, I was put on paid leave. I went through the whole process of my union. I was advised to seek an exemption. That's not what I originally wanted. I wanted to just grieve the process in the beginning because I felt everyone should have a choice. I applied for EI [Employment Insurance]. I was denied. I appealed it. It was denied. On my ROE [Record of Employment], it says that in the little note box I was unvaccinated as for the mandatory policy. I had no source of income. My elderly parents were on standby, ready to sell their house so I wouldn't lose mine.

It put a lot of stress in our house, obviously—me not working. My kids got to see me being stressed.

[00:20:00]

I cried pretty much every day, because it's just a disbelief. I sit home and I was like, "I can't go to work, I'm not allowed to go to work." Even now, I still have trouble processing that.

#### **Criss Hochhold**

It is difficult to believe that, even with a medical exemption, your record of employment—which will be in exhibit for you—actually mentions in the comment section, "not vaccinated as per mandatory policy."

**Cathy Careen**

Thank you. I was going say, I did try all the regular ways to have the conversation. I reached out to my union before the mandates. I reached out to local radio talk show hosts. I reached out to politicians. I wrote an eight-page letter to our premier and I got no response.

**Criss Hochhold**

Thank you very much, Cathy. I really appreciate your time. Just if there are any questions from the commissioners, please.

No? Okay, there are no questions.

Cathy, once again, thank you very much. I really appreciate your time and I wish I would have more time to listen to more of what you have to say.

Thank you very much.

[00:21:30]



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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

### EVIDENCE

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**Witness 5: Shelly Hipson**

Full Day 1 Timestamp: 04:42:47–05:37:30

Source URL: <https://rumble.com/v2djisi-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

The Commission is back in sitting, and I'd ask us to come to order, please. Thank you. Next witness is Shelly Hipson. Shelly, I'd ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

**Shelly Hipson**

I do.

**Ches Crosbie**

Thank you.

**Gayle Karding**

Good afternoon, Ms. Hipson. If you could just tell us what brings you here today. What role have you played in this situation?

**Shelly Hipson**

Over the last two years, I've been interested in finding out the truth from government. In order to do that, there's a process called Freedom of Information. Online you can pay \$5 and request any record, and so I became kind of obsessed. I got lots and lots of records, 80 to 100 records, trying to piece this all together.

**Gayle Karding**

So, just walk us through, very briefly, how you do that and what exactly you can ask for.

**Shelly Hipson**

You can't ask a question, or you can't ask for analyzed data. You have to ask for a specific record. So, you may ask for a record about vaccines and adverse reactions to the vaccines, hospitalizations. There's the Department of Health and Wellness, and then there's the Nova Scotia Health Authority. The Department underneath that has a Public Health Branch:

that's where Dr. Robert Strang would be working. And then separate from that is the Nova Scotia Health Authority, which is a registered charity. And you're also able to do Freedom of Information requests to both of those entities.

**Gayle Karding**

You brought hard copies of a selection of your, we'll call them FOIPOP [requests under *The Freedom of Information & Protection of Privacy Act*], just for ease of reference. I take it these aren't all of them.

**Shelly Hipson**

Oh, heck no. I've got about four large, huge binders, so I was very kind to you guys. You've got the mini version of some of the highlights, and I hope that it presents enough of the picture of what I've accumulated.

**Gayle Karding**

Just to be very clear, every single document that we're going to be looking at today, the source is government?

**Shelly Hipson**

Yes, it's a government document. It's something that's come directly from those departments or the Nova Scotia Health Authority.

**Gayle Karding**

And specifically, I think, with the exception of maybe one or two pieces of paper, these are all specifically from the Nova Scotia government?

**Shelly Hipson**

Yes.

**Gayle Karding**

All right, for ease of reference for you explaining this to us, as well as for the Commissioners, we've divided these FOIPOP into basically three temporal periods. So, why don't you start with describing what is the first temporal period that we're dealing with, and then you can start walking us through the information that you have received.

**Shelly Hipson**

What I wanted to start with is a foundation, and that foundation piece is in your binder. It's Nova Scotia Health Authority zero eight two. What that provides us goes back to 2015. So, 2015, 2016, 2017, 2018, 2019, 2020, and 2021. What we're looking at are the ICUs, the total ICUs throughout Nova Scotia. It's a big one like this, if you want to follow.

So the Nova Scotia Health Authority ICUs, and then Aberdeen Hospital, Cape Breton Health Care, Colchester, Cumberland, Dartmouth, QE2, South Shore, St. Margaret's Valley Regional and Yarmouth Regional at the top. This provides us with a scope, a context.

We can see from looking at this, in 2020, if we go down to ICUs and hospitalizations, the total for 2020 was 7,306.

**Gayle Karding**

Seven thousand, three hundred and six, what?

**Shelly Hipson**

ICU hospitalizations.

**Gayle Karding**

Okay.

**Shelly Hipson**

If we go up to 2015 and look at the total ICUs in that first column, we can see that, in 2020, it was the lowest number of ICUs since 2015, at the 7,306. Other years were 7,906, 8,300.

[00:05:00]

You would have thought maybe a pandemic would have been in 2016, as that was the highest.

2017: 8,014.

2018: 8,005.

2019: 7,708.

And we go down to 7,306 in 2020. And when we add those ICUs together for 2020, the 7,306 – I've just added to July, for example, because I have other documents that go along with that timeline – there were 12,220 ICU's.

**Gayle Karding**

Tell us where you found the 12,000 number?

**Shelly Hipson**

It's the 7,306 total for 2020 and then I've added January, February, March, April, May, June, July of 2021. I didn't include August and September because other documents go along just to the end of July. That totals 12,220. So, if we can remember that number, around 12,000 people went into ICU for about a year and a half of the pandemic.

**Gayle Karding**

So just to be clear, this very large document, essentially what it is: the NSHA-082 was multiple pages, and all you've done is tape them together so that it's visible all at once.

**Shelly Hipson**

Yes, we can also see in March 2021 that the number of ICU beds went from 121 to 117. So even in a pandemic, they were reducing the number of ICU beds. This happened throughout several hospitals. For example, Cumberland went down two, Cape Breton went down one,

**Aberdeen Hospital went down four. So, it's just an interesting observation to me during a pandemic, that there would be a decrease in hospitalizations overall.**

**Gayle Karding**

**As well as a decrease in the number of ICU beds available.**

**Shelly Hipson**

**Yes. So when somebody says there's four people in hospital it can give us a reference, but there's a lot of beds there. So it's a helpful tool.**

**Gayle Karding**

Okay, and you've put some yellow highlights, at least on my copy. Have you done that on the commissioners' copies?

**Shelly Hipson**

I sure hope so. That was my intention last night. I'm trying to get them done.

**Gayle Karding**

So those are not original to the documents, obviously.

**Shelly Hipson**

No, they're not. Just to help people see what I'm trying to do here: If we turn the page in your document, everybody was hearing and being bombarded with the ICUs and the hospitalizations. I was curious what was really going on, so I did a Freedom of Information request: How many ICU hospitalizations were there each month for COVID-19 in 2020 and for each month up to, including July? So, when I did that, this is what I got back, was this one.

**Gayle Karding**

It's entitled COVID-19 ICU hospitalizations.

**Shelly Hipson**

And if we want to take a brief look at that, we can glance down again by hospital. And these are just your 10 ICU hospitals. So out of the 10, five of them had no ICU hospitalizations for a year and a half into the pandemic. Aberdeen, Cumberland, South Shore, Regional, St. Martha's, and Yarmouth had no ICU hospitalizations. If we look at the rest of them, they are less than five.

**Gayle Karding**

With the exception of the QE2. On a couple of occasions.

**Shelly Hipson**

Yes.

**Gayle Karding**

Okay, and when you say ICU hospitalizations, this is specifically referring to in the COVID-19 units?

**Shelly Hipson**

Yes, this is COVID-19 ICU hospitalizations. So when we look at the 12,220 ICUs that happened during that same period on the first sheet that I gave you—there's another little sheet, because I told them that I couldn't add these at the bottom—so there's another one. We can see that Aberdeen had zero, Cape Breton Health Complex had ten, Colchester Regional had nine, Cumberland zero,

[00:10:00]

Dartmouth five, QE2 74, South Shore zero, St. Martha zero, Valley Regional 12, and Yarmouth zero. When I work those out, basing it on the number of ICUs in this first one, they are all less than 1 per cent. So COVID ICU hospitalizations were less than 1 per cent.

**Gayle Karding**

Okay, what's the next document that you have here?

**Shelly Hipson**

So that dealt with ICUs. The next one: "Well," I thought, "they're not in ICU, maybe they're all in general admissions." So I did a combination, and that's Freedom of Information NSHA 2021-173. And that's quite a long one. You're probably going to have to stretch it out here.

**Gayle Karding**

In the next one that I have— Oh, you've got a long one, okay.

**Shelly Hipson**

Yeah. It should be in the orange in the back. And just to give the audience sort of a visual as well, I've highlighted the yellow, which would be zero hospitalizations and ICUs throughout Nova Scotia.

**Gayle Karding**

You mean specifically—and I'm looking at this document reading it—you mean specifically COVID hospitalizations?

**Shelly Hipson**

COVID, ICUs and general hospitalizations. The vast majority, I was quite surprised: There's no one there. It's pretty empty of COVID.

**Gayle Karding**

It would appear that there's a number of spaces here that are blocked out with a section 20, sub 3, sub A cited.

**Shelly Hipson**

Yes—anything less than five, they blank them out. They gave me the reason that if it's one person, I may be able to figure who that person is. So it's to protect their privacy. It's interesting they black them out for their privacy.

But anyway. So, that's what that is. They're still all less than five.

**Gayle Karding**

Okay. Have you provided the document where they provided that explanation in the binder?

**Shelly Hipson**

Yes, it's one of the Freedom of Information responses.

**Gayle Karding**

Okay.

**Shelly Hipson**

I did ask them for an update on this one, and if we turn the page—it's not always easy to get. The update: they wanted to charge me \$2,190. So, freedom of information sometimes is not free. They may put stumbling blocks, I feel, in your way to be able to access that information. I just stuck that in.

**Gayle Karding**

Let's just back up. I want you to explain, or just clarify, that first NSHA 2021-173. What was the period over which you were seeking and obtained this information? Over what period?

**Shelly Hipson**

That went for the year 2020 and up until October 2021.

**Gayle Karding**

So, January 2020 to October 2021.

**Shelly Hipson**

To October 2021, yes.

**Gayle Karding**

And when you asked for the update, what was the period that you sought in NSHA 2022-047 that was going to cost you \$2,000?

**Shelly Hipson**

I asked for November, December, January, and February, so four months.

**Gayle Karding**

And that was going to cost \$2,000?

**Shelly Hipson**

Yes.

**Gayle Karding**

Had they asked for any additional funds in the original NSHA-2021-173 to give you the same information, for the period of a year and ten months?

**Shelly Hipson**

No.

**Gayle Karding**

So that will cost you \$5.

**Shelly Hipson**

Yes.

**Gayle Karding**

What ended up happening to your updated request?

**Shelly Hipson**

I redid it and I broke it apart. I do have it a little bit further on and it gives us an opportunity to compare what was happening in 2020-2021. Then it shows something kind of significant at the beginning of 2022. I have that more towards the end.

**Gayle Karding**

Okay. So just to put some of this

[00:15:00]

into our situational context, this long document is related to NSHA 2021-173 and includes all of the COVID hospitalizations and ICU hospitalizations of January 2020 to October 2021. The vaccine began to be rolled out at the end of 2020, December 2020. Does that sound about right?

**Shelly Hipson**

Mm-hmm.

**Gayle Karding**

Okay. So far, it would appear, looking at these numbers, that they seem to remain consistent up until October 2021. Is that fair?

**Shelly Hipson**

Yes.

**Gayle Karding**

All right. So, the next FOIPOP that you want to address is what?

**Shelly Hipson**

It's a comparison of deaths from diseases of the respiratory system from 2019 and comparing it to 2020. We were told there's so many COVID cases. What was really going on with all of the respiratory illnesses? And that is this sheet here.

**Gayle Karding**

This is 2022-00455-SNSIS, standing for Service Nova Scotia and Internal Services. March 30, 2022?

**Shelly Hipson**

Correct. We have 2019, and we can see, we'll just scan right down. We've got influenza 42, pneumonia 148, other chronic pulmonary diseases 496, et cetera. It totals 895 total deaths from diseases of the respiratory system. So, 895 in 2019.

In 2020, if we scan down all of those as well—and that includes 66 of COVID-19—there's 827. So, 895 in 2019, 827 in 2020. It actually decreased by 68 during that period.

**Gayle Karding**

Now, this particular graph, is this one that you produced?

**Shelly Hipson**

It's one that I produced. The actual documents I've put in your binder. The hard copy data. I've just put them into a graph so that we can compare what happened between the two years.

**Gayle Karding**

Okay, so you've done, not really an analysis, but you just reorganized the data, pulled the ones that were specifically respiratory, and put it into this graph. But you've provided the actual FOIPOP where you sought records providing total number of deaths per month in Nova Scotia for 2019, 2020, 2021 and so far in 2022, as of March 30th. Records showing a breakdown with totals of causes of death for 2019, 2020, and 2021. What you were provided had a lot of other causes of death as well.

**Shelly Hipson**

That's right.

**Gayle Karding**

Okay. And you've highlighted for the commissioners which ones you've used to put into your graph. If they wish to double check your work, or confirm those numbers, they can do that.

**Shelly Hipson**

That's right.

**Gayle Karding**

Okay. And so, this is a comparison of 2019, which is pre-pandemic and the first year of the pandemic which was 2020.

**Shelly Hipson**

That's right. I asked for 2021, but it was incomplete, so I wasn't able to use that data.

**Gayle Karding**

All right, would you like to move on to the next?

**Shelly Hipson**

So, we are at 2021-015-75HEA. The important thing here, I feel, if we just turn to the second page; it's page one, just after the FOIPOP. I highlighted in your binders a deceased case. And I'm just going to read that out to you, because it is quite concerning to me that this would be the definition.

**Gayle Karding**

Let me just back up for everybody's benefit. We're talking about a FOIPOP request made on December 15th, 2021. Is that when the response comes?

**Shelly Hipson**

That's the response. I made it on August 19th, 2021.

[00:20:00]

**Gayle Karding**

Okay, and this is what you had sought from the government. You had sought the definition of a COVID-19 case, and a couple of definitions, including how they define a deceased case, and so on.

**Shelly Hipson**

Exactly, yes. So, a deceased case, that's on page one: "A probable, or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause of death identified such as, example, trauma, poisoning, drug overdose."

I'm going to read it again. "A deceased case: a probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause

of death”—trauma, poisoning, or drug overdose. “A medical officer of health, relevant public health authority, a coroner, may use their discretion when determining if a death was due to COVID-19. Their judgment will supersede the above-mentioned criteria. A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor.”

So, a COVID-19 death may be attributed, or is the cause of death: the public health authority or coroner may use their discretion and it can be from a clinically compatible illness.

**Gayle Karding**

Okay.

**Shelly Hipson**

Page 4, Table 2, COVID-19 cases. It’s just interesting to note that out of a total of 5,884 confirmed cases, one quarter of them were asymptomatic. In Table 3, number of deaths of asymptomatic people are zero. I started to question the whole testing of asymptomatic people. So it’s interesting how many had no symptoms.

If you don’t have any questions there, I’m going to go right to the next—

**Gayle Karding**

Okay, I don’t believe that I do. This particular FOIPOP covers March—or the graphs cover—it would appear, March 2020 to August 2021.

**Shelly Hipson**

Right.

**Gayle Karding**

Okay. And these graphs, just to clarify, because some of these graphs you’ve made— These graphs are ones that were included in the response as they appear from the government.

**Shelly Hipson**

Yes.

**Gayle Karding**

Okay.

**Shelly Hipson**

So the next Freedom of Information is Nova Scotia Health Authority 2021-185. And what I asked for was, “any record, proof, document, report that an asymptomatic positive COVID-19 case is contagious and spread to others in Nova Scotia.” The response is: “We have conducted a thorough search of our records, but we were not able to find any records responsive to your request. We are now closing the file.”

**Gayle Karding**

Okay, and that was on December 7th, 2021.

**Shelly Hipson**

Mm-hmm.

**Gayle Karding**

So that one seems to speak for itself.

**Shelly Hipson**

Yeah.

**Gayle Karding**

Okay, the next document is a graph. And I take it that this is one that you produced right?

**Shelly Hipson**

Yes, it is.

**Gayle Karding**

And just to highlight for the commissioners, the sources of your information of the numbers that you've put in here are entered in the middle there where it says FOIPOP, and it provides a number. Is that right?

**Shelly Hipson**

Yes.

**Gayle Karding**

Okay. And then the percentages are something that you did.

**Shelly Hipson**

That's my calculations.

**Gayle Karding**

Based on the numbers that are in the documents cited here.

**Shelly Hipson**

That's right.

**Gayle Karding**

Okay, so can you just very quickly walk us through what this is?

**Shelly Hipson**

Okay, so I just wanted to put it in context. The population of Nova Scotia is just over a million people. In 2020, there were 238,474 tests done. And in 2021, 1,347,912. That's totaling just over 1,500,000 tests that were completed. Comparing that to our population,

[00:25:00]

that's a substantial number of tests. Of course, there could be people that are retesting, but that's a lot of tests. The negative tests were 1,564,648. So out of all of those total tests for two years, 20,446 were positive.

The number of people that died was 114. We know of those 114 in that first year, at least that 53 of them died at Northwood, a long-term care facility. Those are my percentages, so I'm just going to skip over those. The number of people that die in Nova Scotia: it's approximately 10,000 people a year. So, 20,000 people died in those two years, and 114 of them were from COVID.

**Gayle Karding**

Attributed to COVID.

**Shelly Hipson**

Attributed to COVID, yes. It's a very low percentage, which leads me into the next Freedom of Information response, which would be about the comorbidities. A hundred and fourteen people died. At least 53 of them were in long-term care. So, I wanted to know what else was going on? Why did they die? In order for me to stay healthy and my grandmother to stay healthy.

So the next one was Freedom of Information 2021-01142. I asked for the comorbidity data that the people had who died with or from COVID-19, including ages, sex, any information, or studies that has been gathered on those who have died with COVID-19 in Nova Scotia.

And the next one is this. And we can see in Table 1, that 86.7 per cent of them were 65 years and older. Only 13.3 per cent of them were under the age of 65. Down in Table 3, we can see that cancers were 6.7 per cent, cardiac disorders were 60 per cent, chronic renal disease was 11.1 per cent, diabetes was 21.1 per cent, immunocompromised conditions were 5.6 per cent, neurological conditions were 54.4 per cent, and pulmonary disorders were 18.9 per cent. And most of them were in long-term care. So just to add context to that.

**Gayle Karding**

Okay, I think now we're moving into the next temporal phase, where we're talking about after the rollout of the vaccine. We do need to pick up our pace a little bit to make sure that we get everything in. So, let's introduce your documents and the commissioners would be able to mostly consider the documents themselves. What's the first one you're speaking to—2021-01590-HEA?

**Shelly Hipson**

That's one of the first ones that I did that I learned about the adverse events following immunization. I'm going to leave that for them to read, due to time.

I'm going to skip to 2022-01349. And in that Freedom of Information request, made on August 29, 2022, I asked for correspondence, reports, documents given to, sent to, reported to, received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long-term care, nursing homes administration, on the topic of COVID-19 vaccine adverse events, side effects, and deaths that have occurred since it was rolled out in our province. This would include correspondence and reports on adverse events and deaths that are temporarily associated with the vaccine that have not been clearly attributed to other causes, that Dr. Robert Strang has in his possession.

Page one, Dr. Robert Strang is sending out references for communication. We saw how, across Canada, the chief medical officers seemed to parrot a lot of lines. I can understand that now because it was included in this particular Freedom of Information response. We see Dr. Bonnie Henry, Dr. Dina Hinshaw, Dr. Teresa Tam all being included in this.

**Gayle Karding**

Okay and this one refers to media lines.

[00:30:00]

**Shelly Hipson**

Yes.

**Gayle Karding**

So, they're indicating how people should discuss this in the media.

**Shelly Hipson**

With the public. Yes.

**Gayle Karding**

Is there anything to highlight there in particular, or just that they all have the same media lines distributed to them?

**Shelly Hipson**

On page 5, January 21st, 2021. That's only about a month after the rollout. Question 3, "Can vaccinated people spread the virus to others?" "There is limited evidence on whether someone who received the vaccine is still able to spread the virus." So here we were told that it was safe and effective, but that clearly states that there is limited evidence on whether someone who received the vaccine is still able to spread the virus.

"Everyone must continue following public health measures regardless of vaccination with COVID-19 vaccines to protect themselves, their loved ones, as well as people and communities at risk of more severe disease and outcomes of COVID-19."

Page 13 are emails to and from Robert Strang and their medical officers. The first one is: "Hi Rob. In case you receive any queries, I'm looking into an adverse event following immunization following the death of a resident vaccinated in long-term care. A female received a Moderna COVID-19 vaccine and died."

So that's one, and I'm just going to flip through them. Another one: "Hi everyone. Please be aware of an adverse event following immunization reported today and confirmed"—and I'm not even going to try to pronounce that word—

**Gayle Karding**  
Encephalopathy.

**Shelly Hipson**  
Thank you. "Develop neurological symptoms." Another one, a serious adverse event, vaccine-induced immune thrombotic thrombocytopenia.

**Gayle Karding**  
Is that on page 16?

**Shelly Hipson**  
That's on page 16, yes. So, with that one they choose to notify the Premier's office. There are people that have adverse reactions, including swollen, tingly lips, closure of the throat, and they are still recommended to proceed with their second dose of the vaccine.

**Gayle Karding**  
Can you cite page 19?

**Shelly Hipson**  
Sorry page 19. On page 24, it's just interesting: "Some adverse events are identified during the clinical trial process. However, new issues can arise once a health product is on the market because it is being used by a much larger number of people." Very much larger.

Page 27, again. Just itchiness and swollen throat after a Pfizer shot. Shelley McNeil is going to assess this situation. And this is after the second dose actually. And they— Of course, I mean, they were allergic to the first one. No big surprise. Immediately experienced headache, itchiness, flush. So the second one, the same type of reaction.

Page 29. "Some unusual adverse events following immunization came in today. Stroke, thrombotic events, thrombocytopenia alone, thrombosis, thrombocytopenia."

They knew—this was in the first few months—that people were having these adverse reactions to the vaccine.

**Gayle Karding**  
I guess I should have been asking you for dates. That most recent one that you just cited where there's stroke, thrombotic events, pulmonary embolism: that was April 15th, 2021, for example.

**Shelly Hipson**  
Yes.

**Gayle Karding**

And the earliest one that you cited was January 24th, 2021?

**Shelly Hipson**

Um-hmm.

**Gayle Karding**

So those are all between those dates.

**Shelly Hipson**

Yeah.

**Gayle Karding**

Okay, so let's move on to the next set.

**Shelly Hipson**

Zero-two-one-two-four. I asked the same thing—

**Gayle Karding**

This is for a different time period, I take it.

**Shelly Hipson**

A different time period. I had to break that one down because I couldn't get it all at once. They were going to charge me some money, so I broke it up. Page one at the bottom: we can see allergic reactions, anaphylaxis to one, two, three, four, five, six, seven—continuing on page two—eight people.

[00:35:00]

Neurological reaction. Female receives a Pfizer, excuse me, vaccine and has a seizure.

If we scan down, some of those are pericarditis, hyperthyroidism, rashes, pulmonary embolisms.

A male receives a Moderna shot, rash toes then serious and hospitalized. A male gets Pfizer and has a cardiac arrhythmia, thrombotic stroke, pericarditis, ischemic stroke, ischemic stroke, hemorrhagic stroke.

**Gayle Karding**

I'm just going to stop you. So what's interesting about this set is that at this point in June of 2021, they're now breaking down their emails to Dr. Strang into five-day increments.

**Shelly Hipson**

Yes.

**Gayle Karding**

This particular email is addressing June 7th to 11th, of 2021. They've got eight allergic reactions. They've got one neurological reaction, eight that they consider non-serious—but it includes a pulmonary embolism as well as a vitreous detachment and pericarditis. And then they've got six serious hospitalized, which you've just read to us there. A couple of ischemic strokes, hemorrhagic strokes, pericarditis, thrombotic stroke, and so on, and a death, which appears was due to pulmonary embolism. That's all in a five-day period?

**Shelly Hipson**

Yes.

**Gayle Karding**

And Dr. Strang's response was: "Will be interesting. So do we have serology for specific cases?"

**Gayle Karding**

He responded to that, indicating that he had seen it.

**Shelly Hipson**

Yes.

**Gayle Karding**

Okay. So then moving on very quickly through the next—

**Shelly Hipson**

It's the same sort of thing: anaphylaxis, allergies, pericarditis.

**Gayle Karding**

This is June 14th to 18th?

**Shelly Hipson**

Yes, June 14th to the 18th. Seizures, ischemic stroke. Again, pericarditis. Another pulmonary embolism. Even things like colitis and allergies. Another pulmonary embolism. So that's that date. And it just keeps going. He was receiving these emails knowing that people were being seriously injured and dying and having strokes. Yet it was being told to us that it was safe and effective. Page five, he has the word "concerning."

**Gayle Karding**

So just to back up. The response to the June 14th to 18th email: that email was sent on June 18th at 6:14 p.m. And at the top of the page at 8:17 p.m. What was Dr. Strang's response on the top of page 3?

**Shelly Hipson**

"So we would have to acknowledge a single case, but with few details due to privacy."

**Gayle Karding**

Okay. And then on that particular date, they were reporting six allergic reactions. Five they considered non-serious, but including pericarditis, tachycardia; five serious, hospitalized, including a bilateral pulmonary embolism, seizure and stroke in the same person. And on that particular date, no deaths were reported.

**Shelly Hipson**

Right.

**Gayle Karding**

And then on the next page, page five, that report covered— Well, it's in a slightly different format. But on July 12th, Noella sends an email to Dr. Whynot. "We have several myocarditis, pericarditis reports that we received today. This is the first one." And following the email thread up, what was Dr. Strang's response on page five?

**Shelly Hipson**

Just, "Concerning."

**Gayle Karding**

This is all in June and July of 2021. And the mandate and the vax pass were brought in in the fall of 2021.

**Shelly Hipson**

That's right.

**Gayle Karding**

There's several more pages of this. But, as interesting as it all is, I think we should fast-forward. And we will make electronic copies of these available to the commissioners. I'll speak to whoever might be able to put them on the web as well. What's the next one? You've got two or three minutes.

**Shelly Hipson**

Okay. I just want to highlight in 2022-1408, that they are not counting any of the deaths after 30 days. We can see sort of a criteria

[00:40:00]

that they have to follow. The criteria are very tight: localized events, seven days; allergic events, 48 hours; neurological events, 56 days. What I've noticed in the reply to my Freedom of Information request is that there are no adverse events being recorded after one month. So I don't know what people are seeing in their community, but I certainly have concerns of what's happening in mine. And it may take a little bit longer for blood clots to manifest into death. And they are not recording anything after one month.

**Gayle Karding**

Okay. I don't know how you feel about making the last one that we discuss, the comparison of the more recent hospitalizations for COVID? I think that's the one in your red folder at the back, but I'm not—

**Shelly Hipson**

I think it is, yeah. 161.

**Gayle Karding**

Yes. NSHA 2022-161.

**Shelly Hipson**

So, if we pull out that— We've gone from basically zeros. Did I did write on my copy, did I write it on your copy?

**Gayle Karding**

Probably. I've got lots of notes.

**Gayle Karding**

Five thousand, nine hundred, seventy-two.

**Shelly Hipson**

Five thousand, nine hundred and seventy-two general admissions for COVID.

**Gayle Karding**

Over what period?

**Shelly Hipson**

From—it's just January to October 2022. So, we've gone from nothing, zeros, to a substantial increase to general hospitalizations that are happening.

**Gayle Karding**

Specifically for COVID.

**Shelly Hipson**

Specifically for COVID.

**Gayle Karding**

As attributed by the government.

**Shelly Hipson**

Yes.

**Gayle Karding**

Are there any other ones, any last thing you want to include in there before we close?

**Shelly Hipson**

The exemptions, I just wanted to touch on that. The Public Service Commission did the exemptions for their government employees: 76 people applied for an exemption; 67 of those were declined. And I was quite surprised that the criteria for the exemption came from the Nova Scotia Public Service Commission and the Nova Scotia Department of Justice. They were the ones that created the exemptions for people, which was very hard to get an exemption.

The other thing that I just want to mention briefly is in the Adverse Events Following Immunization for the year 2022. On page 4, at the bottom, “a category of adverse events following immunization labeled other serious or unexpected events are not shown but are relatively frequent. These primarily include reoccurring conditions, gout, and cancer.”

They have actually acknowledged reoccurring cancer in a government document—in January 2022.

Which just leads me to Statistics Canada saying that the third week of January 2022 was the deadliest week in Canada since the pandemic began, with 27 per cent more deaths than would be expected. Recently we’ve had an article in the CBC: “Nova Scotia tight-lipped about the spike in deaths. Unexpected high numbers of people are dying in an untimely fashion.”

**Gayle Karding**

Thank you very much.

**Shelly Hipson**

Thank you.

**Commissioner DiGregorio**

Don’t go away yet, I have a question.

**Gayle Karding**

Oh, sorry, questions. Ms. Hipson, the commissioners may have questions.

**Shelly Hipson**

Yes, sorry.

**Commissioner DiGregorio**

Is this on? Can you hear me? Oh, there we go. Thank you for that. I have a couple of questions around the Freedom of Information process. Did you experience any issues in having your requests granted?

**Shelly Hipson**

It's been unreal. I had to be so determined and patient. There were so many stumbling blocks. I would apply and they'd extend it for another 30 days. And then they'd say, "Oh, you know, 30 days, the extension, that's 60 days.

[00:45:00]

Then it's going to cost you—this is one FOIPOP—it's going to cost you \$540." It was an important one, so a few of us chipped in on it. And even when I paid the \$540, they did not grant me the information. So it's been unreal, yes.

**Commissioner DiGregorio**

And how do you think they could improve that process?

**Shelly Hipson**

That's a great question. Freedom of Information is not free. Ontario, I believe under their act, it's more so than here in Nova Scotia. They have the liberty to put it as a stumbling block in your way. So, I would like to see it. If it's true, Ontario can't do that. So, I would like to see it. It's our information. They are our public employees. None of this I should have had to go through Freedom of Information requests. It should have been given to us. And then we wouldn't have been scared.

**Commissioner Massie**

I have a couple of questions. I'll start with a medical one, maybe it's out of your expertise. I noticed that many of the cases reported were sort of anaphylactic shock. Are you aware whether they make any distinction between anaphylactic to some drug or septic shock? Because septic shock can actually be induced by LPS, that have been shown recently to be a fairly present contaminant in the mRNA preparation.

**Shelly Hipson**

Yeah. Sadly, that is beyond my scope.

**Commissioner Massie**

They haven't made the distinction?

**Shelly Hipson**

No, I've never seen it in my information.

**Commissioner Massie**

My other question is— This is a very thorough work you've done. Your dedication is impressive. If you would now synthesize the message that you can gather from all of the data from the government site and contrast that with the message on the government site, what would be your appreciation?

**Shelly Hipson**

I think what I'm hearing you say is: Compare what I know and what they've told us from this?

I think it's sad that they didn't provide the context and they created so much fear. With the fear, people went out and got vaccinated for something that, based on my numbers, has a 99.5 per cent recovery. That troubles me: that we have those types of people that would do that to us in our government. It troubles me to see that nobody was in ICU and yet in the media line, it felt like we were just being totally overwhelmed, that the hospitals were overwhelmed, the schools were, you know.

In my mind, I cannot fathom why anybody would want to do that to people. It troubles me that that's who we have in leadership positions.

**Commissioner Massie**

Maybe one last question. The pandemic is a global event, so you would expect that you would have similar numbers across provinces in Canada or the States or other countries. When I look at the numbers you have compiled for Nova Scotia, by and large, that seems to be fairly low compared to what we've seen from other places. Do you think that there's something special about the people in Nova Scotia or the way the pandemic has been running in the province?

**Shelly Hipson**

With media lines that they used across the country, I bet if you went to every province and did exactly what I did, you'd be quite surprised. I feel that it would expose the truth. I do feel that we've been bamboozled into thinking that something was really deadly. And I don't think that happened.

I think it was like when you look at even the deceased case, and it can be probable and from a clinically compatible illness—

[00:50:00]

I mean, to a coronavirus? And they're including that in a count. It's pretty easy to get those numbers up, right? People in long-term care, sadly, when they die, they do fill up with mucus. To swab that? Okay, you've got the symptoms of COVID.

And here in Nova Scotia, 83 is the median age of somebody dying of COVID-19 in the province. The life expectancy in Nova Scotia is 80.

**Thank you for your questions.**

**Commissioner Massie**

Thank you.

**Commissioner Drysdale**

You talked a fair bit about ICU beds in the province. I have a couple of questions. One is: Did you also ask about the ICU bed staffing? Because it's one thing to say you have a bed and it's another thing to have a staffed bed.

**Shelly Hipson**

That's a great question. And I did. I asked for the number of beds that were staffed over the last two or three—2019, 2020, and I believe it's for 2021. And there are around 3,100 staffed beds. And I didn't see a decrease. Now, that might be happening in 2022.

I did do another Freedom of Information asking how many people were no longer working or who were out on COVID. And that seems to be growing. So yes, that's a great question.

**Commissioner Drysdale**

My next question again has to do with ICU beds. I thought I heard that you were looking at stats prior to 2019, and so my question is: Did you look at ICU bed numbers in the province, say from four or five years ago, and then try to see what the trend was? Whether the ICU beds in the province prior to the pandemic were increasing or decreasing or staying the same?

**Shelly Hipson**

That's what this beauty chart is here, the first one. As far as the beds are concerned, they're staying about the same. As far as the ICUs, hospitalizations particularly with COVID: I think they could be seeing a bit of a problem. There is another fold in there with the ICU beds and it looks to me like they've tripled for COVID ICUs.

**Commissioner Drysdale**

One last question because I know we are short on time. This is more or less based on the testimony we had earlier from Dr. Phillips. You talked about a number of adverse reactions, and you did a FOIA request on that. Do you have any information as to how many of those adverse reactions were actually reported into the CAEFISS system?

**Shelly Hipson**

No, not into that system. I don't. I see where I've done Freedom of Information requests and I'm seeing a change in those numbers. They're decreasing, they're not increasing. So, I do question how much cleaning of the data they may be doing. I don't think they're all getting in there. And when I start to see the emails and the number of strokes and things that are happening and then I see the serious adverse events, the number should be much higher. There's something going on there in my opinion.

**Commissioner Drysdale**

Thank you.

**Commissioner Kaikkonen**

Thank you for your presentation. I just have one quick question. Given that the chief medical officers across the country had the same messaging for communications to the populace, I'm just wondering why there were different mandates and measures put in place from Nova Scotia to other provinces within Canada? Did any of the Freedom of Information requests actually give any evidence as to why that would be happening?

Thank you.

**Shelly Hipson**

No, the media lines that I received were primarily dealing with reactions to the vaccine. So, they were specific to that.

**Commissioner Kaikkonen**

Thank you.

**Shelly Hipson**

You're welcome.

**Gayle Karding**

Okay, thank you, Ms. Hipson.

[00:54:56]



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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 6: Dr. Stephen Bate**

Full Day 1 Timestamp: 05:39:00–06:01:27

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

Dr. Bate, thank you for appearing here. I'm going to ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

**Dr. Stephen Bate**

I do.

**Gayle Karding**

Thank you. Good afternoon, Dr. Bate.

**Dr. Stephen Bate**

Good afternoon.

**Gayle Karding**

I'm one of the Atlantic Council on the NCI team. Can you just very briefly walk us through your credentials?

**Dr. Stephen Bate**

Okay, I'm a retired dentist graduated with a Bachelor of Science in Chemistry from the University of Western Ontario in 1986 and in dentistry, Doctor of Dental Surgery, in 1991. I practiced privately in Concord, Ontario from 1991 to 2013. I've since retired due to injuries in my shoulders and have moved to Newfoundland in 2017.

**Gayle Karding**

And I understand that your university education was heavily weighted in the math direction, is that right?

**Dr. Stephen Bate**

Yes, in fact I didn't pursue a degree in mathematics—but I took all of my elective courses, while pursuing a BSc in chemistry, in math and physics.

**Gayle Karding**

And you have a special interest in statistics and data analysis.

**Dr. Stephen Bate**

I do, yes. I've got a keen interest in it.

**Gayle Karding**

Do you apply that interest in a number of areas?

**Dr. Stephen Bate**

Yes, for many years, I was doing stock analyses personally and I have always been interested in sports analysis. But the last few years since the breakthrough cases, when they occurred, it piqued my curiosity. Because being in the medical field, I always believed that vaccines would stop transmission to a great degree—if not some degree. But when I started hearing about breakthrough cases, I did send an email to our health officer Dr. John Hage outlining my concerns. I knew people were saying, "Why am I getting this disease? I got vaccinated."

I received a response basically saying that the government was tracking breakthrough cases. They weren't going to be producing any evidence or any numbers for the population, but national surveillance was being done. Which kind of shocked me.

**Gayle Karding**

You had an opportunity to apply your math skills and data analysis skills to two discrete areas that we want to talk about today. The first being the Pfizer document, the document released by Pfizer— or I suppose, more accurately released by the Department of the FDA [Food and Drug Administration]— after that order by the judge in January 2022. Is that right?

**Dr. Stephen Bate**

Correct.

**Gayle Karding**

What is that document? I think we have a copy to put up.

**Dr. Stephen Bate**

Yeah, it's the adverse events that Dr. McCullough referenced earlier. I pulled this up last year and looked at it. And was rather shocked, to say the least, that a lot of it was redacted at the time. It got re-released a month later.

When I went to look at it again, I couldn't find it, because it was originally released to March 1st, then they moved it to April 1st. So it got harder to find. But when I did this, what I discovered was that there were about 42,000 participants in their clinical trials. They were monitored from December 14th to the end of February of—I guess—2019 to 2020. And 42,086 had side effects, numbering nearly 160,000 side effects. The average person had almost four.

They reported that out of the 42,000 individuals that Dr. McCullough referenced, 1,223 resulted in fatal results; 9,400 of the outcomes were unknown. Which is astonishing.

**Gayle Karding**

Well, what does that mean, "unknown?" Or what would you think that means?

**Dr. Stephen Bate**

Well, they didn't report. And then my personal understanding is people that die don't report. I can't say they all died but, how they got lost in the system, I don't know.

Further to that point, if I can just move to the next slide: this is in the same report. They spoke of the pregnancies that were involved, the mothers they followed. There were 270 pregnancies. In the end, they only were able to— Two hundred and thirty-eight they did not follow, they got lost. Thirty-two they followed. Only one had a normal outcome of a live birth.

I'll move on. Further in this report, they categorized by physiological—what was the cause, basically. They broke them down into cardiovascular, neurological, all the different possible categories of this. And just to show you one here for cardiovascular: they state in the relevant event outcomes. Fatal was 136. And the conclusion, which is too small for me to read here, but I believe it says, "The cumulative data indicates no safety concerns.

[00:05:00]

And surveillance will continue."

**Gayle Karding**

That's at the bottom of that slide there. Let's just review here. "Conclusion: this cumulative case review does not raise new safety concerns, surveillance will continue."

**Dr. Stephen Bate**

Correct. And just to illustrate that that was not an isolated incident, the very next one is people that got COVID either through transmission or possibly from the vaccines, the same thing happened here: 136 fatal conclusions. "This cumulative case review does not raise new safety issues. Surveillance will continue."

So that's Pfizer's own data that they tried to hide for 75 years. I think I know why.

**Gayle Karding**

When you say tried to hide for 75 years, can you just tell us what you mean by that?

**Dr. Stephen Bate**

Well, they were asked to report and give their data, and they refused to. There was a doctor in the States who—I can't think of his name offhand—but he had to spend a lot of time and money to go to the Supreme Court in various jurisdictions to get a judge to finally say, "Yes, you need to release that data."

**Gayle Karding**

Okay. What's the next page that we're looking at here?

**Dr. Stephen Bate**

We're looking now at Canada.

**Gayle Karding**

So sorry—we're moving on from the Pfizer trial.

**Dr. Stephen Bate**

I'm just looking at safety issues here in Canada. So that's just from the manufacturer. In Canada, it was reported January 8th of 2021, so it was the second week of reporting. This is what they reported: that there had been 10 serious adverse events reported and 338,423 doses administered, for an overall incidence of 0.003 per cent who were serious.

And now I move to the next one. As time went on, they made provisions to update the data. As more events occurred, they could re-establish what the numbers were from previous reports. Down the road, this would be December 9th, 2022: that very week they'd reported previously suddenly had 31 serious outcomes and 256,000 doses were no longer in arms. They only had 82,500 doses administered.

**Gayle Karding**

So sorry, what is the contrast you are pointing out here?

**Dr. Stephen Bate**

Well, basically, they— After a year and 44 weeks, they decided to then update the data. They'd been doing it progressively throughout the time. But at that point in time, the number of serious adverse events tripled, and the number of doses that they claimed were given went down by a factor of four. So tripled the serious adverse events, one-quarter the number of doses given; 12-fold increase in the serious adverse events were actually observed early on in the vaccination program.

**Gayle Karding**

And where did you obtain this data?

**Dr. Stephen Bate**

This is all from [healthinfobasecanada.ca](http://healthinfobasecanada.ca). You look for vaccination safety data, it's all there.

**Gayle Karding**  
Is this still there?

**Dr. Stephen Bate**

I'm not sure. I actually got this from a third party who sent this to me. I had some of this data and she sent this to me in an email just a few days ago, so I'm not 100 per cent sure.

**Gayle Karding**  
Whether it is still accessible.

**Dr. Stephen Bate**

I'm not sure. I think it is, but again, it gets changed all the time.

So really noteworthy, if I can just move on to the next here, is: this is a slide showing— The numbers in pink and the yellow outline are what the data was for these first six reports of 2021. And the ones that are just in the purple are what they had reported. So you can see that there's— The 338,000 original doses and 10 adverse events became 31 and 82,000. As time goes on, the doses became more true or accurate. But you can see even in May of 2021, where they had originally reported 1,262 serious adverse events, it was actually 2,234 now being attributed to that time frame.

**Gayle Karding**  
What, if anything, do you make of that?

**Dr. Stephen Bate**

If I could just continue, there's an explanation forthwith. So basically, back early on—this is April 15th, 2022—as the numbers started climbing, they had 128 Guillain-Barré syndrome attributed side effects, and myocarditis/pericarditis were 2,044. And this again is from a third party. I didn't write the red things in here, so you can try to ignore those.

Then in May of 2022 they reclassified these based on the Brighton Collaboration Index. And they grade these things in different levels—1 to 4. Suddenly they have two classifications for each of these. And then they decided later on in May to go back to 1, and they dismissed 120 Guillain-Barré syndromes. And a thousand myocarditis/pericarditis were then no longer attributed to this. So I believe, as they went back and increased the numbers

[00:10:00]

from the previous ones that were not reported, they then removed these, so that the total numbers continually went up just a little bit week to week.

A bit of sleight of hand, I'd say.

I'm going to move on to effectiveness now. I just want to go through a series of these just to show these are screenshots that I took from the same [healthinfobase.canada.ca](https://healthinfobase.canada.ca). You may be familiar with these. They used to categorize these as such: unvaccinated cases not yet protected, partially vaccinated, fully vaccinated, and fully vaccinated with additional dose.

I've got this from May 8th, 2022. I then got June 5th, 2022. July 3rd, July 31st, August 28th, and September 25th. Now, in each of these publications—

**Gayle Karding**

Sorry, are we going to go back and look at those and you're going to walk us through those charts?

**Dr. Stephen Bate**

I've got all the data on this hand thing I did, right? So those numbers are all here, but I'm going to summarize them shortly. For instance, May 9th to June 5th, unvaccinated cases were four times more likely to be hospitalized, five times more likely to die from their illness—which I would only assume would be per case, based on a percentage of cases—compared to fully vaccinated cases. During the same four-week period, unvaccinated cases were four times more likely to be hospitalized, six times more likely to die from their illness compared to cases fully vaccinated with one or more additional doses.

I'm just going to go quickly through these. They're the same; there's five of these. And again, these are only here because I screenshotted them. That data is no longer there. There's a few of them that are there but if you go back, they only go back to April of 2022. And half of the dates, if not more, have no data whatsoever. In fact, if you go back to the very first one, I think it's April 10th or something, if you click on that one, it has the September 25th—in the future—data on it! It's absolutely nonsensical.

But I'd really like to highlight one here. It's August 1st to August 28th. These are some pretty big numbers. They claim that unvaccinated cases were five times more likely to be hospitalized and seven times more likely to die from their illness compared to cases with a completed primary vaccine series. During the same four-week period, unvaccinated cases were seven times more likely to be hospitalized, and eight times more likely to die from their illness compared to cases with a completed primary vaccine series and one or more additional doses.

So I did this. This is my work. I'm old school. My dad taught me early in my life that if I wanted to remember things, you write it down. You don't just look at a screen or type it in. It doesn't stay. I've been doing for a couple years now. I've got five books of this graph paper that I've been doing analysis of various things COVID-related on. This is a summary of those numbers for everything that I showed you there. Hospitalization rates are given and death rates for the periods. I really want to isolate on this August data. And the last three reports are very, I'd say, very damning to the vaccinated. I'm going to look at death rates individually here. For July 3rd to 31st, the death rate in the unvaccinated was 1.09 per cent. In the fully vaccinated plus one dose, it was 0.94. With two doses, it was 1.95. For those with any vaccinations whatsoever, fully vaccinated—they stopped doing the partial ones—1.23 per cent.

So now, in August, these numbers become a little more scary. The unvaccinated is: 1.36 per cent of cases resulted in death. The fully vaccinated with boosters: 1.90. They claimed that you're eight times more likely to die if you're unvaccinated from your case than if you'd had a booster dose or more. And in fact, those people were dying at about a 40 per cent higher rate. Not lower by eight factors, higher by 40 per cent. And the same holds true in the September data as well.

I just want to point out quickly—I do believe I have it here. This is the World Odometer, yesterday's data. I believe the number of deaths attributed in Canada so far is 51,000 some-odd, out of slightly over 4 million cases reported, for an overall mortality rate of 1.12 per cent. So 1.12 per cent. If we look at the fully vaccinated with one or more doses and two or more doses, those numbers for the last two months are basically double what they've been for the entire duration of the pandemic, with a less mortality variant in play, apparently. These are rates, not numbers.

So how is it that twice as many people that are diagnosed are dying than throughout the entire pandemic? That is what I can't quite comprehend.

**Gayle Karding**

Okay, does that conclude your prepared statements?

**Dr. Stephen Bate**

Not quite, no.

[00:15:00]

I just want to point this out as well. So these are basically the same things I looked at: What they claimed the percentage, or the factor of hospitalization and deaths were compared to what the actual numbers that they published in the same report actually were. And you can see from the bottom three here: basically, hospitalization rates were lower in the unvaccinated. The death rates in particular were much lower in the unvaccinated population than those receiving fully vaccinated, plus one or plus two booster doses.

Further to this, I want to talk a little bit about the vaccination coverage that's been reported. And this is the most up to date. This is from Canada.ca. And I just want to look at the one here saying, "total population that has received at least one dose," is stated at 80.7 per cent. And then if we go to the same place you go to access this, you click on a different button. You can get the health info-based number and this one says at least one dose, 83.4 per cent.

And that is a 3 per cent of the population difference. It's the same people doing the data, I believe. Somehow, they report two different numbers. It boggles my mind a little bit, to quote John Campbell on that. But I do find that astonishing, that the same people report different numbers from the same webpage.

And I just want to quickly point out from the previous speaker—and I thank her for her **diligent work. I think it's noteworthy, when we look at respiratory illnesses that result in all these problems and lockdowns and mandates and so forth, if we look historically— And this is hard to find, I looked it up just a couple months ago, and I thought last night, because I'm a fast talker I might be able to slip this in too, but I looked at data for the influenza virus. And in the USA in 2019-2020, there were 36 million cases confirmed. And in the 2020-2021 flu season, there's no data. They said it was too little to find. And I did find one reference and the number was 1,675. This represents a 99.995 per cent reduction in influenza cases confirmed in the United States. Infer what you will. In Canada those numbers went from 55,379 to 69 the following year.**

Say what you like, it seems something may have got renamed. But at the end of the day, there were more COVID cases reported than flu cases previously. So how did that happen?

**I'd like to point out one thing— With my bit of a mathematical mind, I looked into the cycle thresholds that were being run on PCR tests in Newfoundland and Labrador, where I'm from. They're running at 45. Now, I know Dr. Carey Mullis, who developed the PCR test, stated that anything above about 26 cycle thresholds was meaningless because there's too many false positives.**

**To put into perspective: I did a little math. And if you have a loonie in your hand, your loonie is worth one dollar. And if you ran that at 45 cycle thresholds—which is to multiply it by two 45 times; it's an effort of magnification—it comes out to over 31 trillion dollars. To put that into a more visual perspective, that one loonie weighs seven grams.**

**If you took seven grams and multiplied that by 245 times, you'd have the mass of enough Titanics to lay end-to-end for 1,200 kilometers.**

So if you want to bump up some numbers, run 45 cycle thresholds. No problem. Done.

There's one more comment I'd like to make. In Newfoundland and Labrador, they've been doing pie charts. They've stopped. Everyone I've talked to pointed out their discrepancies. They have ceased to report vaccination status data. But in Newfoundland and Labrador, all told, I think we've had 300 or 400 deaths. I haven't looked at it recently. They haven't reported it recently, so I don't know. But I know that between May 11th and June 8th of 2022, there were 11 deaths reported. And they used to do daily updates and say how many cases were from which area, which age groups, and so forth. They noted in that release on June 8th of 2022 that, of the 11 deaths, very sadly and tragically, one had occurred—our first death in the under 20 age group. And at the same time, another one was reported in the 30 to 39 age group.

[00:20:00]

And to this date, they are still the only two under the age of 40. All 11 deaths that week were fully vaccinated. So not a single unvaccinated person under the age of 40 has died in Newfoundland and Labrador attributed to COVID during the entire pandemic.

#### **Gayle Karding**

Thank you very much for your presentation, Dr. Bate. I'll defer to the commissioners for questions.

#### **Commissioner Massie**

Thank you for your presentation. I've seen some analysis of the government website in **terms of the number they were coming up with respect to the likelihood of getting hospitalized or dying.**

**I'd like you to comment on what kind of data representation you could actually come up with in order to generate these kinds of conclusions, given that the numbers you've calculated are completely different.**

#### **Dr. Stephen Bate**

Well, it's speculation. I don't want to say they're lying necessarily, but it seems to be a form of coercion that, "If you don't get the vaccine, you're probably going to die." We've seen it through the media throughout—especially in the States. You know, "If you don't get it, it's

going to be a painful, terrible winter,” and all this sort of thing. I also know personally that in Newfoundland and Labrador, they’ve reported for almost a year now that 100 per cent of the over-70 population is fully vaccinated. Personally, I know about 20 people in two small towns, totaling about 14,000 people: Clover Town and Gander. I have a list of 21 people over the age of 70 that are unvaccinated. And for this to be true, for the 100 per cent to be not 99.9, there could only be 31 in the whole province.

**Commissioner Massie**

Do you want to ask a question? All right. Thank you. Thank you very much.

[00:22:27]



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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

### EVIDENCE

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Witness 7: Vonnie Allen

Full Day 1 Timestamp: 06:02:04-06:32:05

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

Welcome. Do you swear to tell the truth, the whole truth, and nothing but the truth?

**Vonnie Allen**

I sure do.

**Ches Crosbie**

Thank you.

**Vonnie Allen**

My name is Vonnie Allen. I was born and raised in Amherst, Nova Scotia. I left Amherst and moved to Moncton, New Brunswick, only long enough to get my RN diploma and begin my nursing career. In April of 1987, I moved back to Amherst with my then-husband and began working at Highland View Regional Hospital. In February of 1988, upon returning from my two-and-a-half-month maternity leave, I was given casual employment on the maternity unit. Little did I know that maternity is where I was meant to be and that I would develop a passion for it that would last almost 34 years—until I was unceremoniously put on unpaid leave on December 1, 2021 for standing up for my rights and declining to take an **experimental medication**.

**I am the proud mother of four adult children and the blessed nanny of three little boys. Only one of my children has been awake and supportive of me throughout this three-year ordeal. Unfortunately, the oldest three have believed the mainstream media and the government and have been made unreasonably fearful like so many others. Two of them have forbidden me to speak of anything related to COVID and the mandates. I have been muzzled and disallowed to talk of the impacts that the COVID mandates have had on my life: The loss of my career, the loss of my income, the loss of respect from much of my community, the refusal of EI to give back any of what I paid in for over 35 years, the seven months I lived with no income except what I could borrow from friends and family and an RRSP I was forced to cash in, the inability to step foot in my local bowling alley for five**

months, a place I called my second home for over 40 years, and the denial of entrance to my own local hospital when my youngest daughter had a grand mal seizure last year and had to be rushed in by ambulance.

**She didn't know her own name. She couldn't speak. She was totally incapable of advocating for herself. She was terrified. And I, her mother, a formerly respected veteran nurse of that very hospital, a hero just two years earlier, was not allowed past the front door because I was not vaccinated with an unproven experimental drug.**

**I was married to my children's father for 29 years, spent 36 and a half years with him total. He was emotionally abusive, an angry man, and he worked when he felt like it. So for all but two years of our marriage, I was the major breadwinner. For two years, he worked up north in Baker Lake, Nunavut, and made great money. But then he quit and felt that because he had missed so much while he'd spent many months away, he was entitled to a year off. So the bills piled up. I tell you this because for my entire marriage, I lived paycheck to paycheck, robbing Peter to pay Paul. Which credit card should I put money toward this pay?**

When I left him in 2016, I took on all of our accumulated debt, \$55,000, in return for him not demanding spousal support. I got a consumer proposal, and I paid off our debt as well as my vehicle. Times were still tough for me for a few years. But then they were both paid off, and for the first time in my life, I had money. I could buy groceries without worrying. I could give money to my kids when they needed it. I could give them each \$200 or \$300 at Christmas time to help them out. I could go on vacation or rent a cottage in the summer, and I could actually save money. Life was good.

Fast forward to 2021. I started to hear grumblings that I might lose my job if I didn't comply with the vaccine mandate. My unit was so short-staffed that overtime was readily available. I started picking up overtime shifts in an effort to build a nest egg just in case I should lose my job.

[00:05:00]

But I didn't really believe that was going to happen. Surely to goodness, during the worst nursing shortage in history, someone would come to their senses, and the most senior, most knowledgeable, most experienced nurse in the obstetrical department would not be put off work.

But that is exactly what happened. I went to work on December the 1st and was told by Director of Health Services, Lisa Lynch, that I had to leave. And being denied EI, my little nest egg didn't last long. My employer told EI that I left voluntarily with no just cause. **It didn't seem too voluntary to me. In March of 2022, I was forced to put in for retirement, and I'd had no intention of retiring in the immediate future. I loved my job. I didn't receive a check until June. Fortunately for me, they backdated my retirement to December the 1st. Unfortunately, my ex-husband got 45 per cent of my pension. So once again, after paying back all the people I owed, I was soon back to living paycheck to paycheck—and through no fault of my own. I had done nothing wrong.**

**In 35 years, I had never been disciplined or reprimanded. I had only stood up for my rights, and not in a hateful, malicious way. I had simply declined to put into my body what I felt was not a safe or necessary chemical. And anyone who really knows me knows that I have avoided chemicals as much as possible for many years. So this wasn't a new radical stance for me. It was totally in keeping with my natural lifestyle.**

**I was devastated to lose my job. I loved nursing. My dad used to tell me that when I was a little girl, I always wanted to be a nurse and a mother. So I was a happy woman. Caring for obstetrical patients in labour and delivery, teaching breastfeeding to countless women, caring for them postpartum was my passion—and I was damn good at it. Just ask the women of Cumberland County and surrounding areas who have delivered a child in Amherst since February of 1988, and they will confirm that. To this day, I meet women of all ages in all settings who tell me that I was there when they had their child and that they have never forgotten me.**

**Obstetrical nurses have a huge impact on women's lives, as well as their families' lives, and I was very fortunate because our unit looked after off-service patients and pediatric patients as well. Heart attack patients from ICU, awaiting cardiac catheterizations, surgical patients, medical patients, gynecological patients, palliative patients—we got them all. And I was always thankful for that because it kept me learning and enabled me to keep my hand in all aspects of nursing to some degree. And it allowed me the privilege of caring for men and women of all ages. So nursing was my passion, and though I had done nothing wrong, I was no longer allowed to do it.**

And that brings me to my co-workers. How I loved my co-workers. And I can safely say that the majority of them loved me, and they depended on me. They looked to me to answer their questions and show them how to do things. They came to me to start IVs because I was the expert. They came to me for my advice because I was the only one on my unit with 35 years of knowledge and experience. I hadn't seen it all, but I had seen and been involved in most of it.

Labour and delivery nursing involves looking after two patients, and one of them can't be seen. It's an art, a talent, a gut feeling, a skill, and it's not a skill that one develops overnight. It requires knowledge, but it also requires experience. You can read about all the obstetrical emergencies in a book and take a course and ace the exam. But nothing can replace living through those emergencies firsthand and learning how to deal with them to come out on the other side with a live mother and a live baby who are both fully functional. And sometimes, regardless of what you do, you lose a baby. I have experienced that firsthand with my first pregnancy culminating in a stillbirth. So I was always drawn to those mothers who suffered a similar loss. I felt I had something to share with them, and Lord knows that no one else was jumping up and down to look after them.

[00:10:00]

In my almost 34 years in obstetrics, I had dealt with most obstetrical emergencies, both as a patient and as a nurse. So I was not just a valued and loved co-worker. I was their **mentor—their only mentor.**

**The next person in line to me had about five years' experience. One co-worker had worked in obstetrics with me many years before but had actually left nursing altogether for several years. So upon returning, she had forgotten a lot of what she had known and had also lost her confidence. And confidence is important. Knowing what you know. Not being cocky, but confident. It is knowledge and confidence that allows you to stand up: To stand up for your patients and be their advocate. To stand up to the doctors when you don't agree with their approach or treatment. To stand up for yourself and your co-workers when management is putting you and them into unsafe working situations. And I did that for my patients and my co-workers. I stood up for them. And I stood up for myself, which is why I don't have a career anymore.**

Thank you.

**Gayle Karding**

Thank you, Ms. Allen. I'm going to follow up with some questions. I think you've touched on everything that I could think of for your personal situation, and you've described in a very heartfelt way the impact on you personally. I do want to spend some time with you since you spent so long in the Cumberland region practicing nursing. I wanted to talk to you generally about the health care system there in and around the time of the pandemic.

**Vonnie Allen**

Yeah.

**Gayle Karding**

You used the phrase in your evidence, "fully staffed," and how infrequently the unit was fully staffed, and so there was lots of overtime available. What would a fully staffed unit look like?

**Vonnie Allen**

So full staffing on my unit was considered to be two RNs and one LPN around the clock. In the year before I left, full staffing was in place probably about 60 per cent of the time. Often, we were staffed with one RN and one LPN. If we were lucky, we had one RN and two LPNs.

Our LPNs were good. They were smart and capable, but their scope of practice had limitations. LPNs are not permitted to be the labour and delivery nurse. They could be the second nurse in the delivery room and look after the baby when it was born, and they could initiate a resuscitation if it was necessary. But if there was only one RN on, it meant that if there was a patient in labour, she had to be one-on-one with that patient. It meant she had no one to relieve her for breaks and no one to look after a second labour patient if one came in. That was a scary scenario, one that you were always hoping would never occur.

And having only one RN put a lot of pressure on our LPNs. They were expected to look after the entire unit outside of the delivery room, plus come in to help the RN during the delivery. So if we couldn't staff with two RNs, we always tried to have two LPNs with our one RN. More bodies was preferred. LPNs were more likely to pick up extra shifts if I was the RN on that shift. Because they had confidence in my knowledge and ability to keep my cool and handle whatever situation came up.

**Gayle Karding**

And when you were fully staffed, or at least had a full RN contingent, which would have been two of you on at once, you've said that you were often acting as a mentor to the other RN who was on.

**Vonnie Allen**

Oh, absolutely, yes, yeah.

**Gayle Karding**

And so, when you weren't there, presumably one of those less experienced were the only ones on. If there was only one.

**Vonnie Allen**

Yes. And they were put into terrifying situations. And the thought of being two or three, or four, years' experience, five years even, and not having anybody else for back up? It's terrifying.

**Gayle Karding**

My understanding from speaking with you earlier was that in the context of this short staffing from March to September, your obstetrics unit was actually closed.

[00:15:00]

Sorry, from March to September 2020, your obstetrics unit was closed.

**Vonnie Allen**

Yes.

**Gayle Karding**

What was the reason to the best of your knowledge for that closure?

**Vonnie Allen**

We were closed from March 27th to September of 2020. We were told it was because we were already so short-staffed that if any of us got COVID, the unit would end up shutting down anyway. So we were rerouted to other areas in the hospital, most often medical, but sometimes surgical or ICU or emerg., and during those five months bed occupancy was down drastically. There were no COVID cases in the hospital. There were very few patients in the hospital. Medical had 38 to 39 beds and they might have 20 beds occupied. The ER generally had very few patients during a shift. Often the nurses were sitting around behind the desk chatting because they had no patients. And the majority of patients on medical were patients with dementia, awaiting placement.

And I have to speak on their behalf. Here we were in our black and white uniforms with masks on. They were already confused. They could never get familiar with anyone because **we all look generally the same. The mask muffled our voices and hid our facial expressions and kept them from reading our lips when most of them had some degree of deafness. I would often stand across the room from them, pull my mask down so that they could see that I was a human being, and talk to them in a raised voice so they could read my lips. It was a horrible way to treat people. They weren't permitted any visitors and they knew none of us.**

I saw some amazing nurses go out of their way to try to enable these patients to FaceTime with their families or talk with them on the phone, but most of the patients struggled to understand what was going on.

Many of them died before they were ever placed in long-term care because the rules for getting into long-term care were ridiculous during COVID. If they became palliative, then they were permitted a family member—or sometimes two—but never at the same time. Imagine. It could be two people who lived together at home, but they weren't allowed to visit their dying mother at the same time. Often by the time they were palliative, they no longer recognized their own family members because they hadn't seen them for so long. The masks and the rules were a travesty to health care and particularly to this segment of our society. And during all that time we did plenty of testing, but we never had one case of COVID.

**Gayle Karding**

In the context of the government messaging about how unsafe an unvaccinated nurse would be to their patients, did you ever alert any of your patients to your status?

**Vonnie Allen**

Every one of them.

**Gayle Karding**

How did you do that? Tell us about that.

**Vonnie Allen**

I would just bring it up in conversation. I was led to believe by the occasional person—not many. My nursing co-workers were very supportive of me, unlike a lot of people that I hear of. But on occasion, I would hear grumblings that patients didn't want to be looked after by nurses who weren't vaccinated. So I made a point of telling them all that I had not been vaccinated against COVID.

I never once had a single patient respond in a negative way. I never had one of them ever ask to have another nurse. Now, at times that would have been difficult because I would have been the only RN. But there was never a patient that ever made me feel uncomfortable or like they felt like they were being looked after somebody who had the plague.

**Gayle Karding**

Those are all my questions. I'll defer to the panel for any questions.

**Commissioner Drysdale**

I have a couple of short questions. Were you the only one in your health community that was affected like this, that were let go?

**Vonnie Allen**

In my hospital, I was the only RN. There were two LPNs on the medical floor who didn't take the vaccine and so lost their jobs.

[00:20:00]

I have no way of knowing how many other people in my hospital in other departments or how many other people in, say, nursing homes in the community didn't take the shot.

**Commissioner Drysdale**

It also said that the unit was closed down between March and December.

**Vonnie Allen**

March and September.

**Commissioner Drysdale**

September 2020. And the reason given was that if they lost one nurse, they couldn't operate.

**Vonnie Allen**

Yeah.

**Commissioner Drysdale**

So my question is, when they lost you, how did they operate?

**Vonnie Allen**

Well, I can tell you they're not a happy bunch. They were terrified when they started thinking that they might lose me. We would have staff meetings and one of the girls would say, "Why aren't we going to talk about the elephant in the room here? Like, what are we going to do if Vonnie has to leave? What are we going to do about this?" And our unit manager would respond by saying, "Well, you know, that's not really something that I have any information about. I can't really talk about that." And nobody was giving us any answers, and we just kept hoping beyond hope that it wouldn't happen. We had just started a new rotation recently and we were having a difficult time filling the spaces in that rotation. As I said, overtime was readily available. So they were wondering, "What are we going to do when we lose you too?" And not just another staff member, but the one with the most knowledge of anybody there.

One of my co-workers messaged me last week, and I actually sent the message to Gail. She said, "Vonnie I'm still grieving the loss of you from our unit." She said, "It's never been the same since you left. I feel like it was the beginning of the end for us." She said it's not a good place to work anymore. It's not safe and she said, "It's just not right, you know. We're missing you badly."

**Commissioner Drysdale**

Did you receive any comments, support, or anything from the rest of the staff—the doctors? You talked about the LPNs. You talked about the nurses. I didn't hear you say the doctor word.

**Vonnie Allen**

Well, it's interesting. One of our obstetricians, I had a great deal of respect for her. She had a few more years' experience in obstetrics than I did, and she and I often disagreed on a lot of points. But we respected each other enough to agree to disagree. But when it started getting down to the end and I knew I was going to lose my job, she would approach me and say, "Vonnie, what are you going to do? Like, why don't you take the vaccine?" And I'd say, "No, I'm not taking the vaccine. I'm not sure what I'm going to do, but I'm not taking the vaccine." And "Well, aren't you worried?" "Well, yeah, I'm worried, you know?" And then she sent me a message one day on Messenger that said, "I've been hearing that you might not be able to get your pension. They might just pay it out in one lump sum. I'm really worried about you." And she said, "Aren't you worried?" And I responded and said, "Yeah, I am worried, but doesn't that seem a little bit Nazi to you?" Take this experimental drug that has no proven effectiveness and no safety record, or you're going to lose your job and you might lose your pension too. And she responded back by saying, "No, that doesn't sound Nazi to me. No one's leading you to the death camp. No one's taking you to the gas chambers." And then she went on this big tangent about how important it was to take it. Nobody said it was 100 per cent effective, but you need to take it to protect all those vulnerable people in society. That's the last time I ever messaged with her.

**Commissioner Drysdale**

Thank you.

**Vonnie Allen**

And as far as the other doctors on the unit, they didn't really have much to say. One of them is my family doctor, and I've always admired him.

[00:25:00]

But none of them stood up for me, basically. We had one doctor in the entire hospital who spoke out very, very candidly about the vaccines, about the lockdowns, the mandates, the masks. I don't know how he's still practicing. His Facebook page is covered on a daily basis with this stuff, and I'm thinking, how is he getting away with it? You know, he's still a doctor. He's the only one—the only one who spoke out against it.

There's one other thing I'd like to point out. When I left, I took with me a lot of knowledge and experience. And one of the areas that I can assure you is really suffering right now is breastfeeding. I never took the lactation consultant course. I started it when my children were very little, but I soon realized that my kids would only be little for so long and it took up far too much time. One of my co-workers, a friend and a co-worker for 28 years, she **took the course. She went off sick in 2016 with cancer and never came back to work and ultimately died in 2020. But even during her years at work, she was team lead, so she spent much of her time at meetings and rarely had direct patient contact. So I became known as the breastfeeding guru.**

**I had breastfed my own four children and taken numerous courses over the years, and I had helped literally hundreds, if not thousands, of women breastfeed. As with maternity in general, I had a passion for it. The girls often called me "the boob whisperer." They said, "if Vonnie can't latch that baby, no one can." I spent a lot of time teaching women to breastfeed and latching their babies. And some babies won't latch. So I came up with plans to get their babies fed until we could latch them. I taught hand expression and pumping to moms as well as my co-workers. I hand expressed more women's breasts for colostrum than you**

could ever imagine, because it's something that women don't come naturally. They don't know how to do that naturally. I latched babies to moms who couldn't keep their eyes open and held the babies there while their mothers slept. I spent countless hours with both inpatients and outpatients trying to resolve breastfeeding issues: latching problems, lack of supply problems, sore nipples, blocked ducts, oversupply problems, you name it. I was the solution-finder.

I had two colleagues— two of my LPN co-workers, who also had a passion for breastfeeding. And I was always so pleased if one of them was coming on after I'd spent my shift with a difficult breastfeeder. I knew that they would work just as hard as I had to try to help that woman have success. But they would usually come to me to confirm that what they were doing was right. We would discuss different tactics and ideas and brainstorm with each other. But I was the one with all of the years of knowledge and by far the most hands-on experience. So when I left, that was gone.

The fact that they could just do this to us. And this is supposed to be about our health, all of these mandates. But none of it has been good for anybody's health.

If you have no more questions, I have one final thing to say. Once upon a time, I was a respected member of my community. I was a respected aunt, mother, sister-in-law, and friend. Because of the stance I took, because I declined to take an experimental drug with no science to back it, I lost my job and my credibility. I've lost the respect of my oldest children, a niece, many of my friends. My sister-in-law has blocked me. I have been discriminated against and denied entrance to restaurants, theaters, my bowling alley, my friend's party. I was unable to go away on vacation with my four oldest girlfriends of over 40 years. I spent 35 years in a profession

[00:30:00]

where I helped and cared for other people, but now I am not allowed to speak because my opinion no longer matters.

I have been censored.

**Gayle Karding**

Thank you, Ms. Allen.

[00:30:35]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 8: Leigh-Anne Coolen**

Full Day 1 Timestamp: 06:56:15–07:11:22

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

The next witness is Leigh-Anne Coolen. Leigh-Anne, do you affirm solemnly to tell the truth, the whole truth, and nothing but the truth?

**Leigh-Anne Coolen**

Yes, I do.

**Gayle Karding**

Good afternoon, Ms. Coolen.

**Leigh-Anne Coolen**

Hi.

**Gayle Karding**

Can you tell us where you're from?

**Leigh-Anne Coolen**

I'm originally from Newfoundland. I live now in Head of Jeddore.

**Gayle Karding**

Head of Jeddore, Nova Scotia?

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

I understand that you did take one dose of the vaccine?

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

And when did you do that?

**Leigh-Anne Coolen**

On May 27th, 2021.

**Gayle Karding**

Did you do that of your own accord?

**Leigh-Anne Coolen**

No.

**Gayle Karding**

And can you elaborate on that?

**Leigh-Anne Coolen**

My employer started, I guess, maybe March or April, with a real push for everyone to get vaccinated. I held off until I couldn't any longer, and I had to go get my first shot. They expected two, but they got one.

**Gayle Karding**

Okay. What were your reasons for hesitating?

**Leigh-Anne Coolen**

Because it was too soon. Everything was just, "Oh, here's a vaccine. It'll help." I didn't trust that it would help. I'm not an anti-vaxxer by any means. I'm fully vaccinated. My son is fully vaccinated. My husband is vaccinated. I'm not against vaccines. I was just against this because I didn't trust it.

**Gayle Karding**

When you say that family members in your household are fully vaccinated, you mean the kind of traditional vaccines, that sort of thing?

**Leigh-Anne Coolen**

Yes. Exactly, yes.

**Gayle Karding**

Okay. You started to feel some pressure in March and April from your employer.

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

Did your employer have a mandate in place?

**Leigh-Anne Coolen**

They did mandate it. I'm not sure if they had a written mandate. I'm sure it's probably in the company policy in some way shape or form. I do have emails from the president, kind of telling everybody to go get vaccinated; remember, get your vaccination; send in your verification kind of thing when you're done, so we can have that on file.

**Gayle Karding**

Were you ever told what would happen if you did not get vaccinated?

**Leigh-Anne Coolen**

We were told that we wouldn't be able to work there anymore.

**Gayle Karding**

Okay. So in May of 2021 you did receive your first injection. Do you know which one you got?

**Leigh-Anne Coolen**

It was Pfizer.

**Gayle Karding**

Pfizer, okay. And do you know where you got that and who administered it?

**Leigh-Anne Coolen**

I don't know who administered it, but I do I know where I got it. It was at the pharmacy in the Superstore on Cole Harbor Road.

**Gayle Karding**

In the pharmacy. And do you have the lot number for that?

**Leigh-Anne Coolen**

I do, but I don't have it with me. I know I filled it out on something, but I—

**Gayle Karding**

Alright, so you got one injection of Pfizer in May of 2021. And tell us what happened after that.

**Leigh-Anne Coolen**

Everything seemed normal until Sunday, June 20th, when I don't remember much. I remember waking up in the morning and hearing my husband talking to, I assume, somebody on the phone. Because it was only him and I in the room.

It was the paramedics. I had had a stroke. The ambulance came and, the next thing I knew, I had paramedics at the foot of my bed. They took me to the hospital, and I was there for five days.

**Gayle Karding**

Has your husband described that experience to you?

**Leigh-Anne Coolen**

He has. Not in great detail, because he's still traumatized from the event. I make noises in my sleep. He wakes up immediately thinking, "what's going on here?" So yeah, he still lives with it.

**Gayle Karding**

And what did he tell you about the experience?

**Leigh-Anne Coolen**

I don't even know how to put it into words. He said my face was kind of twisted, obviously. Because I had a droop on one side of my face. I was trying to say words. He couldn't understand anything. I wasn't there, so I don't know, but he doesn't really elaborate on it because he doesn't talk about things like that.

**Gayle Karding**

Okay. The five days that you were in the hospital, can you describe how you were feeling, some of the symptoms you were having?

**Leigh-Anne Coolen**

I don't remember any symptoms at all, really. It kind of just happened, and it went away. I'm left with memory loss, or I don't know what to call it. I can't get my thoughts organized as quickly as I used to be able to. But I went through several tests in the hospital, several CAT scans, everything. I had blood work done, I think, twice a day.

[00:05:00]

I had an IV with a heparin drip because of the blood clots. The blood clots were in my arteries, not in my veins. I do have Factor V Leiden, but it is actually in my report from the hospital that they don't believe that was the cause of the stroke. Eith all the other tests that

I had done, nobody gave me a reason as to why this happened. So I'm still left wondering why.

**Gayle Karding**

Okay. When you were in the hospital, was there any discussion about whether you'd had your vaccine and when?

**Leigh-Anne Coolen**

No. Before I got out of the ambulance, they gave me a COVID test, because I wasn't allowed in the hospital without one. I did mention to them at that point that I had just had my vaccine about three weeks ago. And nobody said anything. A couple of days later, I believe, when I was in the room and there were medical teams visiting, I had mentioned that I had had my vaccine about three weeks ago. And nobody paid any attention to those words coming out of my mouth. They kind of just turned around and walked away, and nobody said anything about it.

**Gayle Karding**

So during the entire time that you were in the hospital, no doctor or medical professional asked you any questions about the proximity of your stroke to your vaccine injection?

**Leigh-Anne Coolen**

None.

**Gayle Karding**

How old are you?

**Leigh-Anne Coolen**

Now I'm 42.

**Gayle Karding**

And at the time?

**Leigh-Anne Coolen**

Forty-one.

**Gayle Karding**

Forty-one years old. Is there any history of stroke in your family?

**Leigh-Anne Coolen**

There is. My grandmother, I believe she was in her 50s when she had a stroke. I think she also has—or had—factor 5 Leiden. She had blood clotting: I believe she had a blood clot in her leg. She did have a pulmonary embolism, a stroke. She had an aneurysm that was

clipped. It didn't leak or anything, so they settled that. But she had the typical Factor V Leiden things happening.

**Gayle Karding**

Okay. Do you know whether her stroke was consistent with that condition?

**Leigh-Anne Coolen**

I can't say one way or the other.

**Gayle Karding**

All right, and we have your discharge summary that we can put up on the screen. It's one of the exhibits and—

No? Okay, I was given an exhibit number. If I could just have one moment, I'm going find that, indicating that you have this condition, this Factor V Leiden. And indicating specifically that it was not responsible for your stroke and that's because your stroke was an arterial clot?

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

And Factor V Leiden is specifically responsible for intravenous clotting?

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

Okay. It's at TR-003. I'm going pass up this copy to the panel because we were supposed to have that uploaded so that they can see that.

And I'm specifically referring, Commissioners, to the second paragraph, starting with the word "hematology." Second paragraph on the first page. Hematology was consulted and the patient was started on a Heparin drip. It was felt that her Factor 5 Leiden mutation was not **the cause of these arterial clots, as this is associated with Inktree's venous clotting.**

**So the one pre-existing condition that you're aware you had, they have ruled out as the cause.**

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

And you're not aware of any other pre-existing conditions which would potentially cause you to have a stroke at 41-year-old?

**Leigh-Anne Coolen**

No, I'm not aware of anything.

**Gayle Karding**

In the context of that year, or the previous years, were you generally healthy?

**Leigh-Anne Coolen**

Yes.

**Gayle Karding**

Okay. What, if any, long-term impact have you felt this has had on you?

**Leigh-Anne Coolen**

It's like I don't know myself anymore. I know my thoughts and stuff. I can process thoughts, thoughts come quickly, I just can't organize them to get them out. Things that I enjoyed doing, I don't enjoy anymore.

[00:10:00]

I just— I don't know. I'm just— I'm just here. Like it's just all the drama with everything around the whole vaccinations and you can't talk about it and everything else. So just sweep it all under the rug. And it gets to you. Really.

**Gayle Karding**

Are you on any medication that you weren't on previously?

**Leigh-Anne Coolen**

I am. They prescribed atorvastatin for high cholesterol.

**Gayle Karding**

Okay.

**Leigh-Anne Coolen**

And vitamins: vitamin D, vitamin B12

**Gayle Karding**

Is that in relation to—?

**Leigh-Anne Coolen**

That's what they prescribed for me when I left the hospital.

**Gayle Karding**

Okay. Do you have regular updates with your family doctor?

**Leigh-Anne Coolen**

I don't. I haven't had a family doctor for quite some time. I do have a nurse practitioner now. I do have to go and get some blood work done for an update.

**Gayle Karding**

How often do you have to do that?

**Leigh-Anne Coolen**

Nobody told me anything, so I guess it's my own discretion.

**Gayle Karding**

Did you ever have any conversations with her after your stroke?

**Leigh-Anne Coolen**

After my stroke, I did talk with the nurse practitioner at that point. He was very supportive. He seemed like he kind of felt that maybe the vaccine did have something to do with it. That made me feel fantastic, because I'd never had anyone actually on my side before.

Now, I don't have him any longer. He's been replaced with another nurse practitioner. I did speak with her about it, but she's not as vocal as he is about it. So I assume that she doesn't want to talk about it.

**Gayle Karding**

Are you aware of whether or not your first nurse practitioner—the male—reported the symptoms of your stroke to the vaccine injury database?

**Leigh-Anne Coolen**

I'm not aware that he did.

**Gayle Karding**

Did the mandates have any other impact on you? Actually, before I move on to that, I understand you did not have the second dose.

**Leigh-Anne Coolen**

Correct.

**Gayle Karding**

What, if any, impact did that have on your employment?

**Leigh-Anne Coolen**

I had to leave my job because they kept at me about another vaccine or an exemption letter. In a follow-up appointment I had with hematology, I asked the doctor on the phone, "Is there any way I can get an exemption letter? Because work is asking me to get the second vaccine." She told me, if I was worried about having another stroke, to get my second vaccination before my fragment injections ran out, which was the prescription that they sent me home with from the hospital.

That's when I gave up and I said, "I'm not going to get an exemption letter. I'm not having another vaccine, so I'll just have to move on." And that's what I did. I quit that job in December 2021.

**Gayle Karding**

Did the rules and mandates, the vaxx pass, all that sort of stuff: Did that have any other impact on your life?

**Leigh-Anne Coolen**

Well, my husband got the second shot because we were still at that job and they pressured him to get it. He felt like he had to get it to support the family.

My son completely refused it. And I don't blame him. He did feel pressure from his friends. He did get bullied. He did get kicked off the soccer team because he wasn't vaccinated, and he wasn't allowed to play. I told him, "If you want to participate, I'll take you to get vaccinated." "No, I don't want it. I don't want it." And I didn't push any further.

It was a simple question, "if you want it." But because of what happened to me, he refused it and I'm very thankful for that.

**Gayle Karding**

How old is he?

**Leigh-Anne Coolen**

He's 18.

**Gayle Karding**

Okay, those are my questions.

**Commissioner Drysdale**

You said that you had gotten one dose of one of the vaccines.

**Leigh-Anne Coolen**

Yes.

**Commissioner Drysdale**

When you went to get your vaccine, what did the person who gave it to you, the pharmacist, whoever it was that gave it to you: How did they explain to you the risks and the benefits of the vaccine so that you could make an informed decision?

**Leigh-Anne Coolen**

Nobody explained anything.

**Commissioner Drysdale**

Thank you.

**Gayle Karding**

Thank you very much, Miss Coolen.

[00:15:00]



*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 9: Chet Chisholm**

Full Day 1 Timestamp: 07:11:50–7:33:40

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Alison Steeves**

Good afternoon. My name is Alison Steeves. Like Ches, I'm a non-practising lawyer, a member of the Nova Scotia Bar.

**Ches Crosbie**

Thank you. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Chet Chisholm**

Yeah.

**Ches Crosbie**

Thank you.

**Alison Steeves**

Can you please state your name for the record?

**Chet Chisholm**

Yeah, my name is Chet Chisholm

**Alison Steeves**

And where are you from?

**Chet Chisholm**

I'm from Antigonish, Nova Scotia.

**Alison Steeves**

And what is your occupation?

**Chet Chisholm**

I am a paramedic. I've been a paramedic for 12 years.

**Alison Steeves**

For 12 years?

**Chet Chisholm**

Twelve, yes.

**Alison Steeves**

And how do you like being a paramedic?

**Chet Chisholm**

Oh, it's the best job in the world, man. It's probably one of the most rewarding professions that you can ever work. You show up on people's worst day and your goal is to improve it. No one's ever mad that the paramedics show up. Well, some are, but not many!

And with everything that's happened, if I had a lot of friends and colleagues, who say, "Hey, if you could go back and do it all again, would you?" And my answer has always been, "Yeah, I'd go back, and I'd have done it sooner."

**Alison Steeves**

So back in March 2020, when we started hearing about COVID, were you working as a paramedic at that point?

**Chet Chisholm**

No, I was currently off work. I was off with workers' compensation in March of 2019. I was diagnosed with post-traumatic stress disorder and was placed on medical leave awaiting treatment.

**Alison Steeves**

Were you planning to return to work, eventually?

**Chet Chisholm**

Yeah, that was the hope. My mental health team was pretty keen on getting me back to work. I was gung-ho to get into treatment, get back on the trucks. And kind of what was looming on the horizon, and the state of EMS in Nova Scotia, I felt it was imperative to do so.

**Alison Steeves**

Did you receive the treatment that you were waiting for?

**Chet Chisholm**

No, I was I on deck to get what's called EMDR, which is eye movement desensitization and reprogramming. It is often used very well with PTSD, and they see a lot of success with first responders and veterans. And my first appointment was kind of like the meet-and-greet appointment, to kind of set up a rapport. That was the first day of lockdown. So we showed up, we talked about what we were going to do, and that was it. Everything got canned thereafter, and then I was put into limbo and wasn't seen again for close to another year. Because we weren't allowed to have any in-person appointments whatsoever.

**Alison Steeves**

So you did get the treatment after a year?

**Chet Chisholm**

No. I went from a psychologist to working with a counselor, and we were kind of doing the prep stages, building the rapport, getting a background on what was going on. And things would kind of— We'd get a little bit of momentum and then they'd say, "Well, you can't meet in person again, and EMDR is an in-person thing."

So we'd have to just kind of do talk therapy on the phone and discuss things and talk about stressors. But we never really got to, we never got into a groove of things.

It was on and off, on and off, on and off, up until probably late spring, early summer of 2021. Things just kind of got canned again, and I got put back into the wait list and waiting in limbo. And where we continue to sit.

**Alison Steeves**

And what impact would you say that the delay in this treatment had on you?

**Chet Chisholm**

I've certainly had relapse since I saw my PTSD symptoms, which I've had previously somewhat under control. And not being able to— You kind of had to do maintenance while you're working through this. And we couldn't do any of that. And being in person, and actually being able to connect with somebody and talk about these things, and work through it, and then actually build to a therapy, is incredibly beneficial. There's such a disconnect when it's on the other end of a phone or on a screen. And not only that, but my counselor was getting extremely frustrated. She's like, "you are pretty well primed and ready to go, we can get you back on the trucks and get you going. But this keeps getting in the way." It's like we always had to keep starting from scratch again.

**Alison Steeves**

So are you still on leave from the same job?

**Chet Chisholm**

Yes, I'm still on leave. And due to the time frame that I've been off with our contractual agreement with the union, because the clock has ticked down,

[00:05:00]

I've been terminated for my position at EHS [Emergency Health Services].

**Alison Steeves**

So you're only allowed to be off for so long with an injury before you become terminated.

**Chet Chisholm**

Yeah. At two years. They'll hold your full-time position for two years. So that timeframe ran out. And, as we'll get into it in a little bit here, that's when we needed to push for this, so I don't lose anything else. At a three-year mark, you're canned, and that's it. You lose all your seniority and everything.

**Alison Steeves**

Do you have reason to believe that, had you received the treatment in the time frame that was originally scheduled, you would have returned to work in time to avoid losing your job?

**Chet Chisholm**

Pretty well everyone in my mental health team was pretty keen. Like, pretty sure Chet's going to go right back on the trucks. He wants to be there. And there's been such a high success rate with this with other first responders. It was looking good. Not so much.

**Alison Steeves**

During the time you're awaiting treatment, did you take the vaccine against COVID-19?

**Chet Chisholm**

Yeah, there was a push for it from our employer. And initially, I declined because I was eligible in December of 2020 and January of 2021. Because I was off work, I'm a young guy, pretty healthy. I said, "No, thanks. I'll wait. If we're going to give it to anybody, give it to people who are vulnerable and whatnot, I don't need it right now."

**But when it became available for people in my age group, for people in their 30s, I got my first shot on May 21st. And the reason is we work with the most vulnerable people at the most vulnerable point in their life. And we are in constantly different clinical situations throughout a shift. You can start your shift in a backseat of a car in a ditch. And then you can be in an old-folks home and treating a COVID patient. And then you could be going into the ICU. It's a mixed bag every time you go to work. So the likelihood that I'm going to get a lot of exposure to COVID is quite high. And it's going to be in the back of an ambulance. And it's going to be probably right in my face. So the hope was that this could help mitigate cross-exposure amongst vulnerable people.**

**Alison Steeves**

You didn't feel coerced to taking it?

**Chet Chisholm**

Yes and no. I was a little annoyed with kind of, the push. It's like, "Hey you got to do this, you got to do this right now." But I wasn't ever angry at the point of getting it. Because if it did what they said it did on the tin, then that could be beneficial—both for myself but, more importantly, for the vulnerable people whom we deal with every day.

**Alison Steeves**

Who administered it to you, do you recall?

**Chet Chisholm**

It was given to me by an RN and that was done at one of the local pharmacies in Antigonish.

**Alison Steeves**

Before taking it, did they advise you of the risks?

**Chet Chisholm**

The only risk that we really discussed was the risk of anaphylaxis. Because I have food allergies. So we talked about that, because it's like, "Hey, just hang around for like an extra like 20 minutes or so just so we can keep an eye on you." And I've done vaccination clinics for flu shots and stuff. I know you know the whole rigamarole of, "Hey we're going to give you this, we're going to keep an eye on you and make sure nothing happens. And if something happens, we'll report it and take care of you."

**Alison Steeves**

And how did you feel after taking it?

**Chet Chisholm**

Initially, I felt fine. But by that evening, I was pretty slack; really, really tired. And that was kind of par for the course for any other vaccines I've gotten for work or school in the past. But what kind of really drew attention to some things is I've been dealing with PTSD and crippling insomnia for years at that point—for two years at that point, where I would need to take medication to sleep. I went from not sleeping at all, to sleeping most of the day, to sleeping probably like 20 hours or more. And then just being incredibly sluggish and getting a little shorter breath here and there, and that kind of escalated over the next few weeks.

**Alison Steeves**

So those symptoms persisted and increased?

**Chet Chisholm**

Yeah, it started with incredible fatigue, which led to shortness of breath. And then eventually, I would get a tinge of chest pain when I was laying on my back. And it ultimately built up to— My dad had taken a tree down in the yard, and I went out to help him just load a couple chunks of log in the front of his tractor.

[00:10:00]

I got extremely short breath. I had stabbing chest pain here, just left my sternum, which radiated into my back. I told my dad. I was like, "Hey, we have to go to the hospital right now; something's up. I can't say what, but there's something very wrong at the moment." And I became incredibly diaphoretic, really sweaty, and pale as a ghost.

**Alison Steeves**

Had you had similar symptoms in the past?

**Chet Chisholm**

No.

**Alison Steeves**

You said you went to the ER. You consulted a healthcare provider about these symptoms?

**Chet Chisholm**

Yeah, I went in, talked to the triage nurse and said, "Hey, this is what's going on." And was admitted, had EKGs and stuff done, and explained, talked to the nurse. These are all people I work with, and I'm like, "Dude, what do you think's going on?" And it's like, "Well, I think it's one of these things." And they're like, "Yeah, something's definitely up because you never look like this."

We did a bunch of EKGs, blood work, did my vitals, my vitals were all abnormal.

**Alison Steeves**

And did they find anything?

**Chet Chisholm**

Not at the time. I was really hypertensive. My blood pressure was up quite a bit. I was tachycardic. But the doctor didn't seem to see anything in my blood work or my EKGs. He just said, "maybe it's just esophageal spasms," and sent me on my way.

**Alison Steeves**

And did the symptoms persist after that?

**Chet Chisholm**

Yeah, they never quite resolved. They would calm down, but they did persist. And any time, on any exertion or lying on my back, things would exacerbate. I'd get more short of breath. I

could, again, develop more chest pain. The fatigue persisted. Well, it still persists, but I would be pretty well bedridden some days. No energy to get up and do anything, which was entirely new. It was like a complete shift. Because I used to be up doing stuff pretty regularly. I used to be in really good shape and whatnot. So it was a drastic change.

**Alison Steeves**

And how many health care providers did you consult about these symptoms?

**Chet Chisholm**

**Well, I was admitted into the emergency room three times over the course of the summer.**

Nothing was ultimately found, aside from having abnormal vitals and just symptoms that I presented with. The second physician that I saw in the ER kind of just shrugged and said, "Man, I don't know what's going on. You're obviously in distress, something's up, but we can't pinpoint anything." And the third doc I saw, which would have been probably late July, said, "I think this warrants further investigation. We should order some more cardiac tests, like echocardiogram, and you should follow up with your family doc, get a cardiac MRI, and get a stress test and see if we can pin down what's going on. I don't know for sure, but just on the way you're presenting and what you're telling us and your vitals—there's something here, there's something wrong, so we need to look into it."

He actually gave me a shot of Toradol, which is a strong anti-inflammatory, which took the edge off for maybe a couple hours. But again, the symptoms persisted. I had discussions with my family physician, who was often very dismissive and abrasive about my concerns. And I've had a yearly follow-up that I had with WCB [Workers Compensation Board]. Because we have a follow-up every year where a physician comes in and talks to you, and it's like, "Hey, how's your PTSD going? What are the symptoms you're having?" And we talked about that, and then we talked about this. And he's like, "yeah, based on your history and kind of the cycle of symptoms, there's something going on here, and we should look into it."

**Alison Steeves**

Did you ask any of these physicians if there could be a link with the COVID-19 vaccine?

**Chet Chisholm**

I don't think I ever asked if there was a link, but when they asked, "When did this start?" I told them I didn't feel good after getting the vaccine and it hasn't let up since. But I don't think we ever specifically honed in. I suspected it, but do I know for sure? Absolutely not.

**Alison Steeves**

**So they couldn't find anything objectively wrong to explain your symptoms and they knew that they had started within close proximity to you taking the COVID-19 vaccine. Do you know if any of them filed an adverse event following immunization form?**

**Chet Chisholm**

No, there was no discussion of that.

**Alison Steeves**

They didn't ask you any more questions about that or indicate that they were concerned?

[00:15:00]

**Chet Chisholm**

No, none whatsoever.

**Alison Steeves**

How did they respond when you mentioned that it was in relation to the vaccine?

**Chet Chisholm**

It wasn't really discussed; it was just kind of glazed over. Some of the nurses expressed more concern when they asked me. I had paramedic colleagues who expressed their concern just with the timing and some of the things that they had seen on calls that they have been discussing with me as well.

**Alison Steeves**

And have you shared your concerns about a link between your symptoms and the vaccine with others?

**Chet Chisholm**

Yeah, I've spoken to numerous family and friends and colleagues. And you get a mixed bag of the way people react. I've had people call me an anti-vaxxer, a far-right conspiracy theorist, and every other nasty thing under the sun. But then I've had others who've come to me and said, "This is what happened to me, this is what my family members experienced."

I've had medical colleagues come to me and say, "Hey man, we were talking about what might have happened to you in the hallway. The other crew that was there was talking about how they had three kids who had myocarditis and POTS and stuff coming in through 911." We don't see kids in EMS very often, and that was concerning.

But yeah, it's been a mix. I've had friends who have since abruptly stopped talking to me whatsoever. I've talked about this publicly and my concerns, and I've talked about some of the problems that we're having in EMS right now. I've had people from across the country thank me for speaking about these things. Recently, I had somebody reach out and say, **"You and I have never met, but I know who you are because you helped someone in my family on a 911 call, and they still talk about you years later. Thank you for doing this. Thank you for talking. Thank you for your service, and I'm sorry for what you're going through."**

**Alison Steeves**

You had concerns that these might be related to the vaccine. Your first dose—did you end up taking the second dose?

**Chet Chisholm**

No, I did not.

**Alison Steeves**

And in October 2021, when Nova Scotia implemented the vaccine passport policy and several mandates, how did this impact your life?

**Chet Chisholm**

Well, because I'm not vaccinated enough, I was banned from restaurants. I wasn't allowed to access some different services, couldn't go to the gym—not that I was feeling well enough to do so anyway. When I went in to pick up the results from my echocardiogram and copies of my bloodwork and EKGs from the hospital, I stopped at the door and they said, "You can't come in." It's like, "I'm picking up bloodwork, man, I just got to go around the corner." And it's like, "No, you need to be double-vaccinated to come in here." And it was a back and forth throughout a good 20 minutes explaining, "I'm here because we're investigating, trying to determine if something has happened with results as a result of this. I need to get that paperwork so we can figure out what happened, if anything." Eventually they're like, "Just let him go in, he's just got to go around the corner. It's 30 feet."

And one of the worst things is that one of my best friends was diagnosed with cancer during the pandemic. And because I haven't taken the shot twice, I wasn't allowed to go see him when he was dying in the hospital. I never got to say goodbye to one of my best friends. Because "you're not vaccinated enough, you're not allowed in here."

And, as many people know, the vaccine mandate for healthcare providers is still in effect. So even if I do get a clean bill of health and my PTSD is, you know, wiped clean, we're going to go. I'm still banned from going back to work: I'm not allowed to go.

**Alison Steeves**

Chet, do you have any final words about the impacts of the COVID-19 measures on your life?

**Chet Chisholm**

Yeah, it's had a significant impact, not only on my mental health, but on my physical health. Associated with PTSD as well. And you can see just with the way EMS is right now in Nova Scotia: Morale is plummeting every day since the start of 2020. We have lost 331 paramedics from the workforce, that's one quarter of the paramedics who work for EHS. **We've since hired some new people, but these are people who are fresh out of school; they don't have experience. Even on my rotation, there's four of us on my rotation that have either been put off on injury or PTSD. And there's 60 years between the four of us. And that's gone, you can't get that back.**

[00:20:00]

It's infuriating. It's also detrimental to the well-being of everybody in this province that there's people like me—and I'm not the only one who's in this situation—who want to go back to work. And who would like to help and who would like to fix the problem, as the EMS system is crumbling. But we're told no. I've even spoken to Michelle Thompson and the answer is, "That's the policy. We're sticking with the policy." And if you haven't seen

what the medical exemptions are to get to opt out for healthcare provider: you need to have either blood clots, myocarditis or pericarditis, a stroke, or have an allergic reaction. All of which have to result from the first shot. You have no medical exemption, it's "take it or else you're let go." Or if you have an adverse event, you're probably not going to be working again anyway.

**Alison Steeves**

Thank you. That's all my questions.

**Chet Chisholm**

No problem.

**Alison Steeves**

Do the commissioners have any questions? No.

**Chet Chisholm**

Cool.

[00:21:50]

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 10: Artur Anselm**

Full Day 1 Timestamp: 07:33:55–07:46:50

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

Thank you for attending as a witness, Mr. Anselm. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Artur Anselm**

Yes, I do.

**Ches Crosbie**

Thank you.

**Nicolle Snow**

Good afternoon, Mr. Anselm. Where are you from?

**Artur Anselm**

I just live in Grand Lake, Nova Scotia. Just about 40 minutes from here.

**Nicolle Snow**

And who do you live there with?

**Artur Anselm**

Just in the backyard, in a small cabin. I live with my parents right now, but I'm building a house for my family, so.

**Nicolle Snow**

Nice. For your family, you said?

**Artur Anselm**

Yep, my wife and small daughter. She's 14 months old.

**Nicolle Snow**

And are you employed?

**Artur Anselm**

Yeah, I work for Canadian National Railways.

**Nicolle Snow**

What do you do there?

**Artur Anselm**

I'm a track maintainer. I make sure the tracks are safe for the trains to run and we repair any defects and change rails. Stuff like that.

**Nicolle Snow**

And how long have you been employed with CN Rail?

**Artur Anselm**

Six years, it will be six years this year.

**Nicolle Snow**

And what policies or mandates did CN Rail adopt during the COVID crisis days?

**Artur Anselm**

November 2021, they implemented the vaccine mandate. And if you weren't vaccinated, you were off paid, off work. Forever, basically.

**Nicolle Snow**

What was the deadline that employees were given to vaccinate by?

**Artur Anselm**

The deadline was November 15th, 2021.

**Nicolle Snow**

And did you receive notification of that directly from your employer?

**Artur Anselm**

Yeah, I received it from my supervisors and my managers. And work emails as well.

**Nicolle Snow**

Okay, and you brought in with you today an email dated September 8, 2021, from CN Communications, stating that there was a vaccine mandate that would be effective as of November 1st, 2021.

**Artur Anselm**

Yes, that's correct.

**Nicolle Snow**

Okay, and that will be marked as an exhibit [exhibit number unavailable]. What happened after that?

**Artur Anselm**

Well, basically I was very much against taking any shots. Because I saw what was happening to my co-workers after the vaccines and they were getting sick. They weren't feeling well.

And I really held my stand up until— I was becoming a new father and I had to put food on the table for my family. So I decided to bite the bullet. And on November 13th I took the first shot.

**Nicolle Snow**

And to clarify, did the timeline for vaccinating remain November 1st? Was it extended?

**Artur Anselm**

It was extended. It was November 1st and then I just kept not getting it and then they extended it to November 15th. And then on the 13th, I took the shot.

**Nicolle Snow**

Okay. Just to confirm, Mr. Anselm, you brought in with you today an email dated October 14, 2021, from CN Rail indicating that the mandatory vaccine deadline was extended to November 15th. And what you're saying is, on the 13th, you went ahead and got your vaccination.

**Artur Anselm**

Yeah.

**Nicolle Snow**

Did you do so feeling coerced or pressured?

**Artur Anselm**

Definitely. I was getting phone calls daily from supervisors and everybody and telling me, "After the 15th, you can't come to work, and you'll be off pay."

**Nicolle Snow**

All right, and so were they indicating that they were going to terminate you? Or put you on leave without pay.

**Artur Anselm**

They weren't clear with it. They said either you're terminated or you're going to be off pay, basically laid off. So I wasn't sure what was going to happen.

**Nicolle Snow**

What happened on November 13th when you had your vaccination? Where did you go?

**Artur Anselm**

To be honest, I don't remember the location—but it was just a walk-in clinic and a nurse vaccinated me.

**Nicolle Snow**

All right, and do you know that it was a nurse? Did she tell you it was a nurse?

**Artur Anselm**

She did not, but that's my assumption.

**Nicolle Snow**

Okay. Do you know that the batch number of your vaccine?

**Artur Anselm**

No, I could look it up, but I don't know it right now.

**Nicolle Snow**

Were you made aware of any of the potential risks associated with vaccine?

**Artur Anselm**

Yeah, I was aware from my own research from before.

**Nicolle Snow**

Sorry, I'll cut you off. I mean, did the person who administered the vaccine have any discussion with you about the risks associated with the vaccine?

**Artur Anselm**

Yeah, she actually told me that, for guys my age, there is a potential risk of having heart problems. And she said, "Oh yeah, if you have any heart issues just go to the doctor's office."

They'll give you some drugs and make you feel better." And I was like, "Okay that sounds pretty good." I didn't want to take it, but I still did.

**Nicolle Snow**

It didn't sound overly serious, in your view.

[00:05:00]

**Artur Anselm**

No. Like, why are you guys making me take this if there's risks? And I'm perfectly healthy, right?

**Nicolle Snow**

What if any symptoms developed following the first vaccination?

**Artur Anselm**

Well, first of all: a week after my vaccine, I got seriously ill, just with very bad flu. And I was basically out for a week. And then two weeks following my vaccination, I started to develop heart pain. And the heart palpitations, shortness of breath, weakness. And just I didn't feel good at all. I felt like I knew something was wrong, especially with my chest. I kept getting stinging chest pain.

**Nicolle Snow**

And had you had any of these kinds of symptoms before in your life?

**Artur Anselm**

Never. No.

**Nicolle Snow**

And how old are you, Mr. Ansel?

**Artur Anselm**

Now I'm 26.

**Nicolle Snow**

And how old were you when you got the vaccine?

**Artur Anselm**

I would have been 25 years old.

**Nicolle Snow**

What did you do when you started experiencing these heart pain symptoms?

**Artur Anselm**

Well, I went to the emergency room at the Cobequid Health Center. Just did a walk-in emergency and they checked my vitals. They took my blood. They made sure I wasn't having a heart attack and basically sent me on my way.

**Nicolle Snow**

Did you have any discussion with them about whether this could be vaccine-related?

**Artur Anselm**

Yeah, I did. I told them this all started after the vaccine. I never had any issues with my heart or anything like that. And they just said, "Oh yeah, like whatever, you're good. You don't have a heart attack, so."

**Nicolle Snow**

Okay. And was there any discussion about completing a vaccine adverse event form?

**Artur Anselm**

No, I never heard anything about that.

**Nicolle Snow**

So as far as you know, that was never completed by the doctors?

**Artur Anselm**

No.

**Nicolle Snow**

And what happened after that?

**Artur Anselm**

After that, I went home, and I kept going to work. I kept fighting the pains. And then I decided to go to my family doctor as well. I told him what was going on after the vaccine, **that I was having chest pains and shortness of breath. And same thing with him. He said, "No, it's probably not from the vaccine. Just don't smoke anything. Don't drink anything. And you'll be fine."** And I tried that. Symptoms never went away.

**Nicolle Snow**

Okay, and did your doctor or your family doctor have a discussion with you about whether or not to fill out an adverse event form?

**Artur Anselm**

No, we never had any discussions about that.

**Nicolle Snow**

And your doctor didn't feel that there was any connection between the vaccination and the symptoms you were having?

**Artur Anselm**

No, he did not.

**Nicolle Snow**

What happened after that?

**Artur Anselm**

After that, I went in again to my family doctor. I told him, "Listen I'm going to lose my job if I don't get the second shot." I didn't really want to get it at all, obviously. And I asked him, "Can you fill out a medical exemption for me?" And he said, "No, I can't do it without any proof." I just said, "All right, I guess I'll be laid off." Then I went in again—I think it was my third time—and he finally referred me to a cardiologist to get an MRI.

**Nicolle Snow**

Okay, and so then did you go to the cardiologist?

**Artur Anselm**

Yeah, I saw the cardiologist. They scanned my heart and did all the tests. And it turned out that the outer lining of my heart was inflamed. And I had pericarditis, myocarditis. And the cardiologist said, "This is from the vaccine."

**Nicolle Snow**

Okay, and so who is the cardiologist that you saw?

**Artur Anselm**

His name is— One second, sorry. Dr. Douglas Bate, or, sorry, Hussain Beydoun. That was his name.

**Nicolle Snow**

B-E-Y-D-O-U-N. And you brought with you today a letter from Dr. Beydoun dated February 11, 2022. Do you have that in front of you?

**Artur Anselm**

Yep. I've got it right here.

**Nicolle Snow**

And would you look at page 2?

**Artur Anselm**

Yep.

**Nicolle Snow**

And just read the first line at the top of that page.

**Artur Anselm**

"Very likely, Mr. Anselm has pericarditis, myocarditis post-mRNA vaccine, echocardiogram done today was normal in the view the symptoms improved significantly. I would not start anti-inflammatory therapy. Any change, please let me know and I will be happy to reassess him. I would not recommend him for a second dose, and I am copying this to my colleague."

**Nicolle Snow**

All right. Mr. Anselm, you received that exemption,

[00:10:00]

to not have to take the second dose, correct?

**Artur Anselm**

That's correct.

**Nicolle Snow**

All right. And let's go back to your employment. Had you been working through this at this point?

**Artur Anselm**

No, it turned out I had just had a kid, so I was able to get the parental benefits, even though I was laid off. So that kept me going, luckily.

**Nicolle Snow**

Okay, so you were on parental leave during this period. And what happened with respect to the exemption that you had? Were you able to use that to return to work?

**Artur Anselm**

No, I was still kind of pissed off. I didn't really want to talk to anybody. And then my manager called me in July. He said the mandates were dropped and you can return to work. I said, "All right, I'll take my whole leave until September and then I'll come back to work." September 2022 is when I returned to work.

**Nicolle Snow**

So there was no period where you had to return to work prior to the mandates being dropped.

**Artur Anselm**

Yeah, that's correct.

**Nicolle Snow**

You remained off in your parental leave.

**Artur Anselm**

That's correct.

**Nicolle Snow**

Did you have any conversation with them during that period when you were on parental leave as to whether or not they would take you back with the exemption?

**Artur Anselm**

No, I did not. I just didn't even want to bother for now.

**Nicolle Snow**

Okay. How has your heart condition impacted your life?

**Artur Anselm**

It has impacted me in every aspect of my life. Physically, I can't really do the things I used to anymore. Like with less vigor. Mentally, I was just full of regret, and it made me kind of a less of a father—not less of a father, but mentally I was down. It impacted my fatherhood. Mentally, physically, everything.

**Nicolle Snow**

All right. Thank you. Those are all my questions. And we'll just pause for a moment to see whether the commissioners have any questions.

**Commissioner Drysdale**

You said that you had worked with CN Rail, I think you said six years?

**Artur Anselm**

Yep, six years.

**Commissioner Drysdale**

When you signed your contract with CN Rail, your employment contract, was there a clause in there requiring that you had to take whatever vaccines that they might require in the future?

**Artur Anselm**

No, there was none of that. In my eyes, it's illegal what they did.

**Nicolle Snow**

Thank you, Mr. Anselm.

**Artur Anselm**

Thank you.

[00:12:55]



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***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

### EVIDENCE

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**Witness 11: Cassandra Murray**

Full Day 1 Timestamp: 07:48:00–08:22:55

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

**Ches Crosbie**

Kassandra, do you affirm that in the evidence you will give this Commission, you will tell the truth, the whole truth, and nothing but the truth?

**Kassandra Murray**

As a child of God, yes, I do.

**Criss Hochhold**

Thank you. Kassandra, would you please give us your full name?

**Kassandra Murray**

Kassandra Maureen Murray.

**Criss Hochhold**

Where do you live, Kassandra?

**Kassandra Murray**

in Halifax, Nova Scotia.

**Criss Hochhold**

And what do you do for a living?

**Kassandra Murray**

I am a teacher.

**Criss Hochhold**

Fabulous. Where do you teach?

**Kassandra Murray**

Currently, I just teach privately. I used to teach, though, in a private school.

**Criss Hochhold**

Okay. Which private school, or school, were you teaching at?

**Kassandra Murray**

You want me to name the school?

**Criss Hochhold**

No, that's fine. Let's just say a private school.

**Kassandra Murray**

Yeah, it was a private school within the Halifax.

**Criss Hochhold**

And how long were you teaching at that private school?

**Kassandra Murray**

I was there for— I think, three years.

**Criss Hochhold**

Three years at that school. And how long were you a teacher overall?

**Kassandra Murray**

Over 20 years.

**Criss Hochhold**

Twenty years. That's some significant experience there.

**Kassandra Murray**

Correct.

**Criss Hochhold**

And what grades, or grade, did you teach?

**Kassandra Murray**

At the time, at that school, I was teaching a Grade 1-2 split.

**Criss Hochhold**

So that would make the kids about—?

**Kassandra Murray**

Anywhere from six to eight years old.

**Criss Hochhold**

Six to eight years old. When the mask requirements came in— You have a mask exemption from a physician, is that correct?

**Kassandra Murray**

That's correct.

**Criss Hochhold**

How was your experience getting that exemption?

**Kassandra Murray**

From my physician?

**Criss Hochhold**

Yes.

**Kassandra Murray**

My physician was really good about it, actually. I went in there and I explained to him why I didn't want to wear a mask, what I felt, how it would impact my health. And he had no problem giving me the exemption.

**Criss Hochhold**

Fantastic. Did the school respect that exemption?

**Kassandra Murray**

For a short while. But there was a lot of toxic and harmful situations I was put in—like, a hostile environment that I was put in, because I had that medical exemption.

**Criss Hochhold**

Okay. Can you give me an example of such a hostile act that they took towards you?

**Kassandra Murray**

Sure. When I first came in with the exemption, they were not really happy about it. They put it on file, though, so that it was well-documented that I had it. And they said that, because I wasn't wearing a mask, I had to—they didn't say I was segregated, but I'm saying it—I was segregated to use a different bathroom. I wasn't allowed to use the same bathroom as the rest of the faculty. I had to use a bathroom that was in the basement that wasn't very clean. The school had a mold mildew issue, which I was working on with my lungs too. So that didn't help it at all.

I had to use the bathroom in the basement. And every time I had to go to the bathroom, I had to leave the children, run down the stairs, go to the bathroom, come back up, and come back into the class. I also wasn't allowed to use the faculty room where they took their breaks. I had to go into this small closet that was right beside my room, that we used to use as a cubby room. And it was about—I don't know—maybe about five feet wide by about 20 feet deep. There was no ventilation in this room, just the door going out to the hall. So often when I would go into that room during break time, during my breaks, I would have to leave the door open to the hallway just so I could get some fresh air in there.

That room was also used that, if children were sick, then the child would have to go and be put in there. And if that was the case, I couldn't be in there and I needed to leave the building. So rain or shine, that's where I was.

Then the other piece was: I couldn't use the bathroom. I couldn't use the faculty room.

**Criss Hochhold**

Can you tell me about potential meetings, faculty meetings?

**Kassandra Murray**

Even though I wasn't allowed to use the faculty room, I had to stay six feet away from everybody. At a faculty meeting, I was allowed at the faculty meeting,

[00:05:00]

where everybody was in the same room. They were six feet apart, and I wasn't wearing a mask. And some of the other faculty members would also take off their masks. I was allowed in that, but I wasn't allowed in the other situations.

**Criss Hochhold**

Please correct me if I'm mistaken. But you were able to attend faculty meetings with other faculty who were comfortable taking their masks off. Were you able to share a lunch space with that same faculty?

**Kassandra Murray**

No, I wasn't allowed to go in that room where they were doing that.

**Kassandra Murray**

And even at one time, if I may, I was sitting in that cubby space—that small closet—and I was doing some work and having something to eat. One of the faculty members, I was down

like, near the end, not near the hallway door. And a faculty member came by the door. She looked in and she said, "I'm going to close this door because you're breathing in there."

And she closed the door, and I didn't know what to say. I said, "Fine." And I just—yeah.

**Criss Hochhold**

She closed the door because you were breathing in there.

**Kassandra Murray**

Closed the door because I was breathing in there, yes!

**Criss Hochhold**

That's very interesting, because I don't normally go into rooms and not breathe.

**Kassandra Murray**

Yeah!

**Criss Hochhold**

I think we all have similar experiences; we all tend to breathe no matter where we go! Unless it's the other place, and we won't go there—

Kassandra, how did that make you feel?

**Kassandra Murray**

It was really traumatizing for me. It made me feel uneasy. I started seeing psychotherapists to kind of help me through the trauma of what it was doing to me. It made me feel really isolated and cut off from faculty members that I had called friends before. That now, I wasn't a friend, you know, because I wasn't complying.

Yeah, it was really harmful; it was really damaging to me. And then also, because it was such a toxic and harassing environment, I felt like I was policed all the time. They were walking by the room— Because I had to stay six feet away from the children within my classroom. And with grade one and two, which is like herding cats sometimes, it's very difficult to stay six feet away from them without a mask. I would see teachers kind of peeking in the room, making sure there was no children around me and things like that. And they would often have parents come into my room to kind of "help," because the parent would mask. And I wouldn't.

**Criss Hochhold**

To your knowledge, were any of the other teachers "policed" like that?

**Kassandra Murray**

Not to my knowledge.

**Criss Hochhold**

Kassandra, because you were in such a position of care with really the most vulnerable and our most precious treasures, children: Did you have any special rituals that you would go through in the mornings to assess them somehow, just about their overall health or mental wellbeing?

**Kassandra Murray**

Yeah, so prior to the COVID protocols, I always met my children at the door every morning and shook their hand. We look at each other in the eye. We shake each other's hand, and we say good morning to one another. And it's a good way to connect with the child. It's a good way to get an assessment of: What does their hand feel like? What is their handshake like? Is it firm? Is it weak? Is it wet? Is it sweaty? Is it dry? Are they making eye contact with me? And it gives me a good indication of how I can best serve that child that day. And then at the end of the day, we would also do the same thing. But that stopped with the COVID protocols. I had to get creative and inventive.

**Criss Hochhold**

What do you mean when you say you get creative and inventive?

**Kassandra Murray**

I still wanted to— Because I know how harmful it is for a child to be disconnected. When they're in a traumatic experience or in an environment like that—where they're feeling fearful, because it was really inciting a lot of fear in the children—to have that connection is really important. Because they tend to disconnect and you can see that. I could see it in the class and how that was playing out with the children. I thought, "I need to somehow keep this connection with the children." So I had each child get a tree branch of some sort, six feet long. Then we decorated the ends: one end was a red or pink. The other end was blue.

[00:10:00]

So that we always knew what end I would shake—the color—and what end they would shake—the color. So it wasn't getting mixed up, and we would still shake hands with the stick.

**Criss Hochhold**

Well, at least you were able to creatively form some sort of connection with the kids, even though the schools and the mandates brought in some rather ridiculous rules and procedures.

Kassandra, you've been a teacher for a long time. How would you compare the learning environment that was brought in by the school system at those times versus the years prior?

**Kassandra Murray**

Well, our faculty meetings became more and more geared towards how to police protocols for COVID and what Public Health was mandating. And so, then our teaching became more fear-based and informed that way with the children. You know, "Make sure you sanitize your hands every day before we go outside the room."

And if I may elaborate on that: one of the rules was that even if the children were going out into the hall to the bathroom to wash their hands with soap and water, they had to sanitize before they went out. Just in case they touched the walls. And there was one line going this way and, six feet apart, one line going this way, like a coming-and-going line. So they were watching to make sure I was making sure the children would self-sanitize. What happened was, one of the children came in and she had caustic burns on her hands from the sanitizer. And I thought, “Oh my god, this is awful, why are you doing this?” And her parent actually wrote in and said, “I do not want my child putting sanitizer on her hands. She’s fine to just wash them.” I was very grateful that that parent chimed in for that.

### **Criss Hochhold**

**Absolutely. You’ve seen some devastating things physically on the children because of the caustic burns from the overuse of sanitizer. What about their mental state?**

When I think back when I was a kid—not that that’s a good thing—but you know, trying to have a happy childhood. And a teacher was that connection, particularly in those very early grades. Because really, at the end of the day, you do become a replacement parent for some little kids that are five, six, seven years old. You take on a bit of a motherly role.

### **Criss Hochhold**

After the precautions were brought in, how was the learning environment? How were the kids? Like were kids being kids? Or what would you compare it to?

### **Kassandra Murray**

Prior to the protocols, the children would go to each other’s desks. They would eat together; they would play games together; we would put all our desks together for birthday celebrations; we did all these things. After, we weren’t allowed to do that. And even outside, they were supposed to be six feet apart, and they weren’t allowed to sing. And they weren’t allowed to sing inside, and if they were singing outside, they had to sing six feet apart.

So the children become fearful of one another. Their self-regulation is being either stopped or it’s going to be delayed, because they’re unsure of what they need to do and where they need to go. Their cognition—

Because there were children that were masking in the class. It wasn’t mandated at that time for the children to be masked, but some families wanted their children masked, and some families even had children double-masked. And you could see the blood drain from their face. They didn’t have the rosy cheeks and things like that; you could really see the difference. Their cognition, their rate of taking something in and digesting the education that they were being given— It’s like eating a bad meal, right? It wasn’t working, and you could see that they couldn’t keep up or they were really tired, or they got tummy aches. You’d see a lot of that happening. And I had this special little tent in the room that I had to sanitize every time somebody came in or out of it. But at least it was a space where the child could curl up with their own little blankie and pillow.

[00:15:00]

And just kind of regroup a little bit, reconnect in that space, a shelter.

Sorry if I’m going off on a tangent a bit.

**Criss Hochhold**

That's okay, you're talking about the kids and that's great.

**Kassandra Murray**

You can see that this development of self-trust, development and trust in others starts to get delayed, or impaired in some way. Because they're cut off, have sensory deprivation. Their sense of touch is cut off, even their sense of hearing could be cut off if they're not hearing their friends properly. Or somebody that is muffled, you know: other teachers that did come in and had a mask on, you can't properly hear tone in the voice. So you can't really comprehend what's being said to you. And there's a lot of sensory deprivation that was happening there. The sense of smell, taste—all of those things were slowly declining in the children that were wearing masks.

I found, where typically I had a certain curriculum, that I was bringing at a good rhythm and everybody was able to digest, now I really had to pull back on that. I really had to have intuitive pedagogy, right? Where you kind of have to intuit what the children's needs are and just meet them where they're at.

**Criss Hochhold**

Absolutely. As with any school system, whether public or private, there would be learning outcomes that should be met or need to be met, so we know that the kids are progressing at a set pace, if you will.

Do you find that you were able to meet those learning objectives that had been set for those kids?

**Kassandra Murray**

I would say those learning objectives were definitely delayed. Like I just said, where I had a certain rhythm, you knew by this time: you wouldn't be meeting these outcomes. Typically, that's how it worked, but they were really pulled back—not just because of the impairment of the children being able to digest the information, but also from the onset of the unnecessary protocols that we were always told to police with the children, to make sure they understood the rules and what needed to happen. And then trying to explain that to the children in a way that's loving and kind and warm so that it doesn't further incite any fear.

**Criss Hochhold**

Absolutely. That makes perfect sense, Kassandra. I'm just going to take you back for a moment because your colleagues certainly seemed to have an extreme fear of someone that wasn't wearing a mask. How did the kids feel when you showed up in the classroom with no mask? Did you have to give an explanation as to why you, this teacher, is not wearing a mask and some of the rest of the teachers are?

**Kassandra Murray**

With children at this age, typically they're part of the whole. They haven't really quite come into their own self-individuality. That usually happens around the nine-year change. At this age, their consciousness is more, "I'm part of the whole. You're part of me, I'm part of you." There were some children that were like, "Miss Kassandra, why don't you have to wear a

mask?" I said, "Well, I choose not to wear a mask." I'm not going to get into it with the child. And that was the end of that. I just gave them a very simple answer, and that was the end of that. So that was how that was met.

But ultimately, they didn't really pay attention. Like you said earlier, they look to you like children still. They call you "mom" half the time in class instead of Miss Cassandra. "Oh yeah—sorry, Miss Cassandra." Right? Because they're looking for that adult that is giving them, nurturing them, and providing them with an environment of love and warmth. And they just want to hug, come into the folds of that. And so, yeah, so there were children that would just unconsciously want to naturally come up and give me a hug. And I would kind of hide them off to the side, right? "Okay, shh, we're not hugging!" So anyway. Yeah.

### **Criss Hochhold**

Wow. It's kind of frightening what happened and what managed to be brought in and imposed on our children. I don't really have any other questions, but is there anything that you feel that you'd like to ask before I defer to the commissioners?

Please go ahead.

[00:20:00]

### **Kassandra Murray**

Yeah. So, one of the other things that had happened, just to give you another picture, is the executive director, who's supposed to be impartial and fair to everyone: one day I was walking close to the office, and she was coming out of the office, which meant that we were kind of going by close to one another and she had her mask on. She literally turned her back to me because I was walking beside her.

And then after, there was a time where we all went online. I won't even get into how detrimental that is for children, but then we went online learning. And when we were coming back from the online learning, it was mandated that all the children and everyone within the school had to wear a mask. Even the little pre-primary ones all had to wear a mask. So they called me, and they said, "We can't have you come back to school. We can no longer honor your medical exemption and we won't, and we can't have you back to school. What we're going to do is we're going to put you on paid leave, but we're going to have a substitute teacher lead your class and you have to provide them with lesson plans." I did that for a few weeks and then everybody went off online again.

So then, near the end of the school year—I think it was the end of May, beginning of June, I'm not quite sure, but this is 2021—they were going to go back into the classroom for one or two weeks. They said, "Well, we can't have you back in the classroom; we can't honour your medical exemption and we won't. Unless you want to wear this helmet—" It's called a microclimate helmet; they were willing to pay over \$400 for this microclimate helmet that looks like one of those old sea diver helmets. I thought, "No, I'm not; those children have enough. I am not stepping in front of those children with that." Never mind my own trauma of having to deal with that, and I have a medical exemption.

So that was where I said "no." And they just kept making this environment for me at the school very toxic, very hostile. Watching me all the time. All these little things adding up and I decided that this was not in my contract; this was not the terms of my employment.

My terms of employment were significantly changed. And so, due to the employer's conduct, I felt forced to leave my job. And I made my decision to resign.

**Criss Hochhold**

Fantastic. So just quickly to reiterate: you had a valid medical exemption from a physician in Nova Scotia. And the school chose to disregard it entirely and essentially told you, "Your exemption means nothing to us. If you want to come and put on a spacesuit and teach—" Because that would be a wholesome environment to them.

**Kassandra Murray**

That's correct.

**Criss Hochhold**

Thank you very much, Kassandra.

**Kassandra Murray**

You're very welcome.

**Criss Hochhold**

Have a great day.

**Commissioner Drysdale**

I have a couple of short questions. I believe you mentioned that there were still faculty meetings going on.

**Kassandra Murray**

Correct.

**Commissioner Drysdale**

And you'd attend those faculty meetings. Some people didn't have masks on and yet seem to be okay. My question has to do with the intent, or the content of those faculty meetings. How much time, if any, in those faculty meetings was spent discussing the protocols for masking, et cetera, versus what protocols should be in place to compensate for the things you were seeing going wrong with children? With their learning being reduced or being impeded and some of the social issues.

My question is: How much time were they spending trying—those coming up with protocols—

[00:25:00]

to mitigate the effects of the masks on the children's learning environment?

**Kassandra Murray**

I would bring something up to try to mitigate, and I was immediately shut down. There was very little to none on mitigation. I would say that probably one third of the meeting was spent on protocols, what we need to do, how we could be better. I even have an email that was sent out by the executive, by the education director. It was sent out to all the faculty. And she specifically named me in this email, and she says, "For you, Kassandra, I would ask that you double up on your physical distancing and also support the parents who come in to support the class during transitions as well as in class time."

So I was really put in the spotlight because of what was a private thing for me with my medical exemption. And that was put out through the whole school.

**Commissioner Drysdale**

I just want to make sure I understand that they said you had to double up on your distancing.

**Kassandra Murray**

That's what they wanted me to do.

**Commissioner Drysdale**

Your distancing was six feet and they wanted—

**Kassandra Murray**

They wanted me to do 12 feet.

**Commissioner Drysdale**

How many kids were in the classroom?

**Kassandra Murray**

How many did I have that year? I remember, I would say approximately 18.

**Commissioner Drysdale**

Would it be possible in a classroom to be 12 feet away from 18 children?

**Kassandra Murray**

No.

**Commissioner Drysdale**

I have one other question, and maybe it's just I didn't understand something about this. I thought you said that you weren't allowed to go into the lunchroom and have lunch with the staff?

**Kassandra Murray**

Correct.

**Commissioner Drysdale**

Did they eat their lunch with the mask on?

**Kassandra Murray**

I wouldn't know because I wasn't allowed in the faculty room!

**Commissioner Drysdale**

Thank you, that's all I've got.

**Kassandra Murray**

You're welcome.

**Commissioner Massie**

I have two questions. One short question. You probably have heard— I've never seen it myself, because I've been out of the university and school, and so on, for a long time. I've heard that there are a lot of issues in the American campus, but maybe also in some places in Canada, about the so-called safe space and microaggression. That is, people that are sensitive to opinions or behavior. And I'm trying to understand what that could represent in an environment but with teenagers or young adults. Maybe this is something that can be, I don't know, managed somehow.

But in a school with children like that and among adults, which are the faculty: Would you compare what you've lived through to something like microaggression?

**Kassandra Murray**

I don't know. I'm not sure how to answer that question. I know I felt segregated, and I felt discriminated against. I just felt very isolated. I don't know about the microaggression piece.

**Commissioner Massie**

So how did you feel emotionally?

**Kassandra Murray**

Oh, emotionally. Emotionally, I was really traumatized. I was really sad, and I was thinking, "What am I going to do for work now, how am I going to make a living? I can't go back into that environment; they won't even let me back into that environment." You know, they made it very difficult for me.

I went into this very anxious, stressful state of fight or flight and thinking, "Okay, I need to go boots in. And just get moving and figure out what I'm going to do." And that's where I was really grateful that I had this doctor that was helping me, a psychotherapist. Because she was really helpful to help me get through that stage.

**Commissioner Massie**

My other question— Maybe you're not aware of it, but in Quebec they conducted a very extensive study to look at the impact of these measures in school on the learning process and behavior of the children, and so on.

Are you aware of similar studies in Nova Scotia?

**Kassandra Murray**

I'm not aware of similar studies in Nova Scotia directly.

But from some of my training in working with transdisciplinary healing education, working with educating traumatized children, right?

[00:30:00]

And seeing how trauma and these things not only have mental health implications and psychotherapy indications for the children at the time— If it's not worked out immediately, it can turn into other illnesses and disease, right? But it also can have a delay in the development of their organs, in the development of how they move and their growth.

So there is a lot that can happen physiologically and psychologically with the children.

**Commissioner Massie.**

Thank you.

**Criss Hochhold**

Thank you very much Kassandra, I really appreciate your time.

Oh—I'm sorry, my apologies. Let me take that back for a moment. I'm sorry. I still appreciate your time, but we have one more question.

**Commissioner Kaikkonen**

Hi Kassandra, I just want to take it just a little bit bigger, broader. Who determined the protocols? Was it external and was it the provincial health, or was it just internal within the private school system?

**Kassandra Murray**

We were told that they were getting their mandates from Public Health. That's what we were told at faculty meetings. The school had put together a small group of individuals— teachers and parents that put together what they felt were the measures and protocols that our school would be doing. So they were getting this from Public Health; they were getting whatever mandates or protocols. And then they would take that, and then they would implement it in a way, for our school, following those guidelines. That was my understanding. That's what we were told.

**Commissioner Kaikkonen**

Were you ever given a copy of those mandates from provincial health, or you just read about in the media, that kind of thing?

**Kassandra Murray**

I don't recall being given anything. I just remember us being told this was what was happening. Yeah, it was kind of like an agenda note, right? This is part of our agenda. But it didn't go into—

**Commissioner Kaikkonen**

Did you see any discrepancies with what was happening within your private school as compared to other schooling alternatives in Nova Scotia? I'm not from here, so that's why I asked.

**Kassandra Murray**

I wasn't sure what was happening in the public school system because I'm not part of that. I just knew what was happening in our private school, I didn't know too much about what was happening in the other school systems. I was just really involved with what we were doing.

**Commissioner Kaikkonen**

And then one final question: In terms of incident reporting, was there any reporting process within the school system for the hand sanitizer issue?

**Kassandra Murray**

No, there was no incident reporting for that. It was the parents coming back to say, "my daughter has caustic burns from this overuse of sanitizer, and I don't want her using it anymore."

**Commissioner Kaikkonen**

There would be no path to document what was happening with that child and taking that information—sorry, I just lost my voice, I think—to the public health authorities?

**Kassandra Murray**

Not that I'm aware of.

**Commissioner Kaikkonen**

Okay, thank you.

**Criss Hochhold**

Is there one more question forthcoming? No.

We do have an audience question for you, Kassandra, as well. The question is: Thinking of air quality and our scent-free schools, did the hand sanitizer have any negative impact?

**Kassandra Murray**

As far as scent sensitivity?

**Criss Hochhold**

Yeah. Usually I find that, and I'm going to presume that with whoever is asking the question— Are you talking about scented hand sanitizers? Because they were both available, I believe, at the schools.

**Kassandra Murray**

Have a smell to them, yeah. In my class personally, I didn't notice any scent sensitivities to the sanitizer, only the physical sensitivities of rash, the burns, things like that.

**Criss Hochhold**

Wonderful. I believe we've got all the answers to all the questions. Thank you once again very much, Kassandra.

**Kassandra Murray**

Thank you.

**Ches Crosbie**

Thank you all. The hearings will rise for the day and reconvene tomorrow at 9 a.m. Thank you.

[00:34:55]

**Final Review and Approval:** Jodi Bruhn, August 3, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
TRURO HEARINGS**

**NCI | CeNC**

**Truro, Nova Scotia, Canada  
March 16 to 18, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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Opening Statement: Ches Crosbie

Full Day 2 Timestamp: 00:19:04-00:32:11

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

#### Ches Crosbie

An existential threat to our democratic way of life occurred towards the democracies in the 1930s. It was called the Great Depression. But when Franklin Delano Roosevelt made his inaugural address as President of the United States in 1932, he didn't tell people to be afraid and stay home. He told Congress and the free world that we had nothing to fear but fear itself. We heard a bit yesterday from Shelly Hipson about how data and statistics were manipulated to make people feel afraid in this province, Nova Scotia. No great nation prospers and grows on a platform of fear. But as a virus spread out from Wuhan China, governments chose to opt for fear and to ignore their own previously approved and adopted pandemic plans, which instructed them to protect the vulnerable, allow others to carry on their lives normally, and maintain public confidence. They panicked into a war against a virus—a war which all reason and experience told them was futile and doomed to failure. And the first casualty of war is the truth.

Many citizens might say the COVID crisis is over. I just want to forget about it, move on. The problem with forgetting about it and moving on is that governments may never relinquish power and control once they have it.

Coercive measures such as injection mandates to travel by air are only suspended, to be brought back whenever government deems necessary. And in many settings, including courts and hospitals, mask mandates are still in effect, despite the evidence of myriads of **studies, the latest one being the famous Cochrane review—the definitive study on masking, which reviewed 78 randomized control trials and concluded that masking was completely ineffective. Masking of any type. That came out just two or three weeks ago. And they continue to double down on their advocacy of injections whose efficacy data, you will hear, has turned negative and whose safety is in heavy scientific dispute.**

**No government in Canada has had the courage to hold independent hearings into their response to the COVID crisis and learn lessons for the future. What went right and what went wrong? Were we told the truth? Did politicians, officials, and media promote and enforce a single government approved narrative, a dominant narrative, about SARS-CoV-2 and suppress alternative competing narratives based in science? If mistakes were made,**

**what reforms should be implemented to reduce the chance of those or similar mistakes occurring in the future?**

**Commissioners, at the outset, we should recognize and acknowledge the pain of those many people who lost family and friends to COVID, but we should also recognize and acknowledge the pain of so many people who have lost family and friends to the measures taken to combat COVID. You will hear evidence that these measures include the unscientific suppression of cheap and effective early treatment; deaths from loneliness, despair, and addiction caused by brutal lockdown and isolation methods borrowed from prison discipline; and the unprecedented levels of injury and death caused by experimental injectable products which did not fit the traditional definition of vaccine, and which governments still promotes.**

We should also acknowledge the injuries of those who struggle with prolonged symptoms of infection injury from the

[00:05:00]

injectable products and psychological injury from the campaign of fear and isolation. In the face of the COVID crisis upheaval since early 2020, it's only reasonable that this inquiry ask the question governments don't want to ask. Why did so many Canadians die or fall ill both from SARS-CoV-2 and from the efforts to mitigate its damage? Were our national public health responses based on the best possible evidence? And was that evolving evidence constantly re-evaluated to optimize the outcomes for the population as a whole? Were any COVID countermeasures actually counterproductive? And did they result in more harm than good? In other words, did governments use cost-benefit analysis to evaluate their actions; or were their actions, as many citizens suspect, the product of unspoken agendas for profit, power, and control?

Answers to such questions are critical to the future of Canadian democracy, to the individual rights and freedoms which sustain Canadian democracy, and to our future economic well-being. In the absence of government interest in commissioning independent public hearings, a network of volunteers from across this great country has come together out of a desire for a better Canada. The National Citizens Inquiry is entirely citizen-funded and citizen-run, and is therefore entirely independent of any government influence. You Commissioners have sworn to go where the evidence takes you and to make your findings and recommendations based on the evidence you will hear during this inquiry. And the evidence will be disturbing.

The witnesses who have come forward to this inquiry told us almost without exception that they have done so because they want to give voice to a perspective which has been ignored **and suppressed in the government-sponsored narrative, enforced by mainstream media. The Commission has invited a large number of politicians, public health officials, and other leaders of the official response to the COVID crisis to appear before you and give evidence at a hearing venue convenient to them, either in person or by video link. If they fail to appear and explain to Canadians their side of the narrative, its basis in science, and why their actions were justified and continue to be justified, it will be because they do not wish to account for their actions to the citizens of Canada. It will not be because they were censored, silenced, or deplatformed by this inquiry.**

**If leaders of the COVID crisis response do choose to explain themselves to Canadians, they could be asked for their response to the following issue. The AstraZeneca COVID-19 vaccine program was suspended in Canada due to its risk of causing severe adverse events. The**

main one was blood clotting in one in 55,000 inoculated adults—one in 55,000. Why has the same safety standard not been applied to suspend the mRNA program? Dr. Joseph Fraiman, from whom we will hear this afternoon, calculated with colleagues a one in 550 rate of serious adverse events, as revealed by reinterpretation of the clinical trial data, which is the supposed gold standard for knowledge about a new drug. The study by Dr. Fraiman was published in the prestigious journal *Vaccine* and cited by the Surgeon General of Florida in his recent letter to the FDA.

In suspending the AstraZeneca program, our regulator established a safety standard for itself for triggering suspension of a COVID injection program.

[00:10:00]

This standard was one serious adverse event in 55,000 inoculations. Peer-reviewed estimates of the serious adverse event rate for the mRNA vaccines are orders of magnitude higher than one in 55,000. Why have we failed to apply the safety standard we applied to AstraZeneca products to the mRNA injection program? The issue of the safety and efficacy of the injectable products is a leading battleground of government propaganda and a focus of mainstream media suppression of the tsunami of scientific information which contradicts government claims.

Government no longer claims that the mRNA injectable products stop infection transmission. You will hear evidence, and in fact have already heard evidence from Dr. McCullough, that these injections work by the injection of instructions to ourselves to produce a foreign protein on their surface. This foreign protein, the spike protein, is produced in unknown amounts for an unknown time and is interpreted by the body as a toxin. You will hear that the shots have tremendous quality variation in the manufacturing process. They are in fact experimental, no matter how they might be classified legally, with no medium or long-term information about their risks. You'll hear evidence from a Canadian expert, Dr. Denis Rancourt, that these experimental injections have killed more than 10 million people worldwide—more than 10 million people worldwide. You will hear that scientific peer-reviewed literature has delivered the following verdict. An abundance of studies has shown the mRNA vaccines are neither safe nor effective, but outright dangerous—outright dangerous.

Commissioners, the life, safety, and health of our friends and family, the viability of our democracy, and our future national prosperity rest on your deliberations. The Charter of Rights and Freedoms states that Canada is founded on principles that recognize the supremacy of God and the rule of law.

God speed you in your task and may God and the rule of law prevail. Thank you.

**So that's a big task.**

[00:13:06]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

### EVIDENCE

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**Witness 1: Darrell Shelley**

Full Day 2 Timestamp: 00:32:11–00:55:57

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Now I think we have our first witness for the day.

**Criss Hochhold**

Good morning, everyone, Commissioners.

**Ches Crosbie**

Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

**Darrell Shelley**

I do. Can you hear me?

**Criss Hochhold**

Yes, we can hear you. Thank you. Can you please state your full name for us?

**Darrell Shelley**

Yes. Hi Criss, thanks for having me here today. My name is Darrell Shelley. I'm from Stephenville, Newfoundland. I relocated to Toronto in 2004, where I lived for 16 years, returning to Stephenville in December 2020, during the COVID pandemic.

**Criss Hochhold**

Before you moved to Newfoundland you said you resided elsewhere, can you tell me more about that? What precipitated your move to Newfoundland?

**Darrell Shelley**

I lived in Ontario for 16 years. I left Newfoundland as a young man, as many do, to seek employment opportunities. I ended up starting a business called **Mighty Mouse Staffing**, which was founded in early 2017. I was a freelance audiovisual technician in Ontario, a self-employed businessman the entire time I was up there. And after, when the COVID pandemic struck, it really took a dent in our business. We specialize in technical labour and the installation of events for producers, venues, shopping malls, public spaces, and we also provide skilled trades and construction when required. So when the live event industry shut down, it completely destroyed our business.

**Criss Hochhold**

**Terry [sic], did you take any preventative steps to try and mitigate the potential impact of lockdowns or restrictions for your business?**

**Darrell Shelley**

Yes, yes we did. So we ended up ordering KN95 masks, which are PPE from Asia, which is on par with the N95 masks you would get here, for what we call respirators. And we wanted those because they were supposed to keep our workers safe and we had to continue to work throughout the pandemic. So we ordered thousands of them. We got an importation license and we were ready to continue throughout the pandemic. We saw that it was coming before they had started to announce the emergencies of March 2020. So we were ordering these things about six to eight weeks before that time. When we started out in 2020, we just had peaked at what was going to be our best year ever based on contracts we were landing. We had about 20 freelancers that were working close to full time and 80 freelancers on call. We were on a gross track for over 1.5 million in 2020 from a business that started with only \$1,500 of one client back in 2017.

**Criss Hochhold**

So you built your business from 2017 to 2020, basically from \$1,500 income to a projected revenue of \$1.5 million, is that right?

**Darrell Shelley**

That's correct, yeah, and everything that we did was related to the event business at that time in the live event industry. So when the lockdowns happened in March, we had to tell everybody, "We're finished for now, we'll be back maybe in a few months." We weren't sure, so we held on to those KN95 masks. We just put it as a tool in our arsenal, Criss, like the same as you would with, you know, your boots, your steel-toed boots, your hard hats, or whatnot. And we figured we will get back to work at some point in time. But when June hit, we realized we weren't going back to work. That we were going to be permanently locked out of work here. And Doug Ford, because we were Ontario, he kept calling for PPE, PPE; and they kept telling people, the public, not to buy masks, that they only needed them for the government.

Well, when the government says something like that, it makes me want to make sure that I've got enough for myself first. But knowing we weren't going to need them, I had enough for my family. I had more than enough for my family and I teamed up with another friend of mine who owns a company called portable UBC and we decided to take all of our PPE and donate it to long-term care.

[00:05:00]

Because Doug Ford was calling for help with long-term care. We saw these videos on the news of people in long-term care were suffering. And if you remember the military had been called in, so we decided, "Okay, we're going to do our part, we're going to donate these things." Now they were calling for procurement, and we could have made money. I said, "No it's not the right thing to do. We're in a pandemic. We're all in this together, right?" That was the idea, was to help each other. So if I could help brothers and sisters and long-term care facilities get through their day, I had medical grade respirators that could help them, I was going to donate them.

And then we had a big snag when we actually decided to do that, which was the very first sign for me that there was a lot more to this pandemic that had to do with financial gain than it did to do about keeping people safe.

**Criss Hochhold**

Terry [sic], how many masks were you donating or looking to donate?

**Darrell Shelley**

So we had about 5,000 of them between us, and I had reached out to OPSEU [Ontario Public Service Employees Union], which is the union that handles long-term care facilities in Ontario. And I reached out to the president, Warren Smokey Thomas, and Eduardo Eddie Almeida, the first vice president and treasurer. They wouldn't get back to me for the first few times. I tried calling. I tried repeated e-mails. Finally, I got a little bit aggressive with one of my e-mails, and I did get a response. Their answer was to give it to the government, at which point I said, "I'm not interested in that. I'm interested in giving them to you." I said, "we will bring them ourselves. We have an importation license. These are legitimate. Taxes have been paid on them. Can we just bring them to you and help your people out?" And they just completely shadow-banned it. They blocked us. They didn't want to talk to us. They ignored us. It was over. I didn't understand why. So I went and did some investigating. I found it on their website. They were selling branded cloth masks with their logo on it, non-medical grade, to their own union employees. And that's the only PPE they were letting them have, which weren't going to keep them safe from the so-called virus. And here we were with medical grade respirators, an importation license, and excess of 5,000 masks that we didn't need.

And now, on a side note, OPSU is seeking nearly \$6 million that they allege that Warren Smokey Thomas and Eddie Almeida had stolen from union executives over the years. So I don't know if they were making money off these masks, but it sure as hell put a red flag up for me, and we decided eventually to donate them to a homeless shelter called Homes First in Toronto. So we gave it to them, but it was pretty amazing that they were calling for help in long-term care. And here we were, coming to save the day, and we weren't able to do it because they wouldn't let us do it.

**Criss Hochhold**

And you were shut down from providing masks to the elderly population, particularly long-term care facilities, which were certainly a high-risk category. So thank you for that.

Terry [sic], what happened to your business? Because you said you built it up from the dream, so to speak, from very small income to a projected income of 1.5 million. And the

second question— Actually, let me preface that, I'm sorry. Your business had contractors, you had employees, 20 contractors, and you also said you had up to 80 subcontractors. When the lockdowns and restrictions came, what happened to your company? What happened to those employees, to those contractors and subcontractors?

**Darrell Shelley**

So the audiovisual community and event-staffing community in the city they had these online sort of events where they were trying to rally people to— You know, let's be all in this together and let's stay home and let's stay safe and all that. But after a while, after a few months, we started to see that this really wasn't the case. Walmart was open, the liquor store was open. People down in the United States, you know, a lot of places were still open. A lot of technicians that were highly skilled moved to the United States temporarily. Some of them left the business completely. A lot of them switched trades or left the town because, I mean, living in southern Ontario near the GTA is ridiculously expensive. You need to keep making money every day or you're going to go under, and by the time we got said and done with it, I think we managed to pick up some work in 2020. Our one and a half million projection ended up turning into about nine grand in sales from March to the year-end, and we almost lost our company.

We managed to survive because we started an online pet supply business and dog breeding business when we came back to Newfoundland called Shelley's Pet Palace, and we were able to do that mostly online. And now in 2023, we are just starting to get Mighty Mouse Staffing back to pre-pandemic levels, and we're hoping for a good year. But we've had to rebuild our entire crew and network because a lot of people have exited the business.

[00:10:00]

Which was sad because we lost a lot of really good people from that industry.

**Criss Hochhold**

No question of significant impact on the staffing because people would have found different trades, different avenues of revenue which may not return to the business. Certainly, a significant impact, and to go from a projection of 1.5 million to an actual recognized revenue of \$9,000 is simply incredible. Were you able to regain some of the clients that you lost because of the significant reduction in your ability to provide the services?

**Darrell Shelley**

So thankfully, yes, we managed to keep a couple of our clients. One of them does a lot of work in shopping malls, which managed to remain open. So that little bit of work floated us during the tough years, the two tough years that just—that we just went through. But it was nowhere near what we were at before. I mean, it was literally, I had to put myself on the jobs. I had to travel back, which was quite a struggle: traveling throughout the pandemic with the various restrictions changing on a weekly basis, not knowing if we were even going to be able to travel. So I wanted to go into telling my little story about how I had to actually come home and try to take care of my mother, because getting back to the island of Newfoundland during that time was a nightmare.

**Criss Hochhold**

Absolutely, and Terry [sic], you've segued from the business aspect which affected you and your family, but I want to touch upon your personal story as well. You mentioned your mother, so certainly a significant life event that impacted you. Can you tell me more about that?

**Darrell Shelley**

Yeah, Criss, so, I mean, what proceeded—the story I'm going to tell right now probably brought me to where I am right now, my political and professional ambitions. Because I couldn't believe that this could happen on Canadian soil. I couldn't believe that this could happen in our country. So my mom was having a rough time with her health at the beginning of the year. We didn't make it home for Christmas in that previous year, so we planned to come back sometime year 2020 anyway. In May, Mom got sick.

**Criss Hochhold**

May of 2020?

**Darrell Shelley**

2020. Like really sick, more than before, and she had to stay in the hospital for a couple of weeks alone. It was really hard on her. She was unable to leave and she was only allowed one visitor, which was her designated visitor, which was her sister. During this time, my nephew was born. There were strict hospital restrictions due to the pandemic for visitation—for births as well. So my mother was unable to witness the birth of her second grandson, due to the pandemic restrictions. And the baby was not able to come see her due to the restrictions in the hospitals. I think that's when she got diagnosed with cancer, and I think it was a really lonely, difficult time for my mother. I regret that I wasn't able to be there for her at that time.

**Criss Hochhold**

Absolutely, I'm very sorry to hear that. How did you feel when you first learned that you weren't able to visit your mother, you know, going through such an end-of-life stage at this point in time? How would that make you feel, Terry [sic]?

**Darrell Shelley**

Yeah, we knew that we might be able to come home if we applied for an exemption. But in May 5th, 2020, Bill 38, an Act to amend the *Public Health Protection and Promotion Act*, backed by the Newfoundland government, was enacted. And this included banning non-residents from entering the province. However, residents were still able to leave and return. So if you're from Newfoundland, you can leave and go to Canada. But if you're in Canada, you can't come to Newfoundland. First time I've ever heard of anything like that ever happening. You're not allowed to go to this province, sort of, right? It allowed the police to conduct warrantless searches and contain persons who are suspected of being in contravention to the *Public Health Protection and Promotion Act*. To enter any premises without a warrant, to take samples, conduct tests, make copies, extracts, photographs, videos, inspect as the inspector considers necessary. And to make available any means to generate and manipulate books and records that are in the machine-readable format, such as an electronic form, or any means necessary, for the inspector to assess any books and

records and no timeline given. So they can just come into your house, take your laptop, leave, and come back three months later and say, "We found something in your laptop."

**Criss Hochhold**

So there were some very, very trying times for us. Sorry to interrupt you, Terry [sic], but I want to focus back on your mother a little bit actually. Because you weren't able to visit with her due to these travel restrictions that were brought in, but were you able to connect with your mother in another way potentially?

**Darrell Shelley**

Yeah, Criss. Yeah, to just correct you, it's Darrell.

**Criss Hochhold**

Oh, I'm sorry.

**Darrell Shelley**

Yep, no problem. So yeah, like I was just about to get into—

[00:15:00]

In May 2020 the Civil Liberties Association wrote to the attorney general, Minister Andrew Parsons, concerning the restrictions put in place by the government. I sent that to my mother and I said, "You know, I don't know if we're going to be able to get home. I don't know what's going on." So June 4th, my wife and I applied for a travel exemption into the province. And to our surprise, we did get it the next day. Taking care of someone in palliative care assistance was an option. We chose that option and we did a lot of teleconferencing, video calls with Mom. But we were really worried about traveling through the other Atlantic provinces because we heard about the difficulties that other people were having.

We didn't know if we were going to be able to get through New Brunswick and Nova Scotia. We didn't know if we were going to be able to even get on the boat and then they may change that last minute. So Mom was doing better through the summer and had lots of family and friends to help her as she was going through chemo. So we didn't think it was necessary to really take the risk of trying to travel and maybe getting stopped along the way or something. So we didn't go at the time. And then in the fall, Mom took a turn for the worse. We decided to travel home right away to take care of her full-time at that time.

Then on November 7, 2020, I had to apply for another exemption because the old one was only valid for 30 days. Now, this 30-day rule was never stated, was never made public. There was no way to know it. I had to inquire because I was going to pack up. I left my condo behind, everything behind to come home. My business was shot, so there was no work happening anyway. And this time, I applied for my entire family. We were planning to travel back on November 23. Then on November 13, I was talking to my mother with her on Messenger that day. Everything seemed fairly normal and fine. She was on the phone with her sister, I believe, that night. And sometime after midnight, she died in the kitchen. The restrictions that were put in play by the Government of Newfoundland and Labrador and the other corresponding Atlantic provinces robbed me of being able to see my mother in her dying days.

**Criss Hochhold**

I'm very sorry to hear that, Darrell. Absolutely. As we're coming in towards the end, I want to ask: were you able to find some closure after all this with your mother's passing?

**Darrell Shelley**

Yes and no. We weren't sure if the exemption would be valid, but we came home anyway. At this time, after Mom passed away, there was no way for me to be able to get back to see the body to say goodbye, do a proper send-off. She had to be cremated pretty quickly. What we decided to do was to have a wake. And I knew that there was a fourteen-day isolation and I wasn't supposed to go. Some family members said to me, "Do it anyway," others said, "No you can't." So I didn't tell anybody I was coming back and no one in town, no friends, no relatives, nobody knew of her wake. She was robbed of that. I didn't know anything about it. I came home, got off an airplane full of people. Got into a truck completely isolated. Went to my house, completely isolated. Got in the truck went to the wake, had to put a fake name down to walk in. Went in and saw her in the empty room.

And to this day, there's people in this town didn't even know there was a wake. The only other person who went was my brother and his family. Nobody else was there. I didn't even see them, because they went at a different time. People were calling me saying, "You are going to get arrested if you break the quarantine." And I said, "My mother is dead." I said, "I'm coming back to say goodbye to her body and we paid thousands of dollars for it. I'm going to do it." So I set her up, it was it was mixed emotions. I was completely alone with no one there to confide in. You know, my father was very helpful by giving me his truck and everything. But the people in Newfoundland and Labrador were scared. They were totally petrified.

The amount of discrimination I felt in the next few months, traveling home, getting on that boat, and coming from Ontario, from my fellow Newfoundlanders was despicable. It was ridiculous. You are talking about a person that hadn't left his condo for almost—more than half a year. I was never sick. We weren't working. I was isolated most of the time. All I did was went outside to walk my dog. The amount of discrimination was ridiculous. The government had everybody pitted that the outsiders were going to bring some killer plague to the island of Newfoundland. And everybody believed that this is going to happen. I heard things like, "You're going to be the first case in Stephenville," and, "You would affect the entire town." When I came back—I came back on December the first, was when we finally landed, when we got over with our stuff. We quarantined for fourteen days. The last day of quarantine was my fortieth birthday. No one came to visit me on my birthday. People called and things like that but nobody came. It was my last day. Like I said we saw very little family over Christmas. It took twenty-nine days before I was able to sit down with my brother to discuss my mother's affairs.

**The government destroyed everything and had everybody living in fear. It was so sad. As people found out we were from Ontario, they would run away from us. When we couldn't get help offloading, I couldn't get help to offload my things. Even if I actually did it in another room by myself.**

[00:20:00]

I was offering somebody two hundred dollars an hour to help me offload my stuff, after driving all the way from Ontario, getting harassed by a border guard in New Brunswick, who said I couldn't stop. Having to take the license plates off my truck and off my trailer. It took three days to offload that stuff by myself. I had to return to my mother's house to go

over her belongings. Same towels that she used were still hanging in the bathroom and nobody to help us. The intimidation factor was unreal, and I couldn't believe that the people of Newfoundland were so scared and convinced that we were going to bring this plague and kill everybody. It took a long time for us to be able to reconcile that as friends with our neighbors, with our families, and people [inaudible] to get back to normal.

**Criss Hochhold**

Absolutely right and then we are still reconciling with that, so thank you, Terry [sic]. We are coming short on time. I have no further questions for you. Appreciate your time and I'm going to defer to the commissioners, if there are any questions that they'd like to ask of Darrell. No?

Yes, there is one question.

**Commissioner Kaikkonen**

I'm just wondering, when it comes to the different travel regulations or guidelines in the different provinces. When you mentioned that you were harassed in New Brunswick, by the border patrol, could you just kind of elaborate a little bit further on that?

**Darrell Shelley**

Sure, yeah. It was after driving through Ontario and Quebec with no issues really. We got to the New Brunswick border at Edmundston and they had a full lockdown situation. It was almost like driving into a— I've traveled in Europe. I've gone from country to country like France to Switzerland, and other places. And when you do, there are places where they search you, and they lock you down. And you know that's understood. It felt like that, it felt like I was going into another country. Like I was being questioned about who am I, where am I going, why am I going there and I had my papers. I said, "I'm going on back to Newfoundland," and she said, "Well, you can't stop along the way." I said, "Well, if you know anybody who's got a 5.7 litre V8 with a trailer that can drive all this distance without stopping on one tank of gas, I'll take two trucks, thanks."

I had my family, my puppies, a long drive, we were already tired, we weren't allowed to stop. She said, "Well, if you do stop—" I mean she pulled over other officers and they started interviewing us. And they were, like, flashing in the back of our car and looking around and trying to find out what we were doing. And they said, "If you do stop, you've got to wear a mask, you've got to put the gloves on; you can't go inside any building to use the washrooms or anything like that; you can't eat. Go straight to Newfoundland and get straight on the boat." If anybody knows, that's a very long drive, it's hard to do it in one day. It's impossible to do with families, and puppies, and a trailer like I said. So I had to stop. I had to take the license plates off. I had to hide, I had to pay cash most of the time because I was afraid that they were going to track my Visa or my debit card. I mean this is early 2020, before they had any of the vaccine passports or anything like that, and we were terrified.

We didn't know what to do. Coming into Nova Scotia, they had flashing signs about getting ready, getting ready, and when we got there, there was nothing. We just drove right through Nova Scotia and went straight to Newfoundland. It was so bizarre. Each province had their own set of rules and again, New Brunswick was pretty intimidating. She said, "If you stop for any reason at all, we're going to send you back to where you came from." So I would go back to Ontario where I had no home, where I had no condo, where I had no

company anymore. And I wouldn't be able to go and take care of my mother's affairs. I'd basically be homeless if they decided to turn me around, if I didn't cooperate with them.

**Commissioner Kaikkonen**

Thank you.

**Darrell Shelley**

Thank you. Thank you for what you're doing. Thank you for taking the time to listen to me today.

**Criss Hochhold**

Thank you, Darrell. I appreciate your time.

[00:23:38]



***Final Review and Approval:*** Jodi Bruhn, August 3, 2023.

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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Witness 2: Terry Lachappelle

Full Day 2 Timestamp: 00:57:02-01:17:47

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Good morning, Mr. Lachappelle. Do you, in the testimony you will now give, affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Terry Lachappelle**

I do.

**Criss Hochhold**

Good morning, Terry. I know we've already sort of mentioned it, but can you please give us your full name?

**Terry Lachappelle**

Yes, my name is Terry Lachappelle.

**Criss Hochhold**

Where do you live, Terry?

**Terry Lachappelle**

Right now, we live in rural New Brunswick.

**Criss Hochhold**

And what did you do for a living?

**Terry Lachappelle**

I'm a retired military veteran of 21-plus years.

**Criss Hochhold**

Where were you posted, Terry?

**Terry Lachappelle**

Six different provinces.

**Criss Hochhold**

Let's go with the most recent, or your last posting.

**Terry Lachappelle**

Right, CFB Trenton.

**Criss Hochhold**

Okay, so before moving to rural New Brunswick, your residence was Trenton, in Ontario?

**Terry Lachappelle**

Correct.

**Criss Hochhold**

What did you do for the military? What was your occupation or your capacity?

**Terry Lachappelle**

My occupation was MSE Op, Mobile Support Equipment Operator. Basically, a truck driver. I retired in mid-2018, and I started working on the base as a civilian in— Sorry, this is a little hard to say, but in 2020, as a public service.

**Criss Hochhold**

Breathe, nice and relaxed. It always helps to breathe deeply. Take a couple deep breaths, and we'll go from there, okay?

**Terry Lachappelle**

I'm good.

**Criss Hochhold**

Excellent. Terry, you retired from the military in 2018 and then took a public service position with the military. Correct, as a public service?

**Terry Lachappelle**

Yes, as a civilian.

**Criss Hochhold**

As a civilian. Okay. And then you left that job in 2020, you said?

**Terry Lachappelle**

In late 2020, yes.

**Criss Hochhold**

What precipitated that?

**Terry Lachappelle**

Well just about, you know, early 2019, early 2020, the COVID pandemic was happening. And I listened to a lot of different news outlets—not just mainstream media but also alternative news outlets. And I was hearing rumors and reading rumors about possible injection mandates for all public service employees. My wife also worked on the base as a public service employee. And I was watching that really carefully because I was worried obviously, right, what was going to happen. So between the two of us and my military pension, we were doing fine. I mean, you know, \$170,000 a year, roughly. We had a couple nice vehicles, nice home, completely renovated, you know, camper, pool, hot tub for my back. Everything was going good. Until I believe in September or October, it was announced from the federal government—you can look it up; it's still on their website—that yeah, indeed, you know, no job, no job. So you either take the injection, or you'll be placed on indeterminate leave without pay for public service employees.

**Criss Hochhold**

And this would affect both you and your spouse?

**Terry Lachappelle**

Oh, huge. You know, when you have a comfortable life and we're just starting to get used to that, and then all of a sudden, poof, it's gone. So I saw the writing on the wall. I saw the deadline. It was there in writing. So come back a bit, I knew what was going to happen. I knew what we had to do because there's no way I could afford all of that, you know.

**Criss Hochhold**

So you've made a decision. It sounds as though—and please let me know if I'm incorrect—But you said you then received documentation from the military that says if you're not **vaccinated by a certain date, that your employment would effectively be terminated.**

**Terry Lachappelle**

Right.

**Criss Hochhold**

But you've made a decision not to get vaccinated, is that right?

**Terry Lachappelle**

Correct, because a lot of red flags. I mean mRNA is nothing new. I'm sure everybody in this room has looked it up, did a little research, whatever. It's decades-old technology.

[00:05:00]

And the first red flag to me was, why wasn't it ever brought to market before. And then the push, the push, I mean, coercion? Really? Coercion to take something that I don't want to take; to take a medical procedure I don't want to undergo? You know, like, you never buy the first model Tesla. You're going to wait till they work out some bugs first, right? And my backup plan was always, well if I'm wrong, I can always take it. You know?

**Criss Hochhold**

When you said coercion, can you tell me a little bit more about exactly what you mean by that?

**Terry Lachappelle**

Well, when the government announced that you either take it or you get placed on leave without pay for basically forever, I talked with my wife and I said, "You know, we got to sell everything. We have no choice because I can't afford this." A military pension isn't very big, right? So we had to sell the house. We went down to one vehicle, sold the motorcycle, sold everything. I mean, a lot of stuff I couldn't even take with me, the movers wouldn't take. Luckily for us, we did make a little bit of money on the sale of the house, so that kind of tied us over for a little while. We hired some movers. We moved back to southern Ontario, back to Niagara. Ended up in a small—maybe 550 square foot—apartment on the third floor. Big difference. It's not something I really want to wish on anybody. I mean, it might have been easy, just take it, carry on with my life but no, no.

**Criss Hochhold**

You felt that, based on the research you've conducted and the information available at the time, that it wasn't safe for you to take to continue employment? Rather than potentially the prospect of losing your home, your vehicles, everything that you've built up? Because you had quite a long, lengthy career with the military.

**Terry Lachappelle**

Right, well, based on what I was reading—I watched a little bit of mainstream media, but I tried to stay away from it—a lot of other alternative sources. I never take anything I see online at face value. You have to kind of read between the lines, use a grocery store method, take what you need, and leave the rest behind.

The stuff I was reading was just like, wow. No, I don't even want to take a chance on this right now, so I'm going to wait. I'm going to see what happens. Unfortunately, I didn't have time to wait, because the date was on the wall, November 1st, and then on November 15th, you're being placed on leave without pay. So we did what we had to do. And it was really like a punch in the face. You know, here's an organization I worked for half my adult life. Okay, when I was in the military, I was medically released. I kind of understand that, I mean, you get to a certain point in life where you can't do what you used to do. So yeah, I couldn't do the soldier thing anymore. That's fine. You know, I understand that. And there were some benefits there for me on retirement. But this, there's just basically nothing.

**They're taking away two full-time incomes and replacing it with nothing. I mean, we all know what happened with CERB (Canada Emergency Response Benefit]. I didn't even want to go near that, because I knew they'd come back to get it. It's 'the government after all, right?**

**Criss Hochhold**

**So it sounds like your overall experience with the military up to this point has been rather favorable. You enjoyed your career with the military?**

**Terry Lachappelle**

For the most part, ups and downs. Well, like any job, right?

**Criss Hochhold**

Absolutely, absolutely. But overall, it was pretty good until these mandates came into effect and then you had to make a life-altering decision. Why did you choose to move from Ontario to rural New Brunswick?

**Terry Lachappelle**

Well, before we moved to Niagara, we looked for an apartment in and around the Belleville, Trenton, even as far as Kingston. No way I could afford an apartment on a military pension. I mean they're eighteen hundred, two thousand dollars a month. That's basically my military pension, right? So there'd be no money for food, there'd be no money for bills, there wouldn't be anything. So we did manage to find a small apartment in Niagara that was just over a thousand dollars a month. So we rented that while we tried to figure out what we were going to do. And I contacted a veteran friend of mine in rural New Brunswick, and he said, "Hey, why don't you come and look around here? I'm sure you can find something. The prices are still reasonable." So I did. I jumped in the car. I came to New Brunswick. I looked around. I found a spot. My mortgage broker made it happen.

[00:10:00]

It was a miracle, really. So just based on my pension, we qualified for the property because I said, "There's no way this is going to be taken away from me again." You know? So any other little job that my wife could get, or I could get, or something like that, it's just a bonus, right? And that's how we ended up in New Brunswick, sixteen hundred kilometers away from my father and my brother.

**Criss Hochhold**

**Did you have any family in New Brunswick at all?**

**Terry Lachappelle**

**I have some cousins around Sussex and St. John's, and my one veteran friend there, not too far from us. And there's other veterans in Fredericton, and I think there's a few in Moncton. That's going way back to my Army Corps days, but yeah. Everybody's so far apart out here, though. It's like, "I'm going to go visit, my friend, Rob. Oh wow, he's 45 minutes away!"**

**Criss Hochhold**

Well, yes, sir, in the Maritimes, we tend to have some distances. Terry, I know you've talked to us, and you gave us a glimpse into your financial situation when you went from a combined income of about \$170,000 a year, benefits from the federal government working for the military, to roughly \$35,000 a year. And you reluctantly had to move from Ontario, where your immediate family is, to a place where you really have no immediate family, which is a significant distance away.

**Terry Lachappelle**  
Right.

**Criss Hochhold**

How are you dealing with that—if I may ask—emotionally? How is your mental health because of all this as well?

**Terry Lachappelle**

Well, how do you deal with it? Day by day. I mean, what do you want me to say, right? You do what you got to do to get it done. My rock is over there, my wife, right?

**Criss Hochhold**

Absolutely. And I can appreciate that very much so. Since moving to New Brunswick, have you had contact or have you seen your immediate family, like your dad? When was the last time?

**Terry Lachappelle**

No, not since. It takes money to drive, you know, from New Brunswick to Ontario, and I have to do it in short hops. I almost threw my back out just driving here today. But I wanted to be here.

**Criss Hochhold**

I appreciate you being here.

**Terry Lachappelle**

Because this is so important.

**Criss Hochhold**

It is, absolutely.

**Before moving to New Brunswick— I'm sorry to have to go there again—but not having contact with your dad, or at least a physical presence with him prior to moving to New Brunswick, how often would you spend time with your father?**

**Terry Lachappelle**

Almost every day. That was really the whole pull to move there. It was one of the only places, we could afford to rent; it was also to spend time, you know, with family. Trenton is about a three-hour drive, so it's a six-hour round trip. Being right there, I mean, I could just go knock on his door and say, "Hey come on over," you know, "for breakfast."

**Criss Hochhold**

Alright, so you went from a lot of contact to actually zero contact.

**Terry Lachappelle**

Zero. None.

**Criss Hochhold**

None at all.

**Terry Lachappelle**

Well, other than maybe, you know, a Facebook conversation—

**Criss Hochhold**

Right.

**Terry Lachappelle**

A video conversation or a phone conversation, yeah.

**Criss Hochhold**

But certainly, no quality time, so to speak, in person. Like you would have before, like we'd like to do with family.

**Terry Lachappelle**

Correct.

**Criss Hochhold**

Do you have any other family in Ontario that you had to move away from as well, aside from your father?

**Terry Lachappelle**

My brother, my daughter, a lot of friends, acquaintances.

**Criss Hochhold**

When was the last time you saw your daughter?

**Terry Lachappelle**

Last time we saw her was when we left. That would have been mid-August, roughly mid-August of last year.

**Criss Hochhold**  
Of 2022?

**Terry Lachappelle**  
Yeah.

**Criss Hochhold**  
So about seven, eight months—seven months, roughly.

**Terry Lachappelle**  
And if it wasn't for my brother helping us move, I don't know how I would have done it. Couldn't afford movers, right? So U-Haul wanted \$6,000 for a truck. I'm like, "no, I can't do that."

**Criss Hochhold**  
After everything you went through, what I do want to know—and I think potentially the commissioners as well—is, if you had to do it over, would you reconsider? Would you take the shot?

**Terry Lachappelle**  
Wouldn't hesitate. I'd do the same thing all over again.

**Criss Hochhold**  
Do the same thing.

**Terry Lachappelle**  
Because I had no choice.

[00:15:00]

**Criss Hochhold**  
Because earlier you mentioned coercion a bit, where your quote-unquote "choice" was take the vaccine or lose your job,

**Terry Lachappelle**  
Right.

**Criss Hochhold**

That you didn't see that as a valid choice.

**Terry Lachappelle**

No, that's not a choice. That's no choice at all. That's, you know, that's like me telling you, "Hey, drink this or you lose your job." "Well, what's in it?" "I don't know. Just drink it!" "Well, what's it going to do to me?" "I don't know. Just drink it! It's safe and effective, I promise." You'd be like, "Yeah, I don't think so." I mean, what do you want me to tell you? It's almost beyond coercion. It's blackmail is what it is. Let's call it what it is. Because that would be blackmail.

And the harder you tell me to do something that I don't want to do, the more I'm going to push back. I'm that kind of guy. I'm a Taurus. It ain't gonna happen. I will push you. And to this day, people call me an anti-vaxxer. I've lost friends. I've lost people that just don't even want to talk to me anymore, right? I post a lot of things online, controversial things maybe. I've spent a lot of time in Facebook jail. I visited my daughter there a lot, too. Because, you know, that's where they put you when you post things they don't agree with.

**Criss Hochhold**

Okay, Terry, you've raised a very good point. And actually, I'd like to ask: you said you're not an anti-vaxxer. Now, when you joined the military— Do you have to take vaccinations typically, when you enter the military for deployments, things of that— So have you taken any vaccines while in the military service?

**Terry Lachappelle**

We'll go back to my childhood. I've had all my childhood vaccines. I did the needles parade right here in Cornwallis, Nova Scotia in 1985. They called it a parade, but it wasn't really a parade: jab, jab, jab, jab, back and forth. Before I was deployed, I couldn't even tell you what they were. They just said, "You need to take this." Okay. I took it. Because I knew they're just traditional vaccines; mRNA is a messenger ribonucleic acid, I believe it's called, and somebody can correct me if I'm wrong. It's not a traditional vaccine. And when I was posted to Ottawa in 2012, they noticed that all my vaccinations were expired. So they said, so you need to take them all over again. "Oh, and look, you've never had the Hep A, B, C, D, E, F, G." So I took all those too, without hesitation. I will put my vaccine booklet up against anybody's in this room, any day, hands down. Hands down, I'm going to win.

**Criss Hochhold**

So no hesitation whatsoever for all the prescribed vaccinations within the military up until the COVID-19 came in. And based on what you've said to us is that there simply—I'm going to paraphrase it—but simply there wasn't enough documentation and proof of safety for you to take a risk on an experimental vaccine. But you had no issues whatsoever taking any of the vaccinations that were required because you know they've been proven, and they've been effective, and they've been around. Is that correct?

**Terry Lachappelle**

Correct. Yep. Too many red flags.

**Criss Hochhold**

Thank you, Terry. I appreciate your time. I'm going to refer to the commissioners for any questions.

**Commissioner Kaikkonen**

I'm just wondering if there was an appeal process before the imposed deadline, if there were any other options that you could have taken?

**Terry Lachappelle**

Not that I'm aware of. I didn't allow them to put me on leave without pay. I just resigned. This was in mid-September. So about a month and a half before the end of October deadline.

**Commissioner Kaikkonen**

Thank you.

**Terry Lachappelle**

And just to add to that if I may. We do know people in the public service that have been placed on leave without pay. So it wasn't just something they might have done. It was done. And I personally know a lot of veterans that were released—dishonorably discharged—because they refused the COVID vaccines.

**Commissioner Massie**

Thank you for your testimony. I was going to ask exactly the question: In your assessment, what would be the proportion of people that refused to take the jab? According to the people you know around you in the military, for example.

**Terry Lachappelle**

Well, there was a number floating around of approximately 900, 800–900 military personnel that were dishonorably discharged.

[00:20:00]

And coincidentally, some of them I know personally, and they were actually called back. And they said "No," you know, "you kicked me to the curb. I'm not coming back." And as far as the civilians, I only know of a couple, myself personally. I don't know the numbers on the civilian population, I wasn't there very long. I was there for less than a year when all this happened, so.

**Criss Hochhold**

Thank you very much for your time, Terry. I'm very grateful for you being here today.

**Terry Lachappelle**

You're welcome. Thank you. Have a good day.

[00:20:45]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***





## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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**Witness 3: Peter Van Caulart**

Full Day 2 Timestamp: 01:20:05 –01:46:22

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Welcome, Peter.

**Peter Van Caulart**

Thank you. Good morning.

**Ches Crosbie**

Good morning. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Peter Van Caulart**

I absolutely do.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Good morning.

**Peter Van Caulart**

Hi Criss.

**Criss Hochhold**

Can you please just repeat your full name for us.

**Peter Van Caulart**

My name is Peter Van Caulart. I'm a resident of Kelvin Grove, Prince Edward Island. I have been there since 2019, in November, and moved from Niagara, Ontario, to Prince Edward Island. My family and I moved because we have a business and discovered a business opportunity that was going to work for us, provided we weren't interfered with. And as everybody knows, March 11th, the interference came and it's changed our lives drastically.

**Criss Hochhold**

March 11th of—?

**Peter Van Caulart**

2020.

**Criss Hochhold**

Peter, you said you moved from Ontario to Prince Edward Island for business development opportunities?

**Peter Van Caulart**

Yeah. That's correct.

**Criss Hochhold**

Can you tell me more about your business, please?

**Peter Van Caulart**

My wife and I run a business that is a private post-secondary institution for training the people who are the professional operators running water treatment plants and wastewater treatment facilities in this country. Our work is comprised of preparing those people for their provincial examinations for recertification and initial licensing. It's the only profession that I know of that requires individuals in the profession to recertify on a cyclical period of typically three years.

**Criss Hochhold**

And what exactly—to make sure everyone understands what that means—do you teach them? What is the subject matter?

**Peter Van Caulart**

Yes. We provide the training in the physical, chemical, and biological sciences: hydraulics, the engineering, the chemistry, the biochemistry of treatment of drinking water, public drinking water, the conveyance of that drinking water in the distribution systems, the collection in the wastewater collection systems, and the ultimate treatment in the wastewater treatment facilities for final-end disposal.

**Criss Hochhold**

And when you say, "final-end disposal," what does that mean?

**Peter Van Caulart**

Wastewater has to go back to where it came from.

**Criss Hochhold**

And how long have you been doing this?

**Peter Van Caulart**

Since 1987.

**Criss Hochhold**

And when you instruct, how does that typically take place?

**Peter Van Caulart**

The instruction largely is in-class, in-person instruction with small numbers of students. It's somewhat boutique training, mostly hands-on because there are many skills that have to be transmitted through verbal communication and reinforcement. I've brought some photos that I'd like to introduce to the Commission, and I'll hold them up and then pass them on. The first photo is a photo of me with a class of students in a laboratory doing this kind of work. The second photo is a photo of the students performing an analysis after the instruction. This is very typical, so initially we'd have a small classroom briefing, then go into the laboratory and perform the work. And, I've done this for over 33,000 students in the period of time that I've been instructing in this field.

**Criss Hochhold**

Incredible. Where do your students come from: All over the world? Canada? The United States?

**Peter Van Caulart**

We've had students from the United Nations Human Resources branch, from Cyprus. I've conducted classes in Australia. I've conducted training throughout Ontario, the military bases across the country, Newfoundland, Labrador, Ontario, here in Nova Scotia, Alberta, Manitoba, and British Columbia.

**Criss Hochhold**

You have clearly a breadth of experience. For the commissioners, those pictures that Peter held up are exhibits number TR-0009 as well as TR-0009a.

[00:05:00]

**Peter, then you made a choice to move from Ontario to Prince Edward Island for those business development opportunities. Were you impacted, or was your business impacted by the lockdowns, restrictions, or government mandates?**

**Peter Van Caulart**

The simple answer is yes, but I will elaborate. We discovered a business niche that almost compelled us to consider moving to Prince Edward Island from Ontario for several reasons. I'm getting close to the end of my career and my ability to want to keep teaching. We

discovered that we really enjoyed Prince Edward Island from frequent visits in the past. My wife and I discussed this. If we were going to settle down, this was a great place to do it. And all of the pieces worked with my insight in believing that the Maritime provinces were underserved in the level of instruction that I was able to bring, that I had been doing in Ontario for a number of years.

I ascertained that I could travel back and forth to Ontario, still maintain the business that we had there, and develop new business here in the Maritimes, particularly with the indigenous communities of the North Shore of New Brunswick. And we have made inroads and it's been great. Our reception initially when we were advertising and putting out the information that we were here was, "Oh, thank God somebody like you is here in the Maritimes"—both from the Maritime operators that I came in contact with and the people who run municipalities, who own and operate these kinds of facilities.

**Criss Hochhold**

Peter, what were some of your biggest challenges that you faced during those times to keep your business going? Because you said that it happens in person because you need to have access to a laboratory, so there's a lot of hands-on. So when restrictions and mandates came in, how did that impact you? And so what were those challenges that you faced?

**Peter Van Caulart**

You have to understand civil servants—and I don't wish to disparage all of them—, but I will explain, having been one once for the Province of Ontario. There is a mentality that you must follow the group-think, and whatever is currently in favour is the thing that's going to be done. So there are lots of people who like to build empires and lots of people who like to run their own little show.

That said, many of the municipalities simply followed what was a directive from their provincial governments, which was a directive from the national government. And those facilities were deemed closed, so there was no access to drinking water facilities, there was no access to wastewater treatment facilities, the laboratories associated with them, or the people who staffed them.

**Criss Hochhold**

So the treatment facilities and the freshwater facilities, drinking water facilities were closed, meaning you could not provide any instruction whatsoever. How did that impact—

**Peter Van Caulart**

The impact was huge. Revenues essentially went from one level to zero.

**Criss Hochhold**

Because, as you've mentioned, this has to be done in person, so an online type of teaching is not something that's feasible.

**Peter Van Caulart**

Yeah, the Zoom type of instruction that many people experienced during this time simply didn't work. I teach adults. Adults, predictably, are kind of like herding cats when you get

them into a classroom. In particular, individuals who do not sit in an office on a daily basis that are active throughout a facility, maintaining, monitoring, and operating the facilities. So many of my students, the feedback that came back was, "We really don't want to play Hollywood Squares, and we prefer that— We'll wait until you can come in for live interaction and training," which is exactly what we did. In buying the time, I have to stress that I had to dissolve assets. So corporate assets, personal assets, monies we had saved for retirement, that sort of thing, was all used to try and keep our lives afloat.

**Criss Hochhold**

So in order to make ends meet, so to speak, you had no choice but to essentially shut down your business because of these mandates and restrictions.

[00:10:00]

**Peter Van Caulart**

The business essentially shut down, and I refused to take the vaccine until the last possible moment. And unfortunately, I had to take the vaccine because I was faced with an economic crisis that I didn't want to go through.

**Criss Hochhold**

And the necessity for taking the vaccination, what was that for?

**Peter Van Caulart**

The federal government declared that nobody could travel on an aircraft without vaccines or without the injections, and I had an economic benefit that was available to me in Ontario. My own province, however, constrained me from traveling by car because I could not return back to the island unless I had been vaccinated. For all the mandates that happened everywhere else, the mandates on Prince Edward Island were even more draconian. Because basically a bunker mentality was set up on the island to prevent any sort of person from coming onto the island. And if anybody was following numbers and stats, there was a period of time when everybody was glib about the fact that we were an island. We were isolated, therefore we were very lucky and the angel of death had passed over us, and we were not going to be impacted nearly as bad as what we saw in the news in other places.

**Criss Hochhold**

How did it make you feel? Because it sounds as though, based in what you said, you had to wait until the very last minute and then you got the vaccinations simply for—simply is not is not the right word to use—but for an economic benefit. How did that make you feel?

**Peter Van Caulart**

It's the decision I most regret in my life. My wife and I both went to go and get the first shot. And I had to do it for us and for our family. She did not have to do it. And she turned to me and said, "I just, I just can't do it." And I said, "That's fine, don't do it. I completely understand it." She supported that I had to do it, but she did not agree that I should have it, and I certainly did not want to take it. I regret it, and I have done everything in my power to research the detoxification protocols that are available. And for anyone listening,

nattokinase is one of those things that's on the list. And I believe Dr. McCullough probably spoke about it yesterday. Chaga, vitamin D3, vitamin C, liposomal.

**Criss Hochhold**

Terry, sorry to interject, but we do have to move on, and I appreciate the seriousness and the consequence. But I'm also aware that you have—aside from a significant economic impact on you and your family—I also understand you have some personal impact with relation to a family member.

**Peter Van Caulart**

Correct. So in staving off the inevitable injection, for me it was not until September of 2021, I believe. I was not able to travel to my mother who was in care in Ontario. And my second biggest decision is, regrettably: I had to sign the form that required her to get her vaccine in care. I was faced with the conundrum as her medical power of attorney, that if I did not sign it, they would eject my mother from care. This is a woman in a wheelchair who could not move, and they were going to eject her from care. They were going to turn her out, and I would have to find alternative accommodation for me being in PEI, she being in Ontario. And my third photo I'm going to hold up is the photo of my dear mother, Adele [Exhibit TR-009b]. And this is a, a great photo.

But that's the last time I saw her [Exhibit TR-009c].

[00:15:00]

That was through a window at a healthcare facility in November of '20, when I was able to fly before vaccines were made available. Under the constraints that were imposed at the time, she was on a second-floor window in her room. We had an hour and a half conversation because I was fully aware that that was perhaps the last time I was going to see her for a long time. And after she had her second injection, she developed vaginal bleeding. And this is a woman in her 80s who'd never had any problem with her reproductive system whatsoever. She bore four children naturally. And to develop vaginal bleeding was curious at the most. And her wishes were carried out very quickly after her death. And I wish to hell I had insisted on an autopsy and a particular investigation as to the cause of what really killed her.

**Criss Hochhold**

Thank you, Terry [sic]. You said that your, once again the word, "choice" that you faced was because of your medical authority of attorney, that you had to sign for your mother to get **vaccinated in the care facility. If not, she faced ejection.**

**Peter Van Caulart**

**Correct. The care facility was a not-for-profit care facility in Ontario, and the care she had received up till that time was exemplary. It was much better than many of the places my wife and I had sussed out. The year previous, we had seen horrible places. And so we were very confident that she was in the best care possible at the time. But they of course went full mandate, full blinkers on. There were no deviations from their rules. And their imposed rules: they claim they came from the government. I know that everybody claims they come from the government, but they pile on their own little twist to them. And by the time every**

one of us had to deal with people who said, “You have to wear a mask here or have to show your pass there,” we all had some pretty stiff encounters with zealots.

**Criss Hochhold**

Thank you. I’ll have more questions. We are running short on time, so I think you’ve already presented a great testimony. So I will defer to the commissioners for any questions for follow-up.

**Commissioner DiGregorio**

Thank you for your testimony.

**Peter Van Caulart**

Of course, thank you for your service.

**Commissioner DiGregorio**

I just have a few clarifying questions about your business. You mentioned that you had adult students. I’m just wondering if you can tell me who a typical student would have been in your business.

**Peter Van Caulart**

Oh, certainly. All my students are adults. None of my students are directly out of college or university. They’re all people who are actively employed. As a result of their employment in this industry, the water and wastewater industry, they have to seek provincial licensing in order to continue to work in the business. That licensing is only valid unless they recertify. The recertification usually takes place every three years. They have to show a certain number of continuing education units and contact hours in order to get that recertification. In Ontario, it’s quite high. It’s a little less here in Atlantic Canada, but nonetheless, if they do not have it, they cease to be able to be employed.

**Commissioner DiGregorio**

Thank you. And one other question. I think I heard you say that one of the reasons your business became depressed in PEI was because of the closure of facilities, but that if you could travel to Ontario, you could still work. And was that something different in Ontario from PEI at that time?

**Peter Van Caulart**

No, the net kept getting tighter and tighter. Every time I made an overture to arrange something—and I had made several things work at the last minute—it was somebody within the municipality who suddenly came down with a:

[00:20:00]

“No, no, we can’t have anybody from outside our group to infiltrate and potentially infect us. And, therefore, we’re closed.”

**Commissioner DiGregorio**

Okay, thank you.

**Peter Van Caulart**

You're welcome.

**Commissioner Massie**

You alluded to the protocol that had been developed and still developing for detoxification from the vax injuries. Did you personally suffer any vax injuries?

**Peter Van Caulart**

No vax injuries, but I am grateful that I have used the knowledge and skill I have to find the things that I needed necessary to diminish whatever potential I believe is out there for a vax injury. I do question a change in my overall energy level, but I cannot conclusively say. Because part of the problem of all of what has gone on in the last three years is that everything is broken. Access to the medical system is broken. Access to get tests and confirmatory things done are broken.

I happen to be a pilot, and I've been a pilot since I was 17, and I can tell you that a two-year medical examination that was a normal course of events is no longer a normal course of events. It's a telephone conversation with a medical practitioner to get reassessed. And being a pilot, I have two major concerns. That is those pilots in this country and other places who got the vaccine: If they have a potential for some sort of vaccine injury, I have a real concern about being in the air with those pilots. And the second thing is that the pilots that didn't get the vaccine, who were furloughed for whatever reason because their airlines had mandates, or their mandates were imposed on them by the federal government, those people are the ones that you definitely want to seek out and fly with and support whatever airlines they might be with. And lastly, I think there's going to be a large amount of Canadians who when it comes time to receive or transfuse blood in medically necessary conditions: a condition about whether or not you're receiving vaccine available blood or non-vaccine available blood will be an issue as well.

**Commissioner Massie**

Thank you.

**Commissioner Drysdale**

Sorry, I have just a couple of quick questions about your mother.

**Peter Van Caulart**

Thank you.

**Commissioner Drysdale**

How long after she got the second injection did her medical condition start, and how long after did she pass away?

**Peter Van Caulart**

She passed away four months after the second shot. Her medical conditions occurred within three weeks of the first shot.

**Commissioner Drysdale**

Secondly, did you have any discussions with the medical personnel that you thought it might be a reaction to the vaccine?

**Peter Van Caulart**

I did. And you can probably understand what that reaction would have been. "Oh no, you can't possibly know anything because you're not a doctor."

**Commissioner Drysdale**

So then is it safe to say that it was not registered in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance] system as an adverse reaction?

**Peter Van Caulart**

I believe it wasn't.

**Commissioner Drysdale**

Thank you.

**Peter Van Caulart**

You're welcome.

**Commissioner Kaikkonen**

Thank you for your testimony. I just would like to ask: you refer to the PEI protocols and mandates as draconian. Could you kind of expand on that, please?

**Peter Van Caulart**

I don't think I have enough time. The initial response on the island was to literally barricade the bridge, and they put up a barricade. Everybody was required to go through some sort of search procedure questioning that was, I'm going to say, literally unCanadian. **Things that you'd never expect to hear or experience in Canada. These are the same kinds of questions that I answered routinely going across the border 30 years that I lived in Niagara because I was only 15 minutes from the Canadian/US border. I'm quite used to answering the nature of those kinds of questions for border security. But I never expected to experience that in PEI or New Brunswick when I once came over to New Brunswick. Because I got myself declared essential because of the nature of the work I did—and in traveling to Sydney, Nova Scotia, I can tell you that I was stopped at the border between Sydney and New Brunswick—**

[00:25:00]

by a group of angry people who had been locked down, and by individuals wielding bats threatening to smash cars as a result of their reaction of being locked down at this point for over a year. The only reason I got through that roadblock was because I was declared an essential, and I explained it to the individual wielding the bat, and he acquiesced and allowed me to pass through. I was able to deliver the training in Sydney, Nova Scotia to the people who were waiting for me there. Sadly, I was only into that training two days before Nova Scotia locked down Nova Scotia, and I was required to return back to Prince Edward Island. So that training was postponed for another period of time, and I was able to go back and complete it. But almost three or four months later.

**Criss Hochhold**

Thank you very much, Peter. I really appreciate your time this morning.

**Peter Van Caulart**

Thank you. And my fellow Canadians, thank you. We're awake.

[00:26:17]



*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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**Witness 4: Amie Johnson**

Full Day 2 Timestamp: 01:46:50-02:10:45

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Amie Johnson, do you affirm that you will tell the truth, the whole truth and nothing but the truth?

**Amie Johnson**

Yes, I do.

**Alison Steeves**

Good morning, Amie.

**Amie Johnson**

Good morning.

**Alison Steeves**

Can you state your full name, where you are from, and your occupation?

**Amie Johnson**

Sure. So my name is Amie Johnson. I'm from Chester, Nova Scotia. I am a dental hygienist, currently unemployed.

**Alison Steeves**

And since when have you been unemployed?

**Amie Johnson**

February of 2022, so just over a year.

**Alison Steeves**

So in February 2022, at that point, how long had you worked as a dental hygienist?

**Amie Johnson**

I was three months shy of 22 years.

**Alison Steeves**

Twenty-two years. And how do you like being a dental hygienist?

**Amie Johnson**

I love being a dental hygienist actually. I love interacting with people, helping them, you know, making sure that people are taking good care of their oral health, and which in turn is their overall health. It was a great profession.

**Alison Steeves**

Back in early 2020, were you employed as a dental hygienist at that time?

**Amie Johnson**

Yes, I was.

**Alison Steeves**

And who was your employer?

**Amie Johnson**

Chester Family Dental, Dr. Natasha Zink.

**Alison Steeves**

How long had you been at that place?

**Amie Johnson**

Just shy of 22 years.

**Alison Steeves**

So right out of school.

**Amie Johnson**

I went there straight out of university. Yeah, same office, same employee, same employer.

**Alison Steeves**

And how would you describe your experience working there up to that point?

**Amie Johnson**

It was great. There was ten of us, all women. We were a cohesive group. We worked together five days a week, you know, ate lunch together, went out to lunch, went out for birthdays, you know, parties, all that stuff.

**Alison Steeves**

I imagine being there 22 years, you would know the patients really well.

**Amie Johnson**

Extremely well. And you know, that's the other thing too, the patients became my friends as well, you know. Like, a lot of patients I would see every four to six months, regularly. I would see, you know, between 12 to 15 patients a day for five days a week.

**Alison Steeves**

How big is Chester, Nova Scotia?

**Amie Johnson**

Chester in the winter is about 3,000, 3,500 people. In the summer, we can go up to like 12,000 people.

**Alison Steeves**

Okay, so people know each other pretty well.

**Amie Johnson**

Yeah, we're a pretty small-knit community. We're about halfway between Halifax and Lunenburg.

**Alison Steeves**

So in 2020, as you begin to hear about COVID-19, were you concerned?

**Amie Johnson**

Initially, yes, I was. So dentistry doesn't fall under health care. So we fall more under the Nova Scotia Dental Board, and of course, for me, the Dental Hygienists Association. So in **March of 2020 we were actually shut down prior to the province actually shutting down schools, and you know, the nursing homes and things like that because they were taking it very seriously. It was very unknown. They were worried about transmission. Obviously, we deal with germs, people's mouths, so you know it was pretty important to kind of figure out what was going on. And yeah, so we shut down early March and didn't reopen until June of 2020. So we were shut down for a few months there.**

**Alison Steeves**

So that was a dental board decision?

**Amie Johnson**

Yes, it was.

**Alison Steeves**

So you would have been at home during that time?

**Amie Johnson**

Yes, I was.

**Alison Steeves**

And so when the vaccines became available, did you choose to take any of the vaccines?

**Amie Johnson**

No, I did not.

**Alison Steeves**

And why not?

**Amie Johnson**

Well, when they first started talking about the vaccines, on a positive note you're thinking, okay, this is a good thing. But then you start doing your own research, and you realize, you know, COVID has a 99 per cent plus survival rate. And so something that was so rushed, the vaccine was so rushed, and experimental, I was just like, you know what? I think the previous gentleman that was up earlier said, "Let's just wait, I'm going to hold back." And that was kind of my initial reaction, was like, you know what, I'll just wait, let other people take it and kind of iron out the kinks and see what's going on. And then I quickly realized this wasn't for me.

**Alison Steeves**

And what sources did you consult in making that decision?

**Amie Johnson**

Well, I'm a numbers person. I like statistics. So you know, initially I would, you know, check like the dash, the Nova Scotia dashboard, and Stats Canada, and even the World Health Organization, but the numbers just never seem to add up. Like these people were vaccinated, but the numbers keep getting bigger. And then the biggest red flag for me was when they put the vaccine passports in. And so the exposure sites here in Nova Scotia— We have the exposure site website, you know, don't go there, don't go there. And all the exposure sites are places where people that were unvaccinated couldn't go. So how are we the problem? How are the unvaccinated the problem when the exposure sites are all vaccinated people? So I quickly realized that the vaccine doesn't stop transmission. And from my dental standpoint, the only reason why I would take the vaccine is to protect my patients.

[00:05:00]

**That I wouldn't want to transmit COVID to a patient. But if the vaccine doesn't stop transmission, what is the point of taking the vaccine, if its effectiveness for severity of disease is still questionable and doesn't stop transmission?**

**Alison Steeves**

**So during that time, how did you feel about the way the media was portraying COVID-19 and the vaccines?**

**Amie Johnson**

**Well, it's actually very disheartening. It makes you question everything that the media said** over the last years: very biased, very fear mongering. Again, I worked from June of 2020 until February of 2022 through this whole pandemic. I've seen 10, 15 patients a day, and a majority of them are scared to death. And that's really sad, that they're scared of something that does have a 99 per cent survival rate. And we don't know much about the vaccine, and they're putting so much faith in the vaccine.

**Alison Steeves**

**So when you made that decision not to take the vaccine, did you share that with your co-workers?**

**Amie Johnson**

**Absolutely. You know, at lunchtime or just in random conversations. And my co-workers weren't so receptive of that.**

**Alison Steeves**

**Can you describe a bit more in detail just how this decision happened?**

**Amie Johnson**

**Sure. At the start, when the vaccine started coming out, I would say, "No, I think you guys should hold off, wait." Because, again, dentistry doesn't fall under health care. But because we're such high exposure, we were given the opportunity to get the vaccines quite early on with the nurses and the doctors. So nine out of 10 of us were right there, the first ones in line getting the vaccine. And people were trying— My co-workers were like, "You should do it, you should do it." But then that quickly turned to, instead of just saying, "You should do it, you should do it," to anger, animosity, alienation. I would go to work just to work, and **there was no more going out to lunch with my co-workers or talking to them on the weekend or, yeah.****

**Alison Steeves**

**Why do you think that they reacted that way? What do you think? Why were they telling you to get the vaccine, and why were they upset?**

**Amie Johnson**

**Well, they felt that I was not only putting my patients in danger but also them and being irresponsible. Just because I'm unvaccinated doesn't mean that I don't take my job**

seriously, or I don't care about my patients. But that's how they were perceiving it as, that I was being selfish and only thinking about myself.

**Alison Steeves**

And you said you're no longer employed. So were there mandates?

**Amie Johnson**

So because I fall under the Dental Board and the Nova Scotia Dental Hygiene Association—Both the Board and the Association did not mandate vaccines. Both, of course, were recommending vaccines, but we were not legislated to get to get a vaccine because it didn't stop transmission. So their official statement was the vaccine doesn't stop transmission, so there's no benefit for the patient. I'm sure all of you have gone to the dentist, so you know that we use universal precautions pre-COVID, and then those universal precautions were only amped up even further. We had to wear gowns. We had to double mask, face shields, goggles, you know, gloves. There were new protocols on scrubs. We would have to change them even if we left the office even for a minute. It was very extreme. But no vaccine mandate.

So then at Christmas, December of 2021, my employer came to me, and she officially said, "You need to get vaccinated." And I said, "No." And I said, "Let's have this discussion about the vaccine," And she said, "I'm not discussing it. You don't follow the science." And I said, "Okay." So then, when we came back after Christmas, because we closed for three weeks over Christmas, one of my co-workers got sick and tested positive for COVID. And she was triple vaxxed and was extremely sick for three weeks—very, very ill. But one of the protocols that we did have was that, to come back to work, all of the employees had to have negative PCR tests: to come back to work before the office reopened after my co-worker had COVID.

So reluctantly, I went to go get my PCR test and it came back positive. I was totally asymptomatic. I never got sick. And so when I called my employer Dr. Natasha Zink to tell her, she was not happy obviously. But because I was unvaccinated, I had to wait the full 14 days of quarantine, even though I was asymptomatic. And at that time the protocol was only down to a week, but because I was unvaccinated, I had to have the full two weeks off. And so I was set to go back to work on a Monday. And a couple days later, before I was getting ready to go back to work, she called me

[00:10:00]

and she fired me. And she said that I was putting my patients at risk, and that because I wouldn't get vaccinated, I was no longer to work there.

**Alison Steeves**

So you were immediately terminated.

**Amie Johnson**

I never went back to work after testing positive for COVID.

**Alison Steeves**

And did she fire you with cause, or did she pay you—?

**Amie Johnson**

Well, she said that first, I was putting my patients in danger. And secondly, she said there would be a shortage of work because patients wouldn't see me because I was unvaccinated. And the hypocrisy of the whole thing is that my co-worker who had COVID was extremely ill for three weeks, was triple vaccinated, still has a job; but I'm unvaccinated and tested positive for COVID but was completely asymptomatic and I don't have a job. After 22 years, yeah.

**Alison Steeves**

So your income ceased immediately.

**Amie Johnson**

Yes, she did pay me some sick leave for those first few days when we were waiting for the test results for the PCR test, and I did get my three weeks of vacation pay.

**Alison Steeves**

How did it feel to be let go from that position?

**Amie Johnson**

I mean, it was devastating. Like I said, you don't work somewhere for 22 years and not love it, right? And it wasn't a job; it was a career. It was my identity. So it was really, really hard. Really, really hard. Not to mention financially hard. I made almost \$80,000 a year, and that's a lot of money to lose in a household. It put a lot of pressure on my husband to make sure that he could pull up his socks and help more as well.

**Alison Steeves**

So since then, have you sought employment elsewhere?

**Amie Johnson**

Yes, I have. So like I said earlier, I do live in a small community. There is two other dental offices within about 15 minutes of us. So one of the offices, one of the hygienists was retiring, and I had—you know, from a friend—had heard that. So I reached out to—it's called Chester Dental Clinic, Dr. Andrea, via email, and asking her if she would be interested in me possibly working there. And she did reply with a lovely email. I actually brought it today. But when I applied for the job, I never mentioned my vaccine status because it's not really anyone's business. So then, when she replied back to me, she already knew my vaccine status and would not hire me. And I have the email [Exhibit TR-26a]: would not hire me solely based on the fact that I wasn't vaccinated. So that was one.

**Alison Steeves**

Would you like to read the email?

**Amie Johnson**

Yeah, sure I can. She says, "Thank you for reaching out to me regarding our soon-to-be-vacant dental hygienist position. I do apologize for my late response." Because it did take

her a few days. “At this point, I am unable to offer you a position with us. Professionally, I have to consider the reality of alienating patients and staff because of your vaccination status,” which I had never told her, so I find that very interesting. “Unfortunately, Nova Scotia seems to stand alone as the world moves on. Personally, I could not disagree more with the public health protocols, having sat on the Return to Work Committee for COVID-19 on behalf of the NSDA. I am absolutely appalled at what has transpired in our once-free profession. We are beholden to ridiculous public health directives. The hypocrisy of mandating vaccines and masking in dental office defies logic, common sense and science. It did at the onset and most certainly does not presently. I admire you for your courage and your stance on personal freedoms and standing up against tyranny. I am sorry for this, that it cannot work out for us at this time. Wishing you all the best, Dr. Andrea.”

**Alison Steeves**

So supportive of you—

**Amie Johnson**

Supportive of me, but wouldn't employ me.

**Alison Steeves**

And again, there were no mandates. She wasn't required—

**Amie Johnson**

No, and again, Dr. Zink when she fired me, and Dr. Andrea as well. These are their sole ideas or opinions because the Dental Board does not regulate vaccinations.

**Alison Steeves**

And did you try—

**Amie Johnson**

So the third dental office in my area is Mahone Bay Dental. So in November of 2022, they had a vacancy come up. So I went in for the interview, and three days later I was offered the job via email. And she sent me the contract. We worked out all the details. I was set to start December, I think it was the 17th. And on December 10th, she called me because she heard through the grapevine that I was unvaccinated. Because during the interview, it was not discussed. During the contract that she had given me and sent to me via email, not discussed –

[00:15:00]

but she had heard that I was unvaccinated. She wanted to confirm that, and of course I'm not going to lie about my status. I'm not ashamed of it, nor embarrassed, although it is not anyone's, you know: it's not their business.

But so she said, “If it's true,” and I said, “Yes, it is.” And she said, “Well, I'll still offer you the job, but I'll put you in a three-month probationary period. And if patients will continue to see you knowing of your vaccine status, and it all works out, then I will offer you a full-time job.” And I said, “No, thank you.” And I walked away.

**Alison Steeves**

And why did you say, "No thank you?"

**Amie Johnson**

Well, first of all, again, it's not anyone's business what my vaccine status is. Second of all, I didn't want to be put through that torture again. And like I said, I see 10 to 15 patients a day, not knowing, is this the patient that's going to go to—her name is Dr. Sarah Fakhraldeen—go to Dr. Sarah, and say, "Hey, I don't want to see her anymore because she's unvaccinated." So yeah, I was really reluctant to do that. So I said no. And I declined.

**Alison Steeves**

So you've worked as a dental hygienist for 22 years.

**Amie Johnston**

Yeah.

**Alison Steeves**

How long have you been in Chester?

**Amie Johnson**

Twenty-two years. Well, actually I grew up in Chester, but moved away for a few years, and then after, when I got my job.

**Alison Steeves**

And is there anywhere else in Chester you could work as a dental hygienist?

**Amie Johnson**

Those are the only dentist offices within a half an hour. So yeah, I'd have to start traveling. And again, I was spoiled rotten for 22 years. I walked to work.

**Alison Steeves**

So outside the workplace, did the vaccine passports have much of an impact on your life?

**Amie Johnson**

Absolutely, besides the obvious of not being able to go to the gym or the movies or restaurants and things like that. But more importantly, in my house, over that period, we missed two family funerals and two weddings.

**Alison Steeves**

And can you give a few more details about that?

**Amie Johnson**

Sure, well, one of the funerals was my husband's uncle, who was like a father to him, who's very special to us. Coincidentally, he did pass away within a week of his second shot, but we were unable to go to the church service. They asked my husband to be a pallbearer, but when they found out that he was unvaccinated and we were unable to go to the church service, obviously he couldn't do that. They did have a graveside service, so we were able to go to the graveside service because it's outside, and this was actually last February of 2022. So we did go to the graveside service, but we offended family members by going, by being present. It has created a huge rift in our family. There are family members that don't speak to us any longer over us going to the funeral. Yeah.

**Alison Steeves**

So they were upset that you went to the outdoor service.

**Amie Johnson**

Again, you know, the misconception that just because we're unvaccinated, we're spreading this horrible disease to everyone, right? And it's really sad. And you know, if you look at the numbers, people that are vaccinated are the ones getting COVID, currently. And I go back to my own experience at my work office. You know, it's okay for a triple-vax person to get COVID, but it's not okay for me to get COVID, or even be around people.

**Alison Steeves**

So would you say that the measures impacted relationships in your life?

**Amie Johnson**

Absolutely, it did, yeah. Yeah, unfortunately.

**Alison Steeves**

Do you have children?

**Amie Johnson**

I do, I have two children. They're both grown. And this has in fact affected them as well, very much so. My daughter, in September of 2021, started her first year of university at Dalhousie. She was accepted into the Bachelor of Science program, the accelerated program, and within weeks of her starting, they mandated that all nursing students had to be double vaccinated. So she chose not to get vaccinated. So she left the nursing program and switched to a Bachelor of Science. And her hopes were then to be a naturopath. And shortly thereafter, Dalhousie decided that all students had to be double vaccinated, so we were kind of in a bit of a dilemma there. But then they transitioned to online learning. So she was able to do all her courses online. So we were happy with that. But then she started receiving letters coercing her, threatening her to get double vaccinated or she wouldn't be able to complete her year at school [Exhibit TR-26b]. And it turns out they came true. So she lost all of her tuition money. And she wasn't able to get the credits.

[00:20:00]

**Alison Steeves**

So they just told her to leave.

**Amie Johnson**

Yeah. She wasn't able to go to in-person to Dalhousie to write her exams. So she did the courses all year long online. And then when at the end of the term, when she came to do the exams, they wouldn't make special accommodation for her because she was not able to be on the premises without being double vaccinated.

**Alison Steeves**

Would that affect her transcripts?

**Amie Johnson**

Yes, she did get fails, like F's. But they said that, if you come back and take that same course again, they would replace the failure. So yeah.

And so my son and my husband, they own a construction company called Nauss and Son Construction. They were also— It was the fall of 2021; they were doing a project on an Airbnb owned by Colin and Karen McDonald in Chester. And it was a large project: they intended to be there probably about five months. They were about halfway through, and it was right before Christmas of 2021. And the manager of the property, his name is Victor Lovett, he heard apparently through the grapevine that my husband and son were unvaccinated. And he arrived on the job site, livid, irate. Kicked them off the job site, told them to take their tools and that they were fired. So you know, it's very difficult living in a small community because everyone knows everything and the defamation of character as well that people talk behind— And my husband and son being self-employed, you know, we worry about their business. Jacqueline, my daughter, has now since opened up her own business, Coastal Charcuterie, doing charcuterie boards. And you know, she's doing really well and really successful, but you wonder at what point sometime that might come back, again.

**Alison Steeves**

And Amie, I just have one final question.

**Amie Johnson**

Sure.

**Alison Steeves**

Do you regret your decision?

**Amie Johnson**

No, not at all. My health is far more important than any money. And again, I'm at the age that I'm approaching 50. So I was in a position that I was able to stick to my guns and my morals and make a choice for myself and my health and my family. But I feel horrible for people that are younger, or even older, that have to feel the pressure to cave to that coercion. And I'm not going to say that maybe when I was in my late 20s, early 30s and had

two small kids and great big mortgage and car payments that I might have caved as well. And I was just really fortunate that I was in a position that I was able to, you know, continue to stick to my moral standards.

**Alison Steeves**

Thank you, and I'll turn it over to the commissioners if you have any questions.

**Commissioner Massie**

Well, thank you very much for your testimony. I have a question about your clinical, the dentist: Were they asking, for a patient to be treated, that they show vaccination?

**Amie Johnson**

No. At the dental office you didn't have to be vaccinated to come. Because again, dentistry kind of falls under health care, but it doesn't, so we did not ask people their vaccination status. And all people were treated equal.

**Commissioner Massie**

Okay, thank you.

**Alison Steeves**

Thank you, Amie.

**Amie Johnson**

Thank you.

[00:23:26]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Truro, NS**

**March 17, 2023**

**Day 2**

### EVIDENCE

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**Witness 5: Kathy Howland**

**Full Day 2 Timestamp: 02:10:59-02:29:26**

**Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>**

[00:00:00]

**Ches Crosbie**

Good morning. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Kathy Howland**

Good morning. Yes, I do.

**Alison Steeves**

Good morning, Kathy. Can you please tell us your full name, where you're from, and your occupation?

**Kathy Howland**

My name is Kathy Howland. I live in Meductic, New Brunswick, and I'm an education assistant.

**Alison Steeves**

How long have you been an education assistant?

**Kathy Howland**

Since 2018.

**Alison Steeves**

So approximately five years—four or five years?

**Kathy Howland**

Yes.

**Alison Steeves**

And what does an education assistant do?

**Kathy Howland**

I focus on primarily special education students: students with Down syndrome, autism, different learning abilities, ADHD students.

**Alison Steeves**

And you help them with the schoolwork that they're doing in the classroom, is that it?

**Kathy Howland**

Yes.

**Alison Steeves**

And can you tell us a bit about your current position?

**Kathy Howland**

I've been in my current position for the past two years. I'm working currently with children that have not had a diagnosis, but they are, we are quite sure, on this spectrum of autism. And I have also had, the past couple of years, a Down Syndrome student.

**Alison Steeves**

So you were working in this position when you became eligible to take one of the COVID-19 vaccines?

**Kathy Howland**

Yes.

**Alison Steeves**

And did you take one of the vaccines?

**Kathy Howland**

I did.

**Alison Steeves**

Which one?

**Kathy Howland**

I took the Pfizer vaccine.

**Alison Steeves**

Do you have the batch number by any chance?

**Kathy Howland**

I do. It is FF5109.

**Alison Steeves**

And when did you take the first vaccine?

**Kathy Howland**

I took the first one on November 3rd, 2021.

**Alison Steeves**

November 3rd. And why did you choose to take the vaccine?

**Kathy Howland**

It really wasn't a choice. I worked for the Province of New Brunswick, and they mandated that if I was to continue in my position as an education assistant, I would have to have the COVID shot.

**Alison Steeves**

Did you speak with your doctor prior to taking the vaccine?

**Kathy Howland**

Yes, I did.

**Alison Steeves**

And can you speak a bit about that conversation?

**Kathy Howland**

I called her and actually asked her if she could give me a letter pausing the process. At that time, I wanted to wait until the Novavax vaccine had been approved and I had read several articles that said that was going to happen. So her response to me was, "No, I can't give you an exemption for the vaccine." I tried to explain to her that I didn't want an exemption. The Novavax vaccine was non-mRNA and so I just wanted to hold off until that became approved and see where that went. And her response was, "Listen, there won't be any problem with the Pfizer shot. Just go get the damn shot."

**Alison Steeves**

And how long has she been your family doctor?

**Kathy Howland**

She has been my doctor for probably 10-plus years.

**Alison Steeves**

Did you find that interaction or that behavior or treatment sort of distinct from the way you had interacted with her in the past?

**Kathy Howland**

It was awful. Like, I was so shocked that my only response that I had to her after that little outburst was, "Okay, then. I guess that's where we'll leave it."

**Alison Steeves**

So she seemed upset that you were trying to delay taking the vaccine that was available to wait for another one.

**Kathy Howland**

Yes, yeah, she was not open to that at all.

**Alison Steeves**

So you went and got the shots. Do you recall who administered the vaccine to you?

**Kathy Howland**

Yeah, it was a pharmacist at the Guardian drugstore in Woodstock.

**Alison Steeves**

And did the pharmacist advise you of the potential side effects of the vaccine?

[00:05:00]

**Kathy Howland**

No. I asked if she had heard about any side effects. And she said, "Well, there's just a sore arm and maybe a fever, but nothing really serious."

**Alison Steeves**

Standard side effects. And did she give you an individual assessment based on your sort of personal medical history to see if the vaccine was right for you?

**Kathy Howland**

No.

**Alison Steeves**

So after you took the first shot, did you experience any symptoms?

**Kathy Howland**

Not really with the first shot. Just a bit of a sore arm. It was the second shot.

**Alison Steeves**

And when did you take your second shot?

**Kathy Howland**

I took my second shot on December 1st, 2021.

**Alison Steeves**

Okay, so almost a month later?

**Kathy Howland**

Yes.

**Alison Steeves**

Did you experience symptoms after your second shot?

**Kathy Howland**

Yes. I took the second one on December 1st. December 3rd, when I get up to get ready for work that morning, my ears were plugged full. My left ear was painning quite severely, and I had this awful ringing in my ears. It was so loud. And so I had to miss work that day. The following day, Saturday, December 4th, I ended up going to Emergency because of my symptoms.

**Alison Steeves**

So you spoke with the health care practitioner about the symptoms?

**Kathy Howland**

Yes.

**Alison Steeves**

And did they find anything?

**Kathy Howland**

No. He looked in my ears, he said, "I can't see really any infection or anything." So he gave me eardrops and a nasal spray and sent me on my way.

**Alison Steeves**

And did your symptoms persist?

**Kathy Howland**

Yes.

**Alison Steeves**

Did you eventually get any further testing done to assess sort of what was wrong with your ears?

**Kathy Howland**

I did. I talked to my family doctor, and she stopped the eardrops and the nasal spray. Because when your ears are already full, she didn't think that it was appropriate to add more to that. So then she referred me to an ENT.

**Alison Steeves**

Okay, and did you also get an audiology report?

**Kathy Howland**

I did.

**Alison Steeves**

Okay, and did you give me a copy of this audiology report?

**Kathy Howland**

I did.

**Alison Steeves**

Did you happen to have it in front of you?

**Kathy Howland**

I do.

**Alison Steeves**

So this is Exhibit TR-0005A?

**Kathy Howland**

Yes.

**Alison Steeves**

Perfect. Okay, and do you mind if I read from a bit of the finding here?

**Kathy Howland**

Not at all.

**Alison Steeves**

So it says, "Hearing sensitivity, left ear: mild to moderately severe sensorineural hearing loss, and right ear: mild to moderate sensorineural hearing loss." So stronger hearing loss in your left ear, but hearing loss in both.

**Kathy Howland**

Right.

**Alison Steeves**

So had you had an audiogram done in the past that they were able to compare this to, I assume?

**Kathy Howland**

I did.

**Alison Steeves**

So they found that you'd had some significant hearing loss in both ears. And then it also adds, "ENT consult." Did you end up seeing an ENT as you had said?

**Kathy Howland**

I did see an ENT.

**Alison Steeves**

And do you have a copy of your ENT report in front of you?

**Kathy Howland**

I do.

**Alison Steeves**

So your audiology report was January 14th, 2022. And then February 16th, 2022, you have your ENT report from River Valley ENT. Is that correct?

**Kathy Howland**

Right.

**Alison Steeves**

Okay and that's Exhibit TR-0005. And do you mind if I read from that report as well, a few excerpts?

**Kathy Howland**

Not at all.

**Alison Steeves**

So the ENT wrote, "I saw Catherine today in my otology clinic. She has an interesting history. She had her second dose of her Pfizer COVID vaccine December 1st, 2021. Within 24 to 48 hours, she started noticing fullness, pressure, and discomfort in both ears, worsening tinnitus, and subjective hearing loss." And speaks about your audiogram, acknowledges the hearing loss and there is nothing else, no history or nothing, to explain it. And then he adds, "In summary, this is a patient with bilateral sensorineural hearing loss with left isometric sensorineural hearing loss." And adds, "This may represent a vaccine side effect."

Is that correct?

**Kathy Howland**

Right. That is correct.

**Alison Steeves**

So you have tinnitus and hearing loss in both ears.

**Kathy Howland**

Yes.

**Alison Steeves**

And did you and your ENT discuss the potential relationship with your COVID-19 vaccine?

[00:10:00]

**Kathy Howland**

Yes, we did. And he said it was quite possible. But he is prevented by coming right out and saying that. The government has stopped the doctors—apparently, from what I've been able to learn—has prevented the doctors from actually attributing vaccine injuries to the COVID-19 shots.

**Alison Steeves**

So he expressed that concern, that he was not permitted to directly attribute it as a cause?

**Kathy Howland**

Yes.

**Alison Steeves**

Okay, and so he put it in the report though, just as a potential effect.

**Kathy Howland**

Yes.

**Alison Steeves**

And have you spoken with your family doctor again regarding your diagnosis? You mentioned she sort of accepted there could be a link with the vaccine?

**Kathy Howland**

Yes, she did. She said that she had read some articles that did say that people were having problems with the vaccine and that their symptoms were hearing loss and tinnitus. But she, again, would not put that down on paper for me.

**Alison Steeves**

So the doctor who told you to go get the shot and not to wait for another shot that you had been waiting for was now acknowledging that you could have developed tinnitus and hearing loss based on having taken it.

**Kathy Howland**

Right.

**Alison Steeves**

Okay, so Kathy, can you speak a bit to what it's been like living with tinnitus and hearing loss? This report was approximately a year after your second shot, a little bit more. So how has that been? How has it impacted your life?

**Kathy Howland**

It's been difficult. I've always been a social butterfly, an extrovert, and I have completely flipped because it is so hard to be in crowds or around a group of people because I don't hear well. Background noise is particularly annoying, so you can imagine being in my job with a classroom of children, especially elementary kids. They're very boisterous and can be loud, and so I've withdrawn a lot and I've struggled with depression because I do miss those gatherings. I did direct a group of 30 booklists with a live band, and I can no longer do that. Because it's just too hard to be in a room with a lot of music. It's overwhelming, and my ears close up even more, and the tinnitus rings even louder. As far as my family goes, they don't believe that I would actually have been hurt by a vaccine, so that's another hurdle that's been difficult.

**Alison Steeves**

So you used to be quite involved in music. You said you directed a group of music and now it's too painful for you to be sort of surrounded by that many people in that level of noise. Is that correct?

**Kathy Howland**

Yeah. I can't, I just have a hard job with it now at this point.

**Alison Steeves**

And how has it affected your relationships? You said family members are doubtful or skeptical?

**Kathy Howland**

Yeah, my parents are very skeptical. My sister is very skeptical. In fact, they're just like, "Well, I mean, you're getting older. You're going to lose your hearing anyway." And I'm like, "Not necessarily, I was fine." And they just don't want to believe that it was part of the vaccine because they've all had several shots.

**Alison Steeves**

And so do you feel that you can't speak comfortably about this issue in social circles or in certain groups?

**Kathy Howland**

I can't talk about it. No, people: they shut down. If I say anything like, "I'm sorry, I can't hear you, I had a vaccine injury." And I'm not going to hide behind that; I'm not going to stop with, "I'm sorry, I can't hear you." I want to tell people that this is what this vaccine has done to me and thousands of other people.

**Alison Steeves**

And has this experience impacted your mental health at all?

**Kathy Howland**

Yes, I have become very isolated by times. I force myself to be out in a group of people because I know what's going to happen. The tinnitus is going to get louder. My ears are going to get stuffier.

[00:15:00]

But I don't want to become isolated altogether because that's not healthy either.

**Alison Steeves**

And what would you say has been the hardest aspect of this experience?

**Kathy Howland**

I think part of it is my parents not believing that I could possibly be injured by these COVID shots because they have so much faith in the government and the shots. And then another thing is my job. I love my job. I love my kids that I work with, and it's so hard to hear their voices. **And I work mostly with literacy, trying to work with the kids to bring up their literacy skills so they can do math easier, science. Anything is based on literacy, so we will want them to be right in the top drawer. But if I can't hear whether they are saying a D, a B, a V, or a T, it's just crushing to lose that ability to know what those kids are doing and be able to help them. I just don't feel I can do my job as well as I did before.**

**Alison Steeves**

Thank you very much, Kathy. I have no further questions, but the Commission might. I'll just give them a minute.

**Commissioner Drysdale**

Thank you for your testimony. I have a couple of questions. And perhaps you said them, and I missed them. And that was, I understood that you had your second audio test in and around January 4th of 2022?

**Kathy Howland**

Second audio test. I'm just looking for the date here. It was the 14th of January 2022.

**Commissioner Drysdale**

I can't read my own notes. There is a one there. Now my real question, though, is: what was the date of the first test, the record test you had prior to that?

**Kathy Howland**

I do believe that there was a previous audiogram on file from 2002, which showed normal hearing.

**Commissioner Drysdale**

Okay. One last question. I believe you said that you had a discussion with your family doctor with regard to this being a potential vaccine injury. And I believe I heard you say she thought that was a possible side effect?

**Kathy Howland**

Right. She had been reading some literature online that things were starting to come out that it was a potential side effect.

**Commissioner Drysdale**

Do you know whether or not she made a report to the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system on that?

**Kathy Howland**

That, I don't know. I've got some paperwork to go in to her next week, but I really don't know if she reported that to VAERS [Vaccine Adverse Events Reporting System] or not.

**Commissioner Drysdale**

Okay. Great. Thank you very much.

**Kathy Howland**

You're welcome.

**Alison Steeves**

Thank you, Kathy.

[00:18:31]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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**Witness 6: Alison Petten**

Full Day 2 Timestamp: 02:57:13–03:23:16

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Alison Petten, thank you for attending. Do you affirm you will tell the truth, the whole truth, and nothing but the truth?

**Alison Petten**

Yes, I do.

**Ches Crosbie**

Thank you.

**Nicolle Snow**

Thank you. Good morning, Ms. Petten. For a little bit of background, Ms. Petten was a last-minute substitution witness, and so for that reason we are not going to go through direct examination. Ms. Petten has a story here to tell, and it's an important story. Ms. Petten is going to be speaking on four different topics: informed consent, appropriate techniques for intermuscular injections, collection of data, and nursing standards and ethics. I'm going to let you have the floor.

**Alison Petten**

Okay, thank you very much. I really appreciate the opportunity to be here today. I'm here partly because I love nursing, and I get a little emotional about this. But I'll calm down once I get going. Many of my colleagues can't be here, either because they're afraid to speak publicly, or because they're exhausted, or they're at work, or maybe they're getting a break. I have had the privilege of working four streams of nursing. I've been a clinical nurse most of my career and an educator, an administrator; and I've also had some involvement with research projects and program evaluation. I currently work as an educator and health consultant. And I've been a registered nurse for 40 years—and a really good one. I love what I do and I love teaching all around Nova Scotia. I try to be kind and helpful and non-judgmental and I think, because of that, people tell me stuff. A lot of people know me in health care and I've been hearing a lot of very disturbing stories over the last few years.

**I'm here because we made some serious mistakes, and we need to do better. And I know that we can. I'm not interested in furthering the blame and shame that has gone on. I think it's important that we reflect and examine and evaluate what's been done so that we can figure out how to do things better and not just see who's at fault. I'm not usually a rebel. I can be a little—but not overly. I actually kind of like rules. We need policies and protocols and guidelines and laws to guide us and support us, but we need to follow them, and they also need to make sense.**

**So as I talk about these four things, informed consent, intramuscular injections, collecting data about possible adverse effects, and nursing and our code of ethics, I'd like to spend a little more time on nursing and the code of ethics. But I'll try to be brief as I go along, and I invite you to help me with my time because, I know.**

**Nicolle Snow**

I will.

**Alison Petten**

Yeah. And if I talk too fast, you can slow me down.

**Nicolle Snow**

Okay.

**Alison Petten**

**With informed consent: I guess I would like to convey that, with 40 years in nursing, I'm blown away. To me, informed consent, I thought, was a basic foundational secure piece of the healthcare system that we weren't allowed to mess with. For 40 years, I'm not allowed to touch people hardly. I'm not allowed to put something on someone's body or in somebody's body without them understanding it and choosing to accept it. Unless the person doesn't have capacity to do so, and then there's a process we go through with that. Information is required. When you look at the definition of informed consent, coercion is not allowed. People are not allowed to be punished for the choices that they make with healthcare. There's not supposed to be negative repercussions for their choices. With regard to mandates, quite honestly, I never dreamed that we would do that.**

**And especially with the high vaccination rate that we had—with all that blame and shame and encouraging people to get vaccinated. We had a very high vaccination rate, so I'm not actually sure why they were mandated at all really. People wanted them. Before we heard messages about unvaccinated people being racist or misogynist or having unacceptable views, people want drugs. Look at the TV ads! You know, there's new drugs out there to help you with your COPD [Chronic Obstructive Pulmonary Disease],**

**[00:05:00]**

**your breathing problems. And in order to decide you're going to have them you're being told that you might have headaches or high blood pressure or a heart attack or sudden death—but people have the information and they can make those choices and they sell the drugs. It happens.**

We had nurses giving vaccinations to nurses who were crying because the nurses knew enough to know that we didn't know enough about these vaccines. You couldn't get an exemption for love nor money in this province. I only know of one individual who got an exemption, and that was after their first vaccination—after they regained consciousness several days later. We know there are a lot of people for whom this vaccine was not a good idea. The chemically sensitive, the neurologically vulnerable, and many others; but I probably shouldn't spend much time on it because other people are. We heard doctors telling their patients, "I don't think this vaccine is a good idea for you, but I'm not allowed to give you an exemption." Doctors were prevented from practising medicine and providing appropriate care for individuals according to their individual situation.

Yesterday, I learned that 114 Nova Scotians died from COVID—I think in the first two years. I'm not positive, but I'm pretty sure that I could find you 114 people who either died or aren't sure how they're going to live because of vaccine injuries. Some of those people chose, but some of those people didn't feel they had a choice, so it wasn't informed consent in that case. And I think it's interesting and very sad to see that we are noting now: we have more COVID deaths after people have had two or more vaccines. So not my area of expertise, but it does seem like maybe they aren't working. So that's informed consent.

I'd like to talk about the appropriate technique for intramuscular injections. I teach this stuff, and I teach to aspirate. Shall I just explain briefly what that means?

**Nicolle Snow**

Yes, please.

**Alison Petten**

So normally, when we're giving somebody an intramuscular injection, if we're using the deltoid, we have to make sure there's enough muscle there that we can actually get into a muscle; we're not going to hit bone. We landmark to find bone and the right place to inject. And then when we quickly inject the needle, we hold it steady, and we pull the plunger back just a little bit, create a little negative pressure to see if a little blood comes back into the syringe. If blood comes in the syringe, that means I'm not in muscle, I'm in a blood vessel. So I have to remove, pull the needle out, put pressure there so they don't get a bruise and whatnot, throw that out, and then I have to draw up and landmark and inject in a different site. Because if I go ahead and give that injection, I will be giving it intravenously. And if I give a medication intravenously, usually it's with a lower dosage. So the way these vaccines were developed and the research that was done around them was around them being given IM. So I was quite taken aback to see that in Nova Scotia and across Canada—and I understand from the CDC [Centre for Disease Control and Prevention], because I did some research to see what I could find out was happening now—they are saying it's not necessary for vaccines.

**Nicolle Snow**

What is not necessary?

**Alison Petten**

It's not necessary to aspirate—not necessary for vaccines. I found this out a handful of years ago because, as I said, I teach this and I want to make sure that I'm staying current and whatnot, and what I found out was there's no research around that. The wording is

there's no evidence to support that aspiration is necessary, but there's also no evidence to support that it's not. And if I don't aspirate and I inadvertently give a medication into a vein, I could cause an overdose because we have a different dose. So for example, with morphine, if I'm giving it IM, I might give 5 to 10 milligrams. If I'm giving it IV, I give maybe a half to 2 milligrams. So it is important that we aspirate.

Maybe they're not concerned about overdosing with a vaccine, but it wasn't intended to go directly into the bloodstream. It was supposed to get there gradually, from the muscle.

[00:10:00]

And the only reason I can really think of for them wanting to do that, that would be a good reason, would be because of wiggly children. Most of the vaccines that we give go into young children. And no young child wants to have a sharp piece of metal in their body for very long. And they're wiggly. So maybe that's why, but I didn't find any rationale documented anywhere for that. It only takes a few extra seconds to aspirate. What takes longer is if you are in a vein, then you have to throw that away and draw up a new one. So you have a little bit of wastage and a little bit more time. But that's important.

**Nicolle Snow**

Okay. I'm going to give you the 10-minute warning.

**Alison Petten**

Thank you. My son wanted me to tell you that he was taught in paramedic school to aspirate. And then suddenly when they rolled out the vaccines, it doesn't matter. So he is rightly disgusted because it does matter.

With collecting data about possible adverse effects, a lot of people are talking about that in a variety of ways. So I think I will just tell you what I thought and what I expected, and it didn't happen. I first thought, uh-oh, that was fast. This is new technology. These vaccines are so new and different, they had to change the definition of "vaccine" in order for them to meet that definition. But I thought, oh my, we're in a pandemic. We have to do things differently. I suppose that we have to—and there was no talk of mandate at that point. But I thought, as long as we are collecting data about possible adverse effects and we're ready to pull the plug, I guess we have to do this. And honestly, I've known for years that we're not good at reporting adverse effects for drugs and whatnot. I think it gets reported maybe about as much as sexual assault: like, 10 per cent or less of adverse effects for drugs and vaccines actually gets reported. And this is after 40 years of nursing I know this.

I expected that we were going to do this amazing rollout of how to use the adverse event system following immunization forms. I thought they'd be on telephone poles almost. I figured every health professional in Nova Scotia—because we all are regulated—we'd have someone that can send us an email. I figured every nurse was going to get a copy of that form and be told how to use it. I figured they were going to revise the form and make it more user-friendly, make the process easier. I figured they're probably going to get the public to complete their own, because busy health professionals could be doing something else. None of that happened. And the way that it's supposed to work is we don't analyze what we submit. If there's an adverse event that happens following immunization, it's not supposed to be analyzed first. It's supposed to be submitted.

**Nicolle Snow**

When you say analyze, do you mean for the causal connection to the vaccine?

**Alison Petten**

Yes.

**Nicolle Snow**

You just report it regardless.

**Alison Petten**

We report if it's following—yeah. And if it's a very serious one, then they're supposed to investigate. That's my understanding: it's supposed to be investigated right away if it's serious. And if it's not serious, then they just put it in the data, and if a pattern emerges, then they investigate. But if you don't collect the data, you don't get to see the pattern. And I think that's what happens.

**Nicolle Snow**

Yeah.

**Alison Petten**

I'd like to talk a little bit about my profession. I might cry, but I'll get over it, so just bear with me. I live and breathe my standards of practice and my code of ethics. Nursing is hard, but I love it. It's important work and I've been proud to do it. Nurses are supposed to be critical thinkers. We're supposed to have awesome knowledge, skill, and judgment. We're not allowed to just follow orders. Leadership is expected and required of us. It says so in our standards of practice, which are legislated documents, and our code of ethics. So legislated: to me, I understand that means it's law. This is what we're supposed to do. We're supposed to also work within our scope of practice, which means: as a registered nurse, I'm only allowed to do what I have the knowledge, skill, ability and judgment to safely, ethically, compassionately do for an individual or group.

Yes, most people are familiar with nurses caring for sick people and people who are injured and people who are dying, but we also are required to do health-promotion and disease-prevention as well. I expected public health education to not be just,

[00:15:00]

**“Stay home and wait for your vaccine and wear a mask when you go out and have distance.”**

I expected we would also encourage people to support their immune system—let people know, the best way to fight off a virus is to have a healthy immune system. Fear does not make your immune system stronger; it makes it weaker. We could have done things like promoted better nutrition, hydration, stress management, mindfulness, fresh air, connecting with people. We could have been checking vitamin D3 for people to see if they needed more vitamin D to be optimized. So there are a lot of things we could do: helping people to avoid sugar and alcohol, just letting them know, you know, just make other choices when you can. But instead, we were vaccine-waiting.

I want you to know that the Code of Ethics for registered nurses in Nova Scotia—I'm going to quote from it two things. It says, "In anticipation of the need for nursing care in a disaster or disease outbreak, nurses assist in developing a fair way to settle conflicts or disputes regarding work exemptions or exemptions from the prophylaxis or vaccination of health care providers." That's for every registered nurse in Canada. This code of ethics also says, and I quote, "When in the midst of a disaster or a disease outbreak, nurses advocate for the least restrictive measures possible when a person's individual rights must be restricted." We didn't do that. And I've given you a copy of the Code of Ethics [Exhibit TR-24].

**Nicolle Snow**

I do. Yeah, I do have a copy of that. Thank you. You can enter that.

**Alison Petten**

The Nova Scotia College of Nursing is the regulatory body for all nurses in Nova Scotia. And I'm going to quote once again and read, if you bear with me: "In Nova Scotia, all registered nurses and nurse practitioners are accountable to practice nursing based on that Code of Ethics, developed by the Canadian Nurses Association. The Code of Ethics is a resource to help you practice ethically and work through ethical challenges that arise in your practice setting with individuals, clients, families, communities, and the health system." That didn't happen either. In August 2021, I heard that there was talk of maybe mandating vaccines. So in August 2021, I sent an email to my nursing regulator, because my understanding is that they exist for the purpose of protecting the public from nurses. I sent them an email basically saying, Public Health needs our help. I'm concerned that they might mandate, and these vaccines have not had long term studies. We don't have enough information, blah, blah, blah. And I have given you the information.

**Nicolle Snow**

I have that email, which we will enter into evidence [Exhibit TR-24a]. Okay.

**Alison Petten**

I basically got a pat on the head. We back-and-forthed a little bit, but I was told they're not experimental and we're not going to mandate. All nurses have them, but we're going to follow what public health says. After that, I phoned the Canadian Nurses Association, because they are the people who have provided the code of ethics for nurses. And what really troubled me at the time, and still, is that I phoned, because I was afraid to email. I was somehow afraid to have an electronic footprint just by asking some questions, and I realized at that point that we'd really lost the ability to advocate, and yet we are required by law to advocate.

The next thing was in February 2022. In collaboration with some other nursing colleagues, we submitted four resolutions to the Nova Scotia College of Nursing so that we could have some discussion. We thought maybe they'll never get past, but at least we could have some discussion and some debate, because that hasn't been happening at all. The four resolutions: One was about aspirating to avoid injecting directly into the bloodstream. Another was about reporting adverse events. We wanted them to make sure nurses knew they had to do that. Another was advocating to not mandate vaccines for children and adolescents, and another was advocating to end the use of the mandates and the passports in Nova Scotia.

We got nowhere with that. Basically, they were polite and let us know that really it would be a nursing association that would deal with such things. But in Nova Scotia we don't have an association anymore.

[00:20:00]

We just have a little bit of a Facebook page presence, but we don't— So it was like you could go there, but we didn't have "there" to go. I felt like I had exhausted what I could do through the processes that were established for nurses. I emailed and I phoned MLAs, MPs, the Governor General, the Prime Minister's Office—and I did get a couple of calls back, but more pats on the head and we'll do what public health says.

**Nicolle Snow**

Thank you, Ms. Petten.

**Alison Petten**

Could I just— Could you—?

**Nicolle Snow**

Yeah, you're actually out of time, but can you wrap up very quickly?

**Alison Petten**

Okay, I'll just quickly read this. In closing, thank you. I can't believe that we got to this in Canada. I'm trying to understand how we got here, and one of the things I think happened was it was a lot about fear. I think we need to have information and not use fear. We had processes in place to guide us, but we didn't use them. I think that was because politicians took over healthcare, and they were guided by the pharmaceutical industry, not health professionals and scientists, and leaders who developed the guidelines for just this kind of situation. Politicians are about power, and the pharmaceutical industry is about profiting. Neither is about health.

This pandemic response was managed by politicians who Canadians have allowed to have too much power. They followed recommendations by the pharmaceutical company who made too much profit and cut corners and did lousy research. This inadequately researched vaccine is now in the childhood immunization schedule in some places. I'm not sure if it's in Nova Scotia, but they were talking about that. I think politicians acted outside their scope of practice. If I did that as a nurse, I'd be in trouble. They practice healthcare without a licence. **Surely that's not legal. They do not have the knowledge, skill, ability, and judgment to safely, ethically, and compassionately tell health professionals what to do, who to do it to, and how to do it. If they were nurses, I would submit a complaint to their college stating they acted outside their scope of practice.**

**Nicolle Snow**

I'm going to stop you there to see if we have some questions from the panel. Thank you.

**Commissioner DiGregorio**

Thank you for your testimony. I had a couple of questions around your thoughts on informed consent. First of all, I'm just wondering if you've had any formal training on it. Is there anything as part of your nursing training?

**Alison Petten**

Oh, yes. Yes, in nursing school, through my diploma program, also through my baccalaureate program, and reinforced during orientation for any job that I had.

**Commissioner DiGregorio**

Thank you. And do you know if there's anything about informed consent in the nursing code of ethics that you've been talking about?

**Alison Petten**

Oh yes. Yes, it's required. We are not allowed to provide nursing care without informed consent. And if a physician was to prescribe something that I thought was not appropriate for somebody—maybe a physician prescribed something like 100 milligrams of something, and I know this person has chronic renal failure and that's too high a dose for them—then I'm not allowed to give it, and I'm required to question them. And if they say, "Oh, give it anyway," then I have to go over their head.

**Commissioner DiGregorio**

Thank you. One other area you spoke about was about gathering information and adverse event reporting. Can nurses complete adverse event reports?

**Alison Petten**

My understanding is they can, but what I've seen in practice is that we typically don't. So usually it's physicians who do, but if you read the instructions online, you know any health professional is able to do it. I had assumed during the pandemic, we'd really make sure every all the nurses knew you can do that, and this is how you do it. And we made it easy for you.

**Commissioner DiGregorio**

You yourself were never asked to prepare one or you never actually prepared one?

**Alison Petten**

I did submit a couple for a couple of clients who had problems that they had reported to their doctors, and their doctors said that they weren't going to report it. And I asked the clients if they wanted me to do it for them.

**Commissioner DiGregorio**

Okay. Thank you.

**Commissioner Massie**

Maybe a quick medical question about aspiration, because I've seen a lot of recent literature on that. I was not aware of that really before. In your best, I would say, professional opinion, would you say that the lack of aspiration—in other words, the direct injection in intravenous—could be actually the source of many of the side effects that we've seen?

[00:25:00]

**Alison Petten**

In my own opinion, I think that it's possible. And I've had some other nurses share with me, they're wondering: "Do you think it's possible that with some of the things we've heard about young men and athletic young men with big biceps, they're going to have bigger blood vessels?" We're wondering, is it possible that maybe we're hitting a blood vessel and giving the vaccine directly into the bloodstream by mistake and we don't know? And then they maybe develop more of the cardiovascular problems or the sudden issues. But I don't know that. But it's something I wonder.

**Commissioner Massie**

Okay, thank you.

**Nicolle Snow**

Thank you, Ms. Petten.

[00:26:02]

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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Witness 7: Elizabeth Cummings

Full Day 2 Timestamp: 03:23:40–03:41:04

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Elizabeth, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Elizabeth Cummings**

Yes, I do.

**Ches Crosbie**

Thank you.

**Nicolle Snow**

Can you state your full name?

**Elizabeth Cummings**

Yes. My name is Elizabeth Cummings.

**Nicolle Snow**

And Ms. Cummings, where do you come from today to be here?

**Elizabeth Cummings**

I come from Cole Harbor, Nova Scotia.

**Nicolle Snow**

Now I understand that you received two Pfizer shots, one in May and the other in July of 2021.

**Elizabeth Cummings**

Yes.

**Nicolle Snow**

Why did you vaccinate?

**Elizabeth Cummings**

I'm vaccinated because I take care of both of my elderly parents. One is ambulatory and one is not. At the time, Dr. Strang and Ian Rankin had advocated that it was proper to protect our older community by vaccinating if you were going to be around the elderly. And I absolutely, without question, took their directive and did my part.

**Nicolle Snow**

Did you have any adverse reactions following the first shot?

**Elizabeth Cummings**

No, I did not.

**Nicolle Snow**

And did you have any adverse reactions following the second shot?

**Elizabeth Cummings**

Yes, I certainly did.

**Nicolle Snow**

What happened?

**Elizabeth Cummings**

Well, the first shot was fine. It was just like a sore arm, but the second one: I had the sore arm while I was sitting there in the 15-minute time-out period. And I started to develop a headache there, and I started pressing my temples and I'm like, "Oh, that's strange." So I went home and by the time that evening had hit, it hit my neck and my whole head, like around the base of my neck, and it started to spread across my skull. It incapacitated me for **three days. I could not move. And in addition to that headache was a nerve pain that was, surprisingly, just on the left side of my body. And it was confusing because it was literally the left side of my body.**

**Nicolle Snow**

Do you know which arm you had the shot in?

**Elizabeth Cummings**

I had that in my left arm.

**Nicolle Snow**

Okay.

**Elizabeth Cummings**

So the headache, like I said, lasted for three days. And the nerve pain was constant. And then that ramped up over a couple of months. But then into the fourth day afterwards, the headache had just subsided—so thankfully that went away. And then I was given a day with just the nerve pain, and then all of a sudden, for the first time in my life, when I haven't even had a cold sore, I developed shingles. It spread all over my neck, which you can still see some of the scar from that, and it went across my chest, and it was blistering. It was pretty bad.

What I did for that was I took my top off, and I couldn't wear clothes. It was too uncomfortable. I washed with soap and water, peroxide, alcohol for five days, and then finally that subsided and went away. But the nerve pain continued, and I tried to deal with it myself by yoga, stretching. I knew it wasn't normal to have that kind of nerve pain; it wasn't a pinched nerve, because my skin—all of my skin hurt too. If I was rubbing my pants or my shirt against my skin too much, it became very raw.

**Nicolle Snow**

Did you see anyone for this?

**Elizabeth Cummings**

I looked, but you couldn't at that time. They were taking elderly patients and they were— You couldn't see anybody. There was nobody to see. You had to deal with it yourself, like there was not a lot of—

So then by the time October hit, I was in so much pain at that point that I went to the chiropractor. And I talked to him about it and I said, "You know, I got nerve pain but, confusingly, I've got skin pain too." After about five times, I limped very badly out of the last session that I had with him. And I thought, okay, I can't do that again. That's not going to work. This is the fifth such session; it's actually made things worse. Then I called my doctor that just started to take patients back, but they were only taking the elevated cases that were in-house visits.

[00:05:00]

The receptionist gave me a phone call appointment. Then, when I made the phone call **appointment, my doctor said, "I can't give you anything without giving you a physical exam because you're talking about physical pain."** And I said, "Well, this is just the way I was directed." Then I had to wait even longer, until November had hit. And I went in, and I talked to him about the symptoms that I was having from the vaccine, and it happened immediately. And he did acknowledge the fact that nerve pain was one of them, and he gave me a prescription for pregabalin. So I took that, then I went to a follow-up visit with him. And then at that follow-up visit, I asked for an exemption, because at that point, they started talking about boosters. And I was afraid that I was going to get a job and they were going to mandate this booster or require me to have a booster, so I wanted to be on the exemption list.

**Nicolle Snow**

Were you able to secure the exemption?

**Elizabeth Cummings**

No, I was not. He told me that— He picked up a piece of paper in his office and he said that that piece of paper said that, unless I had an overnight visit in a hospital from a side effect, I could not be put on that exemption list.

**Nicolle Snow**

And did you speak with him about whether or not to complete an adverse event form, or did he speak with you about that?

**Elizabeth Cummings**

No.

**Nicolle Snow**

You don't know whether he did?

**Elizabeth Cummings**

I didn't know what that was at that point.

**Nicolle Snow**

Okay, all right. And there were no indications that he filled one of those out for you?

**Elizabeth Cummings**

I am unaware if he did. I don't know. He does all of his little paperwork, but I don't know.

**Nicolle Snow**

And are you still on the pregabalin for the nerve pain?

**Elizabeth Cummings**

Yes, I unfortunately am in the middle of a relapse right now. Unfortunately.

**Nicolle Snow**

And what, if any, other measures did you take to address the concerns that you had about the vaccine?

**Elizabeth Cummings**

Well, the only recourse that I had at that point— I guess what happened was, I noticed in March of 2022 that there was a Pfizer dump of the safety data. So at that point, I read the cumulative 5.3.6 safety events, and I noticed— Like, I'm not a doctor, I'm just an electrician. I don't really understand much, but I do understand adverse events. And when I read that

cumulative report and I saw the nine pages of adverse events, I became very alarmed. And herpes zoster; there was also meningitis, and there were certain neuralgias. And I thought, that's everything that happened to me—like everything! I got really, you know— I felt kind of betrayed.

What I did was, I tried to put it where I thought my complaint was supposed to go. I sent a complaint to Health Canada. Because Health Canada, if you look on their website, they have statements that they approved the Pfizer vaccine, that they deemed after a stringent—what do you call it—analyzation of it, that it was safe to use. And they did that in October 2020. So I thought, that's where I needed to go, to complain to the fact that I took two Pfizer vaccines and I became injured from the second one. What they did was they returned my email saying that I should have had a complaint with the pharmacist, because I asked the pharmacist about an insert. And the second Pfizer vaccine, I asked him if he had any information with an insert, and he said that there was no information. And they told me that I needed to contact the Nova Scotia College of Pharmacists to make a complaint, but I found that confusing because he didn't make the insert. Like, I found that strange.

**Nicolle Snow**

Let's go back to your visit with the pharmacist. Is that who administered the second dose? A pharmacist?

**Elizabeth Cummings**

Yes.

**Nicolle Snow**

You were asking the pharmacist for the insert with the ingredient list?

**Elizabeth Cummings**

I asked him about the safety data.

[00:10:00]

And any kind of information about the vaccine itself, because I was starting to see some alarming things online that were concerning me. And after he told me that there was no insert, I asked him what his thoughts were. And the only response he gave me was that he didn't know whether he was going to vaccinate his 13-year-old daughter or not. So I had to make the decision then. There's like, a 15-minute window to get your vaccination. You're huddled in and then you're huddled out.

**Nicolle Snow**

He didn't give you any other information on possible side effects.

**Elizabeth Cummings**

No, no. But I did ask.

**Nicolle Snow**

Okay, back to your story.

**Elizabeth Cummings**

Fast forwarding to the complaint, because I put all of that in the complaint to Health Canada. In addition to that complaint with Health Canada, I had said that—

**Nicolle Snow**

Also, just to go back: Health Canada placed it back on the pharmacist to say you should have had the discussion with your pharmacist?

**Elizabeth Cummings**

Yes. And these are all in those documents that I had sent you in a zipped file [16 exhibits: TR-25, TR-25a through o]. Their response to that along with my complaint. But in that complaint, I had said that it was a trial vaccine, that I wasn't given an exemption, that I bled from the PCR tests, that I was masked over and over and over again, which was harmful to me. And one of the two most important things that I put in that was that they allowed the authorization, because that's the whole reason I went to them, was because they authorized the use in Canada. And then the last thing that I closed within the letter was informed consent. Saying, you know—and I even embedded the link to the Pfizer documents in the email—"Had I been given that information—" Because you state that you've reviewed this, then if I had been given this informed consent, I would not have taken that vaccine.

Then the response they gave me besides that was that I basically needed to go to VAERS [Vaccine Adverse Event Reporting System], which was the Canada Vigilance [Program], to fill out my adverse events. I was like, "Okay, I'll do that, what is this?" So I studied it.

**Nicolle Snow**

Are you talking about the vaccine injury support program?

**Elizabeth Cummings**

The VAERS, yeah. They sent me to the Canada Vigilance VAERS. I had to figure out how to fill out that paperwork. So I did: I put in my lot number, and I put in what I was prescribed and they asked me if it was reoccurring or not. I had to put unknown because I didn't know at that point. And then that was it. It stopped there. So there was no recourse. It was just, you're injured, you're done.

Then interestingly enough, July 11th came, and I noticed a Dr. Philip Oldfield had advocated that he had already talked to Dr. Tam and the Board of Physicians, I believe in Ontario, and that he was given no information. They weren't responding to him, so he decided to elevate his complaint to the International Criminal Court. And he was asking Canadians that were injured if they would call or email the International Criminal Court and explain their injuries. I did do that. In the subject line, I put his complaint number, gave them the exact complaint that I gave to Health Canada. And I told them that I wanted to either make a complaint against— I said Health Canada, et. al., because I didn't know who that encompassed. And I said that I wanted to add to his complaint, and if that wasn't satisfactory, that we could make another complaint with crimes against humanity. For the

informed consent, for all the things that I had already outlined, but the vaccine-injured as well. And I had to follow up twice. I didn't get a response from that either.

In closing, I've been an advocate for people that have been vaccine-injured and the people that were mandated from day one. And I think we've all went through a period where loss of friends— They think that we're conspiracy theorists. And I've had people say to me, "Before, you know, you were a rational human being. You were—"

[00:15:00]

**Nicolle Snow**

Suggesting that you're not that now.

**Elizabeth Cummings**

"But you're no different than a Trumper now." And I'm like, "what does President Trump have to do with me as a Canadian? I don't understand what the correlation is here. I'm complaining about being vaccine-injured, and you're calling me Trump. Unacceptable."

**Nicolle Snow**

And so how are you doing now with respect to your condition?

**Elizabeth Cummings**

Well, I mean, it has its ups and downs. I had the original prescription, then I had to get it refilled. So that was December 2021. Then I had to get another prescription because I had two bottles there. Then I had to get another one in the summer. So June, July, I had to get another batch. And then just recently, I had to get another. So now, unfortunately, I'm going to have to look at this personally as something that's chronic, that's reoccurring. Because now it's over a year and a half and it's still going on. And it's uncomfortable, it's very uncomfortable. I can be sitting there, and the pain is just— I'll have to get up, because if I'm still, if I'm moving in a wrong direction, it'll inhibit me lifting. I was a robust, a very healthy individual before this. So not being able to lift 50 pounds for me, that hurts my position. I have an interview next week, and I'm worried that I'm going to have to self-disclose that I may not be able to pick up an electrical panel to drill it in the side because I can't lift it now if I have another relapse.

So you know, everybody's got their story and, fortunately, I've got my life. I know there's a lot of people that don't.

**Nicolle Snow**

Yeah. Well, thank you so much for your testimony, Ms. Cummings. I'm going to turn you over to the board. They may have some questions.

**Commissioners**

No questions.

**Nicolle Snow**

All right. Thank you kindly.

[00:17:23]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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Witness 8: Dr. Joseph Fraiman

Full Day 2 Timestamp: 04:38:17–05:47:28

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Chad Horton**

Just one moment, Dr. Fraiman. Yes, he has been affirmed. Would you like us to start over? No?

Dr. Fraiman, we had a technical difficulty a moment ago, so we're now streaming. Can you please, for the benefit of the Commission and for our audience, provide us with a brief overview of your education, training, and experience?

**Dr. Joseph Fraiman**

My name is Dr. Joseph Fraiman. I am an emergency physician today and my medical licensing began with medical school at Cornell Medical College. I did my residency at Charity Hospital in New Orleans, Louisiana. I still work in the Louisiana region. I'm a former medical manager of the Louisiana Urban Search and Rescue Disaster Task Force. And I'm also a clinical scientist specialized in analyzing medical interventions for harm and harm benefit analysis.

**Chad Horton**

Can you just expand on that a little bit, Dr. Fraiman, where you say that you're a clinical scientist who specializes in harm-benefit analysis. What is the background associated with that area of specialty?

**Dr. Joseph Fraiman**

That's the area of research that I've been involved in since residency. I'm here today, basically, as I'm the lead author of what's become a paper with a large impact that reanalyzed the messenger RNA COVID-19 vaccines' serious adverse events.

**Chad Horton**

Can you tell us, Dr. Fraiman, when that paper was published and who, if there are any, the co-authors might be?

**Dr. Joseph Fraiman**

Yes, there are six. We're an international team. Some are from Spain, Australia, California. We have some in Baltimore. One of the authors is a *BMJ* editor. Another author is one of the top epidemiologists in the world. He has written a book on epidemiology. Another is a former NIH [National Institutes of Health] associate director of clinical research.

**Chad Horton**

Okay. And I understand, Dr. Fraiman, that you prepared a presentation [Exhibit TR-0011] to assist in your examination today. And if you have that ready to go, I would invite you to begin.

**Dr. Joseph Fraiman**

I do, but I need to be given a screen share option. I can start without it, as we figure out the technical here.

**Chad Horton**

One moment.

**Dr. Joseph Fraiman**

In the Emergency Department, I believe it's important just to understand the experience that I'm given and what I've been witnessing through the COVID-19 pandemic. Where I work is a rural Louisiana hospital in Cajun area, which I understand is the long-lost cousins of the Acadians up north and from your region. And it's my pleasure to have worked with them. I drive an hour and a half to work out in that region, because I really enjoy being the doctor of these patients.

March 2020, Louisiana was hit really bad with the first COVID surge, and we saw a large number of hospitalizations and death. Working in the emergency room during this period was a horrifying experience for myself and my nurses. Typically, when someone inside the hospital gets ill, there's an emergency. At nighttime, I'm the only physician in the hospital, and I am called up to the room with something called a rapid response. It's an automated electronic voice that comes over the loudspeaker and we have to go and resuscitate them. This happens normally once, maybe every three shifts

[00:05:00]

that I would experience that in normal times. During COVID-19, during the first surge, we were going to these two or three times every shift. It was quite exhausting to see, emotionally, the amount of death that was occurring during this time.

But I want to point out during this time, when I was going to work, I would look at the news and see, "Oh, hospitalizations, they're rising." And then I would come into work and they were rising. Deaths rising. Same for cases. And then they were decreasing again. Then for the second surge, it was a very similar experience in the Emergency Department. But these metrics that we were using to count hospitalizations, I can't say that they were accurate because I don't know that. But I do know that, when they said they were rising, they were rising. And when they were falling, they were falling. It was almost like looking at the weather on your phone before you go outside, and it feels exactly like the weather that you just looked at on your phone. And that's the anecdotal experience that I feel like is

important to understand. Because we see so many patients, when you see these patterns, they should fit exactly what we're being told is happening. Because we see enough patients that the anecdotal experience should match it.

**Chad Horton**

I'll tell you, Dr. Fraiman, you can screen-share now if you like. Just to contextualize some of your commentary a moment ago, you referenced the first surge and the second surge. Can you tell us when those times were? I understand your evidence is that you did see an increase in hospitalizations and deaths during what you characterized as the first surge and the second surge. When were those surges?

**Dr. Joseph Fraiman**

Yes. The first surge was March 2020. The second was in the summer, and then the third was in the winter.

**Chad Horton**

All of 2020? Yes, okay. Continue sir.

**Dr. Joseph Fraiman**

Of course, let me screen-share now. I'm here to talk about the COVID-19 vaccine, and let's begin with what we see is the randomized control trials. This is the *New England Journal [of Medicine]*'s publication of Pfizer's trial, and that's what I'm going to be focusing on, but the Moderna trial is very similar. We got this. This is one of the most amazing results that I've ever seen, and it's quite impressive. This is the reduction in symptomatic infections. You can see here, this blue line is the unvaccinated; and you see here, the vaccinated, they just stop getting symptomatic infections. This is an impressive finding.

But, at the time, I was actually not satisfied so much with it because I would have preferred they showed a reduction in hospitalizations, given that was, I believe, the most important concerning thing. But actually, because I've been researching with this vaccine and really going deep into this, I have found that in this study, there was a reduction in hospitalization in the original trials. It's just very difficult to find, and they don't really report on it. But if you look into this emergency use authorization, the review memorandum on page 30, and the supplementary appendix for Moderna's New England trial, New England Journal, you can find what the hospitalizations were. And we did see it. There were not that many hospitalizations in the placebo group, but there were zero hospitalizations in the vaccine group, and we got a hospital reduction of 2.3 for 10,000.

**We're seeing what we want to see. The vaccine is reducing hospitalizations in the clinical trial.**

**Chad Horton**

Dr. Fraiman, can you just get a little closer to your microphone or just project your voice a little bit more?

**Dr. Joseph Fraiman**

Yes, can you hear me better now?

**Chad Horton**

One moment, yeah. Go ahead, sir.

**Dr. Joseph Fraiman**

Okay, so here we have it for Moderna. More people were infected in the placebo group. Again, no one was hospitalized when these vaccines went for authorization.

**Chad Horton**

Okay, so just to help everybody understand: the slide that you just showed us, the two previous slides, where it says “vaccine zero,” that means that zero of the vaccinated group were hospitalized. And then I believe for Moderna, it was nine in the placebo group and that would mean that nine people who received placebo, the fake vaccine, did go to the hospital.

**Dr. Joseph Fraiman**

Yes. That’s exactly what I’m saying.

**Chad Horton**

Okay.

[00:10:00]

**Dr. Joseph Fraiman**

For death reduction, there were not enough deaths in either group to determine if it was reducing COVID-19 vaccine from COVID-19 deaths. And here you can see this is their table. It’s about equal. But then we moved into what would be called the observational data, after it was authorized. Then again, we’re seeing impressive numbers here for hospitalizations and death. Ninety-five per cent reductions essentially, all around the board. This was a pretty well-cited study.

But I also put this study up here to bring up another point, because this observational study also was heavily critiqued. Because when you do an observational study, you try to get rid of all the confounders, which are the things that are associated with the vaccine, like for example, people being older who got it. If you just compared that, you would end up with the wrong answer. So you need to control for all the different things. And for this study, they did try to do that, but they missed something. And that was the number of tests that were done. It turns out that 18 per cent of the tests were done in the vaccinated and 82 per cent were in the unvaccinated. That imbalances the groups. Now, I’m not trying to say that that means that the vaccine doesn’t work, just that that changes exactly what we’re doing. And if you adjusted for that, it would show the vaccine efficacy somewhere in the 75 to 80 per cent range. Which is still great. We’re still getting what we want to see.

But the point of this is that, generally, with observational data, after we try to attempt to identify all the things that we could adjust for, for confounding, they tend to overestimate benefits a bit. And that’s just something to think about when we start looking as the trial data—as the observational data—moves through time. So here, I just wanted to talk about what happened in the ER after the vaccine came out.

**Chad Horton**

Just a moment, Dr. Fraiman. When you say what happened in the ER, are you going to be speaking about your own direct observational experience?

**Dr. Joseph Fraiman**

Yes, my own experience. And what we saw in my hospitals was basically: after January 2021, we went months without seeing a vaccinated person have an infection or be hospitalized. It was looking very good.

I remember actually when the first vaccinated breakthrough infection occurred. And it was in April of 2021, and the whole hospital— We were all shocked to see it, the first one.

Then we all know kind of, the effects waned. Then we started the boosters. What I want to point out also is: during this time—I'm a witness in multiple hospitals—it became a little difficult to say how exactly how well the vaccine was reducing hospitalizations. There was some mis-categorization in what I was seeing, in that if a patient received a vaccine outside of the hospital system, there was a good probability they weren't recorded as vaccinated. You could have a vaccinated person in the hospital that is being thought of as unvaccinated in the global, national way we're counting vaccinated versus unvaccinated. It was systematically biased in that you would never have an unvaccinated person hospitalized be called a vaccinated person. The only way the mis-categorization would happen was in one direction. I don't believe this was purposeful. I just think that this was a systematic problem. And this has been reported in in many countries that this problem occurred.

**Chad Horton**

Just a moment, Dr. Fraiman. Just so I can understand. You're saying that the only way, within the system that you worked in, that somebody may be recorded as being vaccinated is if they in fact received their vaccination in the hospital, and then it would have been documented as such. Is that correct?

**Dr. Joseph Fraiman**

That's not the only way. It also could be entered manually.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

In one hospital, for a while it was difficult to enter it manually. We didn't know how to enter it manually for several months, but eventually we learned how to enter it. But the problem is, if you are relying on this manual entering of it, then you're going to still end up with a systematic problem unless you're operating at perfection.

**Chad Horton**

Okay let me ask the question a different way, Dr. Fraiman. What sort of vaccinations may have been occurring that would not find their way into the system and database?

**Dr. Joseph Fraiman**

Ones that were performed in tents, where they're giving out COVID vaccines.

[00:15:00]

In New Orleans, they were giving them out in bars. There was a campaign of shots for shots and they're giving out shots to get people to take the vaccines. And these didn't necessarily get into the system very quickly. There wasn't a way to put them in.

**Chad Horton**

Okay, so as a result of these non-recorded vaccinations, you would have patients going into the hospital and being admitted, and they would be recorded as not having been vaccinated because they may have been vaccinated in a way that wasn't recorded, correct?

**Dr. Joseph Fraiman**

Yeah. That's exactly what I'm saying. I also want to be clear: I'm not saying that this shows that the vaccines weren't working or anything like that. I'm trying to point out that we're losing some of the reliability of the metrics of hospitalization and vaccine status.

**Chad Horton**

Now, to the extent that you can comment on this: What sort of proportions, if you have any awareness of this, might we be talking about between appropriately-recorded vaccine recipients versus individuals who receive the vaccine in a manner that would not have been cataloged?

**Dr. Joseph Fraiman**

I don't know. I've seen many examples of it, but it wouldn't be possible for me to give a realistic answer.

**Chad Horton**

Would a significant number of the population have been receiving the vaccine outside of the hospital setting, where it wouldn't have been recorded?

**Dr. Joseph Fraiman**

The majority.

**Chad Horton**

Continue.

**Dr. Joseph Fraiman**

Let me pull my screen-share here up a moment. Now that's our observational stuff here through the early days. And I want to return us back to the clinical trials to look at harm. This is what we did with the study that I was referring to before. Here are my esteemed colleagues who I worked on this with, and what we did is we looked at serious adverse events.

The term “serious adverse events” was defined the same by both Pfizer and Moderna: it was death; life-threatening hospitalization; disability; or a physician considered it serious for some other reason. That’s what the large paragraph down there is. What I want to be clear is, the term “serious,” the definition is true to its nature. All of these would be a serious outcome.

To analyze this for Pfizer, for example, we had to go through the FDA [Food and Drug Administration] briefing. Also, we used the Canadian one at some point to double-check that everything was the case. This is what a table looks like here. There’s no information you glean from that, but I just want to show you this. It’s a list of each individual serious adverse event. Here is acute myocardial infarction, and the number of times it happened in each group.

**Chad Horton**

What is acute myocardial infarction for the layperson?

**Dr. Joseph Fraiman**

That’s a heart attack.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

There’s all different types of disorders here. And we went through this whole table that goes down for pages. We simply added them up for each group: the vaccinated and the placebo.

**Chad Horton**

Okay, this slide here. I want to ask you a question about this, Dr. Fraiman. Here, it says any event 103 at the top. We have 103 total events. Now you were just speaking about acute myocardial infarction, and there were three. So as a layperson looking at this, am I correct in understanding that we have three acute myocardial infarctions out of 103 total events? And one event of cardiac failure, congestive one, et cetera? They all fall within the purview of those 103 events.

**Dr. Joseph Fraiman**

I’ll explain that 103: “any event” is the number of participants who experienced an adverse event.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

And that’s actually where I’ll be going right now. Because if you add the number of serious adverse events—what we did here—and we found this. Where I want to focus is, we’re

going to look at the Pfizer data here. And what we see is— Actually, I want to go back here, because this is what you were talking about: we found 127 instead of 103, and 93 from the placebo. And what this difference looks like is there's an additional 18 events per 10,000 participants in the vaccine group. And here, right here, this is called a confidence interval. That means there's a 95 per cent certainty that it's happening in between—

[00:20:00]

That if we did the study again, 1.2 to 34.9 events would occur per 10,000. And what that 95 per cent certainty gives us is what people would refer to as statistical significance.

**Chad Horton**

Okay, just a moment Dr. Fraiman. In the study, we have 18 adverse events per 10,000 vaccinations is that correct?

**Dr. Joseph Fraiman**

Additional events.

**Chad Horton**

Okay, and when you say confidence interval, you're saying if we did that study again, that number 18 would fall with 95 per cent certainty between 1.2 and 34.9, is that correct?

**Dr. Joseph Fraiman**

Yes.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

Which means that if we did the study again, we could be 95 per cent certain that we'd find an increase in serious harm. And now this risk ratio here is 36 per cent. That is a 36 per cent higher risk of serious adverse event. And that rate, the 18 per 10,000, is one in 555. So one serious event happened for every 555 people in this trial. That is quite a high number for serious adverse events from a vaccine. Typically, we have withdrawn vaccines for one in 10,000.

**Chad Horton**

Okay, Dr. Fraiman. Again, as a layperson: Is it one serious adverse event for 555 people vaccinated or 555 shots received?

**Dr. Joseph Fraiman**

People in the vaccine group.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

It's not per shot.

**Chad Horton**

Thank you.

**Dr. Joseph Fraiman**

People have asked us: When we did this study, what type of serious harms are we talking about? That's quite a difficult question. Let me show you one way that we try to look at this. There's something called these Adverse Events of Special Interest, which is a list created by this group, the Brighton Collaboration, endorsed by the WHO.

**Chad Horton**

And the WHO is the World Health Organization.

**Dr. Joseph Fraiman**

Yes, the World Health Organization.

**Chad Horton**

Okay, continue.

**Dr. Joseph Fraiman**

They figure out what are the adverse events that are likely to be caused by the vaccine so that we know what to look for when we're studying it. And we took this list of these adverse events that are likely to be caused by to pay attention to, and we chose just those. This is what it ends up looking like. It's a little confusing here, but I just wanted to show you the whole thing. I'm going to pull this together to explain it. What we see here, this is the Pfizer trial, and the differences in events per 10,000. What you see is a lot of small numbers per 10,000, but they're all—almost all—positive. There's only one, two negatives, a handful of zeros. Out of 15, ten are positive.

**Chad Horton**

What does positive and negative mean in this context?

**Dr. Joseph Fraiman**

Thank you. Negative would mean that they happened less in the vaccine group. For example, here they have acute liver injury that happened slightly less in the vaccine group. And we expect this to jump around all over the place, but we should expect the negatives to be about comparable to the positives. Here we're seeing lots of small differences, all like about one in about 10,000.

Except for, here is a little higher. That's the coagulation disorder, which was higher in both Pfizer and the highest one in both Pfizer and Moderna. These include blood clotting, diseases of blood clotting, and diseases of bleeding. The reason I pulled this all together here is to show why the serious adverse events are increasing. It's not one type of harm, it's increasing in multiple different places, but very small amounts, about one in 10,000. But when you take one in 10,000, 10 times, that becomes one in a thousand.

What we're seeing here is lots of these small harms, but we are not certain exactly which ones—just that the coagulation disorders are coming up a little bit more. But we don't have power from the studies: There's not enough people, there's not enough events. But when you add them up, you can see the difference between the groups. And here we did this for both Pfizer and Moderna, and we combined them. And again, we could see when they're combined, the adverse events of special interest for Pfizer and Moderna are increased.

[00:25:00]

And here we're seeing this 12.5 in 10,000 increase, or 43 per cent increase.

**Chad Horton**

Can you go back? Can you go back to that slide for a moment? So it says mRNA vaccines and serious AESIs. What is an AESI?

**Dr. Joseph Fraiman**

Sorry, that's the adverse event of special interest. The ones that the Brighton Collaboration said created a list of the potential serious harms that we needed to basically pay attention to and potentially could be related to the vaccine.

**Chad Horton**

Okay, what this says, Table 2, serious adverse events, how I read this is: between the clinical data from Pfizer and Moderna, you are seeing 12.5 serious AESIs per 10,000 participants, is that correct?

**Dr. Joseph Fraiman**

That is correct. And that's about 1 in 800. I think we're looking at the numbers that are probably within that range. The 1 in 555 we saw: it justifies their serious adverse events. Here we're seeing 1 in 800, we're in the same range. But I think the important thing here is not just to focus on the harms. You have to put them together. And so ideally, we would have an all-cause hospitalization chart. But, as I said before, the hospitalization data wasn't really part of their study. You had to look really hard to find it, and this simply wasn't part of the study at all. It wasn't reported. It's a little unusual, but—

**Chad Horton**

What is all-cause hospitalization and why is it important?

**Dr. Joseph Fraiman**

That means if you were you hospitalized for any reason. If you're looking at a COVID-19 hospitalization, or what about a person who had a heart attack and had COVID-19. You're

not certain even if it was COVID-19 that caused it, or if the vaccine caused a heart attack. What you want to see with all-cause hospitalization is that the vaccine reduces all-cause hospitalization. Because, on the other hand, if you increase it, that means serious harms are causing hospitalizations. If you decrease all-cause hospitalization, it means the vaccine is reducing hospitalizations enough to give you that benefit that's outweighing the serious harm that it's causing.

**Chad Horton**  
Understood.

**Dr. Joseph Fraiman**

Now, since that wasn't there, we use the method that essentially creates something like that, in a way. We wanted to compare these serious adverse events of special interest with hospitalization reduction. Earlier, I showed you the hospitalization reduction was there for Pfizer. It was around 2 in 10,000. And this is what we're seeing from the clinical trials, is that there were about 10 serious adverse events of special interest per 10,000, and hospitalization reduction was 2.3 for Pfizer, and 15 versus 6.4 for Moderna.

I know that this looks bad and scary. I don't want people to walk away from this saying that our study proves the vaccine is causing more harm than benefit. That's not what it's doing.

I think it's important to put this into context. And for that, it's to understand the limitations of what this analysis gives you, and how to interpret it. When we published this study, we received a large number of critiques. We were fact-checked by multiple fact-checking organizations, and they mainly got their sources from scientists, bloggers, and YouTube videos. These critiques, while they would say that they were debunking our article, that's not actually the case. They were offering critique. That's what we call that in science, a critique, which raised limitations. And we appreciated their critiques, and we incorporated them when we published initially as a preprint, and then later as a peer-reviewed publication. We incorporated these limitations, and we thought it helped us understand how to interpret this data. I think to go through them will be valuable here for you.

For example, one thing that they had said was that it's not possible to do a proper harm-benefit analysis with only two months of data post-vaccine. I and the co-authors completely agree with that. But there's nothing that we could have done to avoid it. That's just the data that existed from the clinical trial.

[00:30:00]

**The larger question is, if it's not proper to do a harm-benefit analysis with only two months of data, then why did our governments decide to authorize a vaccine without the ability to do a proper harm-benefit analysis? And why is it two months not enough time? The point they were raising is that if the trial went longer, there would have been more infections. If the trial went longer, there would have been maybe a surge of COVID-19, and this would have led to more hospitalizations. They also said: if the people were sicker, if they were older, there would have been more hospitalizations.**

**This is all true, and it brings to the point that the hospitalization rate of their population is a big part of hospitalization reductions: the vaccine efficacy and the hospitalization rate. You need both. Now, on that limitation they point out, though: It also goes the other direction. If you have a population that's been mostly infected, as much of our population has, you get**

less hospitalizations. If you have variants such as Omicron, which cause less hospitalizations, or a variant like Omicron that has reduced vaccine efficacy because of an immune escape, the virus now knows how to get around the vaccine better than the prior strains.

That is a problem, but it shows what I'm trying to say here. It shows the fragility of that harm-benefit analysis. It can swing towards harm or benefit depending on the situation, on the hospitalization rate or the vaccine efficacy, which are changing through time. And with Omicron, we're going to return back and see what I witnessed in the emergency room.

**Chad Horton**

And when was the time frame of Omicron? Can you remind us just so we can contextualize what you're about to say?

**Dr. Joseph Fraiman**

It's about 2022, or late December 2021 is when it started. I would say about February is when it became 100 per cent the dominant strain in the United States.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

When this occurred, we started seeing something that was a bit problematic for hospitalizations. Well, not problematic: it was great in the sense that we weren't really seeing many at all. And the last hospitalization that I've seen for COVID-19 that was a clear symptomatic case was in February of 2022. Over a year ago.

**Chad Horton**

Wait, just a moment. Dr. Fraiman, are you saying in your capacity as a physician, the last time you saw a COVID hospitalization was February of 2022?

**Dr. Joseph Fraiman**

Yes, for the one that was a clear syndrome of COVID-19. There could have been a patient who had a heart attack. Was that caused by COVID? I don't know. But it didn't look like the COVID-19 from the prior, where they had this classical syndrome where they would **become very short of breath. And that's the reason we were taking them into the hospital generally.**

**So it could be that someone was an asthmatic, and they're having an asthma attack and they have COVID-19. It would be difficult to distinguish between the COVID-19 and the asthma attack. But what's important to understand here is, I admitted a lot of people to the hospital this year who had COVID-19. But this is incidental, most of it. And some of it could be relevant. It's difficult to tease it out. I know that this sounds crazy to some people, but all my nurses would tell you the same thing. I've asked ER doctor friends—maybe a handful of people have admitted one or two or three that are clear cases. I want to pull up this video here. Let me share my screen here with you. Can you see the video?**

**Chad Horton**

Yes, sir.

**Dr. Joseph Fraiman**

Okay, this is the CMO of Los Angeles County Hospital talking about Omicron infections [no exhibit number specified]. I believe this was in July, August:

**[Video clip of Dr. Spellberg, CMO of Los Angeles County Hospital]**

It's like two months of the same. You can see LAC numbers on the graph. It's just plateaued and it's not going down. It's sort of a trickle up a little bit, not much. It's just been like that.

We're getting thousands of cases going across the county. The numbers of LAC COVID positive tests have continued to go up. But this isn't because we're seeing a ton of people with symptomatic disease getting admitted. On the bottom graph it's the same thing. We're seeing a lot of people with mild disease and urgent care needs. You could go home and do not get it.

[00:35:00]

All those who are admitted, 90 per cent of the time, are not admitted due to COVID.

**Chad Horton**

Okay, Dr. Fraiman. No, our audio was not great, so just a couple of things. Who was the individual who was speaking?

**Dr. Joseph Fraiman**

His name is Dr. Spellberg. He's the Chief Medical Officer of L.A. County Hospital.

**Chad Horton**

Okay, and I'd just like you to summarize for the Commission and for the audience what that gentleman said, because our audio was quite muffled.

**Dr. Joseph Fraiman**

I'm sorry for that. Now, what he's saying here, using this graph, is that during Omicron, 90 per cent of his COVID admissions were not due to COVID-19. Ninety per cent of them in his hospital: they were incidental. And he's not alone.

**Chad Horton**

Okay, Dr. Fraiman, when you say incidental, am I correct in understanding that they've gone to the hospital for some other reason, but they just happen to be COVID positive? Is that what you mean by incidental?

**Dr. Joseph Fraiman**

Yes, I'll give you an example. A person who's missed dialysis. They come in and they need to get emergency dialysis. We test every single person who gets admitted to the hospital and a lot of them started coming back positive. Then you go back and ask the person, "Hey, do

you have a cough or anything like that?” They would answer, “Now that you say it, I do have a little sore throat.” That’s what we were seeing. It’s incidental, it’s unrelated to their hospital admission.

For incidental hospitalizations, in Denmark, they did a great job trying to figure out how many there were. It’s difficult to figure it out but their estimate was about 75 per cent. So 25 per cent to 35 per cent are actual COVID-19 in their estimates. This other hospital said 90 per cent of people who are admitted right now with COVID-19 are not actually in there for COVID-19. Now this is a disaster for our metric. The best metric to measure this vaccine’s efficacy is we need to know hospitalization rates and mortality rates. With a metric where 75 per cent to 90 per cent of them are incidental, it makes it incredibly unreliable.

The other thing that I wanted to point out is that I have also seen people with prior infections become infected again. I don’t have a memory of a prior infection being hospitalized, but it’s quite rare in general. Here we have a meta-analysis looking at this. There is about 90 per cent protection against hospitalization during Omicron. That’s 40 weeks after infection, that’s how far these studies went. The point is: it’s highly protective for a very long time and nearly our entire population has been infected at this point.

Hospitalizations during Omicron are important because we need to know the hospitalization rate, because that affects that harm-benefit analysis that we were talking about.

There’s a study out of Southern California Kaiser system. Of 4.7 million people there were 200,000 or so infections. They said, “After infection, what’s your likelihood of being hospitalized?” And they looked at Delta versus Omicron. Here’s your likelihood with Delta and here’s your likelihood with Omicron.

**Chad Horton**

All right, you’re talking about likelihoods and cumulative probability percentage on the vertical axis. Does this mean 0.5 per cent of what, or 1 per cent of what?

**Dr. Joseph Fraiman**

People who were tested positive.

**Chad Horton**

Okay so 0.5 to 2 people who tested positive for COVID-19 would be admitted to the hospital, is that correct?

**Dr. Joseph Fraiman**

Yes.

**Chad Horton**

Okay, and days on the horizontal axis is how many days post what?

**Dr. Joseph Fraiman**  
I believe it's infection.

**Chad Horton**  
Okay.

**Dr. Joseph Fraiman**  
It's a Kaplan-Meier curve, so each time that there is an infection, it makes it jump up.

**Chad Horton**  
Okay, and what is the difference between the red line and the blue line?

**Dr. Joseph Fraiman**  
The red line is Delta. The blue line is Omicron. So the hospitalization rate is much lower. Also keep in mind that 75 to 90 per cent of those are incidental, okay? Then when we look at the serious outcomes: ICU mechanical ventilation, mortality approaching zero, it's difficult to distinguish the two.

Now, everyone should sit back and look at this and, actually, you can smile. This is actually really great news.

[00:40:00]

But our mortality rate is difficult to discern from Omicron today.

**Chad Horton**  
It is difficult to discern mortality from Omicron, because why?

**Dr. Joseph Fraiman**  
I'm saying it's so low. It's close to zero. People were infected with Covid 19. This is the percentage of the Omicron people who die after infection. It's very low. It's lower than Delta, much lower. It's— This is about 0.07. I think this was 0.01. I could be wrong on that, but I believe it was about a seven-fold decrease in death with Omicron in this study. And we also must look at vaccine efficacy to figure this out.

Here's one study from *The Lancet*. They're showing vaccine efficacy against Omicron now is around 30 per cent. I want to show just the CDC, because I think that they're considered a reliable source on this. They're saying that, at first, we're getting about 60 per cent efficacy. Over 120 days we're seeing around 29 per cent. We need to be aware of this big issue here. Twenty-nine per cent: when you get to that low of an efficacy it just becomes pretty unreliable. Remember, when I looked at the 95 per cent efficacy and I said that you if you miss one of these confounders—and you likely will—it will change results. But, if you have 95 per cent, it's okay if you drop to 75 to 80 per cent. We're still seeing a pretty large benefit. Here, if you drop, you can hit zero easily.

We're trying to figure this out in the setting of these massive number of incidental hospitalizations. We're really driving blind here, and we do not know at all how effective

these vaccines are anymore. All we do know is that, from what we were dealing with before, when they were tested, we know that the hospitalization rates are lower. We know that we can't rely on it particularly well. But we do know that it's lower and we know that the vaccine efficacy is lower. When you have that level of uncertainty, and when we looked at that harm-benefit analysis and how fragile it is, that creates some serious problems. We need to take this seriously that we saw serious harm increases. It appears that they're happening in both trials. We're flying blind and the differences between the harms and the benefits are small. This is going to be impossible to figure out with observational data moving forward. We have no chance of doing this. I believe we will remain in uncertainty.

I want to point out that people are claiming certainty: that they know the vaccine benefits are outweighing the harm. I don't see how that's possible. I don't know what metric they're using to measure. I just pointed out: you can't even rely on the hospitalization data. But we can figure this out. It's not hopeless. There's really one way to figure this out. We have the tool, and we need a double-blind randomized trial to figure this out.

#### **Chad Horton**

What is a double-blind randomized clinical trial, for those of us with no medical training or who are not research scientists?

#### **Dr. Joseph Fraiman**

This is when we randomize people to two different groups. Remember the confounding that I was talking about? The problem with observational data is because different people end up in different groups for various reasons. Here, you randomize them so that you get rid of those differences. When there's any difference between the group, you know that the cause of it is the intervention. To use all-cause hospitalization: that would ensure, that would make this whole process easier, so I don't have to talk for one hour explaining how we get this. We could just see the vaccines reducing all-cause hospitalizations. That means it's doing better than if it wasn't there. Doing this currently with observational data on hospitalizations with unreliable metrics: like I said, we're driving blind, and we could potentially be causing harm. We could potentially be doing benefit. I don't know the answer, I'm uncertain. But I know how to get the answer, and this is how we would obtain the answer.

[00:45:00]

Until then, I would have trouble recommending the vaccine, when I don't have a level of certainty that I could promise to get the benefit. That's what I really wanted to get through here today.

#### **Chad Horton**

Before I turn you over to the panel for questioning, I have a couple of points of clarification for myself, Dr. Fraiman. I would ask you to go back to the two slides that show instances of harm versus benefit. And there were two slides in succession.

#### **Dr. Joseph Fraiman**

Okay, I know, from our study.

**Chad Horton**

Yes. Thank you. I just want to understand this correctly. So we have 10.1 adverse events of serious interest for 10,000 individuals who received the vaccine. Correct?

**Dr. Joseph Fraiman**

Yes. Serious adverse events.

**Chad Horton**

We have 2.3 individuals we believe were kept out of the hospital per 10,000 individuals who received the vaccine, correct?

**Dr. Joseph Fraiman**

You know, I may I have an error here. It says hospitalization reduction. It should say COVID-19 hospitalization reduction.

**Chad Horton**

Yeah, that's what I understood. So is my understanding correct in that sense?

**Dr. Joseph Fraiman**

Yes.

**Chad Horton**

Okay.

Just a minute, Dr. Fraiman, I'm not finished. In the next slide, I believe, is the same analysis for Moderna, correct? Yes. Okay. And 15.1 serious adverse events risk, 15.1 events in 10,000 individuals who receive the vaccination versus—we believe—6.4 individuals per 10,000 vaccine recipients were kept out of the hospital due to COVID-19.

But what I'm understanding you saying is that these are the ratios that you were able to extract from the clinical data, but the clinical data is only based on two months of information. Correct?

**Dr. Joseph Fraiman**

Yes. We authorized the vaccines quickly because we saw the benefit. They were authorized and the blinding was taken away and they gave the vaccine to the placebo group. We have a very short amount of data that's reliable.

**Chad Horton**

I'm going to ask you if you can comment on this or explain this to myself or the Commission or the audience. When I hear that the clinical trial was two months, and this is the result of that clinical trial, where does the determination that these products were safe and effective come from?

**Dr. Joseph Fraiman**

I don't know the origin of the term safe and effective, but it's not a term that I would use to describe a medication.

**Chad Horton**

Would that be considered a scientific assessment?

**Dr. Joseph Fraiman**

I don't think it is. "Safe" implies that there's no risk. Safe means that there's no chance of harm. It doesn't mean that harm is happening. You have to know that if something's safe, that means you've studied it well and that you are certain that there is no harm from it.

**Chad Horton**

Okay.

**Dr. Joseph Fraiman**

Breathing air is safe, but driving drunk is not safe. Even if you don't crash when you drive drunk, it's not safe. You can die. If you drive home drunk, it doesn't mean that what you did was safe; you must know that there is no chance of risk.

**Chad Horton**

Can we objectively say, based on this admittedly flawed two months of data that we have— Because you discussed some flaws in the timing and in the methodology. And if we can extrapolate: the chance that you will sustain an adverse event of significant interest is more than twice the chance that you've been kept out of the hospital as a result of this Moderna injection. Is that what this table is telling me?

[00:50:00]

**Dr. Joseph Fraiman**

That's what it's suggestive of, but I wouldn't think of it in that way. Remember those confidence intervals. We have to think about this range of possibilities here and so it's possible the harms are a little bit less, or it's possible they're a little bit more. This is just the two months of data. We'd have more if there were older people in the trial, or if it was running for longer, you could have had more hospital reduction. There's some variability here. I wouldn't conclude that our study is proof that you're twice as likely to have a serious adverse event.

**Chad Horton**

Now, this data that you analyzed, was this data available to the bodies that would have been responsible for approving these vaccines?

**Dr. Joseph Fraiman**

The original data that I ran through with the Pfizer data, anyone could have done. We only added the serious adverse events. We found that they were higher in the Pfizer trial.

Anyone could have done that at the time and shown that there was a 1 in 555 chance of a serious adverse event in the vaccine group. They did not analyze them in that way; they analyzed slightly differently a participant. The problem was, so you saw earlier, you saw there was 103 versus 83—and that ends up not being significantly different. You can see that here, 103 versus 81. It's a 20 per cent increase.

But the problem is that if you experienced a serious adverse event, you were also twice as likely to experience multiple in the vaccine group. So it leads to just more events in the vaccine group. I think that anyone could agree that it's worse to have two people have a serious adverse event than one person have two. At the same time, I think we can agree it's worse for one person to have two serious adverse events than to have one. So these two metrics of measuring participants or number of events—they're both important values to look at. And we did. The regulatory bodies, Pfizer and Moderna, they didn't look at it. They didn't count the number of events; they only counted the number of participants.

**Chad Horton**

Okay, Dr. Fraiman. I'm going to open you up to any questions that may be posed by the panel.

**Commissioner Drysdale**

Hi, Doctor. I've got a number of questions. I'm not a doctor, so forgive me if I don't word it exactly right. The data that you presented to us, and not your analysis, but the data itself: Was that the data that the approval bodies had in order to arrive at an approval for this? Was this the study that was used by the authorities to approve the vaccines?

**Dr. Joseph Fraiman**

Yes. This is page 87 of the FDA briefing for Pfizer. It's the advisory committee meeting for the FDA. It's called the VRBPAC [Vaccine and Related Biological Products Advisory Committee]. This is in their page 87 in the FDA briefing for Pfizer.

**Commissioner Drysdale**

Understood. Some of the things that we've been hearing from some of the people who have testified over the last number of days is that they got a shot, they had a reaction the next day, they went to their doctor, reported the reaction and the doctor said, "Oh, that's not in the list, that's not associated with it." And my question to you is, since this is a new vaccine altogether and we don't know what the risks really were, how would that doctor in my example make a decision that it was or wasn't caused by the vaccine? And more importantly, when I look at the list in the raw data and it lists what they felt the adverse reactions were, is that a parsed list?

[00:55:00]

And I'm not saying it was parsed for a nefarious reason. Did someone make a decision that something happened to someone but that's not because of the vaccine, and move on?

**Dr. Joseph Fraiman**

In that list, if you had an event, they were blinded in the study. So if someone came into the hospital with a heart attack, you would get listed in there—no matter if they thought it was

from the vaccine or not. That's the advantage of the double-blind trial. What you're talking about, if the doctor is not thinking that it's from the vaccine, they're still supposed to report that to our system.

**Commissioner Drysdale**

Right. And if this is a double-blind trial, if someone went into the hospital with a heart attack, did they count it as an adverse reaction? Or did they say, "We don't think that was an adverse reaction," so they left it off? Do you know what I'm trying to say?

**Dr. Joseph Fraiman**

It would be on the list. If they had any serious event, it should be on their serious adverse event list. If it's happening in the placebo group or in the vaccine group, it should be in both.

**Commissioner Drysdale**

Okay, I understand. And also, the slides went by a little quickly for me but we talk about adverse reactions and we talk about reduction in hospitalization. But for me, if an adverse reaction could be death, I would want that parsed out separately. Certainly, it might have reduced my hospitalization, but I'd like to know what my comparison of death as an adverse reaction versus death from being in the hospital was.

**Dr. Joseph Fraiman**

I agree. The problem is that we didn't have the data to do that from the clinical trial. There was no difference between deaths in the groups. So yes, that would be ideal if we had a mortality benefit, or just an all-cause mortality. Are you more likely to live or die with this vaccine? That would obviously be excellent, to have that information. But we didn't have that in the clinical trial, so we couldn't study that.

**Commissioner Drysdale**

Circling back to where we started: we've got data that we don't quite understand how we would make a safety recommendation on, with all this missing data. Safety isn't just that a group of events happen, but the severity within the group of events. I'm an engineer, and if I were designing a building, an event might be cracked drywall. But another event might be the floor collapsed. What's the result of grouping this all together and not understanding the severity risk or the severity of a failure? It seems to me that there was no way they could assess that.

**Dr. Joseph Fraiman**

**They can in some ways, but some ways not. The serious adverse event definition is designed to kind of do that. That would be the floor collapsing. I'm sure there's multiple other serious things that can go wrong with the building. If it got the label of serious, it was considered serious by death, hospitalization, or permanent disability. In that is a wide variation of things. One of them could be a stroke and the other one could be a bad case of diarrhea that needed to be admitted to the hospital for extra fluid. You're still being hospitalized for it. The same is also true with COVID-19: there's going to be a wide range of COVID-19 hospitalizations. There'll be some mild cases that get discharged the next day; they were just admitted for observation. Then there's some who are going to be intubated**

and have a breathing tube placed. Both hospitalizations and serious adverse events have a range of badness. Their minimum is somewhat comparable in that they both should be considered serious.

[01:00:00]

**Commissioner Massie**

Thank you very much, Dr. Fraiman. I have a couple of questions regarding the ratio you came up with. Because I noticed in one of your slides and I had read that previously in your paper: when you compare the placebo from Moderna and Pfizer, it seems that, for some reason, the placebo in Moderna is about twice as high in terms of adverse events of serious interest, special interest, compared to Pfizer. Given that the numbers we're reporting all together are about in that range, would you have any idea why there would be such a difference in the placebo between the two different clinical trials?

**Dr. Joseph Fraiman**

Yes. The whole purpose, I believe, of the randomized control trial is that we randomize it so that both groups are the same. But what looks like happened in the Moderna trial is their group was a little bit sicker, a little bit older, maybe just more fragile in one way or another. So they ended up having higher hospitalization rates for COVID-19 and they had higher overall adverse events and higher hospitalization rates from COVID-19. Which is what I think you would expect with a population that's just a little bit more sickly. The key is that they're randomized so that both the vaccine and the placebo in any one trial are compared. You compare the same level of fragility with the ones that got the vaccine and the placebo. That's the advantage of a randomized trial.

**Commissioner Massie**

Coming back to the placebo, I mean, these were double-blinded random clinical trials, right?

**Dr. Joseph Fraiman**

Yes.

**Commissioner Massie**

So I'm wondering, in terms of the placebo again: in the mRNA technology, this is an emulsion because of the lipid composition of encapsulating the mRNA, and it has an appearance of somewhat opalescence compared to, say, water or saline. I'm just wondering if they use saline in the placebo, whether the people that were actually doing the injection couldn't be aware that in one case it was the placebo and the other case it was the vaccine? Do you have any information on that? Because I haven't seen anything.

**Dr. Joseph Fraiman**

There is. I believe what you're pointing out is, was there unblinding in the trial? And did the people who got vaccinated realize they got the vaccine and did the placebo realize they got the placebo? Is that what you're asking?

**Commissioner Massie**

Yeah, I'm asking because saline is very different from the vaccine itself. If you look at the bottle, it's pretty obvious.

**Dr. Joseph Fraiman**

Yes. It's reported that people in the vaccine trial were also in Facebook groups together. They were all talking to each other. We know that, after the COVID-19 vaccine, over half of people get pretty serious, severe symptoms like fevers and headaches and they feel lousy. A lot of people can't go to work the next day. The people who got the vaccine felt that and the people who got the placebo didn't. And it seems like from their messages in Facebook groups that probably a lot of them did sort of know which group they were in. Which is bad. That is a problem for unblinding, but it's still the best that we got for understanding these vaccines. I agree that could complicate it for interpretation of the data.

**Commissioner Massie**

Maybe one last question to wrap it up. Given the level of data that the regulatory agency was exposed to in order to make a decision, and when you looked at the overall benefit or advantage of the vaccine and the potential for serious adverse reaction: Was there enough data to really put forward the vaccination campaign, given that we don't know about what would happen even in six months or one year from now? Because at this point the data was two months. So if you go with the precautionary principle, with that part of the equation in terms of recommending to go ahead with vaccination, and still today, to promote the vaccination in the Omicron phase—?

[01:05:00]

**Dr. Joseph Fraiman**

I think that, at that time, there was a difficult decision that had to be made. The emergency use authorization was given at the time because of the seriousness of the pandemic that was going on. There were some chances that were taken by approving it early, before we had all that data, because there was a hope that it was going to save lives. I think at the time it was a difficult decision probably to make.

In 20/20 hindsight, I know for sure that I would very much have liked a better clinical trial to know what's going on. It may have been short-sighted to get the vaccine authorized and then realize we are now stuck in this pool of uncertainty on this vaccine. There are some different ways that things could have gone. I have trouble faulting people when I think back to the emotion at that time. How desperate people felt, the fear that they were having from **this disease and the possibility of the hope that this vaccine offered. I can't give an answer if it was the right or wrong thing.**

**I personally wouldn't have voted for it, at least for people under the age of 65. I would have wanted much more data on people under 65. For people over 65, I would have been hard-pressed to have voted against it. But that choice also wasn't given in the FDA, to only give it to one group. So I think it's a difficult question. I don't see why we approved it in people under the age of 65, when we had the time to do further studies. And it wasn't as much of an emergency in that group. I think that maybe we confused the public with the kind of public health messaging that maybe overestimated the risk for people in that age group.**

**Commissioner Massie**

In the current situation with Omicron and where we are at with all the people that have been previously infected, would you recommend that the general vaccinations should be suspended?

**Dr. Joseph Fraiman**

I believe that we need to explain to the public where we are on our certainty level on this vaccine. Does it mean that some people could still make the decision with that uncertainty and choose to take the vaccine? That's also difficult to say, but I don't think that we should be recommending it widespread to everyone ages six months and up, or continuing to boost indefinitely without knowing if the harms and benefits, which one is higher. And continuing that with no end in sight doesn't seem like a reasonable plan.

**Commissioner Massie**

Thank you.

**Dr. Joseph Fraiman**

And do you have any more questions? I can't hear.

**Chad Horton**

That will be everything Dr. Fraiman, thank you.

**Dr. Joseph Fraiman**

Thank you very much.

[01:09:15]

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

### EVIDENCE

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**Witness 5: Paula Doiron**

Full Day 2 Timestamp: 05:48:00–06:18:03

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Paula Doiron**

I do.

**Alison Steeves**

Can you please state your full name, where you live, and your occupation?

**Paula Doiron**

Paula Doiron. I'm 48 years old. I'm from Moncton, New Brunswick, and I work in a nursing home.

**Alison Steeves**

And what's your role in the nursing home?

**Paula Doiron**

I was a cook, but I demoted my position to custodian when I got ill.

**Alison Steeves**

Okay, so you were a cook and then became a custodian in the same business.

**Paula Doiron**

Yes.

**Alison Steeves**

And how long have you been working there?

**Paula Doiron**

Seven years in all. One year with the new position.

**Alison Steeves**

And are you currently going to work?

**Paula Doiron**

Not presently, no, I'm on sick leave.

**Alison Steeves**

And when did you go on sick leave?

**Paula Doiron**

October of 2021.

**Alison Steeves**

You were there in 2020 and 2021 up to that point throughout the height of the pandemic?

**Paula Doiron**

Yes, I was there during the beginning of the pandemic, yes.

**Alison Steeves**

And can you describe what it was like to work there prior to the pandemic, like before early 2020?

**Paula Doiron**

I really love my job. It's a good work environment, but we were very short staffed, so we had a lot of complications before the pandemic with keeping staff. So this means that the residents don't always get the proper care and attention that they need or want. Before the pandemic, we have a pretty big facility. There's three different wings. They have access to a great big common room that they could go have activities in, have bingo nights; their families would come visit, and they were able to be everywhere in the nursing home.

**Alison Steeves**

So there was a lot of social interaction among the residents?

**Paula Doiron**

Yeah. Once a week there would be entertainment that would come in, bands that would perform for them, music.

**Alison Steeves**

And in your role, did you interact much with the residents?

**Paula Doiron**

I did, yes.

**Alison Steeves**

So you observe their day-to-day. And how were the relationships among staff members and sort of that atmosphere?

**Paula Doiron**

It was good. A lot of people are tired because you're short-staffed, but we always kept busy and jovial. It was a good work environment.

**Alison Steeves**

And can you talk about how things changed around 2020, when the government started implementing COVID-19 measures? How that changed in the nursing home for staff, for residents, and sort of what specific measures you saw being implemented.

**Paula Doiron**

In the beginning, it was very chaotic and disorganized. For a long time, we didn't have PPE, so we were very anxious, but everybody was healthy. We sanitized our hands and after a while they started introducing the vaccines.

**Alison Steeves**

I just want to take you back to even before that—like sort of, say, March 2020, around that time, with nursing homes being sort of one of the hardest-hit. I believe around that time, they had locked down and prevented visitors from entering.

Did you see some of those types of impacts taking place early on?

**Paula Doiron**

Right away, we locked down. Families weren't allowed to visit anymore. The residents all were set into their assigned wings, so they didn't have access to the big common rooms. The entertainment was done. So they got segregated more into their specific wings. The families couldn't visit anymore. Families would come visit through the windows. That was sad.

**Alison Steeves**

Did you see the impact on the residents from these measures?

**Paula Doiron**

Yeah, it was hard for them because that's what they live for, to see their family, and the activities. So yeah.

**Alison Steeves**

So before they would have had fairly active days, be out and about.

**Paula Doiron**

Yes.

**Alison Steeves**

And were there always activities to be scheduled every day?

**Paula Doiron**

Yeah, yeah—in each wing, there's activities every day, but the common room was like the bingo night, and bingo was their favourite activities.

**Alison Steeves**

And where would they eat? Would they usually eat together?

[00:05:00]

**Paula Doiron**

They ate in their wings. Every wing has an eating area for each wing, so that's more like satellite common rooms.

**Alison Steeves**

And during the lockdowns, how did that change?

**Paula Doiron**

During the lockdowns, they could still. But after the vaccines and stuff like that, staff members were diagnosed with COVID, so they actually put the residents into their tiny little rooms, so they wouldn't be contaminated.

**Alison Steeves**

So the protocol was, if somebody tested positive for COVID, there was kind of further segregation.

**Paula Doiron**

Yeah, further segregation in their specific little rooms.

**Alison Steeves**

And were they permitted to leave their rooms?

**Paula Doiron**

No, they were not. They couldn't go in the dining rooms anymore and their assigned wings, or they couldn't visit each other anymore. They were in their little rooms.

**Alison Steeves**

Did that affect their roommate situations?

**Paula Doiron**

Most of them have their own personal rooms, but there are a couple of residents that share rooms that have two living areas in it.

**Alison Steeves**

So they went to be in their rooms on their own, but no visitors.

**Paula Doiron**

Correct.

**Alison Steeves**

For how long? If someone tests positive, how long would that sort of lockdown last for?

**Paula Doiron**

I believe the first one was for until Public Health said that it was okay to keep them out of their rooms, but at one point they were put into their rooms for almost two months.

**Alison Steeves**

So around January 2021 when they rolled out the vaccines: elderly and people working nursing homes were first in line, or close to first of line, correct? To be eligible to take the vaccines?

**Paula Doiron**

Yes, we were.

**Alison Steeves**

Did you notice the introduction of the vaccine and discussion of the vaccine have further impact in the nursing home?

**Paula Doiron**

A lot of us were very happy that we were first, because we wanted to get back to normal. We wanted to see the residents get normalcy again, so most of us were very eager—but not everybody.

**Alison Steeves**

And was everyone very eager to take the vaccine, or were people outspoken about their choosing not to take it, and did that sort of have any impact on—

**Paula Doiron**

No, they only became outspoken when it became mandated.

**Alison Steeves**

And can you elaborate. How did that change things?

**Paula Doiron**

We lost some staff members. They decided against the shots. We were already short-staffed. This means that we're shorter staffed. Less assistance for the residents.

**Alison Steeves**

And were there any issues prior to the mandate of staff or residents being concerned about who was vaccinated, who was not vaccinated?

**Paula Doiron**

Well, everybody kept their distance. I remember one of our coworkers: she hadn't been vaccinated yet. It was starting to be mandated and she was sad. She was on the fence on what to do. And just people kept their distance from her. One day, I just went up to her and I gave her a hug and I said, "I accept you for whatever you decide." But it was sad to watch them being outcasted.

**Alison Steeves**

And how was morale at this time? How were people feeling?

**Paula Doiron**

Anxieties. Anxieties. Always busy because, when you're short staffed, you're doing the job of more than one person. You're doing a two-person job. So you don't really have time. You're just kind of on autopilot.

**Alison Steeves**

And did you decide to take the COVID-19 vaccine?

**Paula Doiron**

I did, yes.

**Alison Steeves**

And you took another shot that year as well?

**Paula Doiron**

Yes, yeah. I took the flu shot, 2020, before the rollouts of the COVID. I figured I was adding that to protecting the residents.

**Alison Steeves**

And then how many COVID-19 shots did you take?

**Paula Doiron**

After the flu shot, I had three Moderna.

**Alison Steeves**

Moderna. And when did you take those?

**Paula Doiron**

The Moderna were in 2021. So the first one was in January, the second one February, and then I had my booster in November.

**Alison Steeves**

And where did you take the COVID-19 vaccines?

**Paula Doiron**

The three first shots that I received, including that flu shot, was at my place of work because we have nurses there. It's a hospital, so it was done there.

[00:10:00]

And my booster was done at a drugstore.

**Alison Steeves**

And who administered the shots?

**Paula Doiron**

Nurses, where I work. And at the drugstore, it was an attendant.

**Alison Steeves**

And did any of these people speak to you about the potential risks of taking that flu shot and the vaccines?

**Paula Doiron**

No, they did not. I had no idea that it was a gene therapy. I thought it was a vaccine. Also, I figured if I got sick, that I would get assistance, get medical help. And I had another thing, but I forget.

**Alison Steeves**

Why did you think that if anything went wrong, you would have support?

**Paula Doiron**

It's common sense. If you harm somebody, you're going to help them.

**Alison Steeves**

With any of these vaccines, did you experience symptoms afterwards?

**Paula Doiron**

I did, yeah. I experienced with the flu shot, 2020. The night when I got home, I was fine. When I went to bed, my legs started pulsing. I fell asleep. When I woke up, I woke up with a horrible headache. My neck was so sore I wasn't able to lay on it. And it felt like a flashing light had gone in my head. And I was also having issues breathing.

**Alison Steeves**

And that was the evening that you took the shot.

**Paula Doiron**

That was the evening of yes, yeah.

**Alison Steeves**

And did you speak to health—

**Paula Doiron**

I fell asleep. The next day I felt a bit better. I didn't think— It took a couple of days. For three nights, my neck was really sore. I wasn't able to lay on it.

**Alison Steeves**

And did you see anyone about those symptoms or get a diagnosis?

**Paula Doiron**

No, I didn't. I just—

**Alison Steeves**

And had you experienced similar symptoms in the past?

**Paula Doiron**

No, no ma'am.

**Alison Steeves**

And then did you mention a booster. You also experienced symptoms?

**Paula Doiron**

The booster: I had a reaction with the booster as well. That one was worse. When I had my booster, three weeks after, I had to go to the ER. My head and my spine felt like it was on fire, and I was having issues breathing. So 8-1-1 suggested I go.

**Alison Steeves**

Did you say head or neck, sorry?

**Paula Doiron**

My neck, my head, and my spine felt like it was on fire. My neck felt like it was melting.

**Alison Steeves**

And what happened at the Emergency Room?

**Paula Doiron**

After the booster, it dawned on me that, because I'd been feeling ill for a while— It dawned on me that this was possibly because of the vaccines that I'd been receiving.

At that point I'm like, "I'm going to go to the ER and I'm going to ask them if it's normal to have a headache and a sore neck at the same time." I looked it up and they say, "You'll have the sore arm and you could have a headache." But the sore neck and sore head were indications that it could have been Guillain-Barré syndrome, meningitis, Parsonage Turner Syndrome, SIRVA [shoulder injury related to vaccine administration]. So I did a bit of research before I went. When I got there, the triage nurse— I asked her if it was normal to have the headache and the sore neck, and she didn't answer me, and she gave me a really dirty look. When I got with the ER doctor, I asked him, and his words to me were, "What do you have against vaccines?" And then I told him, "Well, I've had four in the span of 14 months. There's something wrong with me." But they wouldn't answer my questions.

The next day, I figured I'm going to go ask the pharmacist. I was picking up my prescription. I thought maybe the doctor and the triage nurse were having a bad shift, so I'm like, "I'm going to go speak with the pharmacist." And I asked the pharmacist, "Is it normal to have the sore neck and the headache, or the headache." And then he asked me what side I had received my injection, and I told him it was the different side of where I was hurting. And then his words to me were, "I'm not buying it." Like I'm trying to like sell him Tupperware or something! And then I asked him about the 2020 flu shot recall.

[00:15:00]

Because I had found information that this flu shot had had a recall. And he looked at me; he's like, "I'm too busy. I'm not talking about this with you right now."

**Alison Steeves**

Did they run any tests at the ER?

**Paula Doiron**

When I went to the ER, I had to beg for testing. At that point, I'd already done a bit of research myself, and I was concerned. And I asked him if I could get an MRI. And he told me that I didn't need that. He did authorize an X-ray, so I received the X-ray that evening. And then after the X-ray from my results, he came and he told me that the MRI would be approved, because he had found some issues in my neck.

**Alison Steeves**

Okay. And did you provide me with a copy of the MRI results?

**Paula Doiron**

Yes.

**Alison Steeves**

Okay. Do you have that in front of you?

**Paula Doiron**

I sure do.

**Alison Steeves**

So that is Exhibit TR-0006b. And it reads, "The impression as moderately advanced C5-6 degenerative disc disease. There is severe disc slash Luschka joint osteophyte narrowing of the right C6 neural foramen. There is mild central canal narrowing at this level." Is that correct?

**Paula Doiron**

That's correct.

**Alison Steeves**

And the recommendation was surgery consultation, correct?

**Paula Doiron**

Correct.

**Alison Steeves**

And did you have the surgery consultation?

**Paula Doiron**

I did speak with my family doctor after he received these results, over the phone. And my family doctor told me that a surgery wouldn't be approved for me. I asked to be transferred or referred to a neurologist. He said that there's a big waiting list. It would be about three years. And I said, "well you, you can put me on the list, I could get worse by then." And he's

like, “yeah, I’ll put you on the list, but they’re not going to approve this type of surgery for you.”

**Alison Steeves**

And what was his suggestion?

**Paula Doiron**

I would have to live with it.

**Alison Steeves**

So in 2020, you took the flu shot. You experienced severe symptoms that persisted, and then you got your two Moderna vaccines. And then when you had your booster, you had more severe symptoms. Were they sort of different symptoms? Did you say they exacerbated the original, or it was completely different?

**Paula Doiron**

After the booster, it was different. That’s when I started getting, like, body jolts. I started having menstrual issues. I also had brain zaps, brain fog, fatigue. I had to take three naps a day, and nerve pain, a lot of nerve pain. And the sensation of my legs, the pulsing, has never gone away.

**Alison Steeves**

And had you had any issues in the past or any pre-existing conditions that would explain any of those symptoms?

**Paula Doiron**

No, the only issues I had in the past: I had asthma, I have a bladder condition called interstitial cystitis, and I was on antidepressant.

**Alison Steeves**

And what made you think there could be a connection with the vaccines?

**Paula Doiron**

Well, I’m having all these issues with my neck a year after. And when I received that flu shot and other shots, I was always having a sore neck. I kind of put two and two together that—

**Alison Steeves**

And how did you feel about the response you received from the various healthcare providers when you inquired about that connection?

**Paula Doiron**

It's very frustrating. I think I deserve to be treated better than that. I did my part, and I actually mentioned this to the ER doctor. I said, "You know, I did this to protect others and residents, but now I'm injured and somebody needs to protect me."

**Alison Steeves**

And do you know if any of the healthcare professionals you spoke with filed an adverse event following immunization form?

**Paula Doiron**

No, they did not.

**Alison Steeves**

And Paula, you also had a gene analysis done. Is that correct?

**Paula Doiron**

Correct, yes.

**Alison Steeves**

So that's Exhibit TR-0006a. And do you have that in front of you?

**Paula Doiron**

I sure do.

**Alison Steeves**

Can you explain? So who provided you with this gene analysis?

**Paula Doiron**

This was done with a naturopathic doctor.

**Alison Steeves**

And how did they do it?

**Paula Doiron**

It's with your saliva sample, so they're able to see your gene makeup. And I was explained that I have a mutation, a gene, that's actually very sensitive when it comes to vaccines.

**Alison Steeves**

And that's the MTHFR [gene], is it?

[00:20:00]

**Paula Doiron**

I had the worst one she told me.

**Alison Steeves**

So these notes, the handwritten notes on the results: is that your handwriting?

**Paula Doiron**

That's my handwriting, yes.

**Alison Steeves**

And when did you write that?

**Paula Doiron**

As she was explaining to me, because I need to take some vitamin B, I guess. So I just dabbled.

**Alison Steeves**

So that supports that you might be at risk of having bad reactions, to suggest the possibility?

**Paula Doiron**

Yes.

**Alison Steeves**

And had you had any bad reactions with vaccines in the past?

**Paula Doiron**

Well, I didn't think so but now that I'm looking into past, I had received a vaccine as well in 2005 while I was pregnant. It was a DTaP. And not long after this DTaP, I had massive muscle and joint pain to the point that I was on the couch for a month. I went to the hospital then and the doctor at the time told me that it was from— I was newly pregnant, and I was expanding, so I would get muscle sores and aches. But I was so sore that I was on the couch for about a month. And I think it was five months after, my water broke early, and my son was only alive for one day.

Speaking with the doctors then, they said, "We can't explain why these things happen. We don't know why." And now that I see these type of— This type of documentation, it kind of makes you wonder if that's the case? I'm not saying it is, but unfortunately, I can't go speak with a doctor and say, "Hey, is this what happened to my son?" Because I don't think they would be honest with me.

**Alison Steeves**

In terms of the impacts that these symptoms have had on your life, you're currently on sick leave due to these symptoms?

**Paula Doiron**

I am, yes.

**Alison Steeves**

And when did you go on sick leave in relation to the various vaccines?

**Paula Doiron**

It started October, 2021. I tried to return to work a few times, but I was getting more sick.

**Alison Steeves**

And was that before your booster?

**Paula Doiron**

This was before the booster. Yeah, I actually got my booster as I was on sick leave because I didn't know that I was having issues with the previous vaccines at that point. It only clicked in when I got my booster.

**Alison Steeves**

And what has the financial impact been of being off on leave? Are you getting benefits or disability, or—?

**Paula Doiron**

No, I'm not. Right now, I'm kind of living on my credit card. My brother is helping me as well. I got help in the beginning: I think it was 15 weeks for EI for a sick leave. But once that ran out, I tried to go back to work and I couldn't. So I've just been footing the bill.

**Alison Steeves**

You tried to go back to work when your benefits ran out?

**Paula Doiron**

I did, yeah.

**Alison Steeves**

And what happened?

**Paula Doiron**

I couldn't move for a long time. For months, I was on the couch. I couldn't even walk. I would walk kind of hunched over. I'm just starting to be able to walk straight now after a couple of years.

**Alison Steeves**

And how else have these symptoms and your diagnosis impacted your day-to-day life?

**Paula Doiron**

I used to be very active. I used to be very happy and social. I'm not so much anymore. I'm isolating more now.

**Alison Steeves**

And why is that?

**Paula Doiron**

I've lost connections with some of my family, my friends. I've tried to reach out to explain to them what's been happening to me, and they have blinders on. They don't want to speak to me about it. They've kind of disconnected from me.

**Alison Steeves**

And has this experience impacted your mental health at all?

**Paula Doiron**

Yes—yeah, it has. It's made me very anxious. I mean, I'm doing research now, and I'm seeing these doctors come up with heart attacks, cancer, and I'm still trying to figure out what issues— I have some diagnosis, but I know there's still something wrong with me. I still—

Actually, in a couple of weeks from now, I have someone that's going to go through my blood work. And there's discrepancies in my blood work as we speak and my urine sample. So yeah, I'm anxious. I don't know what's wrong with me. And it's been two years of being sick and I'm having to run around, "Please, someone help me."

**Alison Steeves**

And how are your symptoms today?

**Paula Doiron**

I'm still sore. I'm still sore. It's chronic.

**Alison Steeves**

Has anything helped?

**Paula Doiron**

When I was at my worst, I did do ivermectin. It cleared my spine and my head from burning within two days of using it. I've used it a bit more since, but it doesn't— I think it was a one-shot deal.

[00:25:00]

But I've been on supplements, and DMG [dimethylglycine] is one that's been a big game-changer for me. I'm trying to go all natural, and I'm slowly healing. I'm not worse.

**Alison Steeves**

And do you have any idea if or when you might return to work?

**Paula Doiron**

I'd like to return in May, but the last couple of days I've been in a flare-up, so we're going to see how that goes.

**Alison Steeves**

What would you say has been the hardest aspect of this experience for you?

**Paula Doiron**

Getting treatment, getting taken seriously, my relationship with my family members and friends. And I had to leave a three-year relationship because he didn't believe me that I was going through these issues, and I started going public to warn others. And his words to me were, "I can't go out with a conspiracy theorist." So I chose my health over the relationship. So yeah, I've lost a lot, but I've gained a lot too.

**Alison Steeves**

What do you mean by you've gained a lot?

**Paula Doiron**

I've gained a lot of knowledge. I've gained that I need to take my instincts. I need to follow those because in the beginning, I think I was on the right path, but I let people convince me to do something. Yeah, so follow my own instincts. And just—I met a lot of great people too, and there's a lot of good people out there. And there's a lot of people like me that's injured as well.

Purple is kind of— If you see a Facebook profile picture and there's purple in there, reach out to them, because they're probably injured like me and we're all in the same boat.

**Alison Steeves**

Thank you, Paula. I have no further questions. I'll just turn it over to the Commission.

**Commissioner Drysdale**

Thank you. You did an excellent job of describing for us what you've been through. But I want to go back just a little bit, because there's some people that really haven't talked about it. And that was the patients, the people in the elderly residents. I don't know a lot about that. That's what my question is going to be, you might not know some of these answers.

Are the residents highly regulated by the government? How they take care of the residents? What are their ratios of staff?

**Paula Doiron**

Where I work, yes. It's supposed to be regulated, but we can't keep staff. Nobody wants to work for very long. I work there and I'm one person, but I have to do like a two-person job,

because there's not enough people that want to work. And you're working with sick people too. Like, their needs need to be met. Personally too, they deserve a bit of attention. And you can't even give them that attention of a conversation for two minutes because it's so busy that you kind of have to brush them off.

**Commissioner Drysdale**

Were there never inspections of the facility to ensure that the residents were getting the care that they were supposed to be getting?

**Paula Doiron**

Yeah, no. We do get some inspections, but not about the care. No, I don't remember any.

**Commissioner Drysdale**

When you were talking about them going into lockdown— I think you said that there were times when the residents were locked up for months at a time, I think there was several months—

**Paula Doiron**

It was almost two months.

**Commissioner Drysdale**

Did the workload on the staff as a result of that go up or down?

**Paula Doiron**

It was probably the same because, for the nurses, they have to suit all up with that gear, so it was more strenuous actually. And for the nurses as well—

Their food was being served in their rooms as well. I worked in the food department, so we make their trays. And then, usually they have a common room that they can go eat, where now it was like the nurses were having to go bring the food to them, and not so much us. So it probably caused more work.

**Commissioner Drysdale**

Well, you know, with people being locked up for a long period of time, especially elderly people, did you notice an effect on their mental health and happiness?

**Paula Doiron**

Yes, it was heartbreaking.

**Commissioner Drysdale**

Did the regulator come in and assess that at all?

**Paula Doiron**

No.

**Commissioner Drysdale**

Did anybody ask questions about that?

**Paula Doiron**

I wanted to ask questions, but when you ask questions, "We're just following public health."

[00:30:00] [The livestream was inadvertently cut off at this point.]



***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

### EVIDENCE

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**Witness 10: Chief Greg Burke**

Full Day 2 Timestamp: 06:18:20–06:56:40

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Chief Greg Burke, do you affirm that this eagle feather symbolizes your direct connection to the Creator for your people, and you hold it in the spirit of honor and truth to your ancestors who have passed, and to your ancestral spirits who are here today to guide you and protect you, that the evidence you shall give in this matter shall be the truth, the whole truth, and nothing but the truth.

**Chief Greg Burke**

*Je vais, I do. Wela'lin.*

**Criss Hochhold**

Thank you, Chief Burke. For those of us that don't know you, can you please state your name and let us know where you're from?

**Chief Greg Burke**

Chief Greg Burke, originally from Cape Breton, Glace Bay. Don't hold that against me, though. I run a financial practice in Halifax. I live outside of Halifax now and my office is in Bedford. My name is Chief Greg Burke.

**Criss Hochhold**

Thank you. Can you tell us a little bit about your background, Chief Burke?

**Chief Greg Burke**

Well, you don't want to know it all, but I just want to share with you that I do have four years of nursing at Toronto East General, and I'm just not another head in the crowd. So going through this was very difficult for me knowing that the knowledge that I had through my training—that I worked in the OR, cardiac arrest unit. We did training in pathology as

well as the OR, so I'm well versed—not only in our Constitution or my treaty rights, but I'm also well versed in the medical field in sterilization.

**Criss Hochhold**

Chief Burke, I understand you've had some significant health issues fairly recently—pretty much at the onset of COVID—that are not COVID-related. Can you tell us more about those please?

**Chief Greg Burke**

Yeah, I diagnosed myself with cancer back in 2019. Our medical system being what it is, what I told my doctor—I guess maybe I shouldn't have directed the doctor—but I told him I wanted to go to a private clinic and get an ultrasound done and get my bloodwork done. It all came back negative, so I went on my way, thinking I was getting old, I guess, and figured it was just an old age thing.

In January 2021, I went to him and said, "I definitely have cancer." I said, "I have to get a colonoscopy done," so I had a colonoscopy done. I ended up with surgery in April of 2021, followed by eight treatments of chemo, which ended on December 24th of 2021. Following that, when they did the CT scan, they found three blood clots in my lungs due to the chemo treatment, so they had me on a high dose of blood thinners from January through to June.

**Criss Hochhold**

Were you on any medication for your cancer?

**Chief Greg Burke**

Yeah, I had the eight treatments of chemo, as well as they gave me dilaudid, which I didn't use. I didn't need dilaudid, and through my surgery I didn't need dilaudid. Although, they told me to take it. They said opioids get a bad rap, but for some reason I didn't have pain. But I took the dilaudid home with me. And, of course, they give you all kinds of mouthwash to kill the lumps and bumps that get in your mouth, and the lumps and bumps that get all over your body. So you know—yeah, I was on medication as well as the blood thinners.

**Criss Hochhold**

You said you had lumps and bumps all over your body. Can you tell us more about that? That's related to the medication?

**Chief Greg Burke**

Yeah, it was hard to describe. It got to the point where it got so bad that I couldn't touch myself, actually. Because there were, like, little hives, millions of little hives all over your body.

[00:05:00]

And the chemo treatment causes tissue damage. So even as I sit here today, my feet are on fire from the tissue damage as well as tissue damage on your hands. Someday maybe they'll get back to normal. But as I was explaining to you, Criss, even today I struggle trying to take the top off plastic Tupperware.

**Criss Hochhold**

Did the medications affect your cognitive abilities at all?

**Chief Greg Burke**

Well, combined with the operation and the chemo treatment, you end up with chemo fog brain they call it.

**Criss Hochhold**

What does that mean? Can you explain that a little bit further? What do you mean by that? What happens?

**Chief Greg Burke**

Well, a cop asked me that, and he said, "What do you mean by chemo fog brain?" The best way I can describe it is, it's not like you're drunk, but it's almost like you're in a daze, like you're stupid. So your reaction time and your thinking time isn't sharp. You do everything slow. You move slow. You talk slow. You react slow.

**Criss Hochhold**

So it takes you a little bit longer to process information, when you were having a conversation sometimes, depending on it at that time?

**Chief Greg Burke**

Yeah, you have to compress it and then react.

**Criss Hochhold**

Because of the chemo treatments that you went through, and the diagnosis of the blood clots in your lungs, were you given a medical exemption, for example, for wearing a mask?

**Chief Greg Burke**

Well, when I started the chemo treatment in June of 2021, they gave me a yellow card. I'll just show that to everybody if they're not familiar with it. This is a "go to the emerge." card. There are all kinds of warnings on it—if you're having a heart attack or high blood pressure or fever, whatever, I override everything in the emerge. other than a car accident.

**And because of this, you're very susceptible to bacteria or whatever. Everything I know about wearing the chin diaper, working in the O.R., what people were wearing was really a joke to me. And when I seen people wearing it, I felt sorry for them, knowing how dangerous it was for their health.**

**Criss Hochhold**

I'm just going to quickly forward the commissioners that exhibit Chief Burke is referring to. There are a number of them, and the labels will be TR-0010, as well as TR-0010a through e. Those will be the exhibits that we're referring to.

**Chief Burke, I'm going to fast forward a little bit. I want to take you to an incident on February 9th, 2022, at approximately 3 p.m. Can you tell me about that, please?**

**Chief Greg Burke**

Sure. Well, because I wasn't wearing a mask—I didn't wear a mask at any time in hospitals. I was there every 14 days to get my blood checked to make sure my hematology was good and white cells were fine.

Actually, I'll share something with you: it's when I first arrived there to get my blood checked to take my first treatment of chemo. There was a lady there, said while I was going to the washroom—I didn't hear her say, but my wife heard her say: "You make him wear a mask." And the oncologist came up to my wife with the mask not sterilized. You know, if you're going to touch these things, you have to be sterilized, you've got to scrub up. Anyway, the oncologist said to my wife, "Could you get your husband to wear a mask?" And Susan said, "Good luck with that." When they asked me, I said, "No, I'm not going to wear it." I said, "It's on your finger. You're not sterile, so I'm not going to touch it."

And I went into several stores. And of course, when I explained to them my condition, they were okay with it.

**Criss Hochhold**

And you went into Canadian Tire. Now, I really just would like for you to talk to us about what happened up until the interaction with the owner, because I would like to show a video for that particularly.

**Chief Greg Burke**

Yeah. I went into Canadian Tire, as Criss said, on February the 9th.

[00:10:00]

It was around quarter to three. And I was going to return an item, and I walked up to the return desk. There was a huge plexiglass on the return desk, a girl behind it wearing a face mask. And I put my item down and she said, "You've got to wear a mask." I said, "I don't wear a mask." She said, "Do you have an exemption?" I said, "Yeah, I do have an exemption." She said, "Well, I can't wait on you." I said, "Why not?" And she said, "Well, you're a danger to my health." I said, "You're behind a plexiglass wearing a mask. How am I a danger to your health?" And she said, "Well, you're a danger. I'm not going to wait on you." And she walked away from me, and I said, "Well, can I speak to the manager?"

And bear in mind here, I've got chemo brain. So it's almost like you're in sort of a dream here. So she picked up the phone, and I stood there probably for five minutes, six minutes waiting for the manager to show up. Everybody was calling. The girls at the cash register were trying to get a hold of a Mr. Keating. And while I was leaning against the railing, this individual—did you want me to go further with this?

**Criss Hochhold**

Nope, I want you to go right up to the point that you're going through now.

**Chief Greg Burke**

This individual showed up, and he kind of towered over me, and he started—

**Criss Hochhold**

One second, Greg, I'm going to stop you right there. Unfortunately, I don't have HDMI capability on my side, so I need to walk over to Chief Burke to show you the video on the laptop.

**Chief Greg Burke**

Did you want me to keep explaining?

**Criss Hochhold**

I'm going to play the video. And when I play the video for you, you can watch it. You can narrate it.

**Chief Greg Burke**

So Criss asked me to narrate this for you while it's on the screen. So you can see me, I'm up at the desk.

**Criss Hochhold**

I'm putting the arrow to Chief Burke, as you can see there. He's the gentleman in the blue.

**Chief Greg Burke**

I noticed that gentleman in the blue kept looking at me because I didn't have a mask.

**Criss Hochhold**

I'm just going to skip forward just a little bit until the interaction occurs. Because now you're waiting for a few minutes.

**Chief Greg Burke**

Okay, so she's waiting on me there, or telling me that she can't wait on me. I asked to speak to the manager. So she disappeared there, and she went on the phone to call the manager. And I stepped back, and you see me leaning there while I'm waiting. And I waited, and I waited, and I waited. And there, this guy shows up. He never asked me who I was, or what I was doing there, nothing. He just immediately started saying, "If you're not going to wear a mask," and he's screaming, "leave the store!" And you can see his hand gesture.

You can see me asking him to calm down because he's white-faced, dry-mouthed, and very confrontational. I'm saying, "I just want to explain something to you." He said, "No, I'm not going to listen to you. If you're not going to wear a mask, get out." And you see him shaking his head back and forth, saying no. And that's when he gave me three options. First option was, I can do my business out on the street. Second was, I can do it online—this is returning an item now. And the third, I can wear a mask. And I immediately said to him, "No, that's not an option. But let me think of my other option." And I put my head down to figure out,

**“How am I going to do this outside? They’ve got to bring the machine out.” This was how my brain was working that day.**

**And then when I left, I didn’t notice he went to the other side. And when I raised my head to ask him how I was going to do it outside, he immediately said— Okay, you see him grabbing me there. Immediately said, “If you’re not going to wear a mask, I’m going to throw you out.” And I said, “What do you mean? Like, you’re physically going to throw me out?” I couldn’t believe he said that. He said, “That’s right.” I laughed at him, and I started to leave. And I said, “That wouldn’t be a good idea.” But I wasn’t referring to that I would knock him out, which maybe I should have.**

**[00:15:00]**

What I was referring to was my health. I’m on high a high dose of blood thinners, I’m suffering from chemo brain fog. And I’m not myself, so that’s what I am referring to.

I think that triggered him. And that’s why he grabbed me. And I pushed him off me and I was warning him not to touch me. But he came at me again and I pushed him off again. And he backs me up to the return desk. I thought that I grabbed him to hold him off—obviously, the video, I didn’t do that. But I did warn him. I said, “Look, don’t you dare touch me.” I said, and this is the way I said it, because I’m not an excitable type of individual. There, he grabs me again. And I had to push him away again. And that’s where I told him, “Don’t touch me, I can hurt you. And believe me, I can hurt you.” So at that point, he’s hollering, giving directions to call the cops.

Right about now, I’m very nervous. I’m not afraid of him. But I’m nervous of him doing something that I’m not expecting, and he’d get the advantage over me. Because if you know anybody on blood thinners, you get cut, you’re going to bleed pretty bad. So that was my worry there. And I told him, “Well, I’m going to call the cops. You go ahead. I’m going to have you charged with assault.”

While I was leaving—Criss is not showing that—but as I was leaving, he kept following me. I said, “Don’t follow me.” Because I was worried that he was going to jump me from behind. And anyway, I went out into my car. And I waited in my car. I called 911 when I was in my car. And he came out. And I thought, okay, he’s come to his senses. He’s going to come and apologize.

**Criss Hochhold**

I’m sorry Greg. I thought I pressed play to finish the video and I walked away. My apologies for that.

**Chief Greg Burke**

Okay. So he’s giving orders to the girl to call the cops, and right about now—I don’t know, this guy is unpredictable. I mean, he’s crazy. His eyes were like that, coming at me.

**Criss Hochhold**

Chief Burke, I know that the video is still playing, and we can probably switch off that. Thank you again because you do exit the store at that point in time. The lady that walked off: She at this time is actually calling 911 and the audio recording for that is available to the commissioners. It is one of the exhibits. As well as, Chief Burke, after the confrontation,

and you went outside, I know the store owner followed you, but what happened outside of the store? Did you call anybody?

**Chief Greg Burke**

Yeah, I called 911 and told them that I've been assaulted, and I want charges laid against the— I thought he was the manager. I didn't know he was the owner.

**Criss Hochhold**

For the commissioners, that 911 recording is also part of the exhibits that you can listen to. After that, what had taken place? Fast forward to when the police officer arrives. What happened then?

**Chief Greg Burke**

Yeah, I was talking to two RCMP officers that were in the parking lot at the time. They were on their coffee break and we were chatting. I waited about 15-20 minutes and this Bedford cop showed up. He asked me what was going on. I said, "Go watch the video and come back and talk to me." Which he did. He went in and he come back out. It was a beautiful day, and he was wearing one of those N95 masks. And I thought, "Oh boy, this is going to be good for me." They called the right guy.

So anyway, he went in and he came out and he said, "Yeah, I watched the video." He said, "Yeah, he grabbed you, but you defended yourself, I'm not going to charge him, I'm not going to charge you." And I said, "You're not going to charge me? I defended myself." He said, "Well, he's allowed to do that." Yeah. So the Bedford Canadian Tire store: bring a bodyguard with you because they're allowed to grab you.

**Criss Hochhold**

Chief Burke, excuse me, please. Keep it down please, thank you. Chief Burke, the interaction with the police officer: Can you tell me specifically about that? What was the conversation you had with him and what was the result of that?

**Chief Greg Burke**

Well, it wasn't much. After he said that he wasn't going to charge me, he said, "I'm going to give you a ticket." I said, "a ticket for what?"

[00:20:00]

He said, "for not wearing a mask." I said, "a ticket for not—" I'm thinking, what ticket? And he walked away, and didn't ask me what transpired inside, nothing. And he went to his car, and I waited and waited in my car.

And then I went over to his car in probably about 15, 20 minutes. I said, "What's going on?" He said, "Well," he said, "I'm having difficulty. They change the rules all the time, so I got to find out if I'm charging you with the right thing or not." So he said, "I apologize for taking so long, but here's a ticket for not wearing a mask." And I said, "Not wearing a—what the heck?" And I look: it was \$2,422, something like that.

**Criss Hochhold**

So the interaction with the police officer resulted in you receiving a fine for not wearing a mask. Did the officer at any point ask you if you had a mask exemption?

**Chief Greg Burke**

No.

**Criss Hochhold**

So there were no inquiries whatsoever about what transpired inside? He went inside the store and he felt satisfied with what he observed to issue you a fine but not proceed with anything else?

**Chief Greg Burke**

Yeah. But I found out later, when I tried to force him to put an assault charge on this guy. When I spoke to his sergeant, his sergeant said, "Well, I read his notes and I don't see that we should file assault charges. It's not going to go anywhere."

**Chief Greg Burke**

And I said, "You read my notes?" He said, "Well, yeah." I said, "He didn't take any whatever from me. He didn't take any statement." He said, "Well, we got it on—" I said, "Well, he didn't even talk to me about it." So he said, "I'll send over an officer now."

So anyway, where was I?

**Criss Hochhold**

Chief Burke. I would like to stop this one here because we have another very important incident that we definitely have to get to.

**Chief Greg Burke**

I just will say this, that the cop lied to Canadian Tire and told him I was banned for six months. He never ever put a ban on me for six months. So this guy was a loose cannon.

Okay.

**Criss Hochhold**

So thank you. I now want to fast forward you 30 days to an incident on March 9th that you were also involved in. Can you briefly describe that for me?

**Chief Greg Burke**

Well, that was actually 30 days after the Canadian Tire assault. So Canadian Tire was February 9th and this is March 9th. And there was a homeless guy that I knew from years ago living in his car, so I thought I'd go and buy him supper. It was a late evening, so we went to A&W. I walked in, and the girl said, "you got to wear a mask." I said, "I don't wear a mask," and she said, "well, you do your order by the plexiglass." So I ordered for both of us and all of a sudden, this guy comes out—you can tell he was a migrant—he comes out of

the door like a cannon had shot him through the door and started screaming for me to wear a mask. And I said, "well I got my order, it's right there." And he kept saying, "you got to wear a mask." He was screaming, he was really upset. I said, "well, do I wear a mask if I sit down?" "No." I said, "well I'll sit down, and you can bring it." No, he wouldn't do it. I said, "how long you been in the country?" He said, "three months." I said, "Did they teach you anything about the Canadian Bill of Rights?" "I don't care about your Canadian Bill of Rights." I said, "If you don't care about my Canadian Bill of Rights, you go back to the country where you don't have rights." Anyway, he said, "Well, I'm calling the RCMP." I said, "Go ahead." I said, "Give me my money back." He wouldn't give me my money back, so I said, "When the RCMP come, I'm charging you with theft, because I want my money, I'm leaving. Now." And this is the way I was talking.

### **Criss Hochhold**

I'm sorry. I hate to interject, but in the interest of time, can you take us to the moment outside, when the police arrived, regarding this incident?

### **Chief Greg Burke**

Yeah, I'm not a long-winded person but I'll try to be short. As I was leaving, two RCMP officers were walking in, and they said, "What's going on?" I said, "I came here to order food. They took my order, then he wouldn't give me my money back, and I'm just about to leave." He said, "Let's go outside and we'll talk about it." I said, "okay." We go outside, and he said, "Do you have your ID?" I said, "yeah." "Show me your ID." I said, "Did I break the law?" He said, "no." I said, "Well, you don't need my ID. I'm leaving." He said, "no you're not." I said, "I'm detained?" "No." I said, "Well, I'm leaving." "Give me your ID." "No." So that went back and forth.

As this was going back and forth and I was trying to explain to the RCMP the rights and the laws

[00:25:00]

this little RCMP officer is coming across the parking lot. He immediately grabbed me and tried to throw me up against the wall. He said he was going to charge me with resistance. I said, "I'm not resisting." I said, "You can handle my arms." I said, "Just relax." I said, "I'll give you my arms if you want to handcuff me. You want to go down this rabbit hole, let's go down this rabbit hole." So I helped them handcuff me from behind and then he started pushing me towards his car. I warned him not to push me and he didn't push me after that. And we get in the car.

**Now, you have to appreciate, my skin is still hurting from the chemo treatment. He was helpful, he helped me get my legs in the backseat of the car. Because if anybody's been in the backseat of the RCMP car, they're like getting in a coffin. So anyway—**

### **Criss Hochhold**

Chief Burke, I want to just really touch upon when you had that interaction with the one police officer. You were having a conversation about the masking situation when an officer approached, came across in the parking lot and basically put his hands on you to affect the rest. They did tell you that you were under arrest at any time before they laid their hands on you, before they touched you?

**Chief Greg Burke**  
Sorry. Repeat that again?

**Criss Hochhold**  
When the second officer came and who then physically tried to take control of you, did he advise you that you were under arrest at that time?

**Chief Greg Burke**  
No, no.

**Criss Hochhold**  
How much force would you say—I know it's difficult to gauge, but when he tried to gain control of you, was there a struggle? Is that why he was saying, you know, stop resisting? Were you struggling? Were you resisting the officer?

**Chief Greg Burke**  
Yeah, he tried to slam me up against the brick wall. That's what he tried to do, and I tried to prevent it because I didn't want my face to go into the brick wall because I'm still on blood thinners.

**Criss Hochhold**  
Right, so then you were cooperative, and you allowed him to put the handcuffs on?

**Chief Greg Burke**  
Yeah, and I wasn't combative or saucy or anything. I was just standing up for my rights.

**Criss Hochhold**  
Were you handcuffed in the front or in the back?

**Chief Greg Burke**  
Back.

**Criss Hochhold**  
And then he pushed you towards the police car?

**Chief Greg Burke**  
Yeah. Yeah, he pushed me several times.

**Criss Hochhold**  
Okay. What did you say to him when he was pushing you?

**Chief Greg Burke**

I told him not to push me again.

**Criss Hochhold**

And then you walked to the police car, and he put you in the back of the police car. And he assisted you putting your legs in, because the backs of police cars are very, very small.

**Chief Greg Burke**

Confined, yes.

**Criss Hochhold**

Thank you, yes. What happened then?

**Chief Greg Burke**

He read me my rights and asked me if I understood them. And I said, "I understand the rights," but I don't understand why he read them. And I said, "what are you charging me with?" He said, "creating a disturbance." I started laughing, I said, "The only fools that created a disturbance is the little guy that got shot out of a cannon there, and you." I said, "I didn't create this disturbance."

And so we had a conversation about the handcuffs. I said, "Look, you got to take these off." I said, "I'm not a threat to you." I said, "I never was a threat to you." I said, "I don't know why you're overreacting the way you are, but," I said, "let's go down this rabbit hole."

So while we're having this conversation, the Mountie that initially spoke to me came and they had a powwow in the front of the RCMP car. And then the guy that put the handcuffs on me, he said, "I'm going to give you a ban for six months." And of course—I was teasing him—I said, "Oh my god, I'm going to starve to death. I'm not going to get out—" You know, I was basically being a smart ass, but I thought he deserved it.

When I get out of the car, I tried to ask him a legal question about showing your ID. Finally, after four or five attempts, he finally answered my question. And I asked him, I said, "if I'm walking down the street at 3 o'clock in the morning, do you have the right to pull me over? Although I'm not committing a crime, do you have the right to ask for my ID?" He said, "If I'm suspicious, I can." Now that's totally wrong.

So anyway, the two of them are under investigation.

**Criss Hochhold**

Chief Burke, I will eventually get to that, that's okay. Once your interaction ended, you were given a piece of paper, which you understood to be basically a *Protection of Property Act* notice banning you from entering the A&W, that location?

**Chief Greg Burke**

No onion rings for six months.

**Criss Hochhold**

I'm sorry?

**Chief Greg Burke**

No onion rings for six months.

[00:30:00]

**Criss Hochhold**

But you were banned from the property for six months?

**Chief Greg Burke**

That's correct, yeah.

**Criss Hochhold**

And did the officer open a piece of paper that he served you with and did he explain that to you?

**Chief Greg Burke**

No, he folded it over and gave it to me.

**Criss Hochhold**

Okay, so it was folded over, and he gave it to you, and he told you that you were banned verbally for six months. Was there anything within that piece of paper?

**Chief Greg Burke**

Yeah, I discovered after I opened the paper, there was a ticket for not wearing a mask: \$2,422.

**Criss Hochhold**

Did the officer inform you at any time that you were being issued a citation for not wearing a mask?

**Chief Greg Burke**

Never. Neither one of them. And in fact, the ticket was written by the other Moutie, not by the Moutie that handcuffed me.

**Criss Hochhold**

Okay, as I understand it and what you've already said about it—

**Chief Greg Burke**

And oh, by the way—none of those RCMP officers were wearing a mask.

**Criss Hochhold**

The interaction you had with the officer outside of the store: They were not wearing a mask?

**Chief Greg Burke**

None of them were wearing a mask. In the store or outside.

**Criss Hochhold**

When you say “in the store,” did an officer have occasion to go inside the store? Did an officer go inside the store to find out what happened?

**Chief Greg Burke**

I don't know. The only time I seen the girl and the initial constable was when I was leaving. I don't know if they went back in.

**Criss Hochhold**

But that's the initial contact inside the store—both of those officers came inside the A&W not wearing masks when you were there.

**Chief Greg Burke**

Correct.

**Criss Hochhold**

But you were issued a citation for not wearing a mask in a store, although they were not either when they entered the store.

**Chief Greg Burke**

Neither one of them wore a mask.

**Criss Hochhold**

Thank you for that. Chief Burke, I'm going to keep it short, but you've already stated as part of your testimony that you've made a complaint against these RCMP officers. You've made a public complaint?

**Chief Greg Burke**

To Ottawa, yes.

**Criss Hochhold**

Can you give me a brief overview of that?

**Chief Greg Burke**

Yeah, I called the sergeant to my house. He was a real nice guy; we had a good conversation. He was shocked that I was given a ticket without my knowledge. He said, "we don't do business that way." He wanted me to lodge a complaint with Ottawa, which I did. It's still under investigation. The constable that is taking care of it on the local area has found the initial RCMP officers in six violations. The one that handcuffed me is under 12 violations. And they've asked me what I wanted done. And I said that I want the two of them fired.

**Criss Hochhold**

Thank you. Thank you for that Chief Burke. And in the interest of time, the documents are included and I will just defer to the commissioners for any follow-up questions.

**Chief Greg Burke**

Yeah, just one other thing that we didn't touch on, Criss. He told me that— While I was in the car and he told me he was going to ban me he did say that he wasn't going to charge me. I said, "Yes, you are." So we had a little argument back and forth that I wanted him to charge me.

**Criss Hochhold**

To put that in context, that would be your interaction with the RCMP also at the A&W, when you were placed in the back of the police car.

**Chief Greg Burke**

Correct.

**Criss Hochhold**

And what were you arguing for to be charged with?

**Chief Greg Burke**

Well, he was going to charge me with disturbance, and then he said he wasn't going to charge me. And I said, "No, I want you to charge me because we're down this rabbit hole. So I want you to charge me." He said, "No, I'm not going to charge you." And I said, "Why not?" He said, "I'm not going to charge you." That's where we were.

**Criss Hochhold**

Thank you.

**Chief Greg Burke**

Thank you.

**Commissioner Drysdale**

We're running out of time, but I judge you as a pretty amiable man. You're social, and you're communicative, and I have a feeling that you're well-known in public to your community.

**Chief Greg Burke**

Yeah. My wife doesn't want to go out with me because—

**Commissioner Drysdale**

Join the club! The question I have for you is: Have you had people react to you this way before? Before this whole pandemic did people generally react in this way to you?

**Chief Greg Burke**

Never. Never. I'm not a confrontational person, although I've never, ever backed away from a fight.

[00:35:00]

I've been an enforcer on the ice all my life, you know. And being brought up in Glace Bay, you know somebody looks at you— You know, coal mining town, you're fighting all the time.

**Commissioner Drysdale**

Then Canadian Tire happened and that was an incident. And A&W happened so it's not an isolated incident.

What do you think motivated these people to treat you this way—apart from the fact you weren't wearing a mask? Why would they why would they react to you this way?

**Chief Greg Burke**

To sum it up, I would say the lack of knowledge, number one, the lack of education, and the influence that the medical health department and the politicians had on people by manipulating them.

**Commissioner Drysdale**

When you say the influence that the politicians and the media had on people, exactly what do you mean by that? What kind of influence?

**Chief Greg Burke**

Well, you had politicians that were passing laws that— You know, we got a young girl in here that she protested against Dr. Strange, or Strang, and she ended up in jail for six days. And the person that wrote that law, Brad Johns, who's the Minister of Justice, happens to be one of the most crooked people. I don't care about being so—

**Commissioner Drysdale**

Well, I think I've got my answer, but thank you very much.

**Chief Greg Burke**

Oh, you're welcome.

**Criss Hochhold**  
Thank you, Chief Burke.

**Chief Greg Burke**  
Yeah. Wela'lin. I want to thank everybody for coming here. I was impressed.

**Criss Hochhold**  
Just one second, Chief Burke. We do have one more question, I believe. Sorry about that.

**Commissioner Kaikkonen**  
I just wanted to ask if the two fines have gone to court, and what was the outcome? Or was it stopped when you did the investigation against the RCMP?

**Chief Greg Burke**  
Sorry, I didn't hear you.

**Commissioner Kaikkonen**  
I just wondered if there was any follow-up in court with the two fines. Or if the accusations—or the charge that you laid against the RCMP officers—if that has stopped the court action? I'm just wondering where it went from here, if there has been any follow-up?

**Chief Greg Burke**  
My Canadian Tire ticket will be addressed on June the 1st at 6 o'clock. The RCMP ticket, I'm going to have to check on that. Criss and I had a conversation about that. He asked me if I went to court over that. And I said it was one of the stipulations— I asked the sergeant to drop it, given the fact that that it wasn't presented to me.

**Commissioner Kaikkonen**  
Thank you.

**Criss Hochhold**  
Thank you very much, Chief Burke.

**Chief Greg Burke**  
*Wela'lin.*

[00:38:20]

**Final Review and Approval: Jodi Bruhn, August 3, 2023.**

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

### EVIDENCE

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**Witness 11: Sabrina McGrath**

Full Day 2 Timestamp: 07:14:50–07:28:49

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Thank you everyone. We're going to resume the proceedings. The next witness is Sabrina McGrath. And Ms. McGrath, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Sabrina McGrath**

I do.

**Ches Crosbie**

Thank you.

**Nicolle Snow**

Good afternoon, Ms. McGrath.

**Sabrina McGrath**

Hello.

**Nicolle Snow**

Ms. McGrath, I understand you're here today to testify with respect to the loss of your employment due to provincial COVID mandates.

**Sabrina McGrath**

Yes.

**Nicolle Snow**

Okay, where were you working?

**Sabrina McGrath**  
Nova Scotia Liquor Corporation [NSLC].

**Nicolle Snow**  
All right. And that's a provincial government job?

**Sabrina McGrath**  
Yes.

**Nicolle Snow**  
And what were you doing there?

**Sabrina McGrath**  
I was manager for the last three years. And three years previous to that—or two years previous to that—I was assistant manager.

**Nicolle Snow**  
Okay, and were you represented by a union?

**Sabrina McGrath**  
Yes.

**Nicolle Snow**  
Did your collective agreement provide for any sort of vaccination status as part of the terms of your employment?

**Sabrina McGrath**  
No.

**Nicolle Snow**  
And what position? Sorry, you indicated you were a manager. Were you a valued employee for the Liquor Commission?

**Sabrina McGrath**  
I was. Just the year previous to being placed on unpaid leave, my store had won top-performing store, so it recognizes overall sale results in leadership

**Nicolle Snow**  
And that reflects on you as manager of the store?

**Sabrina McGrath**

Yes

**Nicolle Snow**

All right. And any anything else with respect to your value to the store you were working for?

**Sabrina McGrath**

Yes, I received model performance on my latest PA, performance appraisal, which is a very rare— It's very rare to get that because I just don't give them out to just anybody. I did a pretty good job to get it.

**Nicolle Snow**

Nice. And so, what year did you have that, the model performance?

**Sabrina McGrath**

2021.

**Nicolle Snow**

Okay. What mandates and protocols did the Nova Scotia Liquor Commission adopt?

**Sabrina McGrath**

We did masking, Plexi[glass], six feet distance, and then the latest was the vaccine mandate.

**Nicolle Snow**

And when was the vaccine mandate brought in?

**Sabrina McGrath**

We knew about it in October, but it was implemented January 15th.

**Nicolle Snow**

In October, they delivered the message to the employees, but it was going to be effective January 15, 2022?

**Sabrina McGrath**

Yes, for current employees. Anyone that was new to the corporation had to be done by November the 1st.

**Nicolle Snow**

It had to be done, meaning—

**Sabrina McGrath**  
Fully vaccinated.

**Nicolle Snow**  
All right. And were they required to show proof of that?

**Sabrina McGrath**  
Yes, there's a declaration form that had to be filled out.

**Nicolle Snow**  
And with respect to the deadline of January 15, 2022 for the existing employees, was proof required?

**Sabrina McGrath**  
Yes.

**Nicolle Snow**  
And what was going to happen if proof was not required? I'm sorry, I phrased that wrong: What was going to happen if proof was not provided?

**Sabrina McGrath**  
People would be placed on an unpaid leave of absence.

**Nicolle Snow**  
Okay. Was the adoption of this vaccination mandate contrary to some of the earlier views held by the employer?

**Sabrina McGrath**  
Yes.

**Nicolle Snow**  
In what way?

**Sabrina McGrath**  
Well, in May of 2021, there was an occupational health and safety meeting. And at that meeting, vaccinations were brought up. And the response was vaccination is not required by law. It is an individual choice. Therefore, employees are not required to be vaccinated to be in the workplace.

**Nicolle Snow**  
Okay. And were you reading from the minutes from that meeting?

**Sabrina McGrath**

Yes.

**Nicolle Snow**

All right. And, those minutes have been delivered for filing as an exhibit, but we don't have an exhibit number yet [Exhibit TR-22d]. How did you feel about the vaccination mandate?

**Sabrina McGrath**

I was 100 per cent against a vaccination mandate. I think everyone should have the choice as to what they put in their body, and it shouldn't be a choice as to keeping your bodily integrity or losing your job.

**Nicolle Snow**

And so how, if at all, did the environment in your workplace change after the vaccination mandate was announced?

**Sabrina McGrath**

We recently had a new regional manager, Kim Jackman, and she came into the store about the first of November. And we had a cut-out of Dana White—he's a UFC [Ultimate Fighting Championship] person—promoting his new liqueur. When she came in and she seen it—a lot of stores had it, it wasn't just our store—she demanded we take it down immediately because he was anti-vaxx.

**Nicolle Snow**

Okay. And was there anything on the poster that was related to vaccinations?

**Sabrina McGrath**

Just a picture of him. That's all.

**Nicolle Snow**

And he was promoting his own product, his own product liqueur.

**Sabrina McGrath**

Yeah.

**Nicolle Snow**

Anything else?

**Sabrina McGrath**

Yeah, that same regional manager—it was 7 o'clock on a Friday—she came flying into the store. And she was being aggressive because she had reports that we had anti-vaxx propaganda up in the store.

[00:05:00]

Which we absolutely did not. But she went through the store with a fine-tooth comb. Didn't find anything but she made us take a poster that we had up at the front of the store down. It was handmade by our team. It was just telling the pouring amounts, the proper pouring amounts, but it said "Cheers to Pour Choices" on it. So that's what she had us take down, just in case that's what people were complaining about.

**Nicolle Snow**

Okay, and so the "Cheers to Pour Choices" was with respect to the portion amount that you might be consuming of alcohol.

**Sabrina McGrath**

Right. Because we want to be socially responsible and making sure that people are ingesting the right pouring amounts.

**Nicolle Snow**

All right. Anything else?

**Sabrina McGrath**

Yeah, I was having a conversation with an employee from another store on LinkedIn, and he wrote a comment—because we have been discussing the mandates and things like that. He wrote a comment to me saying, "I thought you were leading your store to becoming fully vaccinated, not becoming fully unemployed."

**Nicolle Snow**

Okay. And that was in the context of some conversation you were having with him about the mandates?

**Sabrina McGrath**

Right. Yeah. And then he deleted me.

**Nicolle Snow**

And then what?

**Sabrina McGrath**

He deleted me.

**Nicolle Snow**

Okay. Did you acquiesce to the mandate to vaccinate?

**Sabrina McGrath**

What's that?

**Nicolle Snow**

Did you go ahead and vaccinate due to the mandate?

**Sabrina McGrath**

No. No, I did not.

**Nicolle Snow**

And what happened as a result?

**Sabrina McGrath**

I was placed on unpaid leave.

**Nicolle Snow**

And when did that happen?

**Sabrina McGrath**

January of 2022.

**Nicolle Snow**

Okay. Did you ever go back to the Nova Scotia Liquor Commission?

**Sabrina McGrath**

No, we had the option of going back in May on the contingency that we fill out a vaccination declaration form.

**Nicolle Snow**

All right. Tell us about that form.

**Sabrina McGrath**

It's just a form to say whether or not we were vaccinated. They still wanted to know. We could go back into the workplace being unvaccinated, but they wanted to know whether or not we were. So we still had to attest to our status.

**Nicolle Snow**

Okay. So at that point the mandate to vaccinate had been lifted in the store?

**Sabrina McGrath**

Yes.

**Nicolle Snow**

Had it been lifted generally in the province?

**Sabrina McGrath**

It had been lifted in the province seven weeks before. The NSLC extended theirs for another seven weeks.

**Nicole Snow**

Okay. During that period you were off—you said from January 2022 through to May—did you have any other source of income?

**Sabrina McGrath**

No.

**Nicolle Snow**

And did you apply for EI, employment insurance?

**Sabrina McGrath**

Yes, yes, I did.

**Nicolle Snow**

What happened with that?

**Sabrina McGrath**

I was denied.

**Nicolle Snow**

On what basis?

**Sabrina McGrath**

Service Canada deemed it as misconduct.

**Nicolle Snow**

And what were they calling misconduct?

**Sabrina McGrath**

Not following the vaccination mandate.

**Nicolle Snow**

Did you file an ROE with Service Canada for your application?

**Sabrina McGrath**

Yep.

**Nicolle Snow**

And did the ROE say anything about misconduct?

**Sabrina McGrath**

No, it just said unpaid leave.

**Nicolle Snow**

And so, were you able to determine how someone at Service Canada found that there was misconduct related to the vaccine policy when that was not on your ROE?

**Sabrina McGrath**

They said they called the NSLC. And when the NSLC told them it was mandate-related, they put down misconduct.

**Nicolle Snow**

Okay. Did you apply for a reconsideration of that decision?

**Sabrina McGrath**

I did.

**Nicolle Snow**

And what happened?

**Sabrina McGrath**

Denied.

**Nicolle Snow**

And you have a union?

**Sabrina McGrath**

Yep.

**Nicolle Snow**

Or you did have a union. Did you go to your union at all?

**Sabrina McGrath**

I did. I went before the, before it was even mandated. Once we found out it was going to be mandated, I went to them right away.

**Nicolle Snow**

That was October 2021 when you learned about it. Okay, so you went to your union and what happened?

**Sabrina McGrath**

They would do nothing. They said the employer was allowed to mandate vaccinations.

**Nicolle Snow**

And did they base that on any particular opinions?

**Sabrina McGrath**

They just said case law.

**Nicolle Snow**

Okay. And so, was there an indication that they went for legal advice or anything of that nature?

**Sabrina McGrath**

They said that they went to legal counsel and asked legal counsel and that's what they said.

**Nicolle Snow**

And so, the determination was that they felt you would lose, so they may as well not fight it for you.

**Sabrina McGrath**

Yeah.

**Nicolle Snow**

Did you have an opportunity to see whatever legal advice was provided to the union?

**Sabrina McGrath**

No.

**Nicolle Snow**

Did you ask for it?

**Sabrina McGrath**

I did ask for it.

**Nicolle Snow**

And what happened?

**Sabrina McGrath**

They denied my request, saying that they don't provide union members with that information.

**Nicolle Snow**

Okay. Did you bring any other grievances?

**Sabrina McGrath**

There was a grievance in April, but the union approached me about that grievance. It was the time period between when the government ended their mandates and the NSLC kept theirs for an additional seven weeks. The only period of time that the NSGEU [Nova Scotia Government and General Employees Union] was willing to grieve was that time period.

[00:10:00]

**Nicolle Snow**

And what happened with that grievance?

**Sabrina McGrath**

For me, I was—it was withdrawn because I was no longer working at the NSLC. So they withdrew mine, but other people got something.

**Nicolle Snow**

Okay. And so that was for the people who were placed on leave without pay: the grievance was with respect to that short period that they should have received their pay.

**Sabrina McGrath**

Right. Just that seven weeks, yeah.

**Nicolle Snow**

By that time, you had left your employment altogether. Okay. And so, you were on leave without pay for a period of time.

Did termination happen at some point?

**Sabrina McGrath**

They deemed me as being resigned from my position. If I didn't fill out the declaration form by June the 12th, I was considered to have been resigned from my position.

**Nicolle Snow**

Okay. And why were you opposed to filling out the declaration form?

**Sabrina McGrath**

Because it's still giving out my medical information. I would have done it before if that was the case, right? There was no point in doing it that late.

**Nicolle Snow**

Did you take any other positive action to try to combat the mandates and your concerns?

**Sabrina McGrath**

I did. I emailed the Premier, Tim Houston. No response from him—even now. And I wrote my HR and a few senior VPs. I emailed them all.

**Nicolle Snow**

And what happened with those emails.

**Sabrina McGrath**

As far as the senior VPs, no response from them. HR responded within a day saying that the appropriate people would see my email. And then I received a response on January 13th, which was two days before the mandate.

**Nicolle Snow**

And what was the general substance of your letter to Mr. Houston?

**Sabrina McGrath**

Just explaining why. Why mandates shouldn't be implemented. Especially when it comes to losing your job. A lot of people got it just to keep their job and that's forever in them now, right? I mean, people did it to keep their job. At the end of the day, you're still dispensable, you know. Like, you can get that to keep your job and they can still let you go, so then you would have done it for nothing.

**Nicolle Snow**

And the substance of your letter, your emails to HR?

**Sabrina McGrath**

Pretty much the same. A lot of it was copy and paste.

**Nicolle Snow**

OK, all right.

**Nicolle Snow**

You brought with you today—so there's the minutes we referenced. You brought with you also your 2021 annual performance check. You talked about your good performance appraisal. We have that with us, which will be entered as an exhibit [Exhibit TR-22a]. You brought with you today your e-mail to Tim Houston and your termination letter from the

Nova Scotia Liquor Commission. You brought with you today your response from Service Canada declining your claim and the reasons why they declined it, as well as your response from the union with respect to your grievance and your communications to HR. Is that correct?

**Sabrina McGrath**

Yep.

**Nicolle Snow**

OK. And those I believe are scanned. We don't have exhibit numbers yet, but they will be filed. All right, those are all my questions.

Thank you for testifying. And we'll wait a moment to see if there are any questions from the commissioners.

**Sabrina McGrath**

Okay.

**Nicolle Snow**

All right, thank you very much, Ms. McGrath. Thank you. Thank you.

**Sabrina McGrath**

You're welcome. Okay.

[00:13:59]

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

### EVIDENCE

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Witness 12: Pastor Jason McVicar

Full Day 2 Timestamp: 07:29:55–08:03:56

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

You have the choice of swearing on the Bible. I believe there's one on the desk.

**Pastor Jason McVicar**

I'll just let my "yes" be "yes." So you just ask me and I'll say, "yes." I don't need a Bible to—

**Ches Crosbie**

All right. So I'll just follow the usual format I have been following and ask you to affirm that you will tell the truth, the whole truth, and nothing but the truth.

**Pastor Jason McVicar**

Yes.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Good afternoon.

**Pastor Jason McVicar**

How are you?

**Criss Hochhold**

Can you please state your full name for us?

**Pastor Jason McVicar**

Sure. My name is Pastor Jason McVicar.

**Criss Hochhold**

Where do you live?

**Pastor Jason McVicar**

Just outside of Charlottetown, Prince Edward Island.

**Criss Hochhold**

And what do you do for a living?

**Pastor Jason McVicar**

I'm a pastor.

**Criss Hochhold**

Pastor McVicar, you are living in PEI at this time. Where were you prior to moving to PEI?

**Pastor Jason McVicar**

Well, I'm from New Brunswick, and for 11 years I did ministry in New Brunswick Fredericton.

**Criss Hochhold**

You were a pastor at a ministry in Fredericton?

**Pastor Jason McVicar**

Yes, for 11 years.

**Criss Hochhold**

For 11 years? Can you tell me more about your time at the church in Fredericton, please? And specifically, I'm interested in incidents that happened to you regarding your status.

**Pastor Jason McVicar**

Sure.

**Pastor Jason McVicar**

With regard to COVID and the pandemic and everything, my experience is pretty unique in that I minister to a lot of people who— The church existed in a low-income area. When the mandates all came rolling out and the lockdowns came, there were a lot of people who were adversely affected by all that stuff.

And so I was ministering to a lot of people and people are in really hard ways. I was dealing with people who were struggling with suicide. I was struggling with domestic abuse from the lockdowns, people just being locked up together—it was mostly older people who were doing that—and extreme loneliness from the older community as well. So I'd seen firsthand kind of the negative effects of all the policies that were coming down from the government. It never really affected me. Our family was fine. We just rolled with the punches as they came.

It wasn't until the end of September when the mandates for the vaccine came into effect. And Dorothy Shepherd, on behalf of the Government of New Brunswick, had approached the faith communities and had approached churches. And basically, in an effort to get the vaccine uptake to 90 per cent, they wanted churches to promote the vaccines among their congregation. They encouraged vaccine mandates. Then the government had implemented a policy that said if churches would require proof of vaccination, they could operate full capacity—no restrictions, no masking, nothing. But if they weren't going to implement the proof of vaccines, then they would have to go back to their operational plans.

And that's when my experience went from ministering to people who were struggling with these different mandates and these different policies to just being on the receiving end of some of those negative outcomes. It all began October 3rd. So short, but very little, I'd say eight days after Dorothy Shepherd had approached the churches, I had received a letter from our board basically making my vaccination status the new measure of my ministry and my character. And they had included in this letter— Well, they had indicated that the vast majority of the congregation and the vast majority of the board felt that vaccination was the only way out of this pandemic. And that my opinions with regard to the whole pandemic, but mostly my refusal to receive the vaccine, was causing huge troubles in the church.

And I'll just read you some quotes to give you an indication of how they redefined—not redefined, they just made it the measure of my ministry and my character, the fact that I wouldn't get vaccinated. So in terms of ministry, they said, quote—

[00:05:00]

“That I was exercising poor judgment and a lack of discernment, that I had created deep wounds in your flock, that I had created barriers to you being able to teach, nurture and guide, that it was a lapse of wisdom, that it was a portent of future errors that could affect you on the pulpit, that it was an erosion of trust and confidence, that it was creating division in the congregation, and that there was a need to repair and rebuild the congregation.”

**Criss Hochhold**

Just for the Commission, the document Pastor McVicar was referring to has been entered into electronic evidence and will be available to you [Exhibit TR-0012].

**Pastor Jason McVicar**

In terms of my character, the letter went on to say that I was placing my physical health before that of the congregation, and that I was placing my own physical health before that of my own children and the children in the congregation.

**Criss Hochhold**

Before this, Pastor McVicar, I just want to ask a question. Because you had been there at that for about 10 years?

**Pastor Jason McVicar**

Yes. Well, this was actually the anniversary of my 11th year, that all this was happening. But it was 10 years. It was really good years. No conflicts, no— like, there just there were no issues whatsoever.

**Criss Hochhold**

So the board now attacked your character rather significantly, and—

**Pastor Jason McVicar**

They just redefined it. Because 10 years, it was fine. Like, had a great relationship with the congregation, good relationship with the board. It wasn't until my refusal to be vaccinated that suddenly my character and my ministry took on this whole new light.

**Criss Hochhold**

So in the 11 years prior, you've taken this parish, this community of faith and you've built it. And what did you build it from, and how did that come about?

**Pastor Jason McVicar**

Well, they'd had a tumultuous period where it was basically just a mass exodus of their congregation. And I had come about two years after that had happened and they were down to—I'm not even sure—it was around 20 people or something like that. And over the years we were just rebuilding, and we had gotten it up to— Well, just prior to the pandemic it was around 45-50 people. And then the pandemic came and just had crazy swings after the pandemic.

**Criss Hochhold**

So you had a significant increase from when you initially took it over until the end.

**Pastor Jason McVicar**

Yeah, we were making good progress.

**Criss Hochhold**

You said— During that time, had the board ever had any other sanctions or complaints about how you led the ministry, how you interacted with the members?

**Pastor Jason McVicar**

No, nothing formal. There is, like, differences of opinions about little things, but it's all— No, nothing formal. No reprimands, no anything. Literally no conflict with congregation.

**Criss Hochhold**

So no poor judgment and no lack of discernment?

**Pastor Jason McVicar**

No. Everything that was laid out in this letter was purely related to the vaccine, had nothing to do with my actual ministry.

**Criss Hochhold**

When you say it was purely in the letter—actually, it had nothing to do with the ministry.

Did the board present you with any evidence from the congregation to support the allegations that they've levied against you?

**Pastor Jason McVicar**

No. Well leading up to it, I wasn't shy about my opinions outside of the church setting about how I felt about all these restrictions and how I felt about the vaccine. And so, we disagreed on that. And there was constant pressure— Once the vaccines came into effect, there was constant pressure from the board, especially for me to get the vaccine. And I refused for the longest time.

It was mostly just because I was so healthy, all the evidence that I had seen in terms of pure numbers. I didn't watch TV, so I wasn't really subject to all the fear-mongering that was going on. I went to the government website and just read the numbers. So I made my choice based on those numbers. So the pressure was constant. It wasn't until the government kind of approached the churches that it went from just them disagreeing with— I had no idea that they felt this. I knew they disagreed with me and I knew that it was frustrating for them.

They had required three things of me in this letter. They said that they wanted me to outline steps that I'll take to create a path to healing the wounds described above. And they wanted me to detail how I would perform my pastoral duties.

[00:10:00]

And they wanted me to elaborate on what I could do to ensure the congregation's physical health—again, because I'm unvaccinated and apparently dangerous. And so, I wrote them a letter. I just answered their three questions. I let them know that as far as the steps that I'll take to create path to healing, I didn't know the congregation— I knew they had problems **with how I was—with my views. I didn't think it would affect my pulpit or my ministry at all. I just thought it was a disagreement about a worldly matter. But I had no idea the congregation, that they were—**

So anyway, I wrote them a formal response. I said, "As far as healing the wounds, I don't know who's hurt, I don't know who's so offended." Like, "All of these things that you're putting before me, I don't know who I would approach. I don't know who— It feels like nobody's coming to me with this stuff."

I had no idea that people took so much offense to the choice that I made.

**Criss Hochhold**

The congregation didn't, again, didn't—

**Pastor Jason McVicar**

Yeah, there's no indication. Again, everybody— I knew that I was the minority view. I just had no idea that it was the measure of my ministry and my character at that point. And I said that I just had no idea how I would heal wounds that I didn't know existed. But I also say— As far as the second one, they said they wanted me to detail how I'd be able to perform the pastoral duties.

**It was simple: the government had laid it all out and they had given us an ultimatum.** They said, "If you require vaccination—and you require proof of vaccination" that "you could operate full capacity." I said, "I won't be vaccinated, so if you're going to require proof of vaccination, I can't even minister so that'll take care of that. But if you don't, if you take option B, we'll just do what we've always done. We'll do the operational plan." Which I wrote.

**Criss Hochhold**

So they gave you the ultimatum that essentially you need to get vaccinated. If not—

**Pastor Jason McVicar**

No, they never once said I have to get it, they just they kept asking and asking and asking. And the way the letter was written, it was obvious that that was the outcome they were going for. What they were trying to portray was that my ministry was in shambles. What they were trying to portray was that my ministry was going to be impossible without vaccination.

The other thing that they asked was to, "elaborate on what you can do to ensure your congregation's physical health." I just I told them that was absurd. Like, you guys can't ensure your physical; you can't ensure, neither can I. Nobody can ensure people's physical health. I told them I would do the things that I have been doing. I'll abide by all of the actual practices that we had implemented, the operational plan. I'll do the physical distancing when it's required. I'll do the masking when it's required.

Even when it came to my vaccination status, I was always very forthright with people. I put the ball in their court. I wanted them to know that if they were uncomfortable with my vaccination status, I had a colleague, a pastor friend who would be more than willing to minister to them in person if they wanted. Like, everything was in place to, as far as— **Even though I didn't believe that stuff about me being more dangerous, if they felt that way, I accommodated them.**

**Criss Hochhold**

So you took steps, you said, for people that were not comfortable with you. You said a one-on-one.

Aside from having a congregation on your typical Sunday, church time, you also provided services to people on a one-on-one basis?

**Pastor Jason McVicar**

Oh, yeah, I did a lot of counseling. There were corporate ministries that I would engage in. So I would do the Sunday service: preaching, teaching, I'd be on the stage with them leading in worship and stuff. And then there'd be the Bible study, and then we had a prayer group as well but I didn't lead that. I had somebody else leading that. And the rest was all one-on-one stuff. A lot of people from the community—especially when COVID hit, there were a lot of people. Once word got out that there was a pastor in town that would hear you out instead of wait for their turn to tell you why you're wrong about the vaccines, they started coming to me. And that's when I started dealing with people who had such crazy struggles. And plus, it was the neighborhood I was in. I was already very well-known, very well-liked in the community, and people were in and out all the time.

**Criss Hochhold**

Did you advise the board members that you had made arrangements for a vaccinated pastor to take over counseling or other sessions for you if the person you were going to see wanted counselling?

**Pastor Jason McVicar**

Yeah. Well, when they had written that letter and I wrote my response. At the end of the response, I told them. I was like, "It's very clear from this letter there's nothing good is going to come from me defending myself.

[00:15:00]

And you've already made it super clear that my judgment in this regard has put me in a place where my ministry is not even— Like, if this is the new measure of my ministry, you shouldn't want me to be your minister." And so, I said, at the end of that letter, I was like, "I don't see a path forward." I basically said, "It seems to me that nothing short of me taking ownership, taking responsibility for all of these so-called hurts and all of these—"

**Criss Hochhold**

How about I read it? Pastor McVicar, I have it right in front of me. I can read it.

**Pastor Jason McVicar**

What's that?

**Criss Hochhold**

I said, I have it right in front of me. That way you don't need to try and refer to memory?

**Pastor Jason McVicar**

Sure.

**Criss Hochhold**

Again, this is entered as an electronic exhibit [Exhibit TR-0012i]. And it's, quote: "To be frank, your letter strikes me as unrealistic, unreasonable, and unfair. It's clear to me that nothing good will come from me defending myself, and by your own account, nothing good

will come from me exercising my own judgment when it comes to these vaccines. For this reason, I believe it is time for us to discuss how we can part ways in a way that keeps both parties (the board and myself) above reproach.”

**Criss Hochhold**

What was the result of your reply to their letter?

**Pastor Jason McVicar**

Well, they had called it a closed-session meeting. So I went to the meeting. It was just the board and myself. They took my phone, because they didn't want it recorded. Anyway, it was one of the craziest things I've ever experienced in terms of— I consider it to be abusive. It was, just, they took turns basically reiterating everything they had written in the letter, but it was so much more. Anyway, it was, it was—

**Criss Hochhold**

What happened within the meeting? Can you give us a brief summation of what happened? And how did you feel about it when you were there? Were you heard?

**Pastor Jason McVicar**

Oh, yeah. I considered it abusive, to the point where—

**Criss Hochhold**

Abusive, sorry?

**Pastor Jason McVicar**

I just let them say their piece after a while. I didn't say anything after a while. And when they were done, I reiterated that I wouldn't be getting my vaccine and that they need to deal with that, that they seem to be hyper-focused on this idea that I can be convinced. It was funny, like even at that time, it wasn't even that I was refusing the vaccine entirely, I wanted to see how the winter played out. Because Omicron was already happening in Europe. Like all these numbers were rolling in, and I was like, "I don't even want to revisit the issue until the spring time." I said, "For now I'm not going to get it, and you need to deal with that, and you need to decide what you want to do. Because it sounds like if you really believe what you wrote in this letter, I'm not fit for ministry. If this is the new measure of my ministry and character, I'm not fit. And so, you need to deal with that reality."

After that they asked me to leave the meeting and I did. And I waited that night for, kind of, confirmation of what they had decided—and I didn't get it until the morning. And they had decided that they didn't want to do anything rash and so what they would do instead is they would move everything online, except for the prayer group, because I wasn't part of the prayer group. So they moved it all online. They asked me not to meet with anybody in person, especially unvaccinated people.

**Criss Hochhold**

I'm sorry. You were unvaccinated yourself and they asked you not to meet with other unvaccinated people?

**Pastor Jason McVicar**

Yeah. They ask me not to meet with anybody in person. Basically, self-isolate.

**Criss Hochhold**

Okay, so was there a reason given why you shouldn't meet with—?

**Pastor Jason McVicar**

No. Because at this time everything was starting to open up a little. Everything was open in the government, everything was open in businesses, everybody. It was only our church. As far as I know, there was no other business, no other church, no other government entity that was shutting down. It was just our ministries that were going to shut down. So they shut it all down, asked me not to meet people in person, so I did everything online.

And after that— I'm kind of losing my train of thought here.

**Criss Hochhold**

So you left the meeting. You were waiting to hear something back from the board that particular night to see how you are moving forward.

**Pastor Jason McVicar**

Yeah. They wanted to shut it down for four weeks, and they started kind of piling on these restrictions. And so, I had assumed that was a response to my letter. Because in the letter, I had responded to them saying, like, we'll just do ministry the way I've been doing ministry. We'll abide by the government's policies, and we'll just keep rolling forward with our operational plan. And when it's open, we'll be open. And when it's closed, we'll be closed. And we'll do what we've done for the past six months or four months, or however long it was when we had the operational plan in effect.

And so, they started piling on all these new restrictions of their own accord.

[00:20:00]

Just based on their own opinions of so-called numbers. And I had moved the online, especially for church. I moved it ahead an hour, because nobody else in the city was closed, so I wanted to take my family to church. And so, I moved the livestream ahead an hour and I took my family to church. And I got an email that afternoon, I think it was, from the board asking why I had moved the livestream ahead an hour. And I told them I wanted to take my family to church. After that, I received another letter reiterating those three things. Again—they asked me again, "We want you to," you know, "tell us how you're going to protect the congregation. We want you to tell us how you're going to do ministry." So it's essentially, like, "Here's a whole bunch of new restrictions. Now how are you going to do ministry?"

**Criss Hochhold**

Pastor McVicar, ultimately, what was the outcome of the conversations in the meetings between you and the board?

**Pastor Jason McVicar**

At the end of the meetings, I wasn't going to resign, because I didn't think I did anything wrong. If they were going to make this the measure of my ministry, I wanted them to fire me for it. Like, if this is the new measure, you're going to have to deal with it. Like, you're going to have to be the ones who initiate all of this. And so, at this point, I'm just—I've lost 20 pounds. I'm a guy who can't afford to lose 20 pounds. Like, I was the most stressed I've ever been in my entire life. My ministry was in shambles, as far as I knew. So I decided I'd call a congregational meeting, because it was clear they were trying to force something but they weren't going to be the ones who wanted to initiate it. I wasn't going to quit. And so, I wanted a congregational meeting. I wanted to bring them into it and say, you know, "Is it appropriate for this to be the new measure?" If they agree, then vote me out. If you disagree, let's move on, and let's put this behind us.

**Criss Hochhold**

And the meeting that you're referring to, congressional meeting, what is that comprised of?

**Pastor Jason McVicar**

Anytime you have a decision that needs to be made that affects the whole congregation, you bring the congregation together with the board and you talk about it. You work it out. You hash it out. You create the agenda. You create the documents you need. And so, that's what I did. I had emailed the board and I told them, "I'm calling a congregational meeting. I need you guys to provide these documents." I was like, "I need you guys to be the ones who call the meeting, because you guys have been speaking on behalf of the congregation. You've been acting on their behalf, so you guys are going to be the ones to do this."

And they denied that. They said, "No, we're not willing to call a congregational meeting." I told them, "You need to revisit the Constitution." I'm like, "I gave you the option to do it, because you've been talking on behalf of the congregation. But I'm calling a congregational meeting one way or another." They said no. They said they wanted to have another meeting in person. And I said no, I wasn't going to do that after the last meeting. I was like, I've been advised by people not to ever put myself in that position again.

**Criss Hochhold**

Pastor McVicar. Sorry to interject, but in the interest of time, you ultimately decided to part ways with this church.

**Pastor Jason McVicar**

At that point, I was just done. I was, like, I can't do this anymore. It's too stressful—my wife, my family, all of it was brutal. It was the most brutal thing I've ever experienced, so I just wanted to be done. So I didn't even get to the congregational meeting.

I called up my father-in-law, who's dealt with this stuff before, and got him to mediate a mutual parting of ways, a mutual agreement to terminate the contract. So fast forward to—I forget the exact date. I'm signing this contract and I'm getting a bunch of text from the congregation congratulating me on my new endeavors. I'm like, "What are people talking about?" And I got several of these texts as I'm signing this document. Finally on my way out, I get another text from somebody asking me if this was really a mutual agreement—like, if the agreement was actually mutual. And I said, "no." And they said, "Do you want to talk?"

So, I got together with them, and they showed me the newsletter where they announced my parting of ways [Exhibit TR-0012g].

**Criss Hochhold**

I can read that out actually.

**Pastor Jason McVicar**

Yeah, could you read that? Yeah.

**Criss Hochhold**

That's right. And that was on October 27th. The letter—the parting ways that the board chose to award—was as follows: “Jason’s contract has ended by mutual agreement, as he has accomplished all that he can in this ministry, and he will now move on to new endeavors. We thank Jason for his years of service and wish him all the best in his future plans.”

[00:25:00]

**Pastor Jason McVicar**

So they just flat out lied to their congregation. And I kept on getting these texts and these messages congratulating me. So I didn't know how to correct them because I didn't want to be—anyway. So it was just this big mess. And ultimately, over time, and talking with people had discovered that nobody knew. It was just these individuals on the board were acting on their own—their own accord. The congregation, 100 per cent on the deck, had no idea that any of this was even happening in the background. So I had been misled by this letter that had portrayed my ministries in total shambles. Like the congregation was completely in the dark. And now they had lied to the congregation about the nature of my leaving.

**Criss Hochhold**

So Pastor McVicar, what I hear you saying is that they've lied to you and they've lied to your congregation.

**Pastor Jason McVicar**

Yeah. Like, I never would have entered into mutual—if I had known that, especially after talking to people face to face from the congregation, that even though they disagreed with me, **this never would have been the approach they would have approved of.**

**This never would have been the way they would have wanted it done. I never would have entered into those— Like, my ministry was destroyed over this stuff. And, I never would have gone down that path.**

**Criss Hochhold**

Thank you, Pastor McVicar. Unfortunately, we are out of time. I would like to defer to the commissioners for any follow-up questions.

**Commissioner Massie**

Thank you very much for your testimony. I'm religious, but I'm not practicing like a pastor.

**Pastor Jason McVicar**

That's how everyone who is not religious talks to me. They always put that caveat.

**Commissioner Massie**

I'm a believer. I'm a believer, but I'm a scientist, and I have a hard time to wrap my head around what you're telling me. Because it seems to me, based on the level of understanding from your people on the board, that I don't think—correct me if I'm wrong—that they have a deep understanding of the science behind what they are promoting.

**Pastor Jason McVicar**

Well, one of them was a pharmacist, so he had some understanding, but most of them are just lay people.

**Commissioner Massie**

Would it be fair to assess that this is more based on faith?

**Pastor Jason McVicar**

Trust. They gave implicit trust to the people who are talking on TV.

**Commissioner Massie**

Okay. I'm not a scholar of the Bible, but my understanding is that the reason why humans are alive today is because they benefit from a God-given natural immunity. Have they ever heard of that?

**Pastor Jason McVicar**

They saw it in me. I never got sick. I never got COVID.

**Commissioner Massie**

So it seems to me that what you are experiencing—correct me if I'm wrong—is a struggle of faith between two different beliefs: belief in natural immunity, God-given natural immunity, and I can assure you, there's a lot of science behind it—

**Pastor Jason McVicar**

I don't want to speculate on beliefs or anything like that. In the end, they just followed through on what the government put out there. And they did it in what I consider to be a super unethical way, and it kind of blows my mind that they would do that. Never in a million years would I have thought that would have been the way— But I don't know. I don't know what their beliefs are. Like, their motivations, their intentions, that stuff is God's territory. All I care about is what they did.

**Commissioner Massie**

So what is your option moving forward for your ministry or other ministry?

**Pastor Jason McVicar**

I'm in full-time ministry now. We ended up moving to Prince Edward Island to be closer to my wife's family. And from the moment I got there, I was filling pulpits, preaching, and I was asked to apply to a few different churches. And I was super frank. I was like, I'm not dealing with this stuff ever again. I told them, "If I put my name in, you got to tell your congregation exactly where I stand on all this stuff. I'll never preach it. I'll never be—I'll never be heavy handed. I don't care what people believe about this stuff. They make their own choices. I just want to be left alone with mine."

I wanted them to understand. I was like, "You just got to make sure they know that I'm not vaccinated. I probably never will be vaccinated, not with this mRNA stuff. Because in the end, nobody cared." There were several churches who were asking me to apply, even knowing that.

**Commissioner Massie**

Okay, thank you.

[00:30:00]

**Criss Hochhold**

No, there are more questions coming.

**Commissioner Kaikkonen**

I was just wondering—there's a couple of questions I have. The first one: is there anything in your contract with the church in Fredericton that would suggest this may be a problem if your faith goes against what the world is promoting?

**Pastor Jason McVicar**

Actually, I stayed away from faith statements about why I wasn't being vaccinated. So there's nothing in the contract that would say anything like that. And I stayed away from it. Because, speaking from a place of faith, the Holy Spirit informed the decision I made, but I never appealed to that because I can't. I can't. It's an appeal to an authority you can't confirm. So, I just never did, I stayed purely with the numbers. "I'm healthy. I don't need the shot. They don't stop infection. They don't stop transmission, so you're no more protected with me vaccinated than unvaccinated." Those are my two reasons for not— Yeah, so, I stayed away from it.

**Commissioner Kaikkonen**

Okay, my second question is: Do you know if the government offered financial incentives to set up church buildings as vaccination centers?

**Pastor Jason McVicar**

No.

**Commissioner Kaikkonen**

You're not aware?

**Pastor Jason McVicar**

I'm not aware, no, and nobody ever approached us—or at least, not that I was aware of.

**Commissioner Kaikkonen**

I believe that some of the arguments for churches closing fell to Romans 13. I believe that's right. I'm just wondering what your thoughts are when Christian churches or faith groups would raise the first couple of verses in Romans 13 as an argument for following the leadership of our secular governments.

**Pastor Jason McVicar**

I did. And we did: We implemented the operational plans. We followed everything. There was no mandate for the church. Nobody mandated anything within the congregation and the government didn't mandate anything for us. So that's not an argument.

**Commissioner Kaikkonen**

Okay, and then my final question is, you suggested that the mandates in New Brunswick were decreasing at a time that these restrictions within the church were increasing. I'm just wondering: At any point in this journey that you've just gone through, did you feel like the health authorities or the province were targeting the church or that there was religious—?

**Pastor Jason McVicar**

Oh, they definitely targeted the church. For one—I don't know what it was like in other provinces, but I know in New Brunswick—a huge portion of the unvaccinated population were from the faith community. And Dorothy Shepherd approached the faith community specifically, asking that they promote vaccines to their congregations and encourage them to require proof of vaccination in order to boost those numbers to 90 per cent. So they most definitely targeted the churches.

**Commissioner Kaikkonen**

So are you aware of other churches that went through this same struggle between the congregations and the ministers as a consequence?

**Pastor Jason McVicar**

There was only one other church that I knew of that went down the road that my church went down. The rest just navigated it fine. Actually, the church that my family and I landed in after all of this stuff, they were the exact same scenario as us. Their pastors were unvaccinated. They just handled it in a way more mature way.

**Commissioner Kaikkonen**

Thank you.

**Criss Hochhold**

Thank you, Pastor McVicar. I appreciate your time this afternoon.

**Pastor Jason McVicar**

Thank you.

[00:34:01]



*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

### EVIDENCE

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**Witness 13: Bliss Behare**

Full Day 2 Timestamp: 08:04:40–08:16:22

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Mr. Behare, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Bliss Behare**

Yes.

**Ches Crosbie**

Thank you.

**Alison Steeves**

Can you tell us your full name, where you're from, and your occupation?

**Bliss Behare**

I'm Bliss Behare, I'm 18 years old, I'm from Baie Verte, New Brunswick, and I'm a seasonal kitchen worker.

**Alison Steeves**

And when did you graduate from high school, Bliss?

**Bliss Behare**

I graduated June 2022.

**Alison Steeves**

So you were in high school during the height of the pandemic roughly, early 2020 to spring 2022?

**Bliss Behare**

Yes.

**Alison Steeves**

Can you tell us a bit about what your life was like before that time—before the pandemic started?

**Bliss Behare**

Prior to COVID, I was really active in my community both within school and outside of it. I campaigned for the Green Party. I organized and spoke at protests for the environment. I was part of art groups and I performed at music festivals. Within school, I was part of band, choir, eco groups. So between those social activities and school, that was mostly what my life consisted of.

**Alison Steeves**

So then in 2020, when we begin to hear about COVID-19, were you concerned?

**Bliss Behare**

I was never concerned for myself, given that I'm a young healthy person, but I was possibly concerned for my parents as they're middle-aged.

**Alison Steeves**

And when the vaccines came out, did you choose to take any of the available vaccines?

**Bliss Behare**

I did not.

**Alison Steeves**

How come?

**Bliss Behare**

I've always been raised to be skeptical about vaccines, so to me it's a case-by-case situation. And having seen that the process was rushed, I wanted to wait at least a year to see the rollout of the vaccine. But before I had time to make my own decision, it was mandated. And once it was mandated, I knew I would never accept the shot because I would never accept a forced medication.

**Alison Steeves**

What sources did you consult in making your decision?

**Bliss Behare**

There were a few sources. I did consume both mainstream media and also alternative views on YouTube, such as doctors like Vinay Prasad, and I spoke about that with my

parents and all that information. I also spoke to my nurse practitioner, and I asked her about risks because I'm transgender and I take testosterone and I'd heard about young men having higher cases of myocarditis. So I was concerned about that, and she dismissed that and told me there was absolutely zero risk and that I should just get it. So I found that discomfoting, and so given all those different forms of information, I made my decision.

**Alison Steeves**

Why did you find that discomfoting?

**Bliss Behare**

Because I know that there is at least not zero per cent risk, and it was at least more than that, So I wanted her to at least give me more information, but she wouldn't really speak upon the matter much.

**Alison Steeves**

So in fall 2021, around the time that Nova Scotia announced that there would be a vaccine passport for several services and other things, what grade were you in?

**Bliss Behare**

I was in Grade 12.

**Alison Steeves**

And did you observe any impact in school life, in the atmosphere in school, in the school setting at that time after the announcement?

**Bliss Behare**

Yes, so nothing was really noticeable, people didn't want to talk about it, but once the mandates were in place—once unvaccinated students were banned from extracurricular activities—the issue was just brought forth right to the front of the stage. And it sort of outed unvaccinated students to all the rest of their peers.

**Alison Steeves**

And did that sort of create any tension in the school?

**Bliss Behare**

It did for me. I didn't know any other unvaccinated students, but I wanted to avoid being outed so I dropped out of school and switched to online classes.

**Alison Steeves**

Were you registered in any activities at that time, for the fall?

**Bliss Behare**

I was registered for theater, art club, music, so yeah, a few things.

**Alison Steeves**

And outside the school? Anything outside the school?

**Bliss Behare**

Nothing at that point.

**Alison Steeves**

And so you dropped out of school to avoid being outed because you were worried about how you would be treated if people knew your status?

**Bliss Behare**

Yeah, I knew that I would meet a lot of negative reactions, so I did want to avoid that.

**Alison Steeves**

And exactly when did you drop out?

**Bliss Behare**

I would say sometime in October.

**Alison Steeves**

And can you list sort of what type of activities you had intended to do, or that you would normally do around the fall at that time?

**Bliss Behare**

Yeah, there was a lot of things. Usually, I would have been preparing to perform at the music festival for the Royal Conservatory of Music. I was probably going to have another art show that was outside of school.

[00:05:00]

I was going to participate in theater and likely organize eco protests as well, so kind of the regular things I would have always done.

**Alison Steeves**

And so you were not allowed to participate in any of those things at this point.

**Bliss Behare**

Yes.

**Alison Steeves**

And what was that like? How did that feel?

**Bliss Behare**

It was very isolating, and it was just incredibly lonely.

**Alison Steeves**

At this time, what were you seeing in the media or on social media about vaccine-related topics or people who choose not to take the vaccines?

**Bliss Behare**

I saw a lot of hate and contempt for unvaccinated people. Every once in a while, when I'd scroll through, I would see videos that said unvaccinated people deserve to die, that they are idiots, that they're just unlikable people that take up space. One person said they were glad that we were banned from things because they didn't want us to be around, so things of that nature.

**Alison Steeves**

And was this sort of in the main internet or were you seeing any of this sort of coming from the mouths of people you knew?

**Bliss Behare**

It was primarily online, yeah.

**Alison Steeves**

And how did that make you feel?

**Bliss Behare**

For me personally, I was pretty hypersensitive, so I felt physically shaken. Even sometimes for two days, I might have a migraine or feel very nauseous sometimes.

**Alison Steeves**

Yeah, just witnessing sort of the types of things people were saying.

**Bliss Behare**

Yeah.

**Alison Steeves**

Did your decision not to take the vaccine have an impact on any particular relationships in your life? Friends or family?

**Bliss Behare**

I would say that it had an impact on every single relationship in my life except that with my parents. But besides that, everyone looked at me differently and could hardly look me in the eyes, frankly. So a lot of interaction was cut back because of it.

**Alison Steeves**

Do you have any specific examples?

**Bliss Behare**

So there was one person who I had reached out to after I dropped out of school to meet up with. I told her that I was unvaccinated because I knew it would come up anyways, but she told me that her mom banned her from seeing me.

**Alison Steeves**

After you told her you were unvaccinated, she—

**Bliss Behare**

Yeah.

**Alison Steeves**

And how did that feel?

**Bliss Behare**

That was really disheartening because I know that most young people didn't want to know me at that point because of my status. So I was excited to hear that she didn't judge me on the matter, so it was really disappointing to learn I lost another friend.

**Alison Steeves**

So she had originally known and was fine with it, but then later on had told you that she was no longer allowed to hang out with you.

**Bliss Behare**

Yeah, that's what she told me.

**Alison Steeves**

Have these measures impacted other aspects of your life?

**Bliss Behare**

I would say it impacted every aspect except physical. So primarily, social aspects were the hardest, such as losing all the groups that I was a part of. But also financially because my father was put on leave without pay. So as a family, we struggled. And as far as my future, that was also impacted as far as university and just any sort of future plans that I had after high school.

**Alison Steeves**

And why were those impacted?

**Bliss Behare**

I was generally banned from universities, and any connections I'd made with people, say like in the art or music world, was cut off.

**Alison Steeves**

And can you describe a specific day or instance that was particularly challenging in all of this?

**Bliss Behare**

One of the hardest days for me was when my mom and I were discussing university opportunities. And I was on and off negative about it, but I generally really love education, so I was excited, and we discussed a particular university and we're starting to get inspired by it. But then we went online to look up the COVID policies, and we found that I was banned not just from the physical classroom, but also banned from online classes. So that was disappointing.

**Alison Steeves**

So at this point in time, with everything up in the air, no indication of when these requirements are going to end, what was your outlook? How were you feeling about the future?

**Bliss Behare**

I felt like I was in despair. I felt very bleak. I really felt, especially considering there was more threats and more possible exclusion, I felt that there would never be an end to it. And because I felt that way, because I felt like our future, not just personally on my note but as a country, our future was bleak, I did feel fairly suicidal because it seemed that it would never end.

**Alison Steeves**

Now that many of the measures have lifted and they're sort of less focused on COVID, would you say your life has returned to normal, or would you say that you experience any ongoing impacts?

**Bliss Behare**

In some ways it definitely has gone back to normal, which I'm grateful for. I have a job; I'm going to college and those were things that I wanted. But internally as far as my mindset, I think I'm changed forever.

[00:10:00]

I think I may never ever trust my government again or trust any institution in Canada unless I see justice and restitution. But I'm still grateful for the physical things that have changed, such as the mandates lifting.

**Alison Steeves**

And I wanted to ask, is there any particular activity that was particularly painful or difficult for you to be excluded from, or were there any particular instances of not being able to participate?

**Bliss Behare**

The hardest for me was music because for me, and for most people, music is about playing music with each other and collaborating, and it's a very beautiful experience. So my tutor who I had who taught me clarinet for about seven years said we can no longer do in-person classes together. That was very rough for me especially. Also, I couldn't perform at the music festivals or anything like that, too.

**Alison Steeves**

That was that tutor's personal choice or was it a requirement?

**Bliss Behare**

For my tutor it was personal choice.

**Alison Steeves**

Is there anything else you'd like to add?

**Bliss Behare**

I guess, I would just say that, although in those moments I felt that there was really no hope, having seen the convoy and having seen movements like this, like the National Citizens Inquiry, I am given a lot more hope.

**Alison Steeves**

Thank you, Bliss. I'll turn it over to the Commission.

Thank you.

[00:11:38]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

### EVIDENCE

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**Witness 14: Joe Behare**

Full Day 2 Timestamp: 08:16:38–08:33:00

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

**Ches Crosbie**

Mr. Behare, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Joe Behare**

Yes.

**Ches Crosbie**

Thank you.

**Alison Steeves**

Can you tell us your full name, where you're from, and your occupation?

**Joe Behare**

Joe Behare. I'm from Baie Verte, New Brunswick, and I'm a civil servant in the federal government.

**Alison Steeves**

And how long have you worked for the federal government?

**Joe Behare**

Twenty years.

**Alison Steeves**

The same department or you moved around?

**Joe Behare**

I did one brief stint in another department just during COVID.

**Alison Steeves**

So primarily in the same department?

**Joe Behare**

Yes.

**Alison Steeves**

And you were in this position in 2020–2021?

**Joe Behare**

Yes

**Alison Steeves**

How would you describe your experience working there prior to the pandemic and up to that point?

**Joe Behare**

It was positive, you know. I enjoyed my job. I had become a manager in my department and built up some good relationships both with colleagues and with clients. So it was very positive.

**Alison Steeves**

And in 2020, as you began to hear about COVID-19, were you concerned?

**Joe Behare**

With COVID? Again, not for myself. Maybe for others like my wife and my mom, but not overly concerned, no.

**Alison Steeves**

So when the vaccines became available, did you take one?

**Joe Behare**

No.

**Alison Steeves**

At what point did you realize that your decision not to take the vaccine might cause problems for you?

**Joe Behare**

I didn't— Right up until the time that I was put on leave without pay, I didn't believe that—I couldn't believe that anything would be done that I would be negatively impacted.

I did see that there was a lot of negative stuff in the media and even in personal interactions that I'd had. But I didn't think, you know— I didn't think I'd lose my job.

**Alison Steeves**

And do you recall when the federal government announced the mandates for federal workers?

**Joe Behare**

I remember my wife saying she'd read something in the paper about this being talked about sometime in September—I guess, or so—of 2021, maybe October. I don't remember when the election was at that time—sort of right after the election.

I remember saying to her, "There's no way that's going to happen. I've got a union and we have courts in this country. We've got a Charter of Rights. They can't do that."

**Alison Steeves**

So you weren't concerned?

**Joe Behare**

Not really, not at first. Not when I heard that, no.

**Alison Steeves**

And the time that they officially announced the mandate, were you working in the office?

**Joe Behare**

No, at that point nobody was. At that point I was on a secondment agreement with another department and the office was in Dartmouth. I was in Baie Verte. It's a two-hour drive away, so there was never a question of being in an office. We were all working remotely at that point.

**Alison Steeves**

And did you inquire as to whether you'd still be subject to the mandate even though you were not going into the office? Did you request accommodation on the basis that you were not going into the office?

**Joe Behare**

Yes. I mean— I did sort of— I did try and make a case that this was not a matter of workplace safety, and so there was no rationale for a mandate. There was some case law as well by that time that sort of backed up my point. I didn't expect to be accommodated, but I still made the case.

**Alison Steeves**

And what was the response?

**Joe Behare**

“Sorry, this is the policy. There’s no accommodation.”

**Alison Steeves**

Had you offered to do anything such as masking when you go in, or social distancing?

**Joe Behare**

Sure. I did note that we were working remotely. But if I was required to go in the office, I said, “I’ll do tests. I’ll do tests at my own expense. I’ll wear a mask, et cetera.” Everything like that.

But that wasn’t the point of the policy. The point was to try and coerce you into taking the vaccine. So it wasn’t about being healthy or public health, that wasn’t what it was about.

[00:05:00]

**Alison Steeves**

So you offered to do testing as well and still—

**Joe Behare**

Yes, if I ever had to attend at the office—which, by the way, I never did.

**Alison Steeves**

So you were ultimately placed on leave without pay?

**Joe Behare**

Yes.

**Alison Steeves**

And can you tell us a bit about the day when you were placed on leave?

**Joe Behare**

So the day was November 17th and that was to be my last day.

I remember working in the morning to finish up doing something and then sort of leaving— Or thinking that in the afternoon I would take some correspondence, some personal emails, some phone numbers, and contacts off of my computer and from my files at work. I’d kind of planned to do that: that’s why I didn’t do it in the morning, because I had other things to do from a work perspective.

But then, when I went to do it, I was completely locked out of the system. My phone was wiped. It was almost like I was cancelled. So I couldn't get any of those things done. I didn't have any access to things like my leave balances or, even later, any of the HR stuff I needed like T4s, stuff like that.

**Alison Steeves**

So they had locked you out before you had even left?

**Joe Behare**

Yes. But they did it in such a way it was very, kind of pre-emptive. They didn't even wait till the end of the day. I assumed I had until the end of the day, which would have been four o'clock.

It felt very punitive that it was done in that fashion.

**Alison Steeves**

And how were you feeling that day and that night after being placed on leave from this job you'd been working at for 20 years?

**Joe Behare**

I mean, again, like I said: I didn't believe it would happen until it happened. People were telling me, "Oh, there's no way they can do that. Don't worry. That's not going to happen." But by then, I thought that it would happen.

So it felt very— It felt real when it did happen. The aftermath was quite— It was probably the most shocking day to realize that I was in fact left without pay and just at that time of year too.

**Alison Steeves**

Are you unionized?

**Joe Behare**

How do you mean?

**Alison Steeves**

Do you have a union, sir?

**Joe Behare**

Oh, yes. Yes. Sorry, I thought you said something else.

**Alison Steeves**

No. And did you talk to your union about filing a grievance?

**Joe Behare**

Yeah, so at first, the union declined to represent people like me. They said they were in agreement with the policy. But a bit after that, there were a few cases that came through in the courts that basically said workers were working from home; it wasn't right that they be subject to a mandate; that the employer didn't own them. And, you didn't sign away your rights when you've signed a labour contract.

So the union kind of changed its mind and said it would represent us on a case-by-case basis. And I filed a grievance at that time against the policy. So that would have been early December.

**Alison Steeves**

Have you had any results from your grievance?

**Joe Behare**

No, and it's been over a year. Obviously, everybody is dragging their heels on it. Even though the collective agreement has set time limits for responding to first, second, and third level grievances, they didn't respond. They still haven't responded to the third level grievance. I kind of didn't expect anything from those grievances. I wanted to take this to a labour relations board, but the process is that you had to go through the first stages of grievance.

And like I say, the whole process should have lasted, according to the timelines, maybe a month and a half or two months. It's been probably 14 months, and I still haven't got a response to the third level grievance. So obviously they're trying to sort of drag it out and hope that I go away and get tired of it.

**Alison Steeves**

So when you went on leave, how long did you think you would be on leave for?

**Joe Behare**

Seven months.

**Alison Steeves**

That's what you expected?

**Joe Behare**

Oh, I didn't know how long it would last. I expected that that was the end of my job. But I kind of—as I said, I didn't do anything other than file the grievance. I didn't quit.

**Alison Steeves**

Right, so you were on leave, you weren't expecting to go back, but you had no idea when you might be able to go back if you wanted to?

[00:10:00]

**Joe Behare**

Right, if I wanted to.

**Alison Steeves**

Were you receiving any pay at this time?

**Joe Behare**

No pay or anything like that, no.

**Alison Steeves**

So did you eventually get any other income during this time?

**Joe Behare**

I did eventually get another job—a five-month contract—with a company in Ontario. I worked remotely and that was some time in February. So that was good. It didn't pay as much but I liked the job and I liked the people that I was working with.

**Alison Steeves**

What would you say the financial impact has been of being off your federal government job?

**Joe Behare**

I mean, leaving aside the fact that I was working at that other job, which kind of defrayed a little bit of the financial impact; it was sort of the equivalent of being fined \$60,000 or \$70,000, right? That was the income that I didn't receive during that time.

**Alison Steeves**

This alternative job, it was significantly less?

**Joe Behare**

Yeah, it was less. I mean, that put a dent in it. But we went through our savings quite a bit.

**Also, all through the months of November and December of '21 and January of '22, we were without an income.**

**I was looking for work, but it was hard to find work at that time—especially if you were unvaccinated. So, I didn't know. You know, that's when we were going through our savings.**

**Alison Steeves**

**Did your decision or your views on this matter impact any friendships or relationships with family at this time?**

**Joe Behare**

Unfortunately, yes, it did. Because, as I said, some friends were very supportive, but others were not. I can't really unsee that now. People who thought that it was okay for this action to have taken place, and to me, I can't forget that they felt that way. I had some arguments with family members as well, and that's kind of put a strain on our relationship.

Again, people want to get past it now and say, "Oh yeah, that was then, but get over it." But I can't unsee what I saw. Yeah.

**Alison Steeves**

Would you say that the vaccine passports had a significant impact on your life in any way?

**Joe Behare**

I wasn't able to easily travel. For example, my mom is elderly and not well. She lives in Ontario, so I couldn't hop on a plane to see her. I did go by car a few times, but there was always the worry that you'd get stopped at the provincial border to check your passport and things like that. So there was that: the inability to travel on public transportation. I couldn't visit my daughter, who lives in the States.

There was this feeling of social exclusion as well, which was kind of harsh.

**Alison Steeves**

You're in a small community, correct?

**Joe Behare**

Yes.

**Alison Steeves**

So did you feel the impact within the community?

**Joe Behare**

Yes, especially in the small town that's right near us. There was this one incident: My wife was on this group for the Green Party, and she made a point about unvaccinated people being sort of excluded and how that was—And how the candidate should be standing up for them as well. Somebody posted, "Well, you know, Meg, we all know you're unvaccinated and I saw you at the market the other day with no mask on," it's an outdoor market, "and it's disgusting."

It's quite hurtful in a small community to have people call you disgusting.

**Alison Steeves**

So during that time that you're on unpaid leave indefinitely, couldn't visit your mother and ostracized by the community, how was your outlook for the future at that time?

**Joe Behare**

To echo what Bliss said, I felt very— I felt alarmed at what was happening in our country, and I felt like the fact that seeing people going along with this in a public way, but also what the government was being able to do with seemingly no checks from the courts— Or the Charter didn't seem to matter. I was alarmed and had a fairly dark view of what was going on and I could see that other people were too.

[00:15:00]

The mood in society in general that I saw was depressed. It was a dark time. We even talked about: Where can we go that's better than this? Is there any other place?

For the first time ever, I contemplated leaving my country, which was pretty despairing.

**Alison Steeves**

Is there anything else you'd like to add, Joe?

**Joe Behare**

No, I mean, just that I think— I think that it's great what you guys are doing here, giving people a chance to go on record and say what has happened. As we move on from this, we run the risk of forgetting what actually—how it was in the darkest time. So it's good to just put it on record and remember. So thank you for the opportunity.

**Alison Steeves**

Thank you. I'll turn it over to the commissioners. Thanks very much.

**Joe Behare**

All right.

[00:16:22]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

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**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
TRURO HEARINGS**

**NCI | CeNC**

**Truro, Nova Scotia, Canada  
March 16 to 18, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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Witness 1: Dr. Laura Braden (Parts I and II)

Full Day 3 Timestamps: 00:07:15–01:19:09/01:42:38–02:17:05

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

#### PART I

[00:00:00]

**Ches Crosbie**

Dr. Laura Braden, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Dr. Laura Braden**

I do.

**Ches Crosbie**

Thank you.

**Nicolle Snow**

Good morning, Dr. Braden. Thank you for being here to give your testimony.

**Dr. Laura Braden**

My pleasure.

**Nicolle Snow**

Now, I know that you've prepared a detailed slideshow. And you're going to start with your qualifications, training, and experience. So I'm going to let you get right into the slideshow. I'm going to try not to interrupt. And if I do from time to time, it will probably just be to explain in simpler terms because I know you have a complicated slideshow. So it may be just to explain in simpler terms what you're talking about or to have you do so. So I'm going to go ahead and let you take the floor.

**Dr. Laura Braden**

Thank you. And again, it's a pleasure for me to be here today.

Yes, so my name is Dr. Laura Marie Braden, and I have a doctorate in molecular biology with a focus in molecular biology, cell biology and transcriptomics, genomics, functional immunology, proteomics et cetera. So my education and experience started with a degree in cellular molecular biology. I then did another one in neuroscience because I just couldn't get enough of school and that was followed by a doctorate, as I mentioned, at the University of Victoria in BC, which is my home province.

In my doctorate, I specialized in molecular immunology, with a focus on host parasite interactions. Really understanding the interface between host and pathogens, and these pathogens included virus, bacteria, and parasites. And I used techniques in molecular biology to get a better sense of these interactions. These techniques included transcriptomics, so learning how RNA expression impacts this; genomics, so the genes; functional immunology, so really getting a sense of how cells in the immune system interact with hosts and parasites; and histopathology, microscopy, et cetera.

I was then recruited to come to PEI, the East Coast, and that is my home province now; I'm a proud Islander. And I did my first post-doctoral fellowship in pathology and microbiology. I did another one again in immunology, again really focusing on understanding how the host and the parasite or the pathogen interact. I then got my big girl job—you say that after you do your postdoc—with a private biotech firm. But I maintained a tight connection with the academic world because teaching is a passion of mine; communicating science is a passion of mine. And I had an adjunct—there's a spelling mistake there, I apologize—an adjunct professorship in the faculty of veterinary medicine in pathology and microbiology.

So getting into what my career was up until 2021: I was the senior research scientist and program lead in molecular biology and biotechnology. I was in charge of development of novel biotechnology solutions, genomics, transcriptomics, again histopathology, functional immunology. And a really important piece of this, which is what I'm going to focus on a little bit later in my talk, is that I have an extensive experience in the GLP environment. And what that means is good laboratory practices, which is what regulatory compliance is all about. So, I know what it takes to go through a proper rigorous regulatory compliance approval process with the FDA and the Health Canada. And so, I have familiarity with regulatory compliance processes, the approval process of new products, and most importantly, what quality control and quality assurance means.

**Nicolle Snow**

Wow. Okay. Great. So we're in for a science lesson today.

**Dr. Laura Braden**

Yes. Okay, so number one—I already mentioned it's an extreme pleasure to be here. You know, as we got through the beginning of the COVID crisis, from the very beginning, there were red flags for me. And as someone with the understanding and education of, number one, how to read science. Science is hard to read, scientific papers are hard to read. It's very exhaustive. But with our training, we learn how to do so. I know how to interpret data; I know how to read data. And so, things were popping up that didn't sit quite right. So it was sort of a professional obligation of mine and those in my profession, I feel, to question the,

quote-unquote, science. Because that's what scientists do: we never stop questioning. Until 2020.

[00:05:00]

I'm going to highlight a few things here in the slide and then move on. There's a lot to talk about. With the brevity and in the interest of time, I would like to focus on a few things.

The first ones I've highlighted here. So number one, at the very beginning, there were genomic sequences that were published on COVID that contain some very interesting inconsistencies with the whole concept of natural origin. I also want to talk a little bit about masking and the inconsistencies in the scientific data to support indiscriminate masking of healthy people, asymptomatic spread, and also the use of PCR. I use PCR every day of my life in my career. I troubleshoot PCR. I was talking with the technical support teams of the major biotech firms who were supporting PCR in my lab: I know how to use PCR. And I have some things to say about that. I'm not going to go too much into it, but there was also this demonization of early treatment strategies to control the virus. Never before have we never treated the virus. You always treat the sick people; you don't send them home. And there was this demonization of early treatment strategies with safe generic drugs that was very upsetting and inconsistent with science.

And finally, I want to point out the last piece here. This whole concept of this novel technology that, in my opinion—which was my initial and very adamant concern—that there was a lack of quality assurance and quality control to ensure there was no contamination in these products. And I fail to this day to see rigorous testing to demonstrably justify its widespread use.

So I'll move on. The first thing that I saw was early sequence data in 2020 that indicated there were novel genetic inserts in the sequence. And what that means is— We were told from the very beginning that this was a natural born virus that was a zoonotic, so it transferred from a bat to a human. They published the sequence in January of 2020, and then a paper came out, a preprint. So because there's so much data, we have to get the data out as fast as possible. Preprints are when the authors want to get the information into the realm without going through the exhaustive process of peer review, which can take many months. So a preprint, you have to keep in mind, hasn't gone through the rigorous testing of peer-review process, but it's open science: They want comments. They want to get a discussion going, which I will emphasize is the tenet of science. It's open discussion and discourse. So they want to get this done.

Okay. There was an early sequence analysis indicating there were these interesting novel genetic inserts. And this caught my attention because these inserts showed significant similarity to HIV-1 sequences that were never present before in coronavirus. And that was very interesting to me as a scientist, and I wanted to talk about it. And I was, of course, silenced from my peers, saying this was ridiculous. These sequences, I'll show here. This is a 3D generation using bioinformatics tools that you can put in a sequence of a protein and you get a rendition of what this protein looks like. So this was the spike protein from this paper. This is the paper from Pradhan et al. Uncanny similarity of unique inserts in the COVID-19 spike protein to HIV-1, gp120, and Gag. And that's just a lot of talk, saying we found similarities in COVID to HIV. That's interesting. Let's talk about it.

The really important piece of this, of course, is that these sites that they found are the sites I've highlighted here in red—that are the binding sites. These are the binding sites of the protein, meaning those are the pieces of the protein that would interact with human cells.

So if those are interesting or different and unexpected, let's talk about it. That might be something to talk about, right? Interestingly enough, those particular proteins that are similar in HIV-1 are Gp120 inserts that facilitate or allow interaction with CD4+ T cells. So this was indicating that SARS-CoV-2 could interact with not just the ACE2 receptors, which we've all heard about, but also T cells. And this is a paper talking about it.

Okay. So in addition, they also found the furin cleavage site, and I've highlighted those here in green. These are the furin cleavage sites. They again were not present in any other coronaviruses, so this was an interesting finding.

[00:10:00]

And these also facilitate nuclear transport, and we're going to get into that in a little bit later, but they were different. And they also show that these particular furin cleavage sites were key to pathogenesis. This is what made COVID-19 pathological to humans. So instead of discussing this and engaging in discourse, which is typical of science, this paper was withdrawn over a weekend, and it sort of disappeared into the ether, and we never saw it again. And this was very concerning to me because this contradicts the typical process for discourse after publication. If there's a paper that's published, and there's other authors that have an issue with that, generally what happens is that there's interactions, there's comments, there's letters to the editor, et cetera, but instead of any of that, it was just mysteriously withdrawn.

**Nicolle Snow**

And so, if I understand what you're saying, Dr. Braden, there's early evidence that the signatures on the virus were man-made or synthetic?

**Dr. Laura Braden**

That's correct.

**Nicolle Snow**

And that did not support the theory that it came from bat to human.

**Dr. Laura Braden**

No. And that evidence continues to accrue. Many papers in the last couple of years have shown that, including a paper by a group of authors that have shown other endonuclease signatures that are recombinant in nature. And so, let's talk about that. And also, there's evidence coming out, of course, in the U.S., about this whole concept of lab-made origin. So instead of discussing these potentials in 2020 as a group of peers, people who brought that up were censored. They were taken down off social media sites. And of course, the papers were withdrawn, which is completely antithetical to science.

I'll move on. So the next thing that really bugged me was how they figured we would stop a mosquito with a chain-link fence. And that's tongue-in-cheek, of course. But it was the indiscriminate masking of healthy people that never made sense. And it didn't make sense to a lot of people. But those of us who worked in Level 3 biolabs, work with viruses, know how these things work. It didn't make sense even more. Yet we saw our colleagues go along with this narrative, which was especially concerning.

So we heard about the masking and how it doesn't make sense in a number of ways. It wasn't supported by science. Public Health said you need to follow the experts and trust the science, and masking is the best way to stop the spread. If you're working with virus, you need to have negative pressure rooms. You need to have flow hoods. You need to have full body suits, proper respirators, not a bedazzled cloth mask. That does not work.

And even then, we know from previous scientific research: this doesn't stop the flu, which is droplets. How could they imagine that masking would stop aerosols, which is COVID? So, it didn't make sense. But then it didn't make sense intuitively. And then large, randomized control studies were then published, one of them being from Denmark, the famous DANMASK study, and then the Bangladesh study. They showed no impact on risk reduction. This is the one from Denmark. And then we finally have, over the last couple years, despite the evidence that they don't stop spread, the meta-analysis by the Cochrane collaboration showing no impact. And I'll quote from the lead author, "The pooled results of the studies did not show a clear reduction in respiratory viral infection with the use of medical/ surgical masks." So I'll move on from that.

**Nicolle Snow**

Just to summarize: it sounds as though the medical professionals who were indicating we needed to wear masks were ignoring this science.

**Dr. Laura Braden**

They were. So the next point: moving the goal posts, as they did constantly. This one, that there's sick, perfectly healthy people. And what I mean by that is—asymptomatic people were told that they were sick because they tested positive using a PCR test. And it is my professional opinion that this was used by the media and health bureaucrats to perpetuate the fear in people. Public health, again, did not support this assumption with evidence of any kind. It was never proven that asymptomatic shedding resulted in infectious spread. And even the WHO, the World Health Organization, admitted it was rare. One of the biggest studies to sort of conclude that asymptomatic spread wasn't a thing was a Chinese study, this was published in Nature. Out of the 10 million PCR tests they conducted in Wuhan, 300 of those 10 million were asymptomatic. And out of those 300, 190 people already contained antibodies, so they had already been infected.

[00:15:00]

And out of the 300, none—not one person—produced a live virus in the lab setting, demonstrating high cycling of PCR was generating false positives.

**Nicolle Snow**

Okay, so the false positives were used to support the asymptomatic spread narrative.

**Dr. Laura Braden**

Correct. And I'll go through that a little bit more in detail here. I will be clear: PCR detects nucleic acid; it does not detect disease. Never before in my training have we used PCR to show that an animal was sick. PCR is a good diagnostic tool that is always followed up with a confirmatory test of some kind. In a virus setting, if you test an animal and it is positive for PCR—and I will also mention here within the realms and the linearity of the test itself,

which is an important part—you always confirm with either a bacterial culture or a virus culture of some kind.

That was not done in this case. Diagnostic tests need to be interpreted in the context of the patient: So whether or not this person already had COVID, if there was a presence of antibodies already in their blood, meaning they already went through the infection and they just have residual DNA because, again, PCR tests for nucleic acid. Do they have symptoms? Are they sick?

It has been shown conclusively over and over again that high cycles over 30 is detecting such low levels of viral RNA, it does not indicate infectivity. And that's what they showed with the China study from the slide before. Viral shedding occurs after recovery. DNA is sometimes sequestered, and RNA is sometimes sequestered by our immune system cells weeks after the virus is gone. Is that what is being detected here? We don't know because they never conducted culture-based methods to confirm the person actually had infectious viral particles. They use PCR cycled at ridiculously high levels, and what I mean by that is the test is only designed to confirm the presence of nucleic acid within a certain range. And that range really shouldn't be considered past 30, 35 cycles. Yet across Canada, provinces were cycling routinely 40, 45 cycles. That is inconsistent with the science, based on the test.

**Nicolle Snow**

And so that's where the false positives come from.

**Dr. Laura Braden**

Correct.

**Nicolle Snow**

These are healthy people that may have had the virus at one point. The signature, if you will, is still in their system. And so because they're cycling is so high, it's magnifying, revealing that signature.

**Dr. Laura Braden**

Precisely, yes.

And I've mentioned this point previously: PCR detection of viruses is helpful, but it does not detect infectious virus. And this has been shown exhaustively in the literature with many other viruses—that viral RNA can be detected long after the disappearance of the actual infectious virus. And actually, in Portugal, there was a Lisbon Court of Appeal that concluded the PCR test is “unable to determine, beyond reasonable doubt, that a positive result corresponds, in fact, to the infection of a person by the [SARS-COV-2] virus.” And that's very important. This precedent was being set across the world, yet Canada was not following the contemporary science.

And the next slide is an example of a FOIP [Freedom of Information and Protection of Privacy] request, kindly given to me by Dr. Jessica Rose, from the Newfoundland Public Health showing the threshold is 45 cycles. And that to me in my professional opinion is abhorrent. And it's hard to find every single province across Canada, but I know that PEI was cycling to 40, I know that Ontario was cycling to 40, so we can assume the rest of provinces followed the same trend.

**Nicolle Snow**

And that would not be the standard, to be cycling at that level?

**Dr. Laura Braden**

No.

All right. So those are the pieces that I wanted to talk about in terms of the mandates.

Now I want to get into the quality control and quality assurance—or lack thereof, in my opinion. For an experimental product, we would expect rigorous quality control and assurance that the product we are receiving is consistent, it is transparent, we know what is in it. The necessary steps to approve this gene therapy, which is what it is, were rushed, incomplete, or simply ignored.

The precautionary principle was thrown to the wayside.

[00:20:00]

For example, there was no genotoxicity studies conducted because they felt it wasn't needed. And I am assuming that by the end of my presentation, you will disagree with that statement. The biodistribution studies that had to be FOIP'ed—because they didn't want us to know where it went—were extremely underpowered and lacked relevance. There was no quality assurance from sponsors. And when I say sponsors, in the regulatory realm that means the pharmaceutical companies of Pfizer and Moderna, they are the sponsors. There was none from them on very important considerations, including the potential for contamination.

This would include the RNA quality—they're injecting RNA, so we expect the quality to be consistent and high—batch composition, protein identification, any of those things. There was no quality assurance about the fragmentation of RNA. RNA can be fragmented. What does that mean? You will learn.

And Pfizer knowingly allowed contaminants, a potential danger. And you will see why.

Finally, the production process lacks fidelity and transparency. What is an injection? How do we know it's consistent from person to person lining up? How do they know that every single injection contains the exact same thing in each lot? We don't know that.

So before I go on, I want to get us all on the same page because there's going to be some technical discussions that I'm going to bring up, and I want to make sure everybody is up here. So I apologize that this is technical. I'm going to try my best to explain this.

**The first thing I want to talk about is the process of reading DNA. DNA—so this is a cell. DNA lives in the nucleus: this is the brains. This is the double-stranded DNA. All the red bits here are genes. These are the pieces that make our proteins. When your body or your cells want to express a protein, the DNA is transcribed into RNA. At this point, there's many different processes to snip the RNA pieces. There's height to make it high quality. There's all these little checks and balances in your nucleus. It is then shuttled outside of the brains into the body: this is the cytoplasm of the cell. The mRNA is then translated into protein. The protein is then—so proteins are not single-stranded, they're globular. There's many domains: primary, secondary, tertiary domains. All that happens, folding, and then you have your protein.**

**Nicolle Snow**

Can I just summarize what you said to see if we've got that. So you basically explained the process of converting the DNA into mRNA, which happens in the nucleus, the brain of the cell. Then the mRNA is converted into protein. And I know you use different words for that. But that's essentially what's happening within the cell.

**Dr. Laura Braden**

In a very simplified version, but yes.

**Nicolle Snow**

Great.

**Dr. Laura Braden**

Correct. All right, the next lesson: What is a plasmid?

A plasmid, you may have heard about a plasmid. What is a plasmid? What is a vector? It's a piece of DNA that can be used to transfer foreign genetic material into cells. So in molecular biology if we want to express or we want to produce a protein, we can take the piece of DNA that we want. In this case—let's say it's a virus DNA—we want to express the spike protein. We use molecular scissors to cut that gene out of the DNA. And then we insert it into this plasmid or vector, the red part. And so, you can see here, we can insert the gene of interest into the plasmid and use molecular glue. That's a simplification, but it's literally how it works to glue those pieces together. Then we have this plasmid that is a circular DNA. And we can transfer that into bacteria.

Plasmids live in bacteria, ubiquitously in nature. That's where they're from, bacteria and archaea. And there's some very important characteristics of plasmids. Number one, they can replicate on their own. They often contain genes of interest that will help bacteria survive. So if you've heard of methicillin-resistant staphylococcus aureus, MRSA, that's because they've attained antibiotic resistance from a plasmid and now those bacteria are resistant to those antibiotics. This is a very important characteristic.

Also very important, the double-stranded nature—so these are double-stranded—makes them stable. They do not degrade easily, and they replicate easy.

[00:25:00]

Okay. So just to recap: You want to express a protein of interest. You cut it up, you put it in **a plasmid, and you put the plasmid into bacteria, and you grow the bacteria up rapidly, and you get many, many copies of that plasmid.**

**Nicolle Snow**

**And that's how you're making spike mRNA.**

**Dr. Laura Braden**

**That's right. So now: How did they make the spike injectables?**

So we've got our plasmid that has our piece of spike in it. They're transferred to *E. coli* here. So these are the little plasmids. They're transferred to the *E. coli*. They're then fermented or grown rapidly in vats: hundreds of litres of bacteria growing in media that they like. They have all their nutrients. They're growing rapidly. With them, their plasmids are growing. Then, we can harvest. This is from Pfizer. I should mention this is the process detailed from Pfizer itself on how they made these injectables. So then they harvested the plasmids: you break apart the bacteria and you harvest the millions and trillions of plasmids. Then you need to cut up the plasmid because you need to get the DNA out, the red piece, the spike protein DNA. So, they cut them. They linearize the plasmid; that's an important piece.

They then use something called *in vitro* transcription. So if you recall what I said, transcription is when you go from DNA to mRNA. So *in vitro*, meaning it's in a tube—this is not in a cell—they add the DNA that they've now taken out of the plasmid. They add a bunch of enzymes and things, and they are looking for this mRNA: this is what is going in the injections. They then purify. All of these pieces, I should mention, by Pfizer's own lips: this is intense rigorous testing to ensure there's no contamination in every one of these steps. That they've linearized all the plasmids. That they've turned all the DNA into mRNA, and if there's any that's left—under their words—they digest it. They get rid of it. They purify the mRNA so that all they have is that mRNA for spike protein that they then add to the lipids to make our delivery mechanism then—the lipid nanoparticles with mRNA.

**Nicolle Snow**

Okay, can I summarize that? I'll try.

**Dr. Laura Braden**

Please.

**Nicolle Snow**

I regret skipping science class now. So the bacteria, or the plasmid, is used for replicating the DNA.

**Dr. Laura Braden**

Correct.

**Nicolle Snow**

Okay. And once it's replicated, that is supposed to be filtered out. The plasmid or the bacteria is filtered out, leaving pure DNA. Then the DNA is converted into the mRNA using the process that you showed us earlier happening in the cell.

**Dr. Laura Braden**

That's right.

Okay, so now that we're all at the speed on that, what did they tell us? They being the sponsors, Pfizer and Moderna: What happened during injection?

So they told us— Okay, so here's the lipid nanoparticle. You can just blow this up, please. And they injected it into the deltoid, and it stays in the deltoid: that's what they told us. And

at that point, in cells of the muscle in your deltoid, this is a cellular rendition of what is happening. So I'm just going to use my laser pointer here to show you.

This is the lipid nanoparticle with mRNA. It is taken into the cell here. This is the cell. You recognize the nucleus, here's the nucleus. The delivery of these mRNAs are turned into spike protein. Some of the spike protein is cleaved, proteolytically cut up into tiny little bits. Some of it is taken to the outside of the cell. The end result is—spike and spike peptides, or tiny bits of spike protein, are exposed to the immune system of the person to induce production of antibodies specific to those peptides or protein fragments, thus inducing immunity. This is what they told us would happen.

And based on data that has accumulated over the last few years, data that has been the result of FOIPs—or court-ordered discovery of documents that were otherwise going to be hidden from the public for 75 years. What we can say is happening is number one: the injections do not stay in the deltoid. And this is based on data that was under a Freedom of Information request by Dr. Byram Bridle from a study that was conducted in Japan. The distribution of these LNPs go throughout the body. That is clear. They go into very sensitive organs. They do not stay in the deltoid. And not only do they go throughout the body, but they accumulate.

[00:30:00]

What do I mean by that? That means that over—I'm going to just highlight here some tissues that are sensitive: liver, adrenal glands, your spleen, ovaries. Over time—

#### **Nicolle Snow**

One moment. I just want to make sure we're still streaming and everyone can see, so we'll just pause for a moment. Okay.

#### **Dr. Laura Braden**

Over time in these sensitive organs that I've highlighted in red, the LNP— So this is a distribution study where they radioactively labeled LNPs, and over time, were able to quantify where they went. And they show accumulation over time in these sensitive organs.

In addition, this study was based on a single dose injection. So based on this study, Pfizer concluded that it stayed in the arm. It is not relevant to the true vaccine regime: Because there's only one injection, it is not biologically relevant. They didn't do a second injection and see if there was further accumulation. They just looked at a single injection, and I'll tell you the number of rats in this study was three. For every time point, they looked at three rats.

Now, one of the most concerning pieces from this data set is with respect to the ovaries. So Dr. Jessica Rose took this data and plotted it. And you can see here that, after 48 hours, it continues to go up. This is the LNPs over time: The x-axis here is time. The y-axis here is concentration. Over time, it accumulates in the ovaries of rats. Why did they stop at 48 hours? Why wouldn't they continue until it plateaued, like what would be scientifically rigorous and ethical? They stopped at 48 hours. So, we aren't able to see what would happen. But if you were to take this and extrapolate based on the degree of increase from the data to 48 hours, this is what might be happening. But we don't know. So we have to just base this on our own integrity. Again, why was this data only shown in 48 hours? Sample size of three.

And importantly, this study was done in a non-GLP environment: the only study from the Pfizer dossiers that were not done in accordance with regulatory compliance, which is necessary for this type of approval process. They did it in a non-GLP: meaning none of the processes were vetted. They weren't under strict operating procedures. That's a huge concern for someone who came out of that environment.

**Nicolle Snow**

Is that a quality assurance issue?

**Dr. Laura Braden**

A huge quality assurance issue in my opinion, yes. So that was the first thing that we know is happening.

The second: spike peptides share significant similarities to human proteins. Now, what do I mean by that?

Remember this picture here, how the spike protein in the cells of the body is either cut up with tiny little scissors and taken to the outside of the cell or full proteins are taken to the outside of the cell. When proteins are cleaved or cut up, the results are peptides. All proteins have peptides that make up the larger protein, and they all share similar peptides when you cut them. This is a very simplified explanation, but the point I'm trying to make is— There is a huge concern for the development of autoimmune conditions when the body is instructed to create antibodies against a peptide, in this case spike, that shares very strong similarity to human proteins. There is a huge concern for autoimmune development in that case.

**Nicolle Snow**

And so, the concern is that the spike peptide will be attacking human protein because it's so similar?

**Dr. Laura Braden**

Very close. The concern is the antibodies produced by the recipient, by the human, will be against peptides that are also in spike—but also endogenous, also in the human. They share similarity to human proteins. And 27 of those share similarity with proteins involved in fertility and development of the fetus.

**Nicolle Snow**

And so, what might that mean?

**Dr. Laura Braden**

That would mean that the body will be producing potentially antibodies against proteins that are critical for human development.

[00:35:00]

And that is a concern that should have been addressed, in my opinion.

**Nicolle Snow**

So development of the fetus might be seen as a foreign body.

**Dr. Laura Braden**

Correct. Placental development, decidualization, all those things that are critical components.

**Nicolle Snow**

And that could lead to miscarriages?

**Dr. Laura Braden**

It could lead to a lot of things that I wouldn't be able to speculate on. But that should have been done. That is part of the quality assurance that wouldn't have happened. Those are studies that needed to be done.

So, I'll recap: Not only are the LNPs going to important tissues such as ovaries—and we're seeing data in real time right now that they also cross the placenta, that's a big concern—but then the proteins that are being expressed share significant similarity with human proteins.

**Nicolle Snow**

Is it possible the manufacturer may not have known that?

**Dr. Laura Braden**

In my opinion, there is no way that they wouldn't have known that. This is part of rigorous primary research that would have happened in a room full of very, very well-paid scientists over many months. Anybody in first-year biology can put in the sequence of the spike protein and find out what similarities peptides would share.

**Nicolle Snow**

Thank you.

**Dr. Laura Braden**

What else do we know? We now know that unlike what Pfizer and Moderna have said, the spike protein and the mRNA enter the nucleus or the brains of our cells. There was assurances that this wouldn't happen, but recent reports show the nuclear presence—so again, where the DNA in our cells live, that spike protein and spike mRNA localize to the nucleus. And my question is: Why is this research being done three years after the rollout of these injectables?

And this is the paper. So one of the conclusions from this paper— And if you recall, one of the pathological characteristics of spike protein is the presence of the furin cleavage site; it's one of the things that make it so pathogenic to humans. It is also a nuclear localization site, meaning that that particular sequence facilitates, helps the mRNA go to the nucleus. And that was a surprise to these researchers. This publication was from January 2023.

**Nicolle Snow**

**That's not supposed to happen.**

**Dr. Laura Braden**

**Not what they told us what would happen, no.**

**Nicolle Snow**

**Yeah. Okay. All right, so the spike protein that's contained in the injection is landing in the nucleus, which is the brains of the cell.**

**Dr. Laura Braden**

That's correct. And I'll just bring up this, which was on the CDC website: you can go back to the "wayback-when-machine" and find this yourself. Of course, this has been taken down.

One of the things that they say is that they these injections do not impact or interact with our DNA. And that is no longer what they claim. And this is a paper showing that—and I want to impress on you—what this means is that the spike protein and mRNA go to the brains. This is the brains right where our DNA lives. And this is showing you a picture of that data. What you're seeing here are cells under fluorescence microscopy. The blue staining is the nuclei; the green staining is the protein, the spike protein; and the red staining is the spike mRNA. And you can clearly see, and this has been replicated, a clear association with the nuclear envelope—so, what wraps our DNA in the nucleus as well as inside the nucleus of the cell.

I'll move on. What else do we know? The spike mRNA is reverse transcribed in human cells, and I will explain what that means. This is happening. So this paper here was published last year. And it was conducted in liver cells: so, this is not in humans, this is in vitro. And it shows that there's intracellular reverse transcription of the COVID injectable mRNA vaccine in vitro in a human cell line. And this is happening as quickly as six hours.

**Nicolle Snow**

Sorry. Is in vitro in a petri dish?

**Dr. Laura Braden**

**That's correct. And you know, this is not happening in a human. But this type of information is critical. And these are the original experiments that needed to happen because if you see some kind of trend like this, that begs more questions. That's a huge red flag:**

**[00:40:00]**

**wait, it's reverse transcribing. And in addition to that— So reverse transcription, for everybody who is listening, is when mRNA is turned into DNA: we are going the other direction now. And this is facilitated by very important enzymes called retrotransposases. And the one that in humans that they found to be associated with this is something called Line-1. This particular enzyme is really important—and you'll notice a trend—to**

embryogenesis and development of the fetus, development of people. Okay. And it is being exasperated: it is going up in expression after injection, after exposure to these Pfizer products.

**Nicolle Snow**

So I think I'm going to try to simplify that. Does this mean that the spike mRNA that we said is landing in the cell is then being converted to DNA, back to DNA?

**Dr. Laura Braden**

This is saying that is potentially happening.

**Nicolle Snow**

Yeah, what's happening in that Petri dish.

**Dr. Laura Braden**

Exactly.

**Nicolle Snow**

Which would be good quality assurance, I would think, to do that sort of research when you're developing the product.

**Dr. Laura Braden**

Correct.

Furthermore, in another study they found that that enzyme, Line-1, mediates—so it facilitates—reverse transcription of the SARS-CoV-2 virus into the genome. This is in cells of humans, this is in a Petri dish, these are human cells. This paper is where this could be found. So, the virus is being turned into DNA and going into the genome of the people cells. Sorry, that sounded quite— So, not only is it being reverse transcribed into DNA, but with the virus, it's being reverse transcribed and then inserted into the genome.

So I just want to quickly go back to this picture because I don't want to lose people. This is very important that everybody understands: reverse transcription is when you go from the RNA back to the nucleus. Line-1 is the enzyme that facilitates this. There's others, but this is the main one. And so, the concern is, not only is it going to the nucleus, as we've shown, but **the potential for it to be reverse transcribed into DNA and then furthermore integrated into the genome is there. This is a concern.**

**What else do we know?**

**The products do not contain what we were told they contain. What you are seeing here is from a dossier. This is Pfizer's data showing the RNA integrity of what was being produced commercially. There was some documents that were leaked, so to speak, after the European Medical Association met with Pfizer. They had major objections because they found inconsistencies in the quality of RNA that was being produced for their clinical studies versus the quality of RNA that was being commercially produced and therefore used for widespread inoculations. There was inconsistencies.**

And what does that mean? That means that the length of the RNA, the integrity of those messengers that were being injected, varied. It was inconsistent. It varied from batch to batch. And that is unacceptable quality control or quality assurance when you're considering what those things actually do. And this picture shows that. So what we should see here is just a single, very strong peak. This is showing the volume or the quantity of RNA, and it should be a beautiful peak. There shouldn't be any other peaks; there shouldn't be shoulders; there shouldn't be anything like that.

**Nicolle Snow**

So, the shorter peak is the shorter RNA.

**Dr. Laura Braden**

Is the impurity. Yeah.

**Nicolle Snow**

And that's a truncated piece, like that part of the message is missing, as you said.

**Dr. Laura Braden**

That's correct. So the per cent RNA integrity is not even close to 100 per cent. And it was closer to 55 per cent in some commercial batches. So, if this is true, we do not know what is being made in the cells after they have been injected, and the physiological impacts of this is unknown. There is no way to predict. And every single vial has a different concentration of RNA that's complete RNA. In addition to that—

So I mentioned this was leaked from the EMA. This was raised as a major objection.

[00:45:00]

And the level that was set originally was 70 per cent, which is still interesting that 30 per cent impurity is somehow acceptable. The original level was set at 70 per cent. Because Pfizer couldn't meet that, instead of increasing their quality assurance, they just reduced the acceptable background to 55 per cent. So they are okay with 45 per cent of the injections containing—who knows what.

And I'll quote from the objection: "The possibility of translated proteins other than intended spike protein resulted from truncated and/or modified mRNA species should be addressed."

**And I mentioned this— Fifty-five per cent intact RNA is the new acceptable limit. So that's a concern. Truncated mRNA species is known. They are known to be potentially pathogenic. They could have unknown physiological impacts. Our cells have checks and balances to make sure that that message from the DNA to the RNA to the protein has high fidelity: is translated; there's no mistakes; there's no mutations. If this truncated mRNA is then allowed to reproduce in our cells, what is the protein impact of that? What impact does that have on the cell? Are there misfolded proteins? Misfolded proteins are a huge concern. And that's what this is talking about. If the RNA is not intact, what is the protein that's being produced?**

And that was the objection raised to Pfizer. And Pfizer submitted some very interesting digitally sort of mastered proof that nothing nefarious is going on or the proteins are what they say they are. And that was just unacceptable because it was digital protein verification. They didn't give actual data to show what those proteins are. There's never been sequencing done on the proteins. There's never been crystallography done on the proteins or any of that—confirmatory steps necessary to show people, to show the public and assure them that those truncated mRNAs are not going to be a problem.

**Nicolle Snow**

So the truncated RNAs then, they have a partial message. So that's confusing the body or the body is— We don't know what the body is going to pick up from that in terms of messaging.

**Dr. Laura Braden**

Well, the message could be read. But as I mentioned: so, recall, the proteins are translated and then there's all this protein modification and their globular and all these domains. If it's a partial message, that protein could just be partially—who knows what it interacts with. There's the potential for interactions that we don't know about is very, very high.

**Nicolle Snow**

Okay, and so it's a matter of waiting to see how that evolves in the body.

**Dr. Laura Braden**

Yes.

Finally, there has been data in the last month that has been rigorously, in my opinion, confirmed to show the injections contain double-stranded DNA contamination from the plasmids. So if you recall in the process map, and I won't bring it up again: the plasmids were linearized. The DNA is then transcribed into mRNA, mRNA into the injections. That entire process appears to be contaminated. The researchers, Dr. Kevin McKernan et al. and his team, have taken it upon themselves to sequence what is in the vials. Because we were never given sequencing data; it continues to be hidden from the public. So they did it using Illumina sequencing: they did RNA-Seq, DNA-Seq, Nanopore sequencing. They have exhaustively repeated the data. Because the concern is very real, so they wanted to make sure it was what it is.

And they found, without a shadow of a doubt, double-stranded DNA contamination in the injections. They had two vials of Moderna; they had two vials of Pfizer. Contamination was present in all of the vials in various amounts. In addition, they found contamination of plasmids that contained the antibiotic-resistant gene from the original cloning experiments. Neomycin and Kanamycin, the sequences are there for those particular resistant genes. And regulatory authorities have said there is an acceptable limit of contamination by double-stranded DNA. One molecule of DNA for every 3,000 molecules of RNA.

[00:50:00]

What they found is orders of magnitude higher than that, number one. Number two, they found intact plasmids. And I'll show you what that means. If there's no questions to that slide, I'll move on.

**Nicolle Snow**

No.

**Dr. Laura Braden**

So this is the RNA integrity plots from those vials, showing shoulders here—again, what are those? We are not sure.

**Nicolle Snow**

The shoulders is that the shortened—

**Dr. Laura Braden**

Those are truncated, and in some cases, elongated versions of mRNA.

**Nicolle Snow**

Okay.

**Dr. Laura Braden**

So I just want to recall. Plasmids: What are we talking about? They are circular DNA. They are highly transmissible and replication-competent, meaning they can replicate all on their very own. They are used in molecular biology to produce proteins of interest; in this case, it's spike protein. They are often associated with *E. coli*. That was the original bacteria that they were using to reproduce these plasmids. They contain their own promoter. They contain the interest. So here's the promoter: This is ensuring that it is replicated. So it promotes the gene of interest. This is where the spike would be. A bunch of other things. They need to be able to select that those bacteria containing those plasmids are actually containing what they think. And they do that using antibiotic resistance. So if you put this plasmid in a bacteria, you know it contains it because the bacteria will survive in the presence of that antibiotic. And in this case, it's Neomycin and Kanamycin.

So remember this diagram. These are the potential areas of contamination that I have circled here in red. According to Pfizer, the linearization of the plasmids occurred earlier in **the manufacturing process. And then after this step, there's rigorous testing to demonstrate they are linear. That is not— There is circular plasmids present in these vials. And importantly, this step is considered by regulatory authorities to be a critical quality assessment, meaning this is a critical point to ensure there is no contamination. I emphasize that because of the importance of what we are discussing here. It is critical.**

**Nicolle Snow**

And I'd like to summarize that because it is an important point. So the bacteria and the plasma that was used to replicate the DNA, we talked about that process earlier—which is supposed to be filtered out—was not filtered out in these samples that the scientists examined from Pfizer and Moderna.

**Dr. Laura Braden**

There's contamination. Yes.

**Nicolle Snow**

And that's the contamination you're speaking of. So it's that bacteria and plasmid that is in the injection, which is not supposed to be there.

**Dr. Laura Braden**

Correct.

**Nicolle Snow**

Okay.

**Dr. Laura Braden**

Here are some maps, the next two slides. The only thing I want to impress upon you is that not only are there plasmids present in the vials, but the plasmids are different. There's different sequences. Some have really long spikes, some have different— There's just different contamination. It's not like there's a consistent plasmid in every one. It's not like there's consistent sequences of the double-stranded DNA. It varies.

**Nicolle Snow**

So that would be from batch to batch.

**Dr. Laura Braden.**

That's correct. Pfizer and Moderna, same thing.

So, to confirm that the plasmids were what they saw on the sequencing data, they took the vials and they digested all of the RNA out of it so that all they would have left is double-stranded DNA if it was present, meaning plasmids potentially. They then exposed that double-stranded DNA to *E. coli* in a flask of medium. *E. coli* are really good at taking up plasmids, so if there's plasmids in what they just put in there, they will take it up. They then took that bacterial medium, plated it on plates, agar here, that contains antibiotics. If they were to find bacterial growth on these plates, that would demonstrate there were plasmids that were replication competent in those vials, number one; number two, that contained antibiotic-resistant genes. And they found that in both Moderna and Pfizer. And you can see that here with colonies of bacteria growing on these plates.

**Nicolle Snow**

And how is that important that it's in— And maybe you're going to get to that.

**Dr. Laura Braden**

What that confirms is that not only were they finding plasmids, they were circular, they were replication competent, and they were able to grow in antibiotic media. Now, if you imagine that those injections are going into the human body. And we know that they go all over the body, including the GI tract, and those plasmids are then—GI tract being your

colon and everything, where you have tons of bacteria growing, that's your microbiome—and those plasmids are replication competent,

[00:55:00]

it follows they could get out and they could get into the bacteria of the human, thus transforming their microbiome with potential antibiotic-resistant genes. That is a huge concern that is unacceptable quality control.

These sequencing results of the contents of injectables found multiple versions of expression plasmids in varying degrees between vials. These are viable. There is inconsistent contamination to which people were not given informed consent.

I realize we are getting up there in time, so I will try to go a bit faster if that's required.

**Nicolle Snow**

No, it's pretty fascinating, so—

**Commissioner Drysdale**

We have time.

**Nicolle Snow**

Okay. Keep going. Yeah, we do.

**Dr. Laura Braden**

So I would just like to summarize this independent product analysis. And I would also like to say that it is unacceptable that this product analysis landed on the shoulders of independent citizen scientists and that this wasn't done by the sponsors because we wouldn't have known this was the case if Kevin McKernan and his team didn't sequence this. And I will also note, based on Kevin McKernan and his team, that they're trying to reproduce that with the original injectables. This is for the bivalent boosters that they are pushing on our children right now. That is what we are talking about.

**Nicolle Snow**

So, the contamination that they have identified is in the boosters.

**Dr. Laura Braden**

This is in the bivalent boosters that is currently being pushed on the public.

**Nicolle Snow**

And they haven't examined the original injections yet to say whether it's present.

**Dr. Laura Braden**

No, but they have high suspicions, based on earlier data, that they will find the same thing.

**Nicolle Snow**

I also meant to ask you whether this might contribute to the wide variety of adverse events we're having if there's so many different contaminants in the different vials, different levels of contamination?

**Dr. Laura Braden**

Unequivocally, yes.

So I just want to summarize this independent product analysis. They found double-stranded DNA contamination levels at up to, or maybe more than, a hundred-fold higher than acceptable limits. It's important to note: this has been under, for the last months, rigorous community discussion, scientific discourse, trying to reproduce data, trying to get at some very important questions in a way that is transparent to the public. Anybody can go and follow this stuff. They're trying to get it out in Twitter spaces; they're getting it out in their Substacks. Anybody can go follow them. And I would have to say, thank you very much to that team for doing this work.

They have estimated up to 35 per cent, again, being confirmed, of the nucleic acid in each vaccine as being expression vector. And most of this DNA is expression plasmid DNA: again, the plasmid being what was initially carrying out the reproduction of the spike protein. Interestingly, and very important: whenever you have presence of contamination like this, how can you assure the public that there isn't contamination of other bacterial-type associated things, like *E. coli* endotoxins.

So when you're growing up plasmids in *E. coli*, and you get evidence of plasmid contamination, then you must assume through logic that there might be *E. coli* contamination. So *E. coli* contains endotoxins. Endotoxins can cause anaphylaxis, TSS (toxic shock syndrome), among other things. So it's sort of like a canary, right? To see the plasmid present. Again, we don't know. But that's a concern. The plasmids carry antibiotic resistance—again, the potential to transfer that to humans is a concern. And while the bacteria are unlikely to express the spike protein, they can replicate the plasmid. So, the bacteria in our guts, if they get this plasmid, there is absolute certainty that they can replicate it.

**Nicolle Snow**

Okay, and does that mean that it's questionable whether the body will react properly to antibiotics if they need antibiotics for some condition?

**Dr. Laura Braden**

That would be my concern, yeah.

**Nicolle Snow**

Because the body would be resistant to it, to the antibiotic. Okay.

**Dr. Laura Braden**

So the next really important question that follows— And I'm taking you through this in a way that I've been following it because it's step after step. So the next question that I have: Is this contaminating DNA interacting with our DNA?

In molecular biology, it is sort of a known. It's a known phenomenon that when you have high amounts of double-stranded DNA present, it can enter the genome.

[01:00:00]

And it doesn't need those special Line-1 transposases to help you. It can just do it on its own.

**Nicolle Snow**

And the genome is?

**Dr. Laura Braden**

The DNA.

And this happens during cellular division: when your cells are splitting in meiosis and mitosis, this is when cells split into other cells; they grow. It's cellular division, okay? This is known to happen during that process. What are tissues in the human body that are highly divisive, that are dividing all the time? Liver, skin, your intestinal tract, sperm cells, egg cells, bone marrow, lymphocytes, the developing fetus. All of these tissues are under high rates of mitosis. And this is the paper showing transfected plasmid DNA is incorporated into the nucleus during this process. So, we know that there's publications showing this. This is a known thing in molecular biology, that the double-stranded DNA can integrate into the genome during these dividing cell processes.

So in this instance, where we have potentially billions and trillions of double-stranded DNAs in the injectables that is contaminating, they are now going throughout the body, we know that. They're accumulating in certain very sensitive areas, we know that. And those sensitive areas are subject to high rates of mitosis. And now we're showing that high levels of double-stranded DNA are present in those injections in highly dividing tissues. The logic follows there's a potential for integration into the genome. Moreover, we know that the furin cleavage site acts as a nuclear localization site, getting the DNA into the nucleus of the cells. In addition, in those plasmids that they've sequenced, they found a sequence and they know that there's a special promoter called the SV40 promoter. And that's a promoter that is used in molecular biology to replicate plasmids because it works so well. It's like a supercharger replication, okay?

It facilitates nuclear entry as well, in addition to being an oncogene. Kevin and his team found evidence of the 72 base pair insertion in this promoter that, as you can see here, has a striking effect on gene expression. So this promoter turbocharges the plasmid replication. **And here is the sequence— And I apologize, you can't see, well maybe you don't want to see the letters. But basically, what this is showing in one plasmid, you see the evidence of the insertion of the 72 base pairs, and the other one you don't. So, it's just inconsistent. Some plasmids have it; some plasmids don't.**

**Nicolle Snow**

The SV40 is not present all the time.

**Dr. Laura Braden**

No, the promoter is; the supercharged insertion isn't.

**Nicolle Snow**

I see. Okay.

**Dr. Laura Braden**

So what is the SC40? It's a simian virus, that's what it comes from. It's a highly competent promoter sequence used for efficient replication. And the nuclear entry of plasma DNA requires this promoter to get in.

**Nicolle Snow**

Okay. Is it unordinary that that it would be used in this process?

**Dr. Laura Braden**

No, it is not. It's a really exceptional way. Way back early—before it's in the injection—that's an acceptable way. That's an acceptable way to replicate plasmids. We're not supposed to be injected with that, though.

**Nicolle Snow**

Yes, okay.

**Dr. Laura Braden**

That's supposed to be gone.

**Nicolle Snow**

That's for a whole entirely different science, not for use in the human body.

**Dr. Laura Braden**

That's correct.

So I want to just bring this all together. When I'm talking about the abhorrent, abysmal quality control and quality assurance that in my opinion has happened with these injections, it has resulted in every injection being a new event. When you go to the grocery store, you expect your milk to all be the same. When you take a Tylenol, you expect it to be 400 milligrams, not sometimes 900, and not sometimes 300, and not sometimes containing lead. It's quality assurance and control: that is what makes the world go round in **consumerism and commercial products. And that is supposed to be an accepted, sort of, standard and fundamental tenet for pharmaceutical drugs.**

**In this case, this is not, in my opinion, the case. Every injection is a new event. You may or may not have spike of various lengths, mRNA of various lengths, double-stranded DNA of various lengths.**

[01:05:00]

**You have the SB40 promoter: sometimes it contains the turbo, sometimes it doesn't. Sometimes it contains the resistant genes for antibiotics. Who knows if there's endotoxins in there? Who knows where it's going in your body? That's a really important point.**

**And I wanted to recall, because yesterday— I've been watching this entire testimony. Yesterday, I apologize, I forget the name, but the nurse was talking about aspirating and how they don't aspirate anymore. And how every time someone is injected with one of these products, it either could get into the blood—maybe it doesn't; maybe it stays in the deltoid a little bit, who knows? Because it's not the same for every person. And this on top of it, the confounding impacts of these contaminants, makes it so concerning for me.**

**Nicolle Snow**

So, it sounds as though the process is well outside any kind of reasonably accepted standard.

**Dr. Laura Braden**

Absolutely, yeah.

**Nicolle Snow**

And so, and I know you can't speak to whether the manufacturer would have known this, but ought they have known this?

**Dr. Laura Braden**

One hundred per cent. The onus is on them to know this. The lack of sufficient quality control and quality assurance by manufacturers that every injection is consistent, lacking contamination, and that the necessary checks and balances are undertaken to ensure there is no potential negative impacts on people, was not done.

The injectables are not a conventional vaccine. They are a gene therapy drug built on brand-new technology that lacks the assurances from quality control to ensure that it was consistent and lacked contamination. It enters the nucleus; it doesn't even provide immunity; and it persists in the body for months.

Why does this matter to us? That's why.

In conclusion, things are not what they seem. The origin of the SARS-CoV-2 virus, we don't know. The true numbers of actual infections—this is my personal opinion, based on my professional experience—this has been a CASE-demic. Mandates are justified by trusting the experts. They've never been supported by citations or references and were politically incentivized. Early treatment was treated as pseudo-science despite clear benefit. How many died unnecessarily? And finally, mRNA products are an abject failure. They are not safe, they are not necessary, and they do not contain what we think they do.

**Nicolle Snow**

Thank you, Dr. Braden. This is fascinating data and evidence. I really appreciate you putting this slideshow together. I want to take a moment because I think the audience and the people watching live stream should know a little bit about your personal story.

**Dr. Laura Braden**

So I think I've demonstrated fairly well that I've had concerns about multiple facets of the COVID crisis. I live in PEI, where every Thursday, we were told by Dr. Heather Morrison, the chief public health officer, that our children were going to die if we didn't vaccinate them. We were told that there was a huge risk to their health. We were told a lot of things. And for quite some time, I as a professional did not speak out publicly because we saw what would happen to you if you did.

After they started rolling out vaccines, injections, for the children, I decided that I had a moral obligation and a professional obligation to stand up and ask questions publicly. So in November of 2021, the International Day of the Child, I attended a rally in Charlottetown, Prince Edward Island, and expressed my concerns. Of course, back then we didn't know about all of what I just spoke about. But my concerns were with respect to the silencing of early treatments, to the fact that children were not at risk, and all of those things. And in December of 2021, I was fired.

[01:10:00]

I was terminated from my position and effectively cancelled from my career, for this.

**Nicolle Snow**

You've sacrificed a lot to speak up on behalf of others. And what was your position?

**Dr. Laura Braden**

So I was adjunct faculty in the Department of Animal Medicine at the University of Prince Edward Island. And I was also, as I mentioned, program lead and senior scientist in molecular immunology and biotech for the private company that I worked for. And at no point—during me speaking out publicly—did I ever mention my employer's name. I spoke as a private citizen with the education to back up the conclusions that I made. And I never once indicated who I worked for or that I was there on their behalf. I was never given any warning. I arrived to work on a Monday morning. My supervisor was there, who flew in from the U.S. They'd never allowed me to speak to defend my position. They escorted me out of the building. I was never given any severance or any of the like. They fired me for degrading COVID to be a bad flu, for calling ivermectin a potential early treatment, and for questioning the safe and effective nature of mRNA injections.

**Nicolle Snow**

Thank you, Dr. Braden. At this time, we are going to take a break. And we'll have you take the stand again after. And we'll let the commissioners have an opportunity to put some questions together for you; I believe that they will have some.

So we will have a ten-minute break? Ten minutes please, thank you.

[01:11:54]

## PART II

[00:00:00]

**Nicolle Snow**

Dr. Braden, at this time, I'm going to turn you over to the commissioners.

**Dr. Laura Braden**

Thank you.

**Commissioner Massie**

Well, thank you very much for your excellent presentation. Full disclosure. My question will be from a base of knowledge. Because all of these nice cartoons she has depicted for recombinant DNA technology and stuff, I did that in my youth. We were the first lab in Canada to do a recombinant DNA experiment with resistance gene in bacteria, so I know that stuff. I was also, during my post-doc, the first lab in Canada to produce what we call a recombinant adenovirus, which is the basis for a number of these vaccines that are currently used in the industry, so I know the technology. And having worked at the NRC, I was also involved in the commercialization of these processes, so I know the scale-up of product from *E. coli* under GLP conditions, as well as the scale-up of recombinant adenovirus. The technology I contributed to develop at the NRC was licensed with a number of companies, one of which is known. It's CanSino. It's a Chinese company that has produced a recombinant adenovirus using our technology. And I know very well what it takes to produce a quality product.

So I have a few questions for you. The first one is— I've been reviewing exactly the same literature as you presented it in a very, I think, clear way for most people. If you look at all of the issues that you raise in terms of the quality of the product, do you think that it's because it was rushed? Or all of the issues that you are presenting can be corrected if the method is properly developed and the assessment is properly done?

In other words, do you think that these mRNA liposome vaccines can be scaled up under GMP process that would be according to the highest standard? Is it possible to do it if you would do the steps properly?

**Dr. Laura Braden**

In theory, I think that is possible. Putting it into context, with respect to this particular injection, injectables, I do not. And this is the reason: I have yet to see any evidence to support the use of full-length spike as an antigen for the human body because spike is a virulence factor and inherently an inflammatory molecule that has lots of issues. So I could see this being—you know, I'm not sure if that's addressing your question, Dr. Massie—I could see this being something, in theory, the process without rushing the system, with ensuring higher quality throughout the process, in theory, would be possible. My objection is to the gene of delivery.

**Commissioner Massie**

I have a more specific question about the issue of the double-stranded DNA plasmid that can potentially insert it into the genome. I know it's a recent paper that described the frequency, and I haven't read this paper in particular. So based on what you've read from that, could we anticipate that the frequency could be a concern in terms of what it could actually trigger—in terms, for example, of insertion of the SV40 promoter near potential oncogene. Like we have seen, for example, in the first gene therapy trial with the retroviral vector where they ended up with a fairly high number of insertions that activated oncogene. Is it something, according to what you've read and what we know right now, that is a likely possibility?

**Dr. Laura Braden**

Yes. In short, yes, and I'll explain why.

[00:05:00]

Like I mentioned, all of this sequencing of what's in the vials and the discovery based on your sequencing, and all the work that they're doing, is really happening as we speak. And if you think about what they're showing to be present, concurrent with this sort of explosion of deleterious adverse responses, such as what they're calling turbo-cancers, and you're seeing degradation of T cell populations and innate immunity suppression in people who are injected. That information and now you have what we're seeing: it's hard not to draw some sort of correlations between the two. It's hard not to do that. And we can't because we need more data.

However, what we know is, what you've just suggested, the SV40 promoter has certain impacts. In some vials, it contains the insertion; in some vials, it doesn't. It's very potentially possible that the double-stranded DNA is getting into the nucleus. Is it inserting? We don't know. Is that impacting on cancer pathways, we don't know. We do know that spike interacts with P53, which is part of the anti-cancer pathways in people. So there's all of these lines of evidence that are all converging. And of course, there's more data that needs to be generated, but it's hard not to draw those conclusions given what we know now.

**Commissioner Massie**

Maybe I'll just ask one last question. The analysis that was done by the independent researcher with the vial: it was my understanding, and maybe I didn't read that correctly, that in theory you're not allowed to open these vials to do these types of analysis. Is that correct?

**Dr. Laura Braden**

I can't speak to that. I don't know the answer to that.

**Commissioner Massie**

Okay.

**Commissioner Kaikkonen**

I have two questions. I understand that in vaccine research, the placebo used in the non-treatment groups is usually another old vaccine. Do you know what was in the Pfizer and Moderna COVID vaccine placebo? I think many people are assuming it was plain saline?

**Dr. Laura Braden**

That is the assumption. That is what we're understanding: that it's saline. And they have said it in some of the dossiers that I've read that the placebo is saline.

**Commissioner Kaikkonen**

And my second question is, can you speak to blood transfusions?

**Dr. Laura Braden**

I can speak to it from a concern— So I'm not a medical doctor, I've never done a blood transfusion. So I can't speak to it from that perspective. I can speak to it from a concern of the contamination and what is being delivered into our bodies and how the production of spike that we know is existing for up to 15 months, protein present in people who are injected, circulating in their blood. So from a concerned citizen perspective as well as a professional who understands molecular biology, it is of great concern for blood transfusions to not be screened for the presence of both lipid nanoparticles or spike protein. And in fact, as a mother, I would not let my child be transfused with blood unless it was proven to be clear of both.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

Good morning, Dr. Braden. I have a few questions, and my questions aren't as complex. I'm an engineer; I'm not a researcher or a doctor.

With regard to masking, you were talking about the difference between the virus being either aerosol or carried in fluid particles, and you'd said that COVID-19 was an aerosol-type transmission.

Are there any other known viruses prior to this that were aerosol transmission-type viruses?

**Dr. Laura Braden**

The other SARS, MERS, small RNA viruses.

**Commissioner Drysdale**

Okay, so that so that's not that unusual. It's not an unusual or a novel transmission.

**Dr. Laura Braden**

Not to my knowledge.

**Commissioner Drysdale**

Then I have another question related to that. Was there any pandemic planning done by Health Canada or the authorities in Canada anticipating a pandemic. And was there any investigation at that time as to whether or not a mask would be effective in preventing transmission?

**Dr. Laura Braden**

To my knowledge, there exists such a document. The publication, you'll have to double check this, it might have been in 2016.

[00:10:00]

And their conclusions were that masking would not help in a pandemic situation.

**Commissioner Drysdale**

And that was a Canadian report?

**Dr. Laura Braden**

It was a Canadian report, and I believe that Dr. Theresa Tam might have been an author.

**Commissioner Drysdale**

Ah. Okay. I have a few more questions, and you know it's been a long time since I've been in school, and I was more in physics and calculus than I was in biology. But just for myself: the reason DNA is so important in my understanding, and I know you'll correct me, but isn't DNA the blueprint that the body uses to create more cells or more tissue. It uses that as a guide? Is that the function of DNA?

**Dr. Laura Braden**

Correct. So in our cells, we have copies of genomes from both our mother and our father, both of which come together to create us. Those genomes are in our nucleus of our cells—sorry, those chromosomes, we have 46 chromosomes. In those chromosomes, which are tightly wrapped together to protect this very fragile blueprint of our bodies—it's wrapped in protein and other things in the nucleus. And it's protected in the nucleus because it is, number one, so important. We don't want deleterious mutations. We don't want things interacting with our DNA. It's housed in a very protected area to facilitate that. And because mutations, anything like that, we don't want to pass down to our offspring. And that's very **important when it comes to mutations or anything interacting with our DNA, which is why genotoxicity studies should have been done.**

**Commissioner Drysdale**

Yes. So again, just so I can repeat that. What you're saying is that the reason this is so important that you're finding that these particles are showing up in the DNA, is it's essentially, or could be potentially, putting instructions in there that wasn't before. So instead of when it goes to grow a new cell in the body, it's got new instructions and that cell isn't the way it was originally intended to be.

**Dr. Laura Braden**

In theory, we're following the trail of logic. Yes. There is a concern for integration of these exogenous non-human pieces of DNA now in our nucleus. We know that high levels of double-stranded DNA will insert on their very own, and there's a couple of other things that I've shown that are concerning in terms of the potential for integration. Now why is that important? Well, if these things are happening in germline cells such as sperm and egg cells, which we show the LNPs in the distribution of these injections go to, and this is happening in those cells, it is potential that that could be passed on to our offspring.

**Commissioner Drysdale**

Yes. I want to switch around a little bit.

**Dr. Laura Braden**

Again, can I finish? That it is a potential. I'm not saying that that is happening; nobody is saying that it's happening. But that is why these fundamental studies need to be done because that is a concern. So to evaluate that concern, you have these baseline studies and that was not done.

**Commissioner Drysdale**

So essentially, we jumped off the cliff without knowing what was at the bottom.

**Dr. Laura Braden**

With no parachute.

**Commissioner Drysdale**

With regard to the PCR testing: everybody's talking about that, and I've heard many medical people talk about the cycling. As I understand it, the PCR tests, some people called it a genetic replicator. And when you talk about cycles, is the cycles— Does it have a linear effect or is it an exponential effect? In other words, if I do one cycle or if I do two, is two cycles twice as many, or is it exponentially?

**Dr. Laura Braden**

It's exponential replication of nucleic acid. Every cycle, there is a doubling. So if you have  $n$  equals cycle, it's two to the power of  $n$ . So, if you, for example, run a PCR test for 40 cycles, and you started with one molecule of DNA, you will have two to the power of 40 molecules of DNA at the end.

**Commissioner Drysdale**

Right. So the cycling from 30 to 46—I just want to make sure everybody understands, as I understand your testimony—isn't just simply that it's 20 per cent higher, it's—

**Dr. Laura Braden**

Two to the power of 16.

**Commissioner Drysdale**

My next question I think was answered, and that was you were talking about—I was writing them down as you were speaking— But you were talking about how the vaccines were originally intended to be intermuscular, in other words, they weren't to be inserted into the circulatory system. And you said that there was evidence that it was getting out into all other parts of the body.

[00:15:00]

And my question had to do with aspiration. And if we're not aspirating, how much of that might be because of that as opposed to it just getting out?

**Dr. Laura Braden**

That is exactly one of the concerns. And that is from nurse to nurse, from high school student in some cases, you know whoever is giving the injection, the technique will be different, the potential will be different, and that is why it contributes to every injection being a different event.

**Commissioner Drysdale**

Okay. In the testing that Dr. McKernan that you had referenced? Was he testing from different batches of vials? I think you said they used two vials?

**Dr. Laura Braden**

Two vials from the same lot.

**Commissioner Drysdale**

From the same lot. So it didn't really indicate necessarily with the variation between lots. And am I correct in asking or assuming that these vials were also produced in different facilities? It wasn't just one big giant— Not for the testing, but the vials that were out being used in the public. Were they being manufactured all in one giant facility?

**Dr. Laura Braden**

From how Pfizer describes it—and there's a great article in the New York Times that worked with Pfizer to give a really nice overview of how they make their products—certain processes are limited to one facility. So for example, in the U.S., that's where all the plasmid is made and then linearized. And then that product is taken to another facility, Andover, for example. And then another facility, and then they come back for quality assurance, loosely termed. But all of the one process, is my understanding, happens in the same facility.

**Commissioner Drysdale**

Yes. I've got two questions that perhaps aren't fair—but I want to ask you because I want to know, and I think a lot of people here want to know.

From what I was listening to from your testimony, it appeared that there were massive failures or omissions in the initial conceptualization of the research. And then on top of that, there were massive failures of quality control in the manufacturing process. And then there were potentially massive failures in the actual implementation of putting needles in

arms without aspiration. So my question now is: If that is a reasonable interpretation of what you were talking about, have you ever seen that happen on this type of scale in the pharmaceutical industry or the health industry before in Canada?

**Dr. Laura Braden**

No.

**Commissioner Drysdale**

My next question is again a difficult one. Have the companies involved with this research and manufacturing and whatnot have any historic record of doing things that were perhaps not in the interest of the public?

**Dr. Laura Braden**

It is my understanding that Pfizer is one of the most sued-successfully companies ever in the world: I believe the lawsuits are up in the billions of dollars in litigation for various things that are available in the public sphere. But it is my understanding that that is the case. So, the answer is no, they are not; this is not a new one.

**Commissioner Drysdale**

I have many, many other questions, as I'm sure everybody in Canada does. But I thank you very much for your time and your expertise.

**Dr. Laura Braden**

You're welcome. Thank you.

**Commissioner DiGregorio**

I just have a few questions. Sorry, I keep not getting the mic close enough. And I apologize if these questions have already been asked and answered, and maybe I'm asking the same thing in a different way, but please bear with me.

So you spoke a little bit about the PCR not being a good diagnostic test and that it would always be followed up with a confirmatory test. Is there a confirmatory test for the COVID-19 that you would follow up after a PCR positive?

**Dr. Laura Braden**

Absolutely. So viruses in their very nature lyse, meaning they break up cells. And I've done this in the lab. In experiments where we've infected animals with a virus, you do a PCR to determine the level.

[00:20:00]

It is a good way to assess quickly if your animal is positive or not. Because you don't want to waste the time for the next step. If there's no virus present, you won't get a hit. And, by the way, we are using cycle thresholds of 30. You then take a sample of the relevant tissue, and you expose that tissue. In this case, it would be either spit or mucus or whatever for virus that's respiratory in nature. And you would expose that to a viral plaque assay, is

what it's called. And if there were virus present, you could visualize that underneath a microscope because there'd be clearings in your cells. So you would see the virus has lysed and broken open cells. And based on the number of those plaques—because we know that each plaque therefore equals X many virions—so, you can reasonably extrapolate how many virus particles are there. And that would be step two of the PCR to then confirm that there's virus present that is infectious.

Without that confirmatory test, you cannot say—especially when you're looking at asymptomatic, healthy people—that they contain an infectious virus.

**Commissioner DiGregorio**

Thank you, and do you know if that type of confirmatory testing was done in Canada as part of the PCR testing processes?

**Dr. Laura Braden**

There is no way that they did that with all the tests. There might have been one or two. I'm not sure if there ever was one. But with the responses that we were seeing and the testing that were being put out within hours, there's no way that they ran confirmatory tests.

**Commissioner DiGregorio**

And what about the rapid testing kits that people used and that were distributed? Would that have been a confirmatory test?

**Dr. Laura Braden**

No.

**Commissioner DiGregorio**

Thank you. I'm not finished, I'm just turning my page. So you've spoken quite a bit about the need for more experimentation and that some of the experimentation that you would expect to see is happening now, but did not happen earlier. And I'm just wondering what the sort of timing is to complete these types of experiments that are now happening and that we're seeing now, and whether they could have been done at an earlier time.

**Dr. Laura Braden**

We just witnessed within two or three weeks the entire sequencing and analysis of the genetic material potentially in these vials as well as other bacterial-associated assays that I showed you to show presence of plasmid. All of those necessary steps that should be happening within the manufacture process: there's other more eloquent and more high throughput ways to ensure quality, and that could have been done within days. Some of these things to ensure, for example, there's no double-stranded DNA—that's a couple hours. These aren't months out, and they're easy checks and balances, well, maybe not so easy. They're checks and balances that should have been done and are easily attainable with our given technology and molecular biology. These are not things that are out of the realm of possibility.

**Commissioner DiGregorio**

And so, the manufacturers were not— This is not testing that they would have performed as part of the development?

**Dr. Laura Braden**

I can't speak to whether they did. This is what the logic trail would make you do, but I can't speak to whether or not they did all those things. What they did claim, what Pfizer has claimed themselves, is that strict and rigorous quality assurances were made at every step along the way to test for these things. They say that. They tested: there was no plasmids. They tested: The double-stranded DNA was digested. The plasmids were linear. It was pure mRNA. The integrity was 100 per cent.

**Commissioner DiGregorio**

Thank you. When they made these statements that they had performed this testing, did you understand that that was testing on this particular injectable product, or would it have been based on perhaps past study of mRNA technology?

**Dr. Laura Braden**

This was with respect to this particular product.

**Commissioner DiGregorio**

And so, you spoke a little bit about reverse transcription, which I don't pretend to understand. But I think you explained it well enough that as a layman I got a general idea of it. And I'm just wondering if this was— Is reverse transcription an issue that was identified as part of the historical mRNA research, or is this something that has only been discovered since the COVID injectables have been rolled out?

[00:25:00]

**Dr. Laura Braden**

To my knowledge, there's no data pertaining to the potential for reverse transcription in human cells from mRNA technology. I could be wrong, but this is to my best knowledge. All I'm aware of is the first paper that looked at was this last year, which was on the liver cells.

**Commissioner DiGregorio**

Okay, thank you. I'm just turning my page.

I think you spoke at the beginning about your experience in GLP—you called it good lab practices. And I'm just wondering whether the proper implementation of good lab practices could have addressed some of the contamination issues that you've raised today. Maybe you've already answered this.

**Dr. Laura Braden**

I think it's a great point to hammer home. In a GLP lab environment, every single thing that you do is run by a standard operating procedure, an SOP. Those SOPs are vetted and assured by the regulatory authorities to do what they say that they're going to do. So

basically, what this enables for is—in a lab environment, every step along the way is consistently done over and over again the same way. You cannot conduct a study in a GLP environment without SOPs that are first concurred with by the FDA. The FDA and Health Canada ensure that GLP-run studies are done in this manner.

It is my assertion that, in order to run a GLP study, all of those SOPs and standard lab practices that are demonstrated to regulatory authorities need to be done. So to get to your question, is there ways where that could have been mitigated? Is that what you're—

**Commissioner DiGregorio**

Yes.

**Dr. Laura Braden**

Okay. If it was done in accordance and in compliance, no. The fact that there are these particular contamination signals and others indicates to me that they did not follow, they were not compliant.

**Commissioner DiGregorio**

Thank you. And one last question, just, if you could give us a— What would you recommend should have been done differently?

**Dr. Laura Braden**

Could you be more specific? In what aspect?

**Commissioner DiGregorio**

Well, what we're hoping to take from your testimony is an understanding of what has happened and an understanding of what could be done differently next time.

**Dr. Laura Braden**

What could have been done differently is that, at the outset of the COVID crisis, scientists could be allowed to talk to each other in an open public forum in a way that would encourage scientific discourse to understand the biological methods at play and how we could, as scientists, work together to make it go away—or to understand the insufficiencies and where data needed to be generated. Because of the censorship and silencing of people who asked questions, that entire discourse was essentially deleted. And that is one of the **most important pieces of this that I need for you to understand: scientists that went against the narrative were not allowed to speak.**

**Commissioner DiGregorio**

Thank you.

**Nicolle Snow**

So if there's no further— Is there a question? Oh.

**Commissioner Drysdale**

These are questions from the audience.

**Commissioner Massie**

I know we're running out of time, but there's one question which I think— Because you've said that you have expertise in immunology, I think it would be worth it to explain the idea of autoimmune reaction that might occur because the spike proteins share what we call epitope or sequences with a number of our own proteins. Because normally, my understanding is that we don't generate antibody or immune responses to our own protein because this would lead to all kinds of diseases. But why is it that having shared sequences between spike and our protein can actually lead to this process?

[00:30:00]

**Dr. Laura Braden**

Essentially, the injections are programming our cells to produce a protein that could then be displayed to our immune system on our cells. And they are using these receptors called major histocompatibility factors 1 and 2. And really, that part doesn't matter other than the fact that these receptors are there normally to show pieces of non-self to our immune system. So that our immune system can recognize whatever is attached to that receptor, oh dear, we'd better mount an immune response against it. And there's a number of different receptors that also do the same thing. Because this is so important, immunological responses by their very nature destroy what they're intended to destroy. Often with inflammatory diseases, collateral damage from inflammation that is left unchecked is how we get pathology, immunopathology. In a very similar way, when there are antibodies produced against pieces of our self, we develop antibodies to proteins of ourself, and then our immune system thinks our self is bad and to attack it.

So if the spike protein has peptides or epitopes that are similar to those of our proteins, and our bodies are thinking that they are bad and produce antibodies to them, that is the definition of autoimmune disease enhancement or progression. And in fact, one of the one of the proteins with the highest similarity is a protein called thrombopoietin, which is involved in the clotting cascade. So basically, the take-home message here is: the potential for autoimmune disease progression when the similarities in these proteins are so high is extremely concerning. And I'll finish the thought with— That is one of the basic fundamental tests that you would run when you're trying to decide on injecting people with a protein, if there are similar epitopes or antigens, and that is the biggest concern. That should have been done.

**Commissioner Drysdale**

There is a question from the audience, and it's a long one, and I'll do my best.

There has been some speculation here and elsewhere around the question: Were the problems associated with the COVID-19 injections reasonably attributable to a rushed process? Under normal circumstances, what would be an expected time period for a novel pathogen to be isolated in sequence, a suitable vaccine to be developed, manufacturing, storage, delivery, capacity to be expanded to produce sufficient vaccine vials, needle shipping boxes, et cetera in sufficient quantity to provide for billions of doses around the world?

**Dr. Laura Braden**

To my knowledge, 10 to 15 years.

**Commissioner Drysdale**

I have an additional question, I apologize. If I understood your testimony correctly, you were saying that some of these particles, or some of these revised DNA, were getting into the bacteria within the gut of people. So those bacteria now were carrying, I don't know how to call it.

**Dr. Laura Braden**

Plasmids.

**Commissioner Drysdale**

Aren't those bacteria in the gut everywhere? Like, if it's in the gut, is it possible that it's getting into the water supply and they're spreading? Do we know this?

**Dr. Laura Braden**

The theoretical concern is, absolutely. And no, we don't know this.

**Commissioner Drysdale**

Okay. Thank you.

**Nicolle Snow**

Dr. Braden, we thank you for your fascinating and interesting testimony here at the NCI hearing.

**Dr. Laura Braden**

Thank you and you're welcome.

[00:34:26]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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**Witness 2: Dr. Matthew Tucker**

Full Day 3 Timestamp: 02:18:44–02:49:16

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

**Dr. Matthew Tucker**

Yes, sir.

**Alison Steeves**

Can you tell us your full name, where you're from, and your occupation?

**Dr. Matthew Tucker**

My name is Dr. Matthew Tucker. I'm a family and emergency medicine doctor in the Annapolis Valley in Nova Scotia.

**Alison Steeves**

Dr. Tucker, can you please give us a bit of a background with regard to your work experience?

**Dr. Matthew Tucker**

I was in the Canadian Armed Forces for 21 years, including almost 10 of those years as a doctor. During most of that time as a doctor, I also worked regular shifts at my local emergency departments in three different provinces.

**Alison Steeves**

So you were in the military for 20 years, 10 of which you worked as a doctor. Are you now working for the military?

**Dr. Matthew Tucker**

Yes. As a civilian physician.

**Alison Steeves**

As a civilian physician?

**Dr. Matthew Tucker**

Yes.

**Alison Steeves**

Have you recently also been working in an emergency room?

**Dr. Matthew Tucker**

I was, during most of the pandemic. I took a break beginning in 2021.

**Alison Steeves**

And please note, Dr. Tucker's CV is Exhibit TR-13.

What is it like working as a military physician?

**Dr. Matthew Tucker**

It's great. I hope it doesn't sound overly sentimental if I say, I love the men and women in the Canadian Armed Forces. I have a very high opinion of them.

Essentially, what we do, is we do family medicine, in a military clinic, on a military base. A little bit of what we call occupational medicine as well. It's very interesting.

**Alison Steeves**

Who exactly are your patients? Is it strictly military personnel or families as well?

**Dr. Matthew Tucker**

In Canada, it's strictly military personnel. That's quite a large question, actually. Probably beyond the scope of this "thing." In other militaries and other countries, the doctors do look **after the families and I wish we did, but we don't.**

**Alison Steeves**

**Over the past couple years, have you noticed any concerning trends in your patients' cases?**

**Dr. Matthew Tucker**

Well, I think so. I had a conversation, actually, two conversations. Two different people I asked this question, recently. You know, hallway kind of conversations, at the place where I work. And I said, "Is it just me, or is it all we do these days, mental health things? Is people's

mental health worse than ever?” And both of these people said, “It’s not just you.” They see the same thing.

So in my opinion, this is very subjective; I don’t have statistics at hand, but it’s my opinion that there’s been a mental health crisis, where I work, for the past couple of years.

**Alison Steeves**

You’ve seen an increase in the last couple of years compared to your prior nine or so years of experience?

**Dr. Matthew Tucker**

I think so.

**Alison Steeves**

How many doctors work in your clinic right now?

**Dr. Matthew Tucker**

Not that many. There’s doctors and nurse practitioners. So maybe six clinicians in total.

**Alison Steeves**

Do you regularly meet to discuss cases?

**Dr. Matthew Tucker**

Yes.

**Alison Steeves**

Do you notice a trend in the cases arising for them, as well?

**Dr. Matthew Tucker**

I think so. I mean, let’s be clear here. It’s not that mental health issues are “new” in the military; military life has always been stressful for people. But I think it’s been a significant theme in the past couple of years.

**Alison Steeves**

Do you have any theories as to why you and your colleagues at the military are seeing this increase in mental health issues?

**Dr. Matthew Tucker**

Well, I do think that a lot of it has to do with the stresses of the COVID restrictions over the past couple of years.

Can I tell you guys a story, a personal story? It’s a true story. When I was a brand-new doctor—this was on a military base in Ontario—my wife and I were shopping for our first

house. We settled on a house and our realtor turned to us and said to my wife, "This is a good choice. This is a good neighborhood for you because 'I'm' going to be away a lot." I don't know why I didn't believe her, but at the end of four years, when we were leaving that place, I had been away from home for 11 months.

So these are the sorts of stresses that military people deal with. I think that every Canadian has had a lot of stress over the past couple of years. Most people report that they were affected by the COVID measures in some way. But I think that military people have particular stresses that affect them particularly. Like having to go away frequently. Like having to move around. And I think that the COVID restrictions were particularly hard during times like that. I think this was a trigger for a lot of anxiety and depression.

**Alison Steeves**

So the standard COVID measures that applied to everyone would have particular, unique sort of impacts on those who are used to travelling and being away from family, the way that the military would.

[00:05:00]

**Dr. Matthew Tucker**

I think so.

**Alison Steeves**

And can you elaborate a bit on the type of symptoms that patients present with when they have these mental health issues?

**Dr. Matthew Tucker**

Yeah, thanks for asking that actually. I'm sort of passionate about that question because I think that a lot of people, non-medical people— I think they don't know what the symptoms of depression are. Of course, the classic, the obvious symptom of depression is low mood. But there's quite a number of other symptoms that go along with depression and anxiety.

Things like not sleeping, not eating, low energy, not doing anything for fun anymore, feeling bad about things that perhaps aren't reasonable. And so, I've seen a lot of this lately. People afraid to go out in public, afraid to go to work because they're anxious. I've seen a lot of it lately.

**Alison Steeves**

Have any of the patients you've seen commented on the link to, sort of, the COVID restrictions or the impact of the COVID measures?

**Dr. Matthew Tucker**

Yes. Certainly, I've heard that sort of mentioned in passing by patients a number of times. I heard it explicitly, recently, because I asked one of them. I said to him, I said, "hey"— I've seen this person, who I've gotten to know as a patient over the past year or so, a person with significant anxiety. I said to this person, "Hey, listen man, I just want to ask you

something. This might seem like a random weird question but can I just ask you? Do you think that you had trouble with the COVID restrictions?" And his face lit up and he said, "Yes, that's when all this started!" He said, "I was on a military base where I wasn't allowed to go anywhere. My family wasn't allowed to come visit me because of the travel restrictions. We had kids at home. We had no family support because my extended family is from out here, and we were on this base out here. We had an erratic sort of work schedule where it was ever evolving. That was very stressful."

So I think, definitely, yes. These sorts of things were very stressful on our people.

**Alison Steeves**

Were there aspects of the military, were there certain measures in the military or unique kind of features of the military that would create sort of impacts on military members? Sort of things that, in the way the military operates, they would have specific measures that wouldn't affect other Canadians?

**Dr. Matthew Tucker**

Well, I think I already mentioned those. The frequent travel. So imagine the stress not only on military members when they have to travel frequently. They have to self-isolate frequently before they travel anywhere. They're worried about their families who are stuck at home with no support because of travel restrictions.

**Alison Steeves**

With COVID measures reduced now, have you seen a decrease again in mental health issues?

**Dr. Matthew Tucker**

Well, I think that's a hard question to answer. I think on the one hand, yes. Many people are doing better now. Although I would say that I think many of those people are probably the people who would not have come to see me to begin with. I am still aware of a number of people, who I would say, the COVID measures, the COVID stresses were probably the straw that broke the camel's back for these people. And they have not really gotten better, even though the world may be returning to normal(ish).

**Alison Steeves**

Is it your observation with anxiety and depression that, even if it's caused by social determinants or external factors, that once it sort of takes hold, it can be hard to treat, even if those factors are—

**Dr. Matthew Tucker**

That can happen. Now frequently, it does get better. In medical parlance, we have this term called "social determinants of health." And if you ameliorate the social determinants of health, it is true that people frequently get better. But everybody is different and it can be hit or miss.

**Alison Steeves**

As someone who spent 20 years in the military, can you speak to how a rise in mental health issues, anxiety and depression among military personnel, could have an impact on day-to-day military operations?

**Dr. Matthew Tucker**

Well, I think that's a fairly self-evident no-brainer. If people are sick, they can't go to work. They can't perform their jobs. It's going to affect the ability to carry out a mission successfully.

[00:10:00]

And I'll tell you something. Part of the reason that I'm passionate about this, part of the reason I'm passionate about our people's health is that—it's not a secret when I tell you this—that the military has a personnel crisis right now. A lot of people are leaving. A lot of people have left. A lot of people are very sick. And I think it's a fairly self-evident no-brainer that that is a— I guess you could say it affects the security of the country if people are too sick to perform the mission.

**Alison Steeves**

So you are seeing people leave due to those reasons, the mental health issues?

**Dr. Matthew Tucker**

Yes. I think so.

**Alison Steeves**

Dr. Tucker, during the pandemic, up until late 2021, you were also working part-time at the local emergency room in Annapolis Valley, correct?

**Dr. Matthew Tucker**

Yes ma'am.

**Alison Steeves**

This was not associated with your military practice, correct?

**Dr. Matthew Tucker**

Correct.

**Alison Steeves**

At that time, and of course you weren't there as long into the pandemic, so it's hard to compare, but did you also see a trend in rising anxiety and depression?

**Dr. Matthew Tucker**

I think so. When people come to the emergency department with mental health issues, it typically presents a little bit differently than it does at a family medicine or primary care clinic.

I find that typically, what will happen is, you'll pick up a chart and the triage notes will say that the person is there for something like "situational crisis" or "mental health crisis." So what will happen is, you'll go see them and you talk to them, and it becomes clear that they're suffering from anxiety or depression, stress from whatever is going on in their life.

So during the COVID period, yes, I do think there was a certain amount of that. I do remember seeing several patients at the emergency department who I'd go see, and the triage notes said they were there for situational crisis or mental health crisis or whatever. And I'd go see them. And it became clear, that these people were just— They couldn't make it work anymore because, maybe the measures were affecting their job, there was financial concerns. Maybe their families weren't able to come visit them to help with their little kids or whatever. This was in the general public, and of course, the emergency department serves the general public.

Although, I will tell you something else, going back to the question about the military families. In case you don't know this, every community hospital that's close to a military base looks after military families all the time. And the reason for that is because these people move around all the time, so they don't have doctors, and so they go to their local hospital all the time. And I'm going to tell you something else. Military spouses basically deserve a medal for what they deal with, okay? You know, there's military medals; I think there should be a spousal medal for what they have to deal with. They put up with so much when their spouses are away.

Imagine this. Can you imagine this? Imagine you're a military spouse, okay? And you get uprooted from the place where you're from. Your spouse is stationed at a military base that's far away from where you're from. So you have to move to this place, where you don't know anybody and you've never been. And it's 2,000 kilometres, several provinces away from your extended family. And you don't know anybody. So you depend upon things like activities— You know, clubs, peer networks, your kids' school, churches, whatever. And then imagine that all these things are shut down, and you have nobody. You have nothing. And because of inter-provincial travel restrictions, your extended family is not able to come and look after you. So I would also see those people at the hospital, a couple times.

**Alison Steeves**

And you would see the mental health impact in some of those patients?

**Dr. Matthew Tucker**

Yeah, yeah.

**Alison Steeves**

Going back to the beginning of the pandemic, working in an emergency room, can you tell us a bit about what that was like, circa February 2020?

**Dr. Matthew Tucker**

A very interesting question because we did a— Everybody knew that this COVID thing was coming. And at the beginning, doctors, I think, didn't really know what it was. Didn't know what to expect. Didn't know what kind of symptoms to expect. And so, at my hospital, what they did was, they decided to organize some practice sessions. Which is always a good idea. They organized some practice sessions on how to deal with a respiratory emergency. So I went down to the hospital a couple of times. We did a couple of practice sessions about how to deal with a respiratory emergency, where we'd have a mock patient.

[00:15:00]

**And I would participate in the team. And there would be your nursing team. And we did a practice scenario or two, okay? And we felt great about it. We thought, this is great. We're all practised up. We've got our skills all practised up. We can save people's lives if they come in. It's great. And you know what happened? Nothing. The patients never showed up.**

So I'm going to say this. And people, especially people in other parts of the country or other parts of the world, they may have trouble believing this or they may think I'm misspeaking: I'm not misspeaking when I say, I worked regularly in the emergency department, once or twice a week, throughout 2020, throughout 2021. And I never met a single COVID patient until January of 2022.

**Alison Steeves**

So no flood of COVID patients?

**Dr. Matthew Tucker**

No. And the only reason I met them then in January of 2022, was because at Christmas time in 2021, the military people were finally allowed to go home for Christmas and so they came back with it.

**Alison Steeves**

Dr. Tucker, why did you feel that you wanted to come and speak here today at the National Citizens Inquiry?

**Dr. Matthew Tucker**

Well, I was asked if I would. And I thought to myself, I feel like there are a number of stories from Canadians that haven't been heard or are not being heard. Still not being heard. I think that everybody deserves to have a voice in the national conversation. And I thought that maybe I could shed some light on some voices that haven't been heard—just with the view towards improving our healthcare system and improving the lives of the people that I care about.

**Alison Steeves**

Thank you very much. I'll turn it over to the Commission if you have any questions.

**Commissioner Massie**

Thank you very much for your testimony. My first question would have to do with the condition of the family, around the military.

**Dr. Matthew Tucker**

Yes.

**Commissioner Massie**

How extensive could be the isolation, based on assignment, when they move from one location to the other? In other words, do they have the time to build a social network or are they moved constantly so they have to rebuild it all the time?

**Dr. Matthew Tucker**

That's a very good question. I could answer it at length; there's multiple components to that question. The short answer is, it depends, okay? Sometimes people stay in the same area, at the same military base for 10, 15 years. That's more common than it used to be; it's more common on certain bases. Sometimes, people move around every two or three years. So it all depends.

And I will tell you this though, based on my experience, this is my experience in being fluent with this culture. People usually say, as a general rule, that in the military, when you get stationed, it takes sort of a year just to get your feet under you with understanding what the amenities are in the local area. It probably takes two or three years to really start building relationships with other people to the point where you feel comfortable there. And so absolutely, that can be very difficult on families. And in particular, a lot of our military bases are located in smaller rural areas that might be even harder for people.

And so going back to the COVID stuff: If stuff is shut down, a lot of these military families, and I said spouses before, but it's also the kids. It's also the kids. It's very hard on them.

**Commissioner Massie**

I have another question with respect to the mental health issue. I know it's kind of difficult to define because it could have many different components. I know that you're not, in theory, in contact with families or the kids and so on. But have you noticed, or have you heard of, special conditions affecting the kids also of the military? Because of the isolation and travel restrictions was there something— And all of the other conditions that the kids were subjected to because of the lockdowns?

**Dr. Matthew Tucker**

Yes, yes. I think I said that when I was talking about seeing these families at the emergency department, I think I said spouses, but it's kids too. Kids will typically present in a different way. It may say behavioural issues, but that can encompass a variety of things.

[00:20:00]

You know, whether it's childhood anxiety, depression, ADHD that's not been properly diagnosed.

**Commissioner Massie**

I'm going to ask a sort of broad question. Knowing what you know now, from the experience of what happened over the past three years, what would you recommend we should have done differently with respect to managing this whole health crisis? I know it's a broad question, but—

**Dr. Matthew Tucker**

It's a broad question. I'm not sure it's my place to answer that question. I sort of felt like I came here to tell you what I've seen. I'm not sure it's my place to— I don't have all the information to answer the question. But I think my best answer to that, maybe, would be— I think the biggest recommendation that I would have made would have been to say, I would have liked to have seen everybody listened to.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

Good morning. I would just like to, kind of, further the comment that you made about— You alluded to the military personnel being in somewhat of a crisis in terms of, I guess, recruitment and retention, possibly?

**Dr. Matthew Tucker**

Yes, yes.

**Commissioner Kaikkonen**

So we know across the country, there's been a lot of connections with, you know— People are stepping back, this quiet quitting. And as a doctor, who would be seeing all of this and wondering as well.

From my perspective, I'd like to know, is there a way to counter the quiet quitting, this stepping back from working, being part of the community, volunteering? Do you have any kind of tidbits that would help people to step out from their homes and not be so fearful? Just from your perspective as a doctor.

**Dr. Matthew Tucker**

Can you elaborate on the question a little bit, like how to counter—

**Commissioner Kaikkonen**

We have this quiet quitting movement. There's a lot of employers who can't find employees. There's a lot of charities now who don't have volunteers. And it seems to be increasing; they call it the "quiet quitting movement." And it seems to be increasing in not just pockets of the country that had very tight restrictions, but it's spreading across the country. Even to those provinces that didn't have as quite—the restrictions were less than, maybe, the Atlantic region.

And I'm just wondering if you have any counsel, from a physician's perspective, of how we can counter that movement. And say that, "You have a place, you have a purpose in this world. You have a place that's important." The social fabric is dependent on people being participants.

Is there some way that you can add to that conversation that might actually encourage people who may be watching from online or in here? That they could say, "You know, I have been moving outside of the social fabric. Is there a way that I can participate, that I should be participating?" And maybe encourage those people who are listening. Particularly online because all of you did show up. But, you know, just to try to encourage people to move forward and maybe counter what seems to be happening and may increase and, actually, seriously disintegrate our social fabric. Thank you.

**Dr. Matthew Tucker**

Okay, I think that's a big question. I think you already answered some of it yourself. I think the very short answer to a very big question would be, you have to find a way to re-engage people with society. I think there would have to be a re-emergence of social cohesion, shared values, shared purpose. I suppose that efforts that would help, you know, build communities and bring people together would be the start to that.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

I have a number of questions myself, and there's two questions from the audience.

**Dr. Matthew Tucker**

Yes, sir.

**Commissioner Drysdale**

But first, before I start that, I want to thank you for your service: 20 years of service to our country. So you were with the Canadian Armed Forces for 20 years.

**Dr. Matthew Tucker**

Yes, sir.

[00:25:00]

**Commissioner Drysdale**

Would you say that the Canadian Armed Forces is effective at evaluating risk and solutions to unusual problems?

**Dr. Matthew Tucker**

In general, yes. I mean, listen— To a certain extent, that's not my place to comment on.

**Commissioner Drysdale**

No, but—

**Dr. Matthew Tucker**

I mean, the people that make these assessments, they would rely on a variety of metrics that I don't have access to. But I think in general, yes, that's part of what they do.

**Commissioner Drysdale**

That's part of what they do.

You also mentioned that in 2020, when the pandemic was first announced, there was uncertainty in, at least in your medical community, about what it entailed and what it might mean. And you did some tests, some practice runs, to see how you might handle that.

**Dr. Matthew Tucker**

That's right.

**Commissioner Drysdale**

How far into the pandemic was it before you or your colleagues began to understand that COVID was affected by the age? In other words, the risk to an 85-year-old might be less than the risk to a 19-year-old?

**Dr. Matthew Tucker**

How long did it take to realize that? I would say, I mean, I don't remember for sure. A lot of stuff has happened in the past couple of years.

**Commissioner Drysdale**

Sure.

**Dr. Matthew Tucker**

But I would say, you know, probably later in 2020, that started to dawn on us. But I mean, it was hard for us to realize that where I worked because we didn't see any of it.

**Commissioner Drysdale**

Right, right. But even where you were and you didn't see anything, I guess, with what you were hearing in the press and what you were talking to your colleagues about, they were starting to understand that it was related or it was vastly related to age, or it was riskier.

**Dr. Matthew Tucker**

Yeah. I would say sort of later in 2020 that that started to become clear.

**Commissioner Drysdale**

When did the Canadian Armed Forces require or mandate vaccines for members?

**Dr. Matthew Tucker**

In the fall of 2021.

**Commissioner Drysdale**

So in the fall of 2021, how many 85-year-old members are there in the Canadian Armed Forces, that you are aware of?

**Dr. Matthew Tucker**

So listen, they keep increasing the age where you're allowed to stay, but it's not to 85 yet.

**Commissioner Drysdale**

Being an organization, that's part of their task, and they do it very well, in my opinion, is to assess risk, understand unusual situations, and respond in an appropriate way. And if the information seemed to be available in 2020, and they didn't have members who were in that age group, do you have any idea why they would have mandated the unknown vaccine?

**Dr. Matthew Tucker**

I can't answer that question. That's way beyond my pay grade.

**Commissioner Drysdale**

Okay. I have two questions that were submitted by the audience. The first one is, and this might be a difficult one too. Knowing that we understand— This is a commentary following the witness that was on prior to you, Dr. Braden.

**Dr. Matthew Tucker**

Okay.

**Commissioner Drysdale**

"Knowing that we understand the spike protein that does cross the blood-brain barrier, is it possible, or should we be wondering, if this may also be contributing to the increased incidence of anxiety and depression?"

**Dr. Matthew Tucker**

I mean, my short answer to that is, maybe. Like any number of things, I think it requires more study.

**Commissioner Drysdale**

Okay. The last question is, "With regard to military members, who for either medical or religious reasons requested an exemption from the vaccine mandate," and I guess weren't provided with one, "how would that have contributed to their increased stress levels?"

**Dr. Matthew Tucker**

Well, it increased it. I mean, if you want to know, I certainly saw that sort of thing.

**Commissioner Drysdale**

Yes. Well, thank you very much.

**Dr. Matthew Tucker**

Okay. Can I just say one more thing? Are we done? Okay, can I say one more thing? I feel very strongly about this. I know the inquiry heard yesterday from some people who have been through some things that have led them to have had bad experiences with the medical system.

Can I just say, for the record, to those people, or to anybody else who may benefit from hearing this: That I don't think it's ever appropriate, in any medical context, for anybody to be belittled or laughed at or made fun of or dehumanized for their personal medical choices. Or for their anxieties and concerns about what's going on with them.

[00:30:00]

That's never appropriate. Everybody always deserves to be treated professionally and empathetically. And to those people who have had that experience, I just want to say I'm sorry to hear that you had to deal with that and I would never treat you that way.

That's it.

**Alison Steeves**

Thank you, Dr. Tucker.

[00:30:32]

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## NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

### EVIDENCE

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Witness 3: Dr. Aris Lavranos

Full Day 3 Timestamp: 02:51:30–03:41:11

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[00:00:00]

**Ches Crosbie**

Perhaps I would swear, affirm the witness then? Yes, sir, you affirm that you will tell the truth, the whole truth, and nothing but the truth.

**Dr. Aris Lavranos**

I do.

**Ches Crosbie**

Thank you.

**Chad Horton**

Good morning, sir.

**Dr. Aris Lavranos**

Morning.

**Chad Horton**

Could you kindly introduce yourself to the Commission?

**Dr. Aris Lavranos**

My name is Dr. Aris Lavranos. I have been an emergency physician for about eight years now. I have a very, very small sort of family clinic where I see patients in an outpatient setting, follow-up in the emergency department, which I've been doing for a couple of years, really in response to COVID. And I am just about to graduate from law school.

**Chad Horton**

Now, can you speak a little bit more expansively, Dr. Lavranos, about your history of practice and your areas of practice?

**Dr. Aris Lavranos**

Sure. So I did my residency and fellowship in Ontario between Kitchener-Waterloo, Hamilton, Collingwood, Southlake, sort of that area. I returned to Nova Scotia about six or seven years ago. I practised all over the province, practised in Digby, practised in Amherst, practised in Kentville, the IWK, Central Zone, Truro, travelled throughout the province. Over the COVID crisis, I practised mostly from Truro, occasionally in Kentville, the IWK, and [inaudible: 00:01:43] emergency departments.

**Chad Horton**

Okay, so when you say that you practise in emergency departments, would you be classified as an emergency room physician?

**Dr. Aris Lavranos**

Oh, yeah. And I did my family medicine training with a fellowship in emergency medicine, so a sort of subspecialty in that and that's what I did almost exclusively.

**Chad Horton**

And what does emergency medicine contemplate?

**Dr. Aris Lavranos**

The primary care in general sees everybody as their entrance way into the healthcare system. But generally speaking, the emergency department is the face of the hospital structure to the public. So one of the things that I often like to comment on—and I think some of my other colleagues have mentioned it already—is that public health decisions, the impact of those, is felt in places like the emergency department, perhaps predominantly in the emergency department. A lot of public health consequences aren't always amenable or agreeable to being seen and followed up in primary care in a family physician's office. So an acute case of sexually transmitted infection, acute case of a sick child who might not get in to a family medicine appointment, we see a lot of those kinds of consequences.

**Chad Horton**

Now, you just commented on public health policy a little bit and this is something that came up during the testimony of Dr. Chris Milburn. And this is on the record, on the public record in the news. But Dr. Strang I understand made some comments that, as an emergency room physician, Dr. Milburn should not be commenting on public health policy.

As an emergency physician, are you qualified to comment or have an opinion on public health policy?

**Dr. Aris Lavranos**

Yeah, absolutely, absolutely. I think stating anything otherwise is a little ludicrous. We see patients who are and are not wearing their helmets in bicycle accidents, right? Who are and are not wearing their seatbelts and this is all within the ambit of public health. You know, if we have epidemics or outbreaks of infections, infectious diseases, measles outbreaks, sexually transmitted infections— I mean, we are exposed to all of those things. And then, of course other consequences of sort of, let's say, more broad social determinants of health, which also falls in the ambit of public health. So for example, if smoking cessation improves, we do not see as many smoking-related issues. If, you know, children start vaping a lot more, we see a lot more evidence of consequences of vaping in children, and so on. So we are certainly exposed to all of that. And it would be within the ambit of anybody, let alone someone who has a public health background or understanding, expertise, as emergency physicians alone, to be qualified to comment on that.

**Chad Horton**

And for the record, can you confirm Dr. Lavranos that you've provided me with a copy of your CV?

**Dr. Aris Lavranos**

Yes, I have.

**Chad Horton**

Okay, and that will be entered as an exhibit for the Commission [TR-16].

Within the scope of your practice—and you've told us that you've covered a fairly wide geographical area of Nova Scotia—approximately how many patients would you attend with or otherwise treat in the run of a week?

[00:05:00]

**Dr. Aris Lavranos**

So it's a good question. Depending on the week, and how heavy I'm working, how many clinic days or how much schooling, or those sorts of things. But when I was working at my fullest, if I did three or four shifts, I worked more than most of my colleagues when I'm working full-time, I acknowledge that. I could see probably five or six thousand patients a year so that would probably be like the upper limits of what I would see if I was working full-time. So that's 18 to 20, 22 shifts a month, an average of 25 to 30 patients per shift. So it's a lot, yeah. It's a big number.

**Chad Horton**

And at the beginning of the pandemic, let's go back to early 2020, what were your professional plans?

**Dr. Aris Lavranos**

Sure. So even before entering— Sort of the idea of going into law, I liked the idea. I've always been interested sort of politically, administration-wise. And my idea was to find more training, leadership courses, certifications to try and bring back some of that expertise into the medical field. But certainly, never to stop practising clinical medicine. I love emergency medicine; I really, really love it, and I think I'm quite good at it. So I mean, there's a tremendous amount of meaning and reward in my life from that.

But then sort of going into law school, I thought I would bring back some of that legal training, do something college-related or administration-related. But as a consequence of the COVID pandemic, my life trajectory has changed dramatically, dramatically. So my pursuits now are— I've become very, very disillusioned with the practice of medicine in Canada generally, in Nova Scotia specifically. I think that a lot of the consequences and crises that we are seeing now could have been mitigated, at the very least, if not diverted outright. And so, I am pursuing a career in medical malpractice to try and hold hospitals and physicians accountable for the errors that lead to the crises we see.

**Chad Horton**

That's very interesting. And for the benefit of the Commission, can you just briefly talk about when you went to law school and why you did that initially?

**Dr. Aris Lavranos**

Yeah, so again, that was not the intention. I really, really enjoyed my advanced negligence course, I really enjoyed my tort course in first year. But I liked constitutional law, I liked administrative law, I liked the idea of supporting health care policy. You know, I contributed at least likely to Tim Houston's plan in Nova Scotia to legal bodies advocating for certain conservative platforms for health care. So that was kind of the direction that I was originally interested in. So the idea of medical malpractice was very, was new. That was later on, definitely.

**Chad Horton**

And a final question about that, Dr. Lavranos. When did you go to law school? When did you graduate, if you have graduated? And did you continue to practise medicine while you were a student?

**Dr. Aris Lavranos**

I did. I practised medicine throughout law school. I did sometimes, like, a reduced load. We consider 16-ish, 14 to 16 shifts to be full-time emergency medicine practice per month. I would do 6, 8, maybe even 10 in the month, depending on what the month was, so not quite full-time practice during school. During reading weeks, during the summer, it would jump back up to sort of a much more heavy, heavier workload. I started law school in 2020. But I worked throughout the pandemic; school hadn't started at the beginning of the pandemic, so I worked pretty intensely over the first nine months of 2020.

**Chad Horton**

And has that completed or are you still in that process?

**Dr. Aris Lavranos**

Yeah, so I'm still doing that. My law school has another six weeks or seven weeks of school.

**Chad Horton**

All right, we'll shift gears and go back to the pandemic itself and your experience as a physician. Now, based on your education training experience, in any medical literature you had read, what was your understanding on the front end of the pandemic of the danger posed to public health in Nova Scotia by COVID-19?

**Dr. Aris Lavranos**

Yeah, so I was definitely one of the biggest alarmists when it comes to COVID in the beginning of 2020. January 24th or the 26th, I can't remember which of those two, but I was on shift in Truro.

[00:10:00]

I was handing over to my chief, or they were sort of on shift with me, and Xi Jinping of the CCP had just announced that they were going to shut down the province of Hubei, Wuhan, whatever. And I had thought to myself, this is going to be peri-apocalyptic. For somebody in such a precarious position of power on the world stage to announce— The political ramifications of that, I thought that this was going to be massive. At that time, I was very much on board: "Two weeks to stop the spread," I thought it sounded insufficient. I thought that we really needed to have closed borders immediately. This whole idea of Trump having been racist for suggesting that and, "Oh, you should just go and eat at Chinatown," the Democrats were saying. I thought that this was not appropriate. I was, like, people are underemphasizing how dangerous this could be.

But that perspective only lasted maybe a couple of months. Once we started to see the zero-prevalence data that was coming out at the end of 2020, the beginning of 2021, that's when it was published. But the data that was out there beforehand—end of 2020, by Bhattacharya and Ioannidis—showed that it was probably nowhere near as fatal as we had thought. The Diamond Princess cruise ship was the first week of February, the second week of February. Nine hundred people of 3,000 contracted the virus I think, something like that. Maybe nine people or seven people died. So not nearly what we had thought or what we had expected.

These videos of people collapsing in China, largely discredited. The reports out of Tehran, largely discredited. Demographic data coming out of New York was very early on in the summer; I think it was like June or July of 2020. Thirty per cent, 35 per cent of all fatalities were happening from long-term care facilities with people who were extremely old and extremely co-morbid. So very quickly, I became sort of disillusioned with the idea of the alarmism and the hysteria that was sort of flowing around COVID.

**Chad Horton**

Just a brief point of clarification, Dr. Lavranos, for the audience. When you say individuals were largely co-morbid, what does that mean?

**Dr. Aris Lavranos**

Yeah, so I mean, like, there was this meme that went around when the CDC published the data showing that something like 94 per cent of patients who succumbed to COVID had 2.6 co-morbidities. So those are chronic conditions that stick with you. Now, appropriately a lot of push-back against that was, well, lots of people have co-morbidities. For sure. But the average ages of death were fairly advanced and patients were very co-morbid. And if you looked at the number of patients who were healthy who succumbed to COVID, it was a really much older population. So co-morbid means other medical conditions that could contribute to somebody's general frailty.

**Chad Horton**

Thank you, Dr. Lavranos. And you just touched on another point that has come up a couple of times. And I believe one of our commissioners asked about this. But can you briefly explain, as time went on, your understanding of the age stratification of risk associated with COVID-19?

**Dr. Aris Lavranos**

Yeah, so it was apparent that this was the single greatest contributor to co-morbidity as a risk factor for COVID morbidity or mortality. So prolonged stays in hospital, even if you survived, or passing away from COVID, it was by far the most important. And I would say probably summer/fall of 2020 is when that was, kind of, very well understood—very well understood. There are other co-morbidities that sort of came out, right? Like, early on, the whole idea— Because it was a quote-unquote, “novel virus.” I mean, at least clinically it was a novel thing. I mean, we've heard a little bit about the immunology, virology component about it. Coronaviruses are well understood and well-known for a very long period of time. But at least this was a novel virus, even clinically.

And so, the idea was initially a respiratory-predominant kind of concern. And then it became a little bit more of a coagulopathic concern: that what we thought was actually lung harm turned out to be microangiopathic clot disease, renal failure, heart attacks, that kind of a thing. So our nature, our understanding of it evolved and with that, the co-morbidities that could lead to consequences of that also evolved. But age was certainly the biggest risk factor by far. So several orders of magnitude. If you are 80 years old versus 8 years old, it is a massive difference, like, thousands and thousands of times more lethal for the aging population.

**Chad Horton**

Now, I want to ask you, Dr. Lavranos, about what you personally observed within your capacity as an emergency room physician as the pandemic evolved throughout 2020.

**Dr. Aris Lavranos**

Yeah, so, in—

**Chad Horton**

And just a moment, I apologize for interrupting you doctor. I'm specifically asking about COVID illness.

**Dr. Aris Lavranos**

Yeah, okay. That's what I was going to follow.

[00:15:00]

Okay, so with respect to COVID specifically, I've seen very, very, very little COVID—very little COVID—over the COVID crisis. If we exclude the last six months; if we look at up until Omicron, let's say, I probably saw 10, maybe 12 people with COVID. Almost all of them had survived. I was seeing them post, right? Like, I saw one person who was sick. They were not sick with me, actually; they became sick later. But I'd see nobody sick with COVID, like having to intubate them, resuscitate them, or anything like that. I never saw anybody like that. I saw maybe a handful of people who had COVID who came in: runny noses, coughs and coughing, sneezing, kind of typical respiratory tract infection sicknesses.

**Chad Horton**

Well, in the many hospitals that you've worked in, as you explained earlier, did you witness any overburdening of hospital resources as a result of COVID admissions?

**Dr. Aris Lavranos**

Certainly not, certainly not. It was a bit of a joke in the hospital. In Truro, when I was there, we had our COVID unit stocked and ready. We had a COVID physician on all the time, bracing, waiting. Those physicians were starving for work. They would come down and see patients in the emergency department and call. "Do you have any business? Do you have anybody with COVID around? Do you want us to come and see someone? Oh, that sounds like it could be COVID. Do you want me to come and see them?"

So, it was— No, I never saw it. I never saw any overwhelming of hospital resources.

**Chad Horton**

And, this is a somewhat redundant question, but I think it's an important question. Do you have any awareness—or can you speak up to today regarding the ultimate mortality numbers appropriately attributable to COVID-19 in Nova Scotia?

**Dr. Aris Lavranos**

Without having sort of the data here in front of me, the numbers are very low, I would say that. Maybe even extremely low, I would say that. The average age of death in Canada is not much different than it is anywhere else in the world. Tends to be much older, much more co-morbid people. And I mean, like, Nova Scotia, we are older than other places in Canada, there's no doubt about that. So actually, we're considerably older compared to Alberta, and so our risk compared to other provinces is probably a little greater to that extent. I mean, at least colloquially I find, in Canada, it tends to be one of little bit of a "heavier set" provinces. So obesity tends to be a risk factor as well. So in that regard, we're probably a little worse

off than the other parts of Canada. But generally speaking, case fatality rates in Nova Scotia are just like they are everywhere else: very, very low.

**Chad Horton**

Now, would you have been in a position within your capacity as an emergency physician to observe the impact of anything you would attribute to COVID-19 policy or public health policy?

**Dr. Aris Lavranos**

Yeah, big time. Definitely. And so, this amazing commentary back and forth between Dr. Chris Milburn and Dr. Strang is interesting to me because we do see that a lot. So deaths of despondency and conditions of despondency—which is substance abuse, substance misuse, suicidality, depression, mental health collapse—is just skyrocketing, absolutely skyrocketed. So from a personal point of view, over the last two and a half, three years, it is alarming, distressing, the amount of those kinds of things that we have seen. So I have just dozens and dozens of examples. Dozens of them.

I'll just relay a few of them that I recall. Two senior citizens, one lady ultimately passed away in hospital. The last thing that she said to me coming from a long-term care facility is, "I'm just so lonely." And that was the last thing that she said alive. I had an elderly gentleman from a long-term care facility, lovely gentleman. I had seen and known him a couple of times before. He really, really regretted going into a long-term care facility just before the pandemic started. He said that he feels like a prisoner, not allowed to leave, not allowed to go out, not allowed to do things. He's like, "I would never have done this. This is unimaginable."

I had an absolutely lovely physiotherapist who came in: two kids, struggling at home, kids aren't in school, husband was a trucker, gone a long time. She was absolutely hysterical in fear over the risk that the virus posed to her, which was very, very low, exceptionally low to a young, healthy person, no co-morbidities.

[00:20:00]

Hysterical with that, asking for anxiolytic help for her anxiety or depression.

The number of patients we've seen who don't have access to their physicians for chronic care, whether it's cardiologists, nephrologists, hematologists, rheumatologists, whatever specialist they are. Number of patients who have come in with surgeries delayed, someone needs a gallbladder out, comes in much sicker because their gallbladder surgery has been delayed. Diagnostic imaging: I've been waiting for an MRI for nine months; it's been put off. My pain, my concern, my fear is getting worse. Missed screening appointments for cancers—loads of that.

And then perhaps worst of all, alcoholism. You know, I'm used to seeing a very slow steady state of alcohol-induced liver cirrhosis over the course of a year. I don't know, probably I see five or less patients. And there were some months over the COVID crisis that I would see five in a month. It was just really, really alarming. A couple of them, one of them I ended up following very closely. Liver transplant. Everything, sort of, fell apart as a consequence of loss of their regular routine, loss of their regular work functioning, loss of their regular

recreation, contact with their loved ones. So I mean like people sort of succumb to their vices of choice.

But the worst of it by far was during my shifts at the IWK. I can't attribute all of this to COVID policy. But I mean, the evidence is overwhelming that, you know, children not being in school, not being exposed to their extracurriculars, not being in touch with the rest of their family units, not being in touch with the rest of their friends, in a household that the parents are struggling more and more financially whereas their co-morbidities are also worsening. So this is not conducive to mental health in a child. And so, when I was at the IWK—especially during end of 2020/2021, somewhere around there—just the amount of mental health use at the IWK was just skyrocketing; emails being sent out, requesting help from the physicians in the emergency department to offload some of the burden from the mental health team as they were seeing such massive volumes of mental health issues.

Meanwhile, there's no COVID in children that we were seeing. Like children were not coming in, you know, like flooding the department with COVID or were super sick with COVID. Or other things, right? Like not having, you know, regular school-based accidents or other extracurricular accidents, or, you know, all the sort of bread-and-butter things that we would see in a pediatric emergency department. Volumes were much, much, much reduced, whereas mental health was skyrocketing.

And it's an interesting thing—sorry to keep going here—but it's an interesting thing because you think to yourself that, well, at least the regular infectious disease patterns were reduced, and that's pretty good for children, right? And the answer seems to be, well, no, because you've got to pay the piper at some point. And the question is, how much interest do you owe? And so, what we're seeing in the last year with children flooding the emergency department sick, right? Just flooding and calls, like, we've never seen anything like this. We can't keep up, and Advil shortages, Tylenol shortages, all those sorts of things. So I mean, the immune debt that follows from all of this are consequences. So we're still seeing the consequences of these kinds of COVID policies, for sure.

#### **Chad Horton**

Okay. And I do not want to put words in your mouth, but I just want to make sure that I understand your evidence. When you talk about “immune debt” and an escalation in children's hospitalizations now, am I understanding correctly that what you're saying is—because they were isolated and they weren't regularly exposed to germs or pathogens, that they have weakened immune systems?

#### **Dr. Aris Lavranos**

Yeah, I mean like that's kind of the theory of it, right? Well, I guess there are two ways to look at this. One would be this sort of, like, let's say, economic component of it, right? Like the numbers of it. So if one per cent of children who contract viruses are going to get really sick and need to be admitted—and normally that's a slow simmer all the time—well, when they all get sick at once because they all return, even if it's still one percent, the absolute number has risen a lot. So that's one component of it.

The other component is, there's probably some cross immunity between viruses. So you know, in 2020 or 2021, you get a little bit of a runny nose or cough or sneezing from some coronavirus or parainfluenza or adenovirus or whatever. And then, a month or two months

later or six months later or a year later, you get something that is similar in nature. Well, maybe you have a little bit of some cross immunity and so it kind of helps buffer things.

So I mean these are sort of, like, theoretical things.

[00:25:00]

There's no RCT to try and figure out how that's going to work. But certainly, you've got to pay the piper at some point. And so, a slow simmer, I guess, would be what's most preferable.

**Chad Horton**

Okay. Just a final question in connection with what you just said. And I want to make sure again that I understand you and that the Commission understands you appropriately. What you describe as escalation in pediatric admissions, is it currently related or not related to the COVID-19 virus?

**Dr. Aris Lavranos**

To my knowledge, it is not. To my knowledge, it is not. I mean like, certainly, there could be. But I mean, the most recent major issue was not associated with the COVID virus, no.

**Chad Horton**

And one more point of clarification, Dr. Lavranos. When you were speaking, you indicated that there are many issues associated with delayed care. What was the cause of delayed care? You reference diagnostic imaging, you reference surgeries, you reference access to specialists, and some other things. Why was that access inhibited?

**Dr. Aris Lavranos**

A tremendous amount of resource allocation to preparation and, sort of, shoring of resources in anticipation of COVID harm. For example, I mean, the amount of patients that we see from family physician referrals because of virtual care who were not seen, were not examined. You know, like, we do not have heart rate; we do not have somebody referring somebody who was listening to their chest, you know, felt their pulses, checked their fluid status, those sorts of things. So I mean, we still have a flux of patients who are not being physically seen and who are, at best, being virtually seen, right? So we see all of those kinds of patients.

**And then, I mean, there was a big report that came out maybe last year. Sixty-five million dollars over a four-month period were paid to specialists to help support their incomes because they were not seeing patients at the usual rates that they would normally see. So I think that it was several hundred physicians who qualified for that. I think, if I remember correctly, it was over 400. So 400 physicians over four months are getting paid 65 million dollars to support their incomes for not seeing patients. And this is because rooms are being taken for COVID or wings are being taken for COVID or nursing demand is being moved, or whatever the case might be, right?**

And so, that has consequences. And the evidence out there for this—apart from, you know, personal experience—is striking. It’s alarming. How much weight gain have people had? How much worse is their hypertension? How much worse is their diabetes? Did somebody have a heart attack that went missed, that ultimately became heart failure because they didn’t want to come in? Did somebody’s diabetic ulcer worsen, progress dramatically, because they were not seen? So these kinds of things are happening all the time as a consequence of— I mean, “neglect” is too harsh a word, but as a consequence of the reprioritization of resources.

**Chad Horton**

So everything you’ve just described— I think it would be fair to characterize them as negative. The things that you’ve described, would you attribute these negative contingencies to the COVID-19 virus or to public health policy related to COVID-19?

**Dr. Aris Lavranos**

Right. So looking at what the case fatality rate is, what the demographics of greatest concern, the co-morbidities that are of greatest concern, certainly there could have been— And when we knew this, there could have been a very different approach from a policy point of view to mitigating the harms of the virus. And this has been championed, suggested many, many times by elite physicians, physician groups, states all over the world. So, I mean, the Great Barrington Declaration certainly argued for a focused approach to prevent lockdowns, so the protecting of the most vulnerable.

Did we have a prolific education campaign from public health so that we could educate people on who is at highest risk? I mean, like, certainly by the end of January? No. We did not have public service announcements, town halls advertising and educating the public as to what are the biggest risk factors, the top five risk factors; who is most likely to succumb; and then measures that they can take to protect themselves. We didn’t have anything like that. We had lockdowns of businesses across the board.

So that is a very heavy-handed and, in my estimation, ridiculous approach to what we knew about the virus, even at the end of 2020.

[00:30:00]

**Chad Horton**

All right. We’re getting close. We have about four minutes left, but there’s something I would like to get into with you if I could. When the vaccines started to roll out, the COVID-19 vaccines, Pfizer, Moderna, et cetera, as an emergency room physician who practised throughout a significant portion of Nova Scotia, did you observe any adverse events associated with these vaccines?

**Dr. Aris Lavranos**

I did. Yeah, I did. That, in my estimation, were as a consequence of the vaccines. Now, I should say that vaccine policy is one of the COVID policies that I was most, most concerned about and I spent a lot of time in law school sort of researching, studying, and writing about. The rate of adverse events from the vaccines that we saw—that I saw—were much,

much greater in scope than I saw as a consequence of the virus itself. Now, that's my anecdotal experience. I have to admit to that, there's no doubt about that. But that doesn't mean that that would be the case across the board, right? Like, from that I could not say that by conclusion the vaccines are unsafe. I couldn't say that off of my experience.

However, you've got to know that these are exceptionally safe—radically, like, near-certainly safe—in order to have mandates. That is the issue to me when it comes to vaccine policy. It's not the supporting, the encouraging of vaccinations. It's not the addressing of vaccine hesitancy. It's not the mitigating of vaccine harms. If you are going to prevent people from circulating in society; if you are going to attach stigma to a personal health decision; if you are going to label these people as denialists, misogynists, racists, whatever you want to call them; if you are going to inflame society— And we have seen the consequences of that repeatedly throughout history, right? Repeatedly. Whether it was the syphilis epidemic; whether it's HIV epidemics; whether it's abortion options and choice— The stigmatization, criminalization of health care choices has recurrently in society been a major fault. That is a huge public health consequence of messaging. And so, to inflame those tensions, to drive that divisiveness in society in order to push the vaccines, you've got to be really sure that they are, quote-unquote, "safe and effective." And they need to be both: safe and effective. It's insufficient to say, "Well, they're perfectly safe, so who cares? Just give it." Because if they're not effective, then what's the point? You're still taking a lot of harm without the benefit.

**Chad Horton**

A couple of follow-up questions on that, and I will try to be brief. So you indicated that you observed adverse events, which you attributed to the vaccine.

**Dr. Aris Lavranos**

Yeah.

**Chad Horton**

Was there discussion between you and your colleagues about those observations? And what I'm asking you is, was it your sense and experience that you are not alone in what you were seeing?

**Dr. Aris Lavranos**

Oh, yes, absolutely. Yeah, the evolution of thought in my department was remarkable. So we have about 20 or 25 physicians. What started off as about one or two physicians kind of talking quietly—hushed tones, emails and messages back and forth; concerns about COVID policy; about what is the actual fatality rate; what are the co-morbidities; what is the messaging like, and so on—kind of really started to grow over the course of the two or three years.

And then as vaccines came out, there was a little bit of, "Well, you know, we've got to do everything we can, get everybody immunized," and so on. And you know, "COVID still poses a major risk." But then you start seeing a couple of more issues, like, you know, the whole myocarditis, pericarditis. It's like, "Well, you know, actually, I don't usually see a lot of myocarditis, but I saw two or three last month," or "Well, yeah, you know, I don't see a lot

of pericarditis, but I'm seeing quite a bit of it this month." And you start talking to another one of your colleagues who had [contested that], you're like, "You know, I saw a lot more than I'm used to seeing too." And then you start wondering, did I see this in the context of COVID waves in the past? Not really. And so, these kinds of conversations certainly were happening a lot.

**Chad Horton**

Okay, on that point, two more questions: Did you receive any education or training regarding the monitoring or the reporting of adverse events associated with these vaccines?

**Dr. Aris Lavranos**

Any training with the monitoring or reporting, no. No, no, not at all. We got a couple of, as I recall, a couple of flyers saying, you know, "You've got a report." There was I think an email or a post-it note that said, "Please document vaccination status on every chart," so that you can collect data from that point of view.

[00:35:00]

And then because of a really astute and dedicated physician who I work with, we had the link to the reporting address: an electronic link to the reporting address posted around our doctor's area. The link was about that long, would have taken half a minute to a minute to type, just really cumbersome. Very difficult process.

**Chad Horton**

And if you did report an adverse event, how long would that have taken to go through the process?

**Dr. Aris Lavranos**

For an event? I think, probably somewhere between five and fifteen minutes, probably five to fifteen minutes, I would guess.

**Chad Horton**

What is the significance of that within the context of working in a hospital in Nova Scotia?

**Dr. Aris Lavranos**

In an emergency department? I think that any of my emergency physician colleagues who are here would attest that that is almost prohibitive. It is far, far too cumbersome, far too cumbersome. Yeah, very, very difficult. Labourious.

**Chad Horton**

And a final question on that point: What were your observations regarding the attitude and culture in hospital regarding reporting adverse events associated with the COVID-19 vaccines?

**Dr. Aris Lavranos**

I think the vast majority of people would hope that someone else would report it if it turned out to be such an adverse event. So I think that the majority of my colleagues knew it had to be done, but didn't think perhaps, like: "Well, maybe the emergency department, maybe right now is not the best time. Maybe I'll get to it later. Oh, the patient was admitted, hopefully it'll happen. Oh, they're going to get followed up from a family physician or a specialist." Hopefully, somebody else would go about it: I think that was my general sense of the culture of what it was like.

Even the ones who were most diligent, who were, like "I've got to do this," even they found it difficult. Because I mean, 15 minutes, if you were going to do that, let's just say twice, three times a shift: 15 minutes is definitely enough time to see one patient. So that means that that physician would see maybe two or three fewer patients that shift, just as a consequence of having to go through this reporting. And so, two or three per shift may not seem like that much, but there are many physicians who are working in the department at a single time. So if we have, you know, six, seven, or eight shifts, now that's suddenly 24 patients we did not get seen over the course of a day as a consequence of having to make this reporting. If that's the numbers, give or take, that we're looking at.

**Chad Horton**

I could talk to you all afternoon, Dr. Lavranos. One more question. It was suggested by a witness yesterday, a nurse with, I believe, 40 years experience: that the under-reporting of adverse events associated with the vaccines was in her estimation a significant issue. Do you agree with that statement based on your experience?

**Dr. Aris Lavranos**

Yeah, it's a really good question. Because, on the one hand, under-reporting might be a problem, absolutely. On the other hand, you might have over-reporting by some or by individuals, right? And so, the signal is very, very noisy. There's no doubt it's very noisy. The adverse reporting system is not great. I think that there are still other ways of looking at what are the potential consequences that are probably better. So if diagnostic codes for people coming in can be measured, monitored—so like, how many people had a heart attack in January of 2018—we could find that kind of the data, right? And then how many people had a heart attack in January of 2019, and then in 2020, '21, '22? So you have sort of bigger systems that can look at this.

The problem is at a much smaller, narrower focus, you can't really look at it in, perhaps, acute real-time and respond as quickly as you should. So I mean, one of the take-home messages of the pandemic certainly would be to increase the reliability of such a reporting system. Right? If for example: only physicians had access, you needed to have a physician code to register, the system was a lot more streamlined, maybe you could electronically tag a patient's MRN number or their health card number and just, like, easily auto-populate some kind of a form. So it's definitely room for improvement, is what I would say.

**Chad Horton**

Okay, Dr. Lavranos, I will turn you over to the Commission, and I have some questions to provide to them I believe from the audience.

**Dr. Aris Lavranos**

Thank you.

[00:40:00]

**Chad Horton**

Alright. Now, does the Commission have any questions for Dr. Lavranos?

**Commissioner Massie**

Yeah, thank you very much for your testimony. One of the questions that I have, you mentioned that, initially, in the community of doctors you were working with, there was just a few that were sort of aware that maybe some things were not going on as they were presented by the health authority. And with time, with the practice, they evolved.

What would you say now, currently, is the level of awareness of your colleagues in the small group of people you were?

**Dr. Aris Lavranos**

I would say from, in the group that I talked to and work with closely, I would say nearly 100 per cent. Nearly 100 per cent. So I would say of 20 physicians, 19 of them sort of look back in hindsight and think to themselves this was not— This was not very well managed.

**Commissioner Massie**

And I guess the corollary question is, how many of them are willing to speak up?

**Dr. Aris Lavranos**

Me. I think just the one, yeah. I have other colleagues who have helped me write letters. So we wrote a letter to the NSHA [Nova Scotia Health Authority] [Exhibit TR-16b] [Response, Exhibit TR-16c]. I had a meeting with Dr. Strang in 2021. I wrote a letter to Tim Houston and the government [Exhibit TR-16a], and I've had many colleagues who have written and signed the letter with me. But this was largely sort of like a personal communication, kind of a sense of anonymity. So how many would be willing to sort of like sit here where I am sitting? It's just me. The rest of them, too concerned about fallout, too concerned about reputational damage, that sort of thing.

**Commissioner Massie**

So I guess my question is that— Because of this issue of repercussion to speak up, from your personal path, I guess, why is it that you are coming up and expressing yourself on those issues? Knowing fairly well that it could actually turn out into some consequences which are not very good.

**Dr. Aris Lavranos**

I've got a lovely family. I love my wife very much. She understands, supports me. I am privileged enough to work in an environment where, you know, knock on wood, my job

security is still pretty high. I am already having sort of a transition point into a different industry. And the competition that it has and the open-mindedness that it permits is different than healthcare. But all of those things aside, there's that great Alexander Solzhenitsyn quote that says, "Let the lie come into the world, let it even win, but not through me." So I take this to heart. I think that it's really, really important. The spirit of the truth is really important to embrace and to promulgate. So any consequences that come from speaking the truth are consequences that are worth following. So you know, I'm okay.

**Commissioner Massie**

And maybe one last question. Given that it's been reported, I think fairly broadly, that the number of therapeutic interventions of different types—as early or sometimes later-on treatment—could actually have a big impact on the outcome.

[00:45:00]

And yet it's still fairly, I would say, suppressed in practice for a number of reasons.

Do you expect that eventually we will come to terms with that, and the health authority will start seeing that these treatments need to be freely authorized and let the doctors practise medicine?

**Dr. Aris Lavranos**

Yeah, it's a great question. It's actually a big question. My short answer is, I don't think so, no. I don't think that that is likely to happen. I think that there are too many— There's too much of a bureaucracy, too much of an administrative state. Whether it's the College, whether it's guidelines that are produced by healthcare bodies like, for example, the Canadian Thoracic Society or the Canadian Cardiovascular Society. And then there's too much industry and bureaucracy involvement to allow that kind of— And it's just, generally speaking, not really the approach that we have in Canada. So it would take huge shifts to do it.

On the topic of therapeutics more broadly for COVID, just like I had mentioned about the vaccines, you know. The vaccines: I think it would be disingenuous for anyone—anyone—to say that they met our expectations. They most certainly did not meet our expectations. I think everybody would agree to that. Certainly, transmission changed dramatically—their impact on transmission.

I wrote a huge paper in law school, the impact on transmission was very well understood. I was showing some of my colleagues the data last night. Very early in 2021, like January, February, March, you probably thought to yourself, "Oh my God, this is something that we could really hang our hats on. This is something very impactful." But by June for sure, when it comes to transmission, there was a huge study that was done—70 countries, 3,000 counties—showing that there was basically no association between COVID rates and the vaccines. That was published by Subramaniam. The data was released, I think, in August, but it was published thereafter. So that was one of them. Obviously, Israel, you know, the Northeast of the US—so the evidence was overwhelming.

Anyway, my point of all that is to say that even if something is not super efficacious, if it's safe, it's okay to have a conversation about its utility, right? Like give it a go. And with vaccines or with therapeutics, it's totally okay.

So my big issue with the therapeutic conversation early on is that maybe azithromycin, maybe hydroxychloroquine are not panaceas. Maybe ivermectin is not a panacea. These things have been around for a very, very, very long time, and we understand their risks and benefits. And if I was going to prescribe azithromycin—which I do all the time, every week; I would say every week I prescribe azithromycin—and I think to myself, what are the pros and the cons? What are the risks? Who should I give it to? Who should I not give it to? And we give it out.

I don't see much fault in such a system that we've embraced for—ever.

**Commissioner Massie**

Thank you.

**Commissioner DiGregorio**

Thank you for your testimony today.

Please correct me if I'm wrong, but I think I heard you say that, early in the pandemic time you were very concerned about the potential dangers, and that later on you developed concerns about health issues going undetected because of an allocation of resources having been put towards COVID units that maybe were not being used as busily as expected.

What's your view on when a reallocation of those resources that were put towards the COVID units should maybe have come back to focus on other health areas?

**Dr. Aris Lavranos**

I would say probably by the end of 2020, there was sufficient global data to know what was the risk posed. And I think that the strategy could have been much, much better implemented by the end of 2020.

**Commissioner DiGregorio**

Thank you.

**Chad Horton**

Thank you very much, Dr. Lavranos.

**Dr. Aris Lavranos**

Thank you very much, thank you.

[00:49:48]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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Witness 4: Dr. Dion Davidson

Full Day 3 Timestamp: 03:53:38–04:46:11

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Dr. Davidson, while you're assuming your position there, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Dr. Dion Davidson**

I do.

**Ches Crosbie**

Thank you.

**Chad Horton**

Good afternoon, Dr. Davidson. Before we get into your examination proper, could you kindly provide the Commission with an overview of your education, training, and experience?

**Dr. Dion Davidson**

My name is Dr. Dion Davidson. In summary, I'm a vascular surgeon and critical care doctor. I went to medical school in Saskatchewan. I went on to do eight years of general surgery and vascular surgery training after that. My family and I moved to Nova Scotia here to a relatively smaller town in 2005 with a relatively larger hospital, so a regional hospital that had a vascular surgery program. And I've practised in Nova Scotia ever since, basically as a community vascular surgeon and ICU doctor.

**Chad Horton**

And for the benefit of our audience, what is vascular surgery?

**Dr. Dion Davidson**

Vascular surgery is the surgical procedures but also a lot of medical management and other aspects of diseases that have to do with arteries and veins, to put it simply.

**Chad Horton**

And do you have any other areas of interest with respect to your involvement in medicine beyond what you've just described?

**Dr. Dion Davidson**

As I said, I am or I have, for most of my career, been an ICU doctor as well. For most of my career I served as one of the attending doctors in the ICU at our regional hospital. So I have an interest in critical care; I've worked in that area as well. In addition to sort of community vascular surgery, what we do as vascular surgeons, we do a lot of surgeries on carotid arteries in the neck in order to prevent strokes. We do a lot of surgeries and various procedures for arteries in the legs to relieve pain and prevent amputations. And we repair abdominal aneurysms and other types of aneurysms to prevent rupture and death. So that's kind of the core, I would say, of a community vascular surgery practice, so all vascular surgeons do a lot of that.

In my case, I've also taken a special interest in what's called chronic venous disease, which is a bit of a different offshoot, kind of a less dramatic offshoot of all that. Not life or limb threatening but certainly very common and kind of underserved in the medical community. So those have been my areas of interest. That's what's taken up a lot of my career. I've contributed to two different national committees developing guidelines for carotid artery surgery to prevent stroke and with respect to chronic venous disease as well.

**Chad Horton**

Well, this is my assumption, but I want to get this on the record. As a layperson, when you tell me that you're a vascular surgeon, my presumption is that perhaps there may not be a great many vascular surgeons practising in the province of Nova Scotia. Are you able to tell us how many vascular surgeons were practising at the start of the pandemic in early 2020, including yourself?

**Dr. Dion Davidson**

It's maybe not quite as simple to answer as you might think. I'll say that, at the beginning of the pandemic, there would have been five to six full-time vascular surgeons, maybe four to five full-time vascular surgeons. For example, my partner in the Annapolis Valley is also a general surgeon, so he maybe wouldn't be termed a full-time vascular surgeon, and there was some of the same sort of thing happening in Halifax. So it would be a number something like that. And that would be to cover vascular surgery for Nova Scotia and PEI.

**Chad Horton**

In your practice, how many patients could you expect to treat in the run of a week?

**Dr. Dion Davidson**

Again, not super easy to answer, but I'll say, in terms of new consults and follow-ups in a given week, maybe 50 to 80, something like that.

[00:05:00]

And then maybe another 10 patients I would provide minor surgeries for, such as wound debridements. Wound debridements would be an example, some minor office procedures. And then, maybe anywhere from one to five bigger surgeries per week that might be sort of planned surgeries during the day, and then, maybe more urgent surgeries during the evening or night time.

**Chad Horton**

And do you have any experience as an educator?

**Dr. Dion Davidson**

Yes, I would say I've spent a lot of time in education of nurses, medical students, general surgery residents, family medicine residents as well, in terms of lectures. And then for their electives, accompanying me in clinic and in the operating room. And kind of how we do it as doctors is teach as you interact, as you're working.

**Chad Horton**

Now, at the beginning of the pandemic, let's say early 2020, what had been your plan for both yourself and your family with respect to your professional future in Nova Scotia?

**Dr. Dion Davidson**

Before the pandemic, we were dug in. We had been there for, I guess about 15 years at that point, my wife and I. We had raised our three daughters there. I was a really hardworking vascular surgeon. My career and my profession took up obviously most of my life. And my wife became a prominent community leader and businesswoman, including helping the Nova Scotia Health with efforts such as recruiting doctors into the community and things like that—a lot of other volunteer-type work. Two of my daughters were still in the Annapolis Valley at that time. So before the pandemic, we had no plans to ever go anywhere. We were dug into Nova Scotia, specifically the Annapolis Valley. Our plan was to stay there forever.

**Chad Horton**

Okay, and we'll get into your experience throughout the pandemic in a moment. I just want to bring us up to the present and ask you, Dr. Davidson, what are your plans professionally for yourself and your plans for your family currently?

**Dr. Dion Davidson**

Well, I've resigned my position, kind of at the tail end now of a long and awkward process of resigning. And my wife and our youngest daughter and I are moving out of Nova Scotia.

**Chad Horton**

Why is that, Dr. Davidson?

**Dr. Dion Davidson**

We're moving because, I mean, to put it simply: we're moving because of the public health response to the COVID pandemic.

**Chad Horton**

We'll come back to that. Now can you speak to any experience or qualifications you have with respect to the review and interpretation of medical research literature?

**Dr. Dion Davidson**

Yeah, I'm not an epidemiologist, but I'm a doctor. And a major aspect of medical school education is the concept of evidence-based medicine. We're taught quite extensively from a very early point how to interpret scientific papers—we're talking about research methods and biostatistics—so that we can, throughout our careers, be able to look at the scientific literature and know what to look for in terms of quality of scientific literature, what it's trying to say, what it's actually saying, what data means. So that's a major component of medical school education. And almost every doctor, almost every day, to some extent, has to assess the medical literature and interpret it. In addition, I took some additional biostatistics classes during my surgical training. Yeah, I mean, maybe no more than any other specialist, but it's certainly part of what we normally do as doctors is review scientific literature.

**Chad Horton**

Do you have any specific education or training with respect to medical ethics?

**Dr. Dion Davidson**

It'd be the same answer. I guess the short answer is, not in addition to what we are taught as doctors from a very early point, before we're doctors. A very early point in medical school and all through medical school, principles of medical ethics are strongly emphasized.

[00:10:00]

I mean, not only that, but they come up every day and with every patient to a certain extent. So I also don't have a PhD in philosophy, but I would say that I'm very knowledgeable about the basic premises of medical ethics.

**Chad Horton**

Can you talk about the concept of informed consent as it applies to the practice of medicine?

**Dr. Dion Davidson**

Yeah, informed consent is a major cornerstone of medical ethics. And I don't know, maybe it's more obvious to some than others. But obviously, it is a principle that we never as doctors, ever, ever, force a medical intervention on someone. History is replete with examples of times where doctors have done that. And those very sad episodes in history are sort of in the background as we talk about consent. Consent needs to be free—free of coercion—and informed in order to mean anything.

**Chad Horton**

And does that principle apply to all medical interventions in Canada?

**Dr. Dion Davidson**

Does it apply? I mean, historically it would have applied, I would say. One would think, and I think we all would have said before the pandemic, that the threshold for even considering contravening the ethic of informed consent should be extremely high.

**Chad Horton**

As we entered the pandemic in early 2020, what was your understanding of the danger posed to public health in this province by COVID-19?

**Dr. Dion Davidson**

Well, I was as concerned as anybody else about COVID-19. Similar to Dr Lavranos' testimony, in early 2020, nobody knew much of anything about this virus, except that it was really serious and that it could be a catastrophe. So I was very concerned about it; I took it very seriously. I started to work with other doctors in our hospital—and again, a lot of this will sound familiar from Aris's testimony—in trying to learn as much as we could about it with the limited information that we had at the time, and then trying to prepare for these waves of critically ill COVID patients that surely were going to be coming to our door. So that concern and fear took up—and trying to prepare—many months going into and through the summer, for sure.

**Chad Horton**

Okay I'm going to touch on something you just said or perhaps we can expand on it. So you indicated that you were very concerned, like many people were, during the early stages of the pandemic. What was your observation during the early stages of the pandemic regarding the allocation of in-hospital resources?

**Dr. Dion Davidson**

Well, I think, again, we were all very concerned. We didn't have much data, but we were concerned enough, early on, that we all agreed that we needed to be ready and that it was probably appropriate to slow the hospital down as much as possible. So one thing that was certainly very prominent in our hospital, which has a relatively big surgery department, is that elective surgeries were halted for months. So elective means surgeries that aren't urgent were just deferred. Put on hold. Not done.

**Chad Horton**

Now when you say surgeries that were not urgent, is that the same as surgeries that were not important? Or are those two different things?

**Dr. Dion Davidson**

Yeah, certainly, two different things.

**Chad Horton**

So could an elective surgery still be an important surgery?

**Dr. Dion Davidson**

Oh, for sure. Yes. I mean, no surgeon should be doing any surgery they don't think it's an important surgery to do.

**Chad Horton**

Okay, so you've discussed the allocation of in-hospital resources. Shift gears a little bit. What were your observations in hospital with respect to COVID-related illness during the initial stages of the pandemic?

**Dr. Dion Davidson**

Yeah, again, similar to what Aris was saying: we were geared up and spun up. We were getting ready. I was part of teams of people that where we were trying to develop these protocols about how we would safely intubate patients in respiratory distress and safely get them to the ICU.

[00:15:00]

Including the possibility of emergency surgical airways, if that was going to be needed. And really, certainly, in the early months, there was very little of that. Very few, very small numbers of critically ill COVID patients at first. It's hard for me to kind of remember the exact timeline. But certainly, for the first several months, there was a lot more sort of preparing than there was actually looking after critically ill COVID patients.

**Chad Horton**

And I think you just referenced critically ill COVID patients, how about during the initial months of the pandemic COVID admissions generally?

**Dr. Dion Davidson**

I wouldn't have been involved. I would only be involved if they were ICU patients, so there probably were some. My impression was that, again, for several months, it wasn't nearly the numbers that we feared that it would be, even the less sick.

**Chad Horton**

So you had spoken earlier about your significant apprehensions at the front end of the pandemic. Did your level of apprehension or your areas of concern evolve over time, and if so, how and why did they evolve?

**Dr. Dion Davidson**

Certainly. I mean, as with many other people, as the spring turned into the fall, we had more data. And it became evident pretty quickly that, again, the virus was serious, and it could be very serious for certain people, but we were getting a very clear picture of who was most at risk. And as we've heard, age was the major factor for that. Comorbidities such as obesity and diabetes played a role as well, but age was certainly the major risk factor. And I feel like that was becoming very clear, certainly as 2020 turned into 2021. So I was becoming, I guess, less concerned that the virus was going to be a world catastrophe. I'm still taking it seriously but less concerned about that.

**Chad Horton**

And where you're talking about age being a significant factor, is that the idea that Dr. Milburn and Dr. Lavranos described as age stratification of risk, as it relates to COVID-19? Is that the concept?

**Dr. Dion Davidson**

Yes, exactly. You know, the concept that if you're a healthy child— I mean, there's no such thing as zero in medicine, but if you're a healthy child, your risk of a bad outcome from COVID approaches zero. If you're 80 years old, you're at much higher risk, like a thousandfold risk.

**Chad Horton**

Okay, what's your understanding of the risk for a healthy adult, somebody who wouldn't be medically classified as elderly? If that's an appropriate classification.

**Dr. Dion Davidson**

Again, by now there's very good data, even on a decade-by-decade basis. It would be hard for me to give you a number, but for the average healthy 40-year-old, your case fatality, certainly your infection fatality number, is low, less than 1 per cent.

**Chad Horton**

Is that 1 per cent relative to infections or 1 per cent relative to the population?

**Dr. Dion Davidson**

Certainly, IFR (infection fatality rate), even the case fatality rate, was probably about that. I don't want to overstate it.

**Chad Horton**

Sure. Okay, so I believe that you said a few moments ago that the risk posed to children is close to zero. Did I hear you correctly?

**Dr. Dion Davidson**

Yeah.

**Chad Horton**

Okay. In light of that perspective, what was your sense of locking down schools or locking down society generally?

**Dr. Dion Davidson**

Well, yeah, that was my first major crisis moment, I would say. So like everybody else or most people, I understood and probably even supported the idea of two weeks to flatten the curve.

**But even then, and certainly as that became two months to flatten the curve and extended longer, I was increasingly distressed about the idea of wide society lockdowns. And for all the reasons that I'm sure, even at that time let alone now, would be obvious to everybody in this room. And it boggled my mind why public health wasn't discussing the potential dangers—not potential dangers but dangers of wide society lockdowns, in terms of rationalizing why they were recommending that.**

**You know, the downsides are obvious. And you know, again, Aris talked about this.**

**[00:20:00]**

**You've heard it before, but the missed cancer screening, the missed cancer diagnoses, the patients staying at home and not seeing their family doctor to manage their diabetes and their blood pressure—all of the strict health downsides should have been obvious. And then the society downsides: children not going to school, not getting the development that they get from going to school, older people dying alone and away from their loved ones.**

Again, it was obvious to me, and I have no special insight into this sort of thing. I know it was obvious to many people. Why it wasn't being publicly discussed was very distressing to me. And why, month after month, it was decided that this one virus—which was now just one more way among a thousand other ways that we could die in life—why that one virus was the only thing that public health was concerned with. I just didn't understand that at all, and it really distressed me.

#### **Chad Horton**

In your professional medical opinion, was there any medical or scientific evidence that you were aware of during that time that suggested that these ongoing lockdowns should have been or remained implemented?

#### **Dr. Dion Davidson**

Not on an ongoing basis. You know, again, we were getting more and more data about who was at risk and who wasn't. The downsides of lockdowns, if they weren't obvious before, I think were becoming more evident. So certainly not on an ongoing basis. There were preeminent, very prominent PhD epidemiologists from Harvard, Oxford, Stanford, who took a step to organize and gather other preeminent PhDs and other researchers and scientists from around the world to suggest that wide society lockdowns were a bad idea.

And they base this on very old planning: that before Covid, somewhat further back in time, the approach to pandemics it had been agreed would be focused protection of those at **most risk. It was only with Covid that was actually this new idea that you had to shut down the entire society because of this one virus. And their ideas made a lot of sense to me. I didn't understand why they were being demonized in the public and among this new public health establishment and in the media.**

**And then, as time wore on, we had glimpses into what other jurisdictions were doing. Countries like Sweden, states like Florida and Texas were not widely shutting down. Or you know, they were undertaking more humane versions of that, again more focused and shorter lockdowns and their age-adjusted mortalities were no worse. In some cases, they were better than areas like New York or California—or Nova Scotia, at least later on—that were undertaking these draconian lockdowns.**

**Chad Horton**

Were you aware of any debate or discussion happening either in hospital amongst your colleagues and leadership or in the public health sphere in Nova Scotia regarding whether these ongoing lockdowns were appropriate? Was it a matter of discussion and debate that you were aware of?

**Dr. Dion Davidson**

Well, as I said, I was actually very disappointed that it wasn't a matter of public debate. And it wasn't even anything that public health was bringing up, which I would have thought would have been public health's job. So certainly not at that level. In terms of otherwise—Other than me just grumbling and complaining and others sort of agreeing—you know, my colleagues around me sort of agreeing that there would be downsides—there really wasn't a lot of discussion about it, not nearly enough in my opinion.

**Chad Horton**

You've just discussed your views on the lockdowns. As time wore on, did your concerns begin to evolve or did you have other concerns?

**Dr. Dion Davidson**

Well, I had other concerns. You know, elective surgeries don't apply so much to vascular surgery. A lot of what we do is life or limb threatening more immediately, if not emergently. So you know, I was still operating, my practice was continuing.

[00:25:00]

And then, in addition to all that, I was trying to help prepare and trying to learn more about COVID. So I was very busy. I carried on. I hoped that public health knew what they were doing in terms of the lockdowns. But as time went on, I was just more and more suspicious of that. I'm not sure if that answers your question or not, but that's how that evolved.

**Chad Horton**

Absolutely. How about based on your education, training and experience and your understanding of clinical literature, how did you feel about the vaccine rollout and/or the implementation of vaccine mandates?

**Dr. Dion Davidson**

Yeah, so that was the next point of concern for me. So when the vaccines were being developed, I remember being somewhat concerned at the speed at which it was happening. As you've heard, it would normally take multiple years—five years, ten years minimum—to get a vaccine to the point of new pathogen-to-public rollout.

Donald Trump's administration authorized Operation Warp Speed. And the whole idea of that was that there weren't going to be these normal regulatory processes. They were going to cut the red tape so that these vaccines could be developed more quickly. Which is great if everything goes well, but that means, by definition, you don't have the long-term data, especially in terms of safety. So I had some concern about that. The randomized trials came out, and to be honest again, I was busy. I scanned them and in retrospect, I did not read them critically enough, but they seemed to be saying good things about the mRNA vaccines.

And then public health, obviously, was all in. They were immediately safe and effective. It was amazing the confidence with which they could tell us that these were safe and effective vaccines based on two randomized trials and a couple of months of data. But again, I was busy and I was naive. I should have questioned things more at that time. But I assumed, hoped, that the powers that be knew what they were doing in terms of pushing these vaccines. So I myself, I got vaccinated. I got the two primary vaccinations, mRNA vaccinations in early 2021.

**Chad Horton**

I'm just going to ask you one question about what you said. You talked about cutting the red tape and pushing the vaccines out, and you mentioned two months of data, trial data. With your experience as a physician and a surgeon, and you also indicated, "I should have read the studies more carefully." Based on your experience and where we are today, do you believe that that was a responsible statement? A medically responsible statement or a socially responsible statement to characterize those interventions as safe and effective?

**Dr. Dion Davidson**

No, I think that's an irresponsible way to describe almost any medical intervention, let alone a brand-new technology that had been studied in two randomized trials with a couple of months of data. We never talk about medical interventions like that. I never sit down with a patient who has a problem and I have a surgery that maybe could fix that problem. I hope it would, I think it will. I never just sit down with them or stand up with them and say, "This is safe and effective, do it." That's never how we talk about things as doctors. Ever.

You talk to the patient about what's happening with them, what their options are. And maybe even I give a recommendation, but I also talk to them about the risks of what I'm proposing and the potential benefits. And it's always, always up to the patient. And if the patient decides against what I'm recommending, you stick with them and you try something else. You never just say, "This is safe and effective; do this, take this." That's never how we talk about medical interventions.

**Chad Horton**

Well, I thank you for that doctor. A logical corollary to what you've just said is, or the next logical question then, given what you've just expressed to the Commission: How did you feel about the mandates themselves when the vaccines actually became mandated in this province?

**Dr. Dion Davidson**

Well, so that was the next issue. It's one thing to heavily promote a medical intervention like that to the public. And you know, there's arguments to be made, certainly that that shouldn't have happened.

[00:30:00]

To then force people to take that intervention is a whole new level. And I really couldn't comprehend that the discussion was even being undertaken. By then, we had even more data about what was happening with the virus. And it was serious; the virus was serious. I'm not a COVID denier. I eventually, later on, helped look after extremely sick patients in

the ICU who had COVID. And so, I don't deny that: for a relatively small number of people, it is a very serious disease and it can cause death. There was no doubt about that.

But again, by then we had much more data about who was at risk and who wasn't. We had much more data about the magnitude of mortality that COVID was bringing us. And even at that point that mandates were being discussed, we were starting to get data about how the vaccines did little or nothing to reduce transmission of the disease.

So as Aris was saying earlier, in order to even contemplate a mandate where you're forcing someone to take a medical intervention on pain of losing their job or they're being able to participate in society as they normally would— In order to even think about that, it would have to be an infectious disease situation where the pathogen is so serious and the intervention is so safe and so effective that you can then contravene this extremely important ethic of informed and free consent. So at that point, it did not seem that any of those criteria were being met.

The data was becoming more clear to the extent that it was being admitted on American national television by the CDC and Anthony Fauci that the vaccines were, first of all, losing their effectiveness even in contracting COVID fairly early, within four or five months. We all saw the 95 per cent effective go down to 50 per cent effective over the next few months. But more importantly, they were admitting that they did little or nothing to reduce transmission of the virus. And so then, in my mind—and I challenge anybody to tell me how this cannot be—the whole argument for even considering forcing vaccination on someone is null and void.

#### **Chad Horton**

Changing topics here a little bit, Doctor. As the vaccines were rolled out and as we got into a vaccine mandate situation here in Nova Scotia, did you have any direct or indirect experience with adverse events in your medical practice with respect to the COVID-19 vaccinations?

#### **Dr. Dion Davidson**

Yes, I did. And you know, just to clarify, the term is not adverse event due to vaccination. The term is adverse event following vaccination or following immunization. And the whole point there is that it's extremely difficult to prove that any adverse event is because of a vaccination. But that's part of the point of encouraging, or what we should have been doing is encouraging, people to report adverse events happening after. And there was not the sort of burden of proof for health care professionals—for example, nurses or doctors—to know that an adverse event was because of the vaccination. We are supposed to be reporting **adverse events, whether we think they have any relationship or whether we can sort of explain any relationship or not.**

I certainly had first-hand experience of at least—I have to be careful about patient personal health information—life-threatening, and many more cases of more minor thrombotic events, shortly after vaccination. And when I first saw those, that was my first introduction into the online adverse events reporting system that you heard about. I must say: I think Aris left, but he must be many orders of magnitude smarter than me because I don't know how you could get through one of those reports in five minutes. I mean it took me 45 minutes; it took me 10 minutes just to figure out the links on the website to try to get to the five-page PDF that you'd have to fill out. I found it—and I spoke to many other people that

agreed with me—a very cumbersome, very awkward process to report an adverse event occurring after a vaccination.

[00:35:00]

**Chad Horton**

Would it be your opinion that the way that the reporting system was set up, that it could potentially impair the reporting of adverse events, or otherwise inhibit the reporting of adverse events?

**Dr. Dion Davidson**

Yes. And in addition to that is the whole issue of communication with us as health care professionals. We were relentlessly bombarded with how great the vaccines were, that they were safe and effective, safe and effective a thousand times a day, this oversimplification of this new medical intervention.

And informed by our various regulatory bodies—the College of Physicians and Surgeons in my case—that if we did not publicly voice support or if we publicly voiced anything other than support of public health’s statements about that, that we would be disciplined or that we would face disciplinary measures. So not only is the mechanics of reporting the adverse event very cumbersome and time consuming, the overall messaging, I can tell you, was not, “Be sure to look out for these adverse events.” I think I saw one email during those years. And again, that was after the newspaper article that you heard about, that it felt like public health was forced to say something about this adverse event’s reporting system.

So every day, relentless: “vaccines are safe and effective.” Maybe one message about reporting adverse events.

**Chad Horton**

I’m going to ask you this in a general way, Dr. Davidson. Is it your opinion that the messaging that you just described had a dissuasive effect on the reporting of adverse events?

**Dr. Dion Davidson**

I don’t know how it couldn’t have.

**Chad Horton**

And I’m going to back up just a little bit. You had mentioned thrombotic events. For those of us who aren’t physicians, what is a thrombotic event? And just so everyone can remember, Dr. Davidson, I believe your evidence was you observed an increase in thrombotic events as an adverse event post-vaccination. Is that correct?

**Dr. Dion Davidson**

That’s correct.

**Chad Horton**

And what is a thrombotic event?

**Dr. Dion Davidson**

Simply put, it is blood clots forming in blood vessels. In my case, you know I saw a couple in arteries but more so in veins.

So much so that it did lead me to change my practice, my office practice, where I provide relatively minor venous procedures to advising patients about more anticoagulation or medications that would reduce their risk of clots in the superficial veins and the deep veins, which could potentially be life threatening.

**Chad Horton**

Did you prescribe interventions in connection with adverse events post-vaccination?

**Dr. Dion Davidson**

Not specifically procedures for those clots—you don't really do procedures in the midst of an acute clot—but just the additional blood thinners, anti-coagulants to prevent them.

**Chad Horton**

So prescriptions. Yeah. Okay. And I've just been told that we're nearing the conclusion of our time, so I'll try to get through the rest of this quickly. But as a physician and surgeon with, I believe, based on what you had said—that I think you came into the province in 2005—by my counting that would give you approximately 18 years' experience as a physician and surgeon in Nova Scotia. Correct?

**Dr. Dion Davidson**

Yes.

**Chad Horton**

Yeah, okay. So as a physician and surgeon with 18 years' experience practising in Nova Scotia specifically, is it your opinion that the implementation of vaccine mandates was a necessary public safety measure?

**Dr. Dion Davidson**

Vaccine mandates were an unnecessary public safety measure.

**Chad Horton**

Okay. And similarly, is it your opinion that the implementation of vaccine mandates was a reasonable public safety measure?

**Dr. Dion Davidson**

No, they were not a reasonable public safety measure.

**Chad Horton**

Final question, Dr. Davidson. You indicated that, based on your experience, you were leaving the practice of medicine in Nova Scotia. You shared with us what I believe any layperson would believe is a fairly impressive history and list of credentials. What I'd like to ask you, sir, is what does your departure from medicine mean for Nova Scotians?

[00:40:00]

**Dr. Dion Davidson**

It's a difficult question to answer. I mean, certainly, you know, it would be true to say that I have been a hard-working community vascular surgeon. I do a lot of call coverage, or I did, before I was in the process of resigning. I do a lot of call coverage in terms of frequency of call coverage, covering the western zone of Nova Scotia for general vascular surgical sort of concerns and urgencies and emergencies. As I said, I was one of the attendings in the ICU. So I had a very busy practice, was a real hard worker for sure.

And so, you know, when someone like that resigns, it certainly leaves at least somewhat of a hole. And you know, in my case specifically: So it means that the remaining vascular surgeons, first of all, until they can find a replacement, will be working harder. There is a shortage of vascular surgeons around the world and across Canada, and I don't know how long it will take to recruit another vascular surgeon. Patients will wait longer. I think in particular some areas that unfortunately are chronically underserved, like diabetic foot infections and some of the aspects of chronic venous disease that I was talking about, that I spent more time on—those patients, I think, are going to be quite ill-served until and whether that gap is filled. Yeah.

**Chad Horton**

All right. Those are my questions, sir. I will turn you over to the Commission. Thank you.

**Commissioner Massie**

Thank you very much for your testimony. I have a question. I realize that you're very busy, so you didn't have the time maybe to do the critical analysis of the literature, so you decided to take on the vaccine. Was it because you were influenced by the environment, or was it something that you wanted to do initially because you wanted maybe to protect vulnerable patients in the hospital?

**Dr. Dion Davidson**

I'd say a little of both. I mean, you know, again, I just sort of trusted what my bosses and elders were telling me, right. I mean, ostensibly, public health should know more about all this stuff than I do. And even though some of it didn't make sense at various junctures, at times it's much easier just to accept what you're being told and do what you're told rather than do your own research, do your own reading. So we were told the vaccines were safe and effective and we should get them. So I just got them. At that time. Not since.

**Commissioner Massie**

And did you encourage people in your family to also get vaccinated?

**Dr. Dion Davidson**

No, I wouldn't say so. I'm just trying to think back to that time period. I didn't necessarily encourage my wife to get vaccinated, I left it up to her. And I think I might have encouraged my parents to at least consider it. I don't remember ever being so— I was never aggressive about it, but I think I may have encouraged my parents to consider it at the time.

**Commissioner Massie**

Thank you very much.

**Commissioner DiGregorio**

Thank you for your testimony. Just a few questions. You spoke a little bit about the cumbersome reporting process for adverse events. And I'm just wondering if you have any thoughts or recommendations on how that process could be improved upon.

**Dr. Dion Davidson**

Yeah, I mean, not specifically. Along with all the other things, I'm not an IT specialist. But it seems to me, it would be quite simple to make the process—the mechanics of that process—a lot more straightforward. First of all, in terms of, "Here's what you click on. Here's a few boxes to click. Now you can scan a QR code." I mean, surely things like that could be brought into play.

But even, again, more importantly than that, I would say, would be that overall messaging—that this is our responsibility as health care workers to look out for these adverse events. We don't have to prove that they're because of the vaccination. The whole point is that this is a screening system. And that and along with every email that said that the vaccines are safe and effective should have been a line right underneath saying, "And by the way, it's your responsibility to look out for adverse events and report those as well." So those would be two, I think, fairly simple recommendations moving forward.

[00:45:00]

**Commissioner DiGregorio**

So would that include maybe part of the education and training that doctors receive?

**Dr. Dion Davidson**

Yeah, I suppose. But I mean, it wouldn't take much education and training. It's like one sentence.

**Commissioner DiGregorio**

And one other question. You mentioned that you have resigned and that you're leaving Nova Scotia. I'm just wondering if there is something now that Nova Scotia could do that would prevent you from leaving.

**Dr. Dion Davidson**

Yeah, I mean, I don't know. I guess, a complete turnaround of public health and its attitude toward the public. And some overtures that they're going to seek to be more holistic and humanistic about their approach to things like this.

Yeah, I don't know. Maybe. I'm pretty far down the road of leaving, but you never know.

**Commissioner DiGregorio**

Thank you.

**Commissioner Drysdale**

I have a couple of questions, Doctor. Thank you for your testimony. First question was— Do you know of any other professionals currently leaving the province of Nova Scotia for these types of reasons?

**Dr. Dion Davidson**

That's a very good question. At least a couple have left. But also, I know of dozens that have— You know, I heard the term quiet-quit recently. So I know of dozens of doctors and nurses who have taken leaves of absences, have downsized their practice. And some of these are people that were basically fired for not getting vaccinated. And even now, two years later: even now, we have all this data about how the vaccines don't reduce transmission. Even to this day, you can't work as a health care worker in Nova Scotia Health unless you got those two vaccines, two years ago.

So I know of dozens of nurses and doctors who aren't working because of that. A few that actually even got vaccinated but just like me, just got sick of things, and so they've retired early and are in the process of moving away. So I guess the short answer is, yes, I know about others.

**Commissioner Drysdale**

This question might seem odd. How much did you know about mRNA technology prior to you taking the vax yourself?

**Dr. Dion Davidson**

Not much at all. You know, as I said, scanned the RCTs that were done at that time. And then, you know, maybe a quick internet search here and there about what this technology was. And that was about it.

**Commissioner Drysdale**

But were you aware of it being a novel technology to be used on the population?

**Dr. Dion Davidson**

Well, mRNA technology, the technology, the idea is not new per se. I mean it was, I don't know, 10 years ago or whatever that it came about and it's been used in very limited ways over those years. So it wasn't new in that way. But I was aware that this was obviously the biggest application that had been made of mRNA technology. And in that sense, it was new.

**Commissioner Drysdale**

It's just the reason I asked that question is because you're right: as I understand from previous testimony, the mRNA technology has been around for quite some time. But this, as I understand, was the first time it was introduced in mass to the human population.

**Dr. Dion Davidson**

It was my understanding as well.

**Commissioner Drysdale**

And considering that it had never been done before, you would have thought that there would not just be the standard review process in place, but it would be an additional process.

**Dr. Dion Davidson**

One would have thought.

**Commissioner Drysdale**

You know, I have another question that's a very short one. And I can't imagine you can answer this, but my question to you is, why? Why did this happen? Why did we— And I think you were here earlier and listening to the testimony, but we heard from Dr. Braden about—this is my words, not hers—the breakdown in the process from conceptual science to production of product, to putting it in arms. And there seemed to be a breakdown in the entire system from top to bottom. Even after it went into arms, the reporting of adverse reactions or even the reporting of efficacy seemed to all break down on this.

**Dr. Dion Davidson**

How did that happen?

[00:50:00]

**Commissioner Drysdale**

How did that happen? Why? Or why did it happen? Perhaps those are two different questions.

**Dr. Dion Davidson**

From what I understand, there was somewhat of a new public health elite that emerged early in the pandemic. And they became obsessed with this one virus—with some good reason, it was bad—to the negation of literally every other public health concern.

And then it became political, and then it became tribal. So that you were either on team "coronavirus is going to kill us all, and everything and anything that we need to do to stop it or that could even possibly stop it, is justified" or you're on "team critical" of all that. And I think just many public health officials chose their team. Many doctors chose their team, and they just stuck with it, no matter what the data said. And that carried through the entire pandemic. People chose their team, they chose their tribe, and they just stuck to their guns, no matter what else came up.

**Commissioner Drysdale**

Thank you.

**Commissioner DiGregorio**

Sorry, I just have one more question that I forgot to ask you. How long did you train to become a vascular surgeon?

**Dr. Dion Davidson**

So medical school for me was four years. It is for most people four years. And then I trained in general surgery first and then vascular surgery. That was a total of eight years after that.

**Commissioner DiGregorio**

So 12 years. Is my math okay there?

**Dr. Dion Davidson**

From the beginning of medical school till the end of my surgical training was 12 years. And I did, you know, four years of university before medical school, so 16. A lot of years.

**Commissioner DiGregorio**

And did I hear you correctly say that there is, not really a shortage of vascular surgeons, but that you are in short supply?

**Dr. Dion Davidson**

Yeah, there is a shortage of vascular surgeons. I mean, there's a shortage of any number of specialties around the world and doctors in general, right. But certainly, specifically vascular surgery, yeah.

**Commissioner DiGregorio**

Thank you.

**Dr. Dion Davidson**

You're welcome.

**Ches Crosbie**

Thank you, Dr. Davidson.

[00:52:33]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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Witness 5: Ellen Smith

Full Day 3 Timestamp: 05:10:20–05:28:15

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Alison Steeves**

[mic not on]

[00:00:39]

**Ellen Smith**

... a homemaker, presently.

**Alison Steeves**

Could you tell us a little bit about your family?

**Ellen Smith**

Yes, my husband and I have lived here for 22 years this summer. We have two adult children living with us currently. One is our 28-year-old son who has minor special needs and our daughter who has Downs Syndrome, and she will be 25 this summer.

**Alison Steeves**

Back in late 2019, early 2020, can you tell us about your day-to-day life for you and your family, sort of what was your daily routine?

**Ellen Smith**

Certainly. My husband was going to work in office in the town of Summerside, and he would drop our daughter off daily at a day program for handicapped adults, which she attended from roughly 8:30 to 3 o'clock every day. I was basically the glue to hold this all together. I believe our son had just moved back in with us and was trying to get into the armed forces to train as a financial officer.

**Alison Steeves**

How long had your daughter been in this day program?

**Ellen Smith**

In the day program, since she graduated from high school at age, almost 18. So it would have been several years earlier, three years roughly.

**Alison Steeves**

So she knew the routine pretty well and the people that work there.

**Ellen Smith**

Absolutely. It was a very small program, and so there were only small numbers of people in the program. She became princess to them very quickly. She was a very young client compared with most of the attendees.

**Alison Steeves**

And you said your daughter has Down Syndrome, correct?

**Ellen Smith**

Yes, she does, as well as some other comorbid diagnoses. She has sensory integration dysfunction, and although she's never been assessed, we think she's inherited some of my husband's diagnoses. We see her ticcing and she doesn't have great attention skills. So we think she has ADHD as well.

**Alison Steeves**

Would you say that routine is pretty important for her?

**Ellen Smith**

Absolutely. Any medical professional would attest, and any parent of a special needs child or an adult would attest to the fact that they need predictability because they don't cope with change. They don't learn as quickly new routines. So any threat to that routine over a longer period of time can really compromise their stress levels.

**Alison Steeves**

So in 2020, when PEI began implementing COVID-19 measures, did that impact your daughter's routine?

**Ellen Smith**

Oh, absolutely. She wasn't allowed to go to her day program for quite a while. I began to see her having signs of mild depression. She would occasionally have crying jags or be overly sensitive to normal comments being made in our day-to-day lifestyle. She just seemed to be more mopey, that's a good English word to use. Yeah. And of course, that affected us as her parents. Generally, when you have a special needs child, you're already stressed to the max. There's a lot of detail involved in that which I won't bore you with.

Shortly after we moved here, for example, the IWK (Izaak Walton Killam Hospital for Children)—that'd be 22 years ago—sent us a letter saying that anybody who had a child who'd had open heart or brain surgery would be traumatized and would become hypervigilant about their health, their mental state, their emotions more than the average parent. So not only were we dealing with the grief associated and the stress associated with having a special-needs, delayed child, but the medical condition that she had been through or the surgery had compromised our state of mind, as well. So if anything happens to her that affects her emotional state or her physical health, both of us are deeply affected by that. That's just been since the get-go.

**Alison Steeves**

So to be clear, your daughter had had heart surgery, very young?

**Ellen Smith**

Yes, at 10 weeks of age, yeah.

**Alison Steeves**

And your observation was that this sort of information pamphlet was correct for you and your husband? The impact was that—

**Ellen Smith**

Oh, absolutely, absolutely. It gave us a reason to pat ourselves on the back because we knew then we weren't crazy.

**Alison Steeves**

So every time any sort of slight change or health issue made you hypervigilant, it was kind of an increased impact?

[00:05:00]

**Ellen Smith**

Oh yeah, the slightest little thing. And certainly, I as her mother because I had been taking care of her, more hands-on than of course my husband was because he was the breadwinner, and still is. So it definitely affected me. And I know it affected my husband.

**Alison Steeves**

And how long did these impacts, these changes in your daughter's mood, last?

**Ellen Smith**

There's still some residual effects. To this day, a couple years after she was able to go back to her program, if we have a snow day or if there's any kind of cancellation that's out of the normal routine, she seems a little concerned, a little anxious. And I often have to reassure her that it's just because of the snow and they just cancel schools because it's not dangerous to drive, et cetera, et cetera. And then she seems reassured.

But I don't remember her ever questioning that. In fact, previous to this time, she would go, "whoo-hoo, day off!" You know, like a typical teenage kid would.

**Alison Steeves**

So since the pandemic you've noticed that if there's a change in routine or if there's a cancellation in her day program, it's more stressful for her?

**Ellen Smith**

Yeah, if it's out of the normal routine like, you know, Christmas holidays. Gosh, I'm trying to think what else they get off regularly. I guess that's about it really. And she's so excited about Christmas that that was never a big issue for us so, or for her. But definitely now, I see a difference in her behaviour. Yeah, if there's snow.

And it's funny, I just noticed that this winter. I don't know if I was even cognizant of it last year. We were too concerned about other issues of course. But it's definitely affected her. I'd say her state of mind hasn't completely recovered.

**Alison Steeves**

And you mentioned your husband's diagnosis. Can you speak about that?

**Ellen Smith**

Yeah, absolutely. He was diagnosed several years ago at a private clinic in the U.S. with ADHD. I'm just looking at my notes: a learning disability, OCD, a post-concussion syndrome, a tic disorder, and a mood disorder. He does deal with some chronic anxiety on top of all that. And he was given some trials with pharmaceuticals since that diagnosis. But what we discovered was, for example, for one of the diagnoses, if he was given a drug, it would exacerbate the symptoms of one of the other diagnoses. So we learned over several months—well actually a couple of years—that that wasn't going to work. So we've developed kind of a naturopathic approach to it of supplements, vitamins, exercise, fresh air. And it seems to kind of keep everything at bay.

At the beginning of the lockdowns, when he had to work out of the home, and Michaela was home, that's our daughter, he started having sleep problems. And that's a first for him. He's not a young man; he's 66 now. He would have been in his early 60s during the lockdowns, of course. And he got a sleep medication. But after trying it for several months, it started making some of his symptoms worse, as well. So we slowly had to kind of ease him off of that.

And to this day, he's still having—not as bad sleep problems, but he still has trouble getting to sleep and staying asleep at night. And that was never really an issue with him up to that point, he usually just as soon as he hit the pillow. And I would know, obviously, because I could see that. So yeah, this is all brand new for us.

**Alison Steeves**

What aspect of the COVID measures, do you think, impacted his sleep? Or what was the connection?

**Ellen Smith**

Well, just the stress, just the stress. I mean, the lockdowns were frustrating having to wear masks everywhere.

He had had some nursing training. He did quite well in the academic end of it. He's a very bright man. And we both were privy to the fact that, for example, with the vaccines— I'm sorry, I'm getting confused here.

If a person had had vaccines, according to standard immunology that was known at the time and now, if they work, then if you're exposed to anything that you're immunized for, you should manifest little or no symptomology.

So if you're carrying that virus or disease, certainly that would be more of a danger. So it made sense to us that a vaccinated person would be more of a danger to other people if they were carrying. And we had— Sorry, go ahead.

**Alison Steeves**

No, sorry. Had your husband's routine changed as well, then. He was impacted?

**Ellen Smith**

Yes, he had to work at home. He still is, as a matter of fact. He's a federal government employee. So he wasn't getting out and being exposed to, you know, getting back and forth to work or running errands on the way home. Things like that that had been part of his life.

And just the stress of not knowing what the heck is going on, you know, in our world.

[00:10:00]

I mean, we all were following everything. And I just saw his behaviour go from sort of in control to worse. And it's kind of been worse since then. Like he's more difficult to deal with since that time. It's not as bad as during the lockdowns, certainly. But he's still— His symptoms just seem to be worse at times than I remember in previous years. And that's hard on the family. It's hard on the children. It's hard on me, certainly, you know.

I have to make up any deficits, and I can't work outside the home. I haven't been able to for quite a few years because of his disabilities as well as our daughter's. But, yeah, we're all feeling it, definitely, you know. My own mental health has been compromised. I see my sleep disruption happening more regularly than it used to up to that point, as well.

**Alison Steeves**

And you spoke a bit about the vaccines. You're referring to the COVID-19 vaccines?

**Ellen Smith**

Yeah, absolutely. At first, we thought we weren't going to take them, knowing what we knew and a little bit of research we'd been doing. But then his job required him to take it in order to keep being employed by this particular department.

Our daughter had to be vaccinated in order to return to the day program, eventually. The first year wasn't such a big issue because there was no vaccine available, and we had to just

deal with it. But once it was available, they were insisting, absolutely, that she had to have this.

So I decided I'd better too because our in-laws, my husband's family members, his sisters insisted that we wouldn't be allowed to visit his mother in Nova Scotia unless we were all vaccinated. So we just said, "Oh the heck with it, we'll do it." And we did.

**Alison Steeves**

And when did you take the COVID vaccine?

**Ellen Smith**

I was probably the last person in our family to take it because I wasn't being forced to keep a job or anything. My last one—and I only took the first two, I haven't taken any subsequent boosters—I believe it was either late November or early December of 2021. And I had the usual side effects from the first one, with a little bit of fatigue and sore arm, stiff arm for a few days.

The second one, as soon as the pharmacist gave me the shot during that process, it was like liquid fire going into my arm. And I said, "Ow," quite loudly. I said, "That really hurt." I said, "Did you break the tip of the needle or something?" And the guy who gave it to me, the pharmacist, he didn't seem to be concerned in the least. He just put the Band-Aid on it, you know, alcohol swab and the Band-Aid. And just said, "Wait 15 minutes in the store so we make sure you don't have any kind of bad side effect immediately." And I didn't and went home.

And I had the usual symptoms I had with the first one: the fatigue and the sore arm for a few days. But since that time, regularly, I've had either a sharp, fiery pain right on the spot where the vaccine went in, or like, an achy feeling. And that happens several days a week, some weeks worse than others.

**Alison Steeves**

So that was approximately over a year ago now?

**Ellen Smith**

Sorry?

**Alison Steeves**

That would be over a year ago now, from the time that you took the second vaccine.

**Ellen Smith**

Yeah. Well, I had it, what? November, December, so a year and a third, roughly. Yeah.

**Alison Steeves**

And how soon after you took the vaccine did you start having those symptoms?

**Ellen Smith**

Oh, right away, within the first two or three weeks. I just figured it was taking longer to get rid of the initial side effects from, you know, which we were told to expect. But it just never went away with me completely.

**Alison Steeves**

So it's still bothers you today?

**Ellen Smith**

Yeah, oh yeah. Like today, it's just like, I've had a really good sleep last night. But it's still like— It doesn't hurt to touch; I can actually bump into something. But it's almost like there's a piece of something in there and it hurts. The needle pin, which it doesn't have, of course, because it would get infected. But other days, it's like, achy. So I can feel it from the inside. But to the touch it doesn't hurt, which is really bizarre.

**Alison Steeves**

And did the pharmacist speak with you about that this could happen or any potential side effects?

**Ellen Smith**

Not at the time, no. Well, we had to sign paperwork that asked us if we had an allergy to one of the components of the vaccine that was kind of unusual or rare or whatever. And of course, I wasn't aware, so I said, "no." But, other than that, no. I had just read online what to expect. So when it happened, I wasn't alarmed. But the fact that it's continued with me, you know, not to the same degree as the first few days. But it's just there all the time, and I find that so strange.

**Alison Steeves**

Would you say that your concerns about sort of these post-vaccine symptoms and lockdowns have impacted any of the relationships in your life? You mentioned family members who were insistent that you get the vaccine.

**Ellen Smith**

Right. Well, I've never really shared that with any of my in-laws because they'd probably accuse me of being crazy.

[00:15:00]

Or having a big imagination.

My immediate family know about it. I haven't gone to a doctor because I figured, what are they going to do? They're going to remove the spot or do a biopsy? I mean, my experience is a lot of doctors are just trying to keep their job, so they're doing what's demanded of them, I think, unofficially.

When my husband asked for— For example, my husband could never take the regular flu shot every year because he's allergic to egg whites, the albumin, the protein, the egg white.

And up to that point anyway, a lot of the vaccines for flu, regular flu, I believe involved the use of the egg white. At least the old ones did. So he was never able to take that. It could be a life-threatening thing; his throat would close over.

And he didn't know that the new vaccine wouldn't be created that way. So when he went in to ask his doctor for a medical exception, his doctor—who was from Iran or Iraq—gave him a story, about, “Well, in my country, a couple of hundred years ago, there was a gentleman in charge, their leader, who wanted to have marital relations with every single woman in the land. And so, everybody just went along with it or their head would be chopped off.” And I said, “Oh, well, that's an interesting analogy.”

**Alison Steeves**

That was his response when your husband asked about getting an exemption?

**Ellen Smith**

Oh, he absolutely refused. He said, “No, I can't do it.”

**Alison Steeves**

Ellen, what's been the hardest part of all of this for you?

**Ellen Smith**

Not knowing if it's going to continue again. Or if this is going to happen to a more severe degree. You know, if governments are going to work against their populations, I guess, in such a blatant way. I mean, you'd have to be a fool not to recognize that this stuff happens behind the scenes all the time and has been going on since the dawn of man. But the fact that it's come out of the closet so blatantly. And they're no longer even trying to hide what they're doing. Scares the you-know-what out of all of us in our family, I guess.

I don't trust the people in charge as much as I used to. I was never a naive person who believed everything that came down the pipeline. But I figured the truth is somewhere in the middle. But boy, I've gotten a lot more skeptical since all of this took place in the last two or three years.

**Alison Steeves**

Thank you, Ellen. And I'll turn it over to the commissioners if you have any questions.

**Thanks very much for sharing your story today.**

**Ellen Smith**

Absolutely, my pleasure.

[00:17:55]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

### EVIDENCE

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Witness 6: Scott Stephen Spidle

Full Day 3 Timestamp: 05:28:30–05:48:58

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Thank you, Mr. Spidle. You affirm that you will tell the truth, the whole truth, and nothing but the truth.

**Scott Stephen Spidle**

I do. Yes.

**Ches Crosbie**

Thank you.

**Alison Steeves**

Can you state your full name and where you're from?

**Scott Stephen Spidle**

Scott Steven Spidle from Annapolis Valley here in Nova Scotia.

**Alison Steeves**

Scott, I understand that back in early 2020, you had a very bad case of COVID. Is that correct?

**Scott Stephen Spidle**

Yes, that is correct.

**Alison Steeves**

And when exactly did you contract COVID?

**Scott Stephen Spidle**

It was about the first or second week of February.

**Alison Steeves**

What were your initial symptoms?

**Scott Stephen Spidle**

Initial symptoms were just normal flu-like symptoms.

**Alison Steeves**

How did you know it was COVID?

**Scott Stephen Spidle**

After the first week, about when those flu symptoms went away, I started experiencing shortness of breath and chest pain and also of course spoke with my family doctor about this. And the testing at the time had just started, and even in the mainstream media they reported issues with the testing, including both false positives and false negatives. And so, she expressed concern with the accuracy of the testing. So that wasn't really relied upon.

And also, upon one ER visit, the doctor who was seeing me—at that point it was basically standard protocol to test anybody in the ER, especially if they exhibited these symptoms. When the nurse started to prepare the test kit, the doctor turned to the nurse and said, "Don't bother with that." And at that point I was consulting with them with my symptoms, and along with the self-treatment I was doing. And he agreed that the treatment I was using was good; he reiterated that and that he believed I had COVID as well.

**Alison Steeves**

So your family doctor and also an ER doctor assessed that you most likely had COVID. I understand that these symptoms persisted off and on over a long period of time. Is that correct?

**Scott Stephen Spidle**

Yes, that is correct.

**Alison Steeves**

So how many trips did you end up making to the emergency room with these symptoms?

**Scott Stephen Spidle**

The symptoms continued to get worse. Shortness of breath, mainly. I got to the point where I could hardly breathe. And so, yeah.

**Alison Steeves**

At any point where you offered any treatment?

**Scott Stephen Spidle**

Not really. Like I say, that one doctor in the ER, he basically just said to keep using the self-treatment I was using.

**Alison Steeves**

What was the self-treatment?

**Scott Stephen Spidle**

I was using vitamin D, vitamin C, vitamin E, zinc, honey and green tea, and tonic water with lemon juice.

Because at that point, hydroxychloroquine was beginning to be spoken about as a treatment and it appeared quite evidently that that was not going to be available to us here in Nova Scotia or myself. So through my own research and people I know in the military, they suggested tonic water, as it contains quinine, which is basically a predecessor of hydroxychloroquine.

**Alison Steeves**

And did that help with your symptoms?

**Scott Stephen Spidle**

Yes, once I started putting those kind of meds and treatment to me, it still kept getting worse but not as rapidly.

**Alison Steeves**

So did your COVID go away?

**Scott Stephen Spidle**

It did eventually. I did also receive a rescue inhaler on another ER visit, which was basically a shot in the dark by the doctor. That doctor had actually believed that I was experiencing anxiety and gave me Ativan pills, sent me home with those. And I was so furious with that visit that I actually used the Ativan pills that night because I was so upset with how I was taken care of at the hospital.

**Alison Steeves**

So how bad did your COVID get? This was going on for how long?

**Scott Stephen Spidle**

Approximately four to five weeks from beginning to end. Like I say, it got to the point where I literally couldn't breathe. I only live about five, ten minutes from the hospital and one night I end up calling 911 because I didn't feel like I could drive that far in a car.

**Alison Steeves**

And after several months, what ended up happening to you?

**Scott Stephen Spidle**

I ended up having chest pain and shortness of breath slowly start to come back again, off and on. And then I woke up one morning and I could hardly get out of bed because of back pain. The shortness of breath was not as severe like it was previously, when I was very ill. So I wasn't sure what to make of it. I sort of just sat outside in a lawn chair in the morning for about 10 minutes and see how I felt with some fresh air. And the pain was still there significantly. So I drove myself to the hospital that morning.

**Alison Steeves**

And what happened at the hospital?

**Scott Stephen Spidle**

They quickly identified one of the lungs had fully collapsed. So the doctor told me that he would have to perform a chest tube.

[00:05:00]

And he strongly stressed that my informed consent would be required for him to do the procedure. And so, he did that, and shortly thereafter, he said that he wanted to send me back home with the chest tube. And I live alone, so I expressed to the nurse that I did not feel comfortable going home alone with this chest tube. And at this point, there was a shift change happening in the ER, and the nurse had spoken with the doctor coming on shift about my situation. He then shortly came to speak with me and said, "No, we're not going to send you home. We're going to transfer you to Halifax for emergency lung surgery in two days."

**Alison Steeves**

So you were admitted to the hospital at that time, in the Valley?

**Scott Stephen Spidle**

Correct.

**Alison Steeves**

And can you tell us about your experience in the hospital after that?

**Scott Stephen Spidle**

I was in the ER at Valley Regional for about three to four days. I was on morphine and meds at that point, so my mind was a little cloudy. I don't remember exactly how long it was. But on, I believe it was Day 3, my eyes began to hurt and I just by chance happened to wipe my forehead and it was just slime from sweat accumulating on my forehead. I did not receive any personal care at all. The only time a nurse or anybody came to see me in my stretcher bed was to provide morphine or medication. I had to request a face cloth to clean my face.

And then, I believe it was the next day—because I was only there three or four days—they requested an X-ray. And since getting physical medical records from my doctor, where it stated they requested a mobile X-ray, where they bring the X-ray machine to your hospital bed or stretcher, and that's not what happened. The nurse was a student nurse, I guess she

overlooked it or didn't understand the request, but she unplugged my chest tube from the vacuum line on the wall and then took me in my stretcher, ER stretcher, to the X-ray department.

The wait in the hallway alone—sedated, unplugged from my chest tube—it was only a few minutes, but within that short time I could feel in my chest like the air being let out of a balloon. And when the X-ray tech came out, he looked at me and I looked at him and I said, "They just unplugged my chest tube and I think my lung just collapsed." And he said, "Are you serious?" I said, "Yes." And I was just, you know, on morphine; it didn't seem like a big deal to me at that moment. So he rushed me into the X-ray, did that, rushed me back to the ER, then the nurse came, plugged my chest tube back into the wall.

And then after about five or ten minutes, what had just happened sort of registered in my mind, okay. And I started yelling, "Help me, they're going to kill me, I need a doctor." And after yelling that three or four times, it was only a few moments, the ER supervisor and a respiratory specialist came to my side. They assessed me and realized the lung had collapsed and, despite being plugged back into the vacuum line, it was not coming back up. So they just decided that they'd have to do another chest tube, which is a very painful and horrifying experience, really. And they had to do another one because they had to use, I guess, a larger diameter one so they could create more vacuum in my chest cavity to allow the lung to come back up.

After that, I had a very serious conversation with the two of them about how that should have never happened, which they agreed. It was shortly after then, maybe an hour or two, actually before then, the supervisor called a meeting at the nursing station—because of my condition, they had me right in the section there in my stretcher, right there in front of the ER nursing station, so they could keep close eye on me. And so, she called a meeting with the nurses after this happened and basically told them, "You know, if you have questions, have patience, wait and ask; take your time instead of making mistakes," more or less.

**Alison Steeves**

So when you were admitted, Scott, to stay, you were told in two days you'd be going to Halifax for lung surgery?

**Scott Stephen Spidle**

Correct.

**Alison Steeves**

How long did you end up staying in the hospital before going to Halifax?

**Scott Stephen Spidle**

More than two weeks. And just add to that meeting, when that was said and my situation was mentioned, the nurse who had unplugged my chest tube said, "Oh, well." And I almost flew off the handle. Except immediately a nurse, an elderly nurse who clearly been a nurse for a long time, turned to her and said, "You can't be like that."

[00:10:00]

**Alison Steeves**

Had you been hospitalized before, Scott?

**Scott Stephen Spidle**

Yes, I actually have two autoimmune conditions, which put me at high risk for COVID and one of those is ulcerative colitis. So I've been hospitalized two or three times for that for quite an extended period of time.

**Alison Steeves**

How would you compare the level of care you experienced and witnessed in this visit that we just spoke about compared with in the past?

**Scott Stephen Spidle**

It was a black and white difference, totally different. A lot of the doctors, but mainly the nurses: they seemed scared or apprehensive of being near patients. It was very odd and, like I said, that was right at the beginning of all the hysteria and all the hype.

**Alison Steeves**

So Scott, you've had this horrible experience with what you and your family doctor and at least one ER doctor felt was COVID, and it resulted in significant lung damage, correct?

**Scott Stephen Spidle**

Yes, they actually end up having surgery on both lungs because the other lung was in the same condition, on the edge of collapsing. And the surgeon had said that it took about 30 years off the life of my lungs.

**Alison Steeves**

So then when a vaccine emerged against COVID-19, were you eager to take it?

**Scott Stephen Spidle**

No.

**Alison Steeves**

Did you take the vaccine?

**Scott Stephen Spidle**

No, I did not.

**Alison Steeves**

Why not?

**Scott Stephen Spidle**

Well, numerous reasons. One being that I had survived COVID, and I believe natural immunity was longer lasting, more effective than the vaccine. I also had concerns about the safety of the vaccine, even before it was rolled out. And also, in the fall of 2021, when it was really getting rolled out, I had two loved ones die shortly after receiving their injections: one within 48 hours, massive heart failure with no previous heart conditions, and the other one over the span of about a month in the hospital, with all their organs shutting down and the doctor saying they didn't know why. So I was quite apprehensive to getting the shot.

**Alison Steeves**

How did you feel when provinces across Canada and the federal government started implementing vaccine mandates and passports?

**Scott Stephen Spidle**

I thought that was extreme. I'd even use the word tyrannical. I mean, it was a clear, extreme violation of our basic rights and freedoms. And it caused, I mean, we've heard numerous testimonies here: the effect it's had on people's lives, their families, relationships, employment, you name it.

**Alison Steeves**

Are you familiar with the truckers' Freedom Convoy that went to Ottawa in January 2022?

**Scott Stephen Spidle**

Yes.

**Alison Steeves**

Can you speak a bit about your experience with the convoy?

**Scott Stephen Spidle**

Yes. I missed the convoy here from Nova Scotia to Ottawa in the first week due to continuous lung issues with long-term problems. And eventually, a few friends here from the province returned after being there and participating in the convoy. And at that point, I was starting to feel better. I was no longer short of breath, no more chest pain, and wanted to go. And they said, you need to be there because they knew my position and how I felt about things.

So they went back up and took me up there with them. And we booked reservations at an Airbnb for a week. Of course, at that point, nobody knew how long it was going to last. And it was probably the greatest time in my life, especially after the previous two years. There's so much love and joy, as I cry and hug every single day. A friend of mine who's had numerous friends who were truckers out there, and one of them told me— The first day I got there, he's chatting with me. And he said his eyes hurt from crying so much, of just happiness and just relief and being around people and just a sense of normality again.

**Alison Steeves**

How long did you end up staying at the convoy?

**Scott Stephen Spidle**

Right till the very end, that Sunday morning.

**Alison Steeves**

So you were planning to stay a week. Did it end up being longer than that?

**Scott Stephen Spidle**

Yes, well, like I say, we had reservations for a week. And it was time to go home and they were heading back, and I told them the night before that I had to stay. It meant that much to me. And to that point, prior to that, a few days before— When I arrived in Ottawa, the fencing was still up around the War Memorial. And I was there when the veterans took down the fencing. And it wasn't like the media said, it wasn't a bunch of protesters tearing it down. It was basically all veterans: people stood back and allowed the veterans to do it. And they orderly removed the fence and stacked it neatly to the side and then negotiated with the police

[00:15:00]

in terms of carrying out a watch duty at the War Memorial to make sure nothing happened to it. Because of course, at that point, the police were quite lacking resources in terms of men on the ground. So the veterans agreed to take on that role.

**Alison Steeves**

Did you find that the media portrayal of what was happening in Ottawa was accurate?

**Scott Stephen Spidle**

Not at all, not at all.

**Alison Steeves**

So reports that the protesters were racist, white supremacists, hateful people. For example, Ottawa City Councillor Catherine McKenney, in an article—and this is Exhibit TR-14—one article in *Ottawa CityNews*: “Ottawa City Councillor Catherine McKenney issued a statement on January 26, 2022, that stated, in part, ‘several members of this group are connected to militant, racist, sexist, and homophobic groups, and they are not here to only raise voices against vaccination mandates, but to also fuel hatred against the very fabric of our society.’”

**Do you feel that is an accurate characterization of what you observed and experienced at the convoy?**

**Scott Stephen Spidle**

No, I would say that is the complete opposite of what the atmosphere and the people that were there are doing. There's actually a very large presence of Christians, religious people there, along with Indigenous people. And leading up to that point, we had dozens of churches across the nation being burned and vandalized. And to have those two communities come together, it was very nice to see. And there was people there from every walk of life. And also, the professional class: I met with numerous doctors and lawyers there. Actually, at the War Memorial, I actually spoke with a— He didn't say what sport, but

he was clearly, he was like seven feet tall, built, you know. And he said he was a professional athlete; I assume a hockey player. I sort of know the image; I played hockey for 25 years. And he said he was fully supportive of what was happening.

**Alison Steeves**

Do you have anything to add about the people that you met at the convoy?

**Scott Stephen Spidle**

It was— sorry.

The veterans were like the heart and soul largely of what was happening on the ground. That moment when they removed the fence and I was there and helped a veteran remove the flowers from the fence. And—personally, and to a lot of others—that was the highlight of the whole event. They, actually, because of long family history, they took me into the fold of the watch duty afterwards and I participated in the night watch duty, which was a very surreal experience being in the nation's capital. It was very quiet, dark, with the monument lit up and yeah, it was pretty special. Like I said, there's a lot of doctors, nurses; there's just everybody you could imagine.

**Alison Steeves**

What did this experience mean to you?

**Scott Stephen Spidle**

A great deal. Personally, I'm the kind of person— I believe, you know, our forefathers, fathers, and grandfathers, they fought and died to protect and preserve our rights and freedoms. And here we were as a nation and across the world largely sacrificing our rights and freedoms to save lives. So it was like everything was upside down.

**Alison Steeves**

Thank you, Scott. Those are my questions. I'll turn it over to the Commission.

**Commissioner DiGregorio**

Thank you for sharing your story today. I just have one question around the vaccine mandates and I was wondering if you ever asked for or obtained an exemption?

**Scott Stephen Spidle**

No, I did not. I did not have a need for an exemption.

**Commissioner DiGregorio**

Thank you.

**Scott Stephen Spidle**

I did not have a need for an exemption for myself personally. But I did help others with the religious exemptions, providing them with the sources to acquire that.

**Alison Steeves**  
Thank you, Scott.

**Scott Stephen Spidle**  
Thank you very much.

Oh, if I could just say one more thing. When I was in— They moved me up to a step-down unit when I was in Valley Regional. And I was there for an extended period of time. And there was a nurse who'd come on shift after being off for a weekend. And this was about a week and a half into it. And when she came in, she said, "What are you still doing here?" And then we had a chat. She went to go find answers. And I could hear her outside the room, just outside the door, right, speaking with who I assume is her supervisor. And she asked why I was still waiting. And her supervisor said that was an inappropriate question for her to ask. And she responded by saying, "If he ends up in ICU, it's not my fault."

[00:20:00]

And if that nurse is out there, thank you. And please reach out to me if you can.

Thank you.

[00:20:27]

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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**Witness 7: Janessa Blauvelt**

Full Day 3 Timestamp: 05:49:55–06:24:12

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Ms. Blauvelt, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Janessa Blauvelt**

I do.

**Ches Crosbie**

Thank you.

**Christina Lazier**

Good afternoon, Commissioners. For the record I'm Christina Lazier. I'm Atlantic Regional Counsel with the NCI.

Would you please state your name and spell it for the record?

**Janessa Blauvelt**

Janessa Blauvelt, J-A-N-E-S-S-A B-L-A-U-V-E-L-T.

**Christina Lazier**

Thank you.

At this time, before we get into the actual testimony of the witness, I would like to ask that the Commissioners take judicial notice of certain pieces of legislation and certain public health orders. So I'll just make a list. These will be provided to you for your reference documents. There's a screen right in front of me here, so it's difficult. I can't see the commissioners.

**So I would ask that you please consider and review the Nova Scotia *Health Protection Act*; the Nova Scotia Communicable Diseases Regulations made under sections 74 and 106 of the *Health Protection Act*; the Nova Scotia *Personal Health Information Act*; the *Hospitals Act*; the Nova Scotia *Health Authorities Act*; the Nova Scotia *Emergency Management Act*; and all declarations of state of emergency.**

**The original declaration of state of emergency, which was issued by the Minister of Municipal Affairs, the Minister responsible for the *Emergency Management Act*, on March 22nd, 2020: that was the first declaration of state of emergency in Nova Scotia. And all the subsequent declarations: they were renewals of the original declaration, and they continued every two weeks for a full two years. So the last of the declaration of state of emergency expired on the 21st of March 2022.**

Also please take note of the *Nova Scotia Human Rights Act* and the *Canadian Constitution* and *Canadian Charter of Rights and Freedoms*.

Similarly, as we have had witnesses from the other Atlantic provinces, I would ask that you consider the similar health legislation and emergency management legislation and human rights legislation from Newfoundland and Labrador, New Brunswick, and Prince Edward Island.

Furthermore, to the list I would add, in the case of Nova Scotia, 97 iterations of the one section 32 order issued by the Chief Medical Officer of Health, Dr. Robert Strang. Section 32 of the *Health Protection Act* of Nova Scotia is what gives Dr. Strang the authority to issue orders for public health in the context of communicable disease.

It will be important for the Commissioners to become extremely familiar with the provisions, and the order which was issued. The initial order was issued by Dr. Strang on the 24th of March 2020, and every subsequent iteration through to July 6th, 2022. Please consider all the iterations. There are 97 in total. And it is important to note that the July 6th, 2022, iteration of the public health order pursuant to section 32 of the *Health Protection Act* is still in place now. Embedded in those *Health Protection Act* orders, section 32 orders, are protocols and directives.

I would ask that the Commissioners give particular attention to the COVID-19 Mandatory Vaccination Protocol in High-Risk Settings, the first of which iteration was issued on October 6th, 2021. That's the COVID-19 Mandatory Vaccination Protocol in High-Risk Settings. It was originally issued on October 6th, 2021.

[00:05:00]

**And it has subsequently been amended. There are other iterations of it, and they will be provided as well. Also, the COVID-19 Proof of (full) Vaccination for events and activities. Those protocols were embedded in the chief medical officer of health's orders. But they appear as separate documents, so I'm just wanting to make sure they don't get lost in the shuffle, so to speak. Thank you.**

**Ms. Blauvelt, can you please tell us where you live?**

**Janessa Blauvelt  
In Yarmouth, Nova Scotia.**

**Christina Lazier**

And what is your occupation, please?

**Janessa Blauvelt**

I'm an LPN, licensed practical nurse.

**Christina Lazier**

What are the duties of an LPN?

**Janessa Blauvelt**

I provide safe and ethical care to my patients under the direction of the RN and attending physician. Some of my duties would include medication administration, IV insertion, wound dressing, personal care, et cetera.

**Christina Lazier**

And in what settings would you typically work as an LPN?

**Janessa Blauvelt**

I worked at the Yarmouth Regional Hospital as a float nurse, so I worked on all the departments.

**Christina Lazier**

Okay. Did you work at any other location as an LPN?

**Janessa Blauvelt**

I did. I worked in long-term care as well.

**Christina Lazier**

Okay, and thank you. You're not working currently as an LPN?

**Janessa Blauvelt**

No, I lost my job in the mandates.

**Christina Lazier**

When you say, "the mandates," what are you referring to, please?

**Janessa Blauvelt**

The forced vaccination policy that was put out by my employer and the province.

**Christina Lazier**

And who was your employer?

**Janessa Blauvelt**  
Nova Scotia Health Authority.

**Christina Lazier**  
Thank you. When did you first begin working at Yarmouth Regional Hospital?

**Janessa Blauvelt**  
I started in May of 2008. I worked in housekeeping for a number of years, and I built on my education—started in 2016. I started my upgrading and I took a counselling course and then I started my nursing career in 2018.

**Christina Lazier**  
And where did you do your nursing training?

**Janessa Blauvelt**  
At Nova Scotia Community College in Yarmouth.

**Christina Lazier**  
When did that begin?

**Janessa Blauvelt**  
2018 to 2020.

**Christina Lazier**  
And when were you to have graduated under the normal course?

**Janessa Blauvelt**  
I would have graduated in June of 2020.

**Christina Lazier**  
Okay, and did you undertake your studies with Nova Scotia Community College through June 2020?

**Janessa Blauvelt**  
Once the emergency measures were put in place in March of 2020, we got one week of our last clinical in, and then we were pulled out. And there was a lot of uncertainty for almost two months of how we were going to finish our clinical to be able to graduate.

**Christina Lazier**  
What was the implication of being pulled out, as you call it, from your clinical? Maybe you can explain that.

**Janessa Blauvelt**

Well, that is when you put everything together and you really put your skills together; that's where you get your hands-on training. So it was a very important part of the whole thing. It's where it brings it all together and you get to utilize all your skills that you've used.

**Christina Lazier**

So you started your program, I believe it was in September of 2018?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And your clinical placement began in, was it March 2020?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And you were in that one week before you were pulled out. So who pulled you out of that program?

**Janessa Blauvelt**

The College decided to pull us out.

**Christina Lazier**

And I don't mean to mislead: It's not that you were pulled out of the nursing program altogether but that you were removed from the clinical placement which was where? Where were you at?

**Janessa Blauvelt**

At the Yarmouth Hospital.

**Christina Lazier**

So what was the implication for you of being pulled out of the clinical, which was the most important, as you were describing, aspect of the training and hands on skills?

**Janessa Blauvelt**

Well, we found out after being in limbo for quite some time that we were going to finish our clinical online virtually. So we didn't get any of that experience there—the hands-on experience. And we did not complete it until August 2020.

**Christina Lazier**  
And then did you graduate?

**Janessa Blauvelt**  
I did, with honours.

**Christina Lazier**  
Thank you.

So in March 2020, what was it that happened that caused your school to pull you out of the clinical placement?

[00:10:00]

**Janessa Blauvelt**  
The public health emergency that was put in place by the province and Dr. Strang and the risk of contracting COVID in the hospitals.

**Christina Lazier**  
Is that something that was communicated to you by your employer? Sorry, not your employer, but the Nova Scotia Community College: Is this the understanding that you gained from them?

**Janessa Blauvelt**  
Yes.

**Christina Lazier**  
Okay. I would like to make note and ask the Commissioners to take judicial notice of the fact that, in Nova Scotia, the Minister of Health never issued a public health emergency. Under the *Health Protection Act* there is provision—I believe it's section 53—for the Minister of Health to declare a public health emergency, but in Nova Scotia that never happened.

The only state of emergency that was ever declared was by the Minister of Municipal Affairs under the *Emergency Management Act*. There were declarations of state of emergency, and you will read them, and you will see that the presence of COVID-19 in the province was the rationale for the declaration of state of emergency. But it was not the Minister of Health who declared a state of emergency at any time.

So that was your understanding from your school?

**Janessa Blauvelt**  
Yes.

**Christina Lazier**

The reason why they pulled you out, okay. So what then happened in August 2020? You had graduated. Had you invested financially in your training?

**Janessa Blauvelt**

Yes. Yeah, I have a substantial student loan.

**Christina Lazier**

Okay. So were you eager to get to work at that point?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

Were you able to get a job at that time?

**Janessa Blauvelt**

Yes, I started working in a long-term care facility. I still continued working in housekeeping as well. And then I started my full-time position at the Yarmouth hospital as a float nurse in December of 2020.

**Christina Lazier**

Okay. So how long were you working at both the long-term care facility and the Yarmouth hospital?

**Janessa Blauvelt**

I worked in the long-term care facility from October 2020 until April 2021. And I was employed with the Yarmouth Regional Hospital since May 26, 2008.

**Christina Lazier**

And when you were employed with the Yarmouth Regional Hospital, your employer was Nova Scotia Health Authority?

**Janessa Blauvelt**

Correct. Yes.

**Christina Lazier**

So what changed for you in the summer— I'll take you to the summer of 2021. What happened in the summer of 2021?

**Janessa Blauvelt**

Well, there was a lot of talk about the forced vaccination. I had started researching early on in the pandemic, pretty much March of 2020, when it came out. I woke up within two months as to what I believed was really going on. And I knew that this vaccination, this novel vaccination, was not anything that I wanted to take. There was a lot of division amongst the co-workers in the workplace surrounding the vaccine.

**Christina Lazier**

In what sense was there division?

**Janessa Blauvelt**

Well, there was a couple times where I was working—one in particular—where a co-worker had said in front of other co-workers that anyone that was unvaccinated deserved to work the COVID unit. And that they hoped that the unvaccinated person would get COVID first, as well as their family.

**Christina Lazier**

And how did this make you feel, these conversations?

**Janessa Blauvelt**

Unsafe. It made me feel— I don't know, a bunch of different emotions, like I didn't want to be there, like I didn't fit in.

**Christina Lazier**

What did you observe in the hospital in the summer of 2021 in relation to the incidents of COVID appearing among patients seeking treatment at the hospital?

**Janessa Blauvelt**

We had no COVID patients at that time. We had a COVID ward that was ready to go, and nothing.

**Christina Lazier**

And how had it been since you had been at the hospital in 2020 as well?

**Janessa Blauvelt**

No COVID patients.

**Christina Lazier**

So did you inquire— In your words, you mentioned this forced vaccination. What were you referring to when there was talk about forced vaccination?

**Janessa Blauvelt**

It was just going around amongst the co-workers and mentioned, you know,

[00:15:00]

through nurse managers and whatever, that it was going to be mandatory. Or there was talk that it was going to be mandatory, to have to take the vaccine to keep your employment.

**Christina Lazier**

And when you're talking about the vaccine, what vaccine are we talking about?

**Janessa Blauvelt**

The mRNA COVID vaccines.

**Christina Lazier**

So were you concerned when you heard talk of a forced vaccine?

**Janessa Blauvelt**

Yes, I was.

**Christina Lazier**

And what, if any, steps did you take to inquire of your employer or your union about such a policy if it were coming into place?

**Janessa Blauvelt**

I had spoke to my educator that I did not wish to get this vaccine. I was not taking this vaccine. And they told me at that time that it would not be able to be forced on anybody.

**Christina Lazier**

So who was your educator?

**Janessa Blauvelt**

At that time, her name was Hannah Stanwood.

**Christina Lazier**

And was that a clinical person or an administrative person?

**Janessa Blauvelt**

Like an administrative educator. They go round to the floors and update you on policies and stuff like that.

**Christina Lazier**

So that was someone you inquired of. Did you inquire of anyone else?

**Janessa Blauvelt**

Well, I made it clear to my nurse manager that I was not taking this.

**Christina Lazier**

And what response did you get?

**Janessa Blauvelt**

There was really no support. It was— They were following what they were being told.

**Christina Lazier**

Is that what your nurse manager expressed to you? I need to understand a little bit more about the conversation you had, what you were left with in the way of an answer.

**Janessa Blauvelt**

Basically, that I did not have a choice if I wanted to keep my job.

**Christina Lazier**

So what communication did you have from your employer formally with respect to vaccination with COVID-19 vaccines?

**Janessa Blauvelt**

Well, we found out on October 1st of 2021 that the COVID vaccines would be mandatory by November 29th, 2021. And we did receive email confirmation.

**Christina Lazier**

And I'll enter into the record as Exhibit 1, the Nova Scotia Health Authority notice to Ms. Blauvelt that she would have to get vaccinated or lose her job.

What did receipt of that notice do to you?

**Janessa Blauvelt**

It made me spiral out of control and go into a grave depression and anxiety. And my last day worked was actually October the 1st. I worked in the emergency department. That night too, I had a co-worker say that anybody that did not take the vaccine was being selfish because we were in a pandemic, and we were putting others at risk.

**Christina Lazier**

Were comments like that reprimanded or dispelled by senior supervisors or other people in the administration or clinical staff?

**Janessa Blauvelt**

Well, I never reported it or anything.

**Christina Lazier**

So on October 1st, you had a shift. I'll indicate to the commissioners that October 1st, 2021, is the first date on which a proof of vaccination mandate was issued in Nova Scotia. And it's contained in one of the section 32 orders of that date.

So you went into mental health crisis. Is that fair to say?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And what did you do?

**Janessa Blauvelt**

I reached out to the crisis response team.

**Christina Lazier**

And who would the crisis response team be? What is that?

**Janessa Blauvelt**

It's a mental health department that's within the outpatient department in the hospital.

**Christina Lazier**

And did they see you?

**Janessa Blauvelt**

They did.

**Christina Lazier**

And what happened?

**Janessa Blauvelt**

They put me in contact with a psychiatrist.

**Christina Lazier**

And how soon did you get to see a psychiatrist?

**Janessa Blauvelt**

Right away.

**Christina Lazier**

Would it have been within days of October 1st?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

Within a week of October 1st?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

Okay. And following consultation with that psychiatrist, what was the result?

**Janessa Blauvelt**

He put me off work for three months due to the stress and anxiety, low mood, the depression, and the stressors, financial stressors, all that stuff that were—

**Christina Lazier**

And I believe that the formal notice from the doctor was actually in the form of an attending physician report, an APR form, as it's known.

[00:20:00]

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Nova Scotia Health Authority, and so that will be entered as Exhibit 2. And would you please turn to that document now? And what exactly did the doctor put in the form of a reason for putting you off work?

**Janessa Blauvelt**

Stress due to the mandatory COVID-19 vaccination mandate at work. And the symptoms: anxiety, low mood, panic attacks, lack of energy, poor concentration.

**Christina Lazier**

There's some dates on that form referencing the 15th of October 2021.

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Do you understand what those dates reference?

**Janessa Blauvelt**

That may have been the day that I seen him in his office, but I did see him through the crisis response before that date.

**Christina Lazier**

Okay. And so, for how long did he put you off work?

**Janessa Blauvelt**

For three months.

**Christina Lazier**

While you were off work, did you receive correspondence from your employer or your union?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

And what correspondence did you receive?

**Janessa Blauvelt**

We had to fill out the Nova Scotia Health COVID-19 Immunization Disclosure form.

**Christina Lazier**

So you say "we," are you referring to a group or yourself?

**Janessa Blauvelt**

All the employees.

**Christina Lazier**

I see, okay. So you received that same correspondence asking you to fill out a COVID-19 immunization disclosure form?

**Janessa Blauvelt**

Yes, and the advice by my union is that I should do it.

**Christina Lazier**

And so COVID-19 immunization: Is that how it was discussed in your workplace, that COVID-19 vaccines would immunize you against COVID-19?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

So did you comply?

**Janessa Blauvelt**

No. Oh well, I did with the form, but I did not comply with the mandate, no.

**Christina Lazier**

And when you filed the form, what date was it on which you filed that form? I'm believing it was October 24th?

**Janessa Blauvelt**

The 24th of October.

**Christina Lazier**

And how long did it take them to respond to your disclosure form?

**Janessa Blauvelt**

October 31st, my religious exemptions were all denied.

**Christina Lazier**

Okay. Was any reason given in that denial you received on October 31st?

**Janessa Blauvelt**

No.

**Christina Lazier**

So you mentioned exemptions. At what point did you take any steps to obtain an exemption from this policy requiring COVID-19 vaccination?

**Janessa Blauvelt**

Well, right away I started, but I got one October the 23rd. It was a sworn affidavit by a lawyer, and then I had a handwritten one that I had did out and one from my pastor, as well.

**Christina Lazier**

And what did you do with those three documents supporting what you were hoping would be a grant of an exemption?

**Janessa Blauvelt**

Well, I had to attach them into this email, this COVID-19 disclosure form.

**Christina Lazier**

And did you?

**Janessa Blauvelt**

I did yes.

**Christina Lazier**

So that, already? Oh, my goodness, my goodness. Rapid fire, okay. Another gear. All right. Thank you, Commissioner. Exhibit 3 will be COVID-19 Immunization Disclosure forms and the exemption letters that had been submitted.

The response you received from your employer was a denial, am I correct?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Did you at any time contact the Nova Scotia Human Rights Commission?

**Janessa Blauvelt**

Yes, I did.

**Christina Lazier**

And what assistance were you looking for from them?

**Janessa Blauvelt**

Well, I was hoping that they would uphold my right to my God-given right to my body and my personal choice and my creed.

**Christina Lazier**

And when was it you contacted them?

**Janessa Blauvelt**

In September 2021 I started writing them when the word was going around.

**Christina Lazier**

And what timeframe did they give you that you should receive some response from them?

**Janessa Blauvelt**

Four to six weeks.

**Christina Lazier**

How long was it before you heard from them, the Nova Scotia Human Rights Commission?

**Janessa Blauvelt**

They did write back asking for my exemptions in November.

**Christina Lazier**

In November of what year?

**Janessa Blauvelt**

2021. I attached them all, and then I did not hear back until a year later, November of 2022.

**Christina Lazier**

And at that time, did they confirm that an investigation would be undertaken?

[00:25:00]

**Janessa Blauvelt**

No.

**Christina Lazier**

What was the nature of the response?

**Janessa Blauvelt**

That it was a complaint process and they said, "Thank you for your patience."

**Christina Lazier**

I'll note that Exhibit 4 is an email from the employer, Nova Scotia Health Authority, communicating denial of Ms. Blauvelt's requests for religious exemption to the COVID-19 vaccination.

And Exhibit 5 is the email stream between, correspondence between Ms. Blauvelt and the Commission about her request for a religious exemption. I'm going to ask—

I'm going to check with the timekeepers. I understood that the break was going to be forfeited so that we could continue with her. Thank you. Because these exhibits only became available today so we would have to take an extra 10 minutes in any event.

So did you make other efforts to pursue the answers to your concerns?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

And to whom, in the way of public officials, did you write?

**Janessa Blauvelt**

I had wrote my local MLA, Zach Churchill. I wrote the Member of Parliament, Chris D'Entremont. I wrote Dr. Strang. I wrote Tim Houston and the health minister.

**Christina Lazier**

Would that be Michelle Thompson?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Exhibit 6 will be correspondence with public officials. Did you get an answer from any of them?

**Janessa Blauvelt**

The only one that I did get a response back was from the health minister, but it wasn't signed by her. And it did not address any of my questions. It just said that the reason why they were continuing to keep the policy in place was to protect the vulnerable population.

**Christina Lazier**

Was there any science supplied?

**Janessa Blauvelt**

No. Just that they continued to listen to the science, basically. There was no evidence really given.

**Christina Lazier**

And you then corresponded with your employer, I understand, in the way of a conditional acceptance.

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And what was the nature of that document, conditional acceptance, to get vaccinated?

**Janessa Blauvelt**

Well, yes, I outlined the possible adverse effects and reactions to the vaccine, and if I was to get the vaccine and was compromised or injured in any way, if they would support me or take liability.

**Christina Lazier**

And did you get a response to that conditional acceptance letter that you provided?

**Janessa Blauvelt**

I did. They said that they received it and that they were considering it with their colleagues with people services. And I did not hear any more about it.

**Christina Lazier**

Exhibit 7 will be that conditional acceptance letter and the employer's response.

We do have a few more questions if I may beg the patience of the Commissioners.

I understand that you and other employees of the Yarmouth Regional Hospital initiated a process of notice of liability, which was then served on Tracy Unger, Director of Employee and Labour Relations. Is that correct?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Exhibit 8 will be notice of liability and the affidavit of service of the bailiff who served that notice of liability on the Director of Employee and Labor Relations. It was received by an assistant of hers. Again, any response from that?

**Janessa Blauvelt**

No.

**Christina Lazier**

And you're a member of the CUPE union, or is that correct?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And did you grieve your matter?

**Janessa Blauvelt**

I did, yes: December 14th of '21.

**Christina Lazier**

Okay. And so, you sent, I understand, your grievance to union local president Carl Krause and union rep Andrew Baxter to initiate your grievance because your request for exemption had been denied. You received a response to that on July 18th, 2022, I understand?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

Sorry, what you received was a meeting with the senior human resources consultant of your employer.

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Yes, and did that bring satisfaction?

**Janessa Blauvelt**

No.

**Christina Lazier**

You were then denied your grievance. I understand it on September 13, 2022. Is that correct?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

Was that step three response?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

Yes, okay, has anything further happened with respect to your grievance?

[00:30:00]

**Janessa Blauvelt**

No, I was just told that the union had the right to vote what case went to arbitration and what case did not. And I have not heard anything more.

**Christina Lazier**

Do you know whether your collective agreement includes a provision for voting on whose matter goes to grievance?

**Janessa Blauvelt**

I was not able to find that in the collective agreement.

**Christina Lazier**

Exhibit 9 will be the grievance form and correspondence with the union. Exhibit 11 will be the collective agreement.

So with respect to grievances and so on: Were you aware of the arbitration decision of Yvonne Mackey?

**Janessa Blauvelt**

Yes.

**Christina Lazier**

And who's Yvonne Mackey?

**Janessa Blauvelt**

She is an RN at the IWK.

**Christina Lazier**

Okay, so I'll ask the tribunal to take notice of the arbitration decision of Yvonne Mackey. That will be provided as Exhibit 10.

Yvonne Mackey is a nurse with the IWK, Izaak Walton Killam Children's Hospital, and she requested a religious exemption and was denied. Her matter was grieved. Her matter did go to arbitration, and she won. And it was noted that her employer violated *Human Rights Act* in not granting her the exemption that she requested based on her religious beliefs.

So what is the state of your employment now? Your career?

**Janessa Blauvelt**

Well, I'm not allowed still in this province to work in my profession. I've been considering moving out of province, so I can continue to work.

**Christina Lazier**

As it is now, the ongoing public health order, section 32 order, requires for you to return to work that you would have to be vaccinated with COVID-19 vaccines. Is that correct?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And you did, I understand, recently have a conversation with—or attempt a conversation with—Karen Oldfield of the Nova Scotia Health Authority?

**Janessa Blauvelt**

Yes, it was called the Community Conversation at the Rodd Grand Hotel in Yarmouth.

**Christina Lazier**

And also, Michelle Thompson, Minister of Health and Wellness, was there on January 18, 2023?

**Janessa Blauvelt**

Correct.

**Christina Lazier**

And what happened there?

**Janessa Blauvelt**

Well, I had the chance to speak. They did not answer any of my questions. I was very passionate. I told them how it affected my life. I asked them how long they planned to keep us on unpaid administration leave. And actually, the microphone was taken out of my hand, and they told me that's enough.

Because I had one more question that I wanted to ask. And the question being that most health care workers only received the two shots in 2021, early 2021. According to their very own experts and their good science, the very small amount of immunity wanes within four to six months. So technically, these employees are no longer considered vaccinated according to their science. So why are they allowed to continue to work, while I continue to be punished and not allowed to work in my profession?

**Christina Lazier**

And I will just note for the commissioners' sake that the definition of fully vaccinated is in Part 1 of the July 6th, 2022, order. You'll find definition of what is fully vaccinated and the fact that health care workers such as an LPN do fall within that definition of the application of that requirement for vaccination.

I'll leave it to the commissioners to have any questions. I should note that those are all the exhibits at this point.

Do you have any questions, Commissioners?

**Christina Lazier**

Thank you, Ms. Blauvelt.

**Janessa Blauvelt**

Okay, thank you.

[00:34:16]



***Final Review and Approval:*** Jodi Bruhn, August 3, 2023.

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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**Witness 8: Josephine Fillier**

Full Day 3 Timestamp: 06:48:16–07:07:50

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Our next witness is Josephine Fillier, who will be appearing virtually. Josephine, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Josephine Fillier**

I do.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Hello, Josephine.

Okay, can you please tell us your full name, where you live, and what do you do?

**Josephine Fillier**

My name is Josephine Fillier, and I am from St. John's, Newfoundland. I am a stay-at-home mother to three children.

**Criss Hochhold**

In your submission to National Citizens Inquiry, you advised us that you received the vaccine in 2021, is that correct?

**Josephine Fillier**

Yes, June 18.

**Criss Hochhold**

What prompted you to get vaccinated?

**Josephine Fillier**

Well, basically at the beginning of COVID, everything was locked down. And I was doing my high school diploma, trying to get it after 13 years of being a stay-at-home mom. And I had to quit because the kids went online and I had to help them with their online studies and I couldn't focus in my house, doing my work. So I became like depressed, isolated, and all these things.

So when the injections came out to get, the Atlantic bubble was closed, and my partner was in Niagara Falls, and it would be my first trip off the island, so I decided to leave. He paid for the trip, and I went to Niagara Falls. But to get it, I had to get the COVID injection into my body because I was in fear that the government would come to my house. And there was all kinds of fear—online, in the news and everything—at the time.

**Criss Hochhold**

So Josephine, it sounds like you were quite apprehensive about getting the vaccination, is that true?

**Josephine Fillier**

Yeah, I had severe anxiety attacks. Like, I've been struggling with depression and anxiety since I was a little girl, but it was very manageable. I was on antidepressants and anxiety meds and they helped me out a lot. But my intuition, I guess, told me not to get this COVID injection. I knew something was off about it anyways. But since I was in fear and I really wanted to go visit my partner, who was in a different province, and I didn't want to isolate away from my children for two weeks upon arriving home, I ended up getting it. And I knew it was the biggest mistake of my life.

**Criss Hochhold**

Josephine, where did you go get the vaccination?

**Josephine Fillier**

At the Village Mall, here in St. John's.

**Criss Hochhold**

Do you remember who administered it to you?

**Josephine Fillier**

It was an LPN—Faye Chidley.

**Criss Hochhold**

Before administering the vaccine, did the LPN explain the potential risks and/or benefits of the vaccination for COVID-19?

**Josephine Fillier**

No, basically all they said was that I would have a fever and a sore arm. And they told me to stay for about 15 minutes just to make sure I didn't have a reaction. So I took my paper that had my lot number and the stuff to do in case you have, like, a fever or sore arm or anything like that and I just sat down. And then I was fine after 15 minutes, so I went home; I took the bus and I went home.

**Criss Hochhold**

Prior to the vaccine, did you have any health issues? Were you an active person? Were you eating healthy? Can you describe your lifestyle a bit to us and how that's changed since then?

**Josephine Fillier**

Well, before, I was a very outgoing active person; I wasn't in fear of anything. I was like, you know, a bubbly type person. And I have ADHD, so I'm always active; like, I wake up in the morning and I can go, go, go all day long. It runs in the family, so my mom is like it, my sister is like it. So ever since then, I've had to basically slow down a lot. Because if I exert myself much, I feel like my body is shutting down.

**Criss Hochhold**

Okay. Just for the Commission's records, the vaccine itself was Pfizer.

**Josephine Fillier**

Yeah, I had one dose.

**Criss Hochhold**

One dose. Do you have the lot number on you, Josephine?

[00:05:00]

**Josephine Fillier**

Yeah, I keep checking it, to see if there's any adverse side effects. So it's FA 9093.

**Criss Hochhold**

Josephine, what happened after you received the vaccine? Just refresh my memory with that because you said you went home, you were fine at first.

**Josephine Fillier**

Yeah, well, I was fine. It takes me about 45 minutes to an hour to get the bus from the mall to my house. And prior to the vaccine, I had a bruise in my right thigh and it never healed fully. So when I went home, I was laying down on the couch and I noticed that there was a severe burning pain in my leg. And I thought that something was seriously wrong. That I was clotting maybe, maybe something was going on with my leg. And so, I put my feet up on the back of the couch just in case, to elevate my feet. And it just escalated from there.

**Criss Hochhold**

How do you mean escalated?

**Josephine Fillier**

Basically, the burning never went away; even 20 months later, it's still there. It escalated to crawling sensations, like, I had bumps on my legs, which are still there today. I had swelling and internal vibrations, and then I had lumps all over my legs, on the back of my thighs and on my shins.

**Criss Hochhold**

Josephine, with all the symptoms that you're showing, did you report those to a health care professional—to your doctor—or did you go to the hospital?

**Josephine Fillier**

No, I actually went to my doctor. He's been my doctor for 23 years now. He knows my entire medical history, my mom, my sister, all of our kids. And he gaslit me the entire time.

I was telling him about the lumps on my legs and he just told me to get compression socks. I told him about lumps in my scalp, in my head, that were very painful. And this remark was really, really upsetting because he told me that if I didn't look for lumps, I wouldn't find any. And I thought that, you know, if you check lumps—you have to check your body, you have to be self-aware. You have to understand your symptoms in case it could be, like, you know, a tumour or cancer or something. So once I noticed that there was lumps on my legs, that was the first indication that something was going on with either my lymph nodes or my blood vessels.

**Criss Hochhold**

Then how long after the symptoms appeared did you contact your family doctor? I'm trying to understand: From the time you received the vaccine to the time the symptoms appeared and then you reported them to your physician, to your family doctor, how much time had lapsed?

**Josephine Fillier**

Maybe a month or two because I got it June 18, 2021. And then around the beginning of August, I made my first appointment, and then he basically brushed it off. So I just, you know, went home. And the fall came and then the winter came, and more and more symptoms started happening.

**Criss Hochhold**

Do you know if your family doctor submitted any of your symptoms to the CAERS system: the Canadian vaccine reporting system? Are you aware of any of that?

**Josephine Fillier**

The CAERS? No, I had to do that myself. Like I said, he was gaslighting me. He even said to me that it is not connected to the vaccine, the COVID injection. Because he knew of somebody who impersonated someone and took 77 injections, and they're fine.

**Criss Hochhold**

I believe that reference is in regards to a person in Germany, and it was reported in the media, who took a number of extra vaccinations in order for the benefit financially. Whether it's proven or not, I'm not certain of.

[00:10:00]

Josephine, your family doctor didn't accept the symptoms that you were showing physically. Not only from a psychological perspective, perhaps due to anxiety or depression or heightened anxiety, because of what you've written from the research, but you actually had physical ailments, physical symptoms, and your doctor was completely dismissive of that. Did you seek a second opinion? Were you able to perhaps go to the ER or the hospital to speak to another physician about that?

**Josephine Fillier**

No, because, like I said, this doctor has been my doctor since I was 10. I literally trusted him with my entire life. Like, I didn't know about the injections; I didn't know about anything at this time. I just knew that something was wrong with my body, and I needed to find out what it was because I did not feel well at all. I felt like I was dying.

**Criss Hochhold**

Did your doctor run any tests on your blood, for example, or any other tests to ascertain, to see what potentially, if there's an issue?

**Josephine Fillier**

Yeah, I actually had to have a severe mental breakdown in his doctor's office about a year ago in order for him to do anything. But he gaslit me so much for a long time. And then I had to, like, literally cry out for help saying, "I know something is wrong with me. I need help."

Nobody believed me because my own partner didn't believe me; my family didn't believe me; my friends didn't believe me. And I needed some help. I felt so alone and I needed a professional at least to acknowledge me. And so, he ended up getting me a referral to a neurologist. He gave me blood work for just, like, you know, regular calcium, proteins, and all this stuff. And then that came back normal. So then, somebody told me to get a D-dimer test done. So I went back a couple of weeks later, got that done, that came back normal.

Then I was suffering with vertigo this summer just past, in 2022. And I felt like I was drunk. **And I'm taking care of my kids and I was feeling so sick for a week. And I couldn't walk, I felt really unwell. So then he got me a CRP test done to see if I had chronic inflammation and that came back normal. So I just saw my neurologist on Thursday past, and he now told me that it could possibly be this dysautonomia, and it's an autoimmune response to the vaccine. And then he told me that I need to get an MRI done and I need to get a lot of blood work to see if it's an autoimmune response and to also check for connective tissue damage.**

**Criss Hochhold**

For the commissioners, the lab report as well as the outpatient specimen collection requisition would be exhibited as TR-21, TR-21a through to f. TR-21, TR-21a through to f. That also includes the immunization record.

**Josephine, how did it make you feel when, bearing in mind we were becoming a bit of a national—**

**I'm going to skip forward just a little bit in the interest of time because I think we have an understanding how you were feeling at the time and everything you went through.**

**Did you go to the Freedom Convoy?**

**Josephine Fillier**

**Oh yeah, I found out about the convoy on Saturday and then everything was planned for me to leave on Monday in order to go to the Trucker Convoy.**

**Criss Hochhold**

Thank you. What happened as a result of your attendance of the Freedom Convoy?

**Josephine Fillier**

Well, I took myself off of my medication because I no longer trusted pharmaceuticals because of my injury. And so, I also took my children out of school for those two weeks while I was gone because they just came back after another lockdown and I didn't want to put a mask on their face. So I ended up going to the Trucker Convoy and my social worker, who has been involved with my file for a while, she thought I was having severe mental breakdown.

[00:15:00]

So when I came back February 7th into Newfoundland, on February 8th she came and told me that they had to remove my children until further investigation.

**Criss Hochhold**

When were the kids removed from your custody?

**Josephine Fillier**

February 8th, my two boys.

**Criss Hochhold**

Of last year, of 2022.

**Josephine Fillier**

Yeah.

**Criss Hochhold**

**We're sorry to hear that. And you're working on this actively to regain custody of your children?**

**Josephine Fillier**

Yeah, well, my oldest has come home as of December. But my youngest is having some behavioural issues at school, so my social worker wants to make sure that I am, you know, okay with my mental health and he has support and I have support before he can return home. But he's in the process of transitioning back.

**Criss Hochhold**

Very good. Just a couple of more questions. You said that you've come off medication earlier this year. Can you just briefly describe what medication you were on and what it was for?

**Josephine Fillier**

Well, I don't remember the name of my antidepressant, but I was on antidepressants. And then I was on lorazepam for my anxiety because I was in abusive relationships and had childhood trauma. So I have severe PTSD from all of that. But everything was fine; it's just that, since I got this injection into my body and I knew something was seriously wrong, I no longer trusted pharmaceuticals or doctors.

**Criss Hochhold**

You said you've had anxiety and depression since childhood, which you also said got heightened because of the vaccination. How was your mental health affected after you received the vaccination? Did your symptoms increase or did they stay about the same? What happened?

**Josephine Fillier**

My symptoms seriously increased from, basically, depression and anxiety to severe panic attacks where I felt like I was having a heart attack constantly. I had chest pains, electrical shocks in my chest. I had chronic fatigue and anger issues and then basically just escalated from that to—

I had a tremor in my leg last April, because I was out for a walk and I became chilly. And my right leg, when I came home, I put my feet on the heater like I normally do to warm up and then my leg just started shaking uncontrollably. It's basically affected my entire nervous system. I have severe nerve pain, like my feet go on fire, and it's mostly my right leg. That's what I don't understand. Like, I guess since I had the bruise there. With my research, the spike protein possibly started, like, attacking that one part of my body and then it spread throughout my entire system. But even now, my neurologist checked my leg, and he said **that my right leg is much more weaker than my left leg. So I have a severe pain all the time, like, numbness, my foot goes numb, it goes on fire. Crawling and pins and needles, shooting pains, stabbing.**

**Criss Hochhold**

Thank you, Josephine. I really appreciate it. While I do have more questions, I do not have more time. So I'm going to refer to the commissioners for any follow-up questions.

No questions. Thank you, Josephine. I really appreciate your time.

**Josephine Fillier**  
Thank you.

[00:19:34]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

For further information on the transcription process, method, and team, see the NCI website:  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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**Witness 9: Linda Adshade**

Full Day 3 Timestamp: 07:08:15–07:28:15

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Linda Adshade**

I do.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Can you please tell us your name, where you're from, and what did you do?

**Linda Adshade**

My name is Linda Adshade. I'm from Oxford, here in Nova Scotia. I worked with the Nova Scotia Health Authority [NSHA] from 2009 until, let me see, probably October of 2019. At that point, I took a position with public health. Please don't shoot me.

**Criss Hochhold**

Linda, I understand you've had a lengthy career with Nova Scotia Health Authority, but I'd like to focus on your most recent role with NSHA. Can you tell me how you came to be in the position, what the position is, and what it entailed?

**Linda Adshade**

So there was a broad letter sent out; they were looking for many people to come to work with them for the lab results. So you had the negative and you had the positive lab results.

**Criss Hochhold**

Sorry, negative lab results for what?

**Linda Adshade**

Oh, sorry, for COVID-19.

**Criss Hochhold**

COVID-19 tests that people—

**Linda Adshade**

Yes, the PCR tests, sorry. So I was put in a position to look after the negative lab side of it. So when I went there, I actually started off doing the vaccine clinics. Was pulled from there to go back to work remotely from home. They made me the supervisor of about five people at that time.

**Criss Hochhold**

Okay, so if I understand correctly, you had a different role. They advertised this role specifically that deals with COVID-19 test results.

**Linda Adshade**

That's correct.

**Criss Hochhold**

And you assumed that role, and it was completed remotely. You did not have to attend the office.

**Linda Adshade**

That's correct, yes.

**Criss Hochhold**

So can you tell me more about— What do you mean you received, or you were in charge of, the negative tests? And what was the overall purpose and scope as well, please?

**Linda Adshade**

So I would get all the information in the morning. Then my staff would call all of the individuals on the list to give them their PCR test results. And we only dealt with the negative side. That's the only people that we called.

**Criss Hochhold**

Okay. So that means, if I understand correctly, people throughout the province would attend testing centres. They would get the COVID vaccine tests done—the swabs or whatever the case may be—and then you would receive the test, the lab results.

**Linda Adshade**  
Right, that's correct.

**Criss Hochhold**  
And would that include, then, contact information for the individuals?

**Linda Adshade**  
Yes, that's correct.

**Criss Hochhold**  
Okay, and what would you do with the test results?

**Linda Adshade**  
So with the test results: So in the morning, I would get this huge, huge file. Of course, you can imagine how many people are being tested. Once I got that file, I would then take the file and separate it. I would keep all of the data for myself. I needed that information to deal with situations, but my staff only received the negative lab results. So they would have the name, all of their information, so that we could confirm, you know, "May I speak with so-and-so. Could you please give me your name, your date of birth, health card number," anything along those lines, just to verify. Then we would give them the test results.

**Criss Hochhold**  
Okay, and you said you received a big file in the morning that included all test results.

**Linda Adshade**  
That's correct.

**Criss Hochhold**  
So that would be negative as well as positive.

**Linda Adshade**  
Positive, yeah.

**Criss Hochhold**  
But you were focused for your role only on the negative aspects that you would then disseminate to your staff who'd make the contact with the people.

Is there anything that you can tell us how that data that you received in those spreadsheets was related to information that was given to us on the televisions, through the media or through the government messaging?

**Linda Adshade**

Okay. So I started thinking to myself, "Wow, they seem to be like saying there's all these cases; I don't get it." So again, it came on an Excel spreadsheet. I was able to take out the positives from the negatives so that I only ended up with the positives. When I counted those up each day, to the end of the week, they didn't match what they were telling us on TV—not even close. They were saying thousands of people. There were not thousands of people in the run of a week.

[00:05:00]

They were off by hundreds. Not by two or three, hundreds. I started thinking, "Okay, this is crazy. They're lying to people."

**Criss Hochhold**

So based on the numbers that were shown on TV, it did not match up with what you had in front of you. You literally had the actual figures in front of you that they would have used to compile the numbers shown to the people in the province and around.

**Linda Adshade**

Yes, that's correct.

**Criss Hochhold**

Did you take any steps about that? Did you follow up on that, or was this really more you were gravely concerned but— How did you feel about that then?

**Linda Adshade**

Well, I was upset because they were lying to the people. They were lying to us. They were lying to everybody. I didn't take it up with my management or my supervisor because I was met with a lot of resistance prior to that for my opinion on the vaccine.

**Criss Hochhold**

We'll get to that, too.

**Linda Adshade**

Yeah.

**Criss Hochhold**

Okay, so thank you for that. To summarize, your role as a supervisor gave you access to all the data, all the tests within the province—the entire province.

**Linda Adshade**

Yep. The entire province.

**Criss Hochhold**

And the Province inflated grossly, according to you, the numbers that they gave to the people in terms of how many people tested positive for COVID-19 in relation to how many actually tested positive.

**Linda Adshade**

Right.

**Criss Hochhold**

Thank you.

Josephine [sic], now I'm going to move away from that, and let's talk about your story a little bit as well because it is also very important. Your job that you had as the supervisor for negative COVID-19 testing, you mentioned it was done remotely. Were you able to do that entirely remotely, or did you need to go to an office at any time?

**Linda Adshade**

The only time I would have had to go to the office was to pick up equipment. But other than that, I worked remotely just from my kitchen in my home.

**Criss Hochhold**

And what happened that changed your employment status? Did you receive notification from the province in regards to your vaccination requirements because mandates were coming in?

**Linda Adshade**

Yes.

**Criss Hochhold**

For Nova Scotia Health Authority workers, employees—not just health care professionals, but all employees for the health authority.

**Linda Adshade**

Right.

**Criss Hochhold**

Were you affected by that?

**Linda Adshade**

Yes, I was. Yes.

**Criss Hochhold**

Okay. I'm going to enter Exhibit TR-17, which is a letter, an email that was sent out. I just want to read just a short excerpt from that, if I may. The date on this is November 30th, 2021, at 10:29 a.m. It was sent by the COVID-19 policy request, and the subject was "Viral Vector Offer of Vaccination."

"Dear NS team member. You're receiving this letter as you have submitted an intent to decline COVID-19 vaccination or an exception request (medical or Human Rights) that has been declined or remains on review. COVID-19 vaccine core planning team and Nova Scotia Health Occupational Health, Safety & Wellness team are continuously looking for ways to support health care workers impacted by the provincial mandate for those working in high risk settings." So I'm just going to focus on those three little words to that: "high-risk settings." How high risk of a setting was your home?

**Linda Adshade**

Well, let me put it to you this way: I live in the middle of absolutely nowhere. So unless a bear had COVID and come into the home, that's the only way.

**Criss Hochhold**

But so because you— It was really a rhetorical question in a sense, wasn't it?

**Linda Adshade**

Sorry.

**Criss Hochhold**

No, no, that's okay, I wanted an answer. But they sent an email out to health authority employees specifically addressed to those working in high-risk settings. Yet your role was not in a high-risk setting because you had no contact, ultimately—I'll sum it up—with the outside world. Because were you working from home remotely with no need to attend the office?

**Linda Adshade**

No.

**Criss Hochhold**

I won't read the rest of it, but it will be there for the commissioners. I take it you received that letter because you showed an intent, or you gave them notice, that you were not planning on getting vaccinated. Is that correct?

**Linda Adshade**

That's correct. Yeah.

**Criss Hochhold**

Did you feel that you had enough information about the vaccine, about its safety and efficacy before making that decision?

[00:10:00]

Or what prompted you to turn away from the vaccine?

**Linda Adshade**

There were several things. Basically, that it was rolled out so quick. My understanding is a vaccine takes years to— Not that I'm a doctor, nurse, scientist, or anything, just from understanding, it takes many years to produce a vaccine. I felt that this was too quick.

Fifty years ago, my mother was given a drug when she was pregnant. It affected me that I had at the age 22 cervical cancer from this drug that she took. It also affected my daughter who also has precancerous cells. It can also affect my grandson. So I have a little issue with trusting that stuff without actually doing some good research. When I did all my research and looked into it, I did not feel comfortable at all.

**Criss Hochhold**

You had obviously a very, very serious experience as a result of that. Do you remember what vaccine your mom got that might have caused, that might have been responsible for that?

**Linda Adshade**

I'm not sure. I believe.

**Criss Hochhold**

Okay, that's fine. So based on that, you made a decision: I'm not going to; I just don't trust it. And you said that you've done some research about this vaccine. Because of that decision, did you submit a letter of exemption or any other documentation to your employer advising them of your hesitancy?

**Linda Adshade**

I did not. Again, I've worked in about eight different areas of the hospital. I also worked at the doctor's office at one point. Not that this came from a doctor but told by some of the staff was, "Don't even ask. Nobody's getting them."

**Criss Hochhold**

So your belief was, well, I was talking to people, colleagues and workers, and they said, "Don't bother." So you chose not to.

**Linda Adshade**

That's correct.

**Criss Hochhold**

You received this email about the need of vaccination. Can you tell me about that experience that led to your suspension or termination of employment with the Nova Scotia Health Authority?

**Linda Adshade**

So I had my manager ask me several times, about getting the vaccine. I told her, "You knew from the start I'm not doing this." So she said, "You know that you will be put on unpaid leave, which could lead to termination if you don't take this vaccine." And I said, "I'm well aware of the consequences."

**Criss Hochhold**

So you had a conversation with your supervisor about the vaccine, your hesitancy, and you were advised of the potential consequences.

**Linda Adshade**

Mm-hmm.

**Criss Hochhold**

Did you have an experience with your supervisor, or a specific chat with your supervisor or manager about getting vaccinated. And that supervisor then would go and get the vaccine in order to make you feel safer about its safety? Can you tell me more about that, please?

**Linda Adshade**

So I was talking to her one day about my hesitancy and explaining, "You know, things just don't seem to be adding up." She goes, "Well, I'm going to get mine this afternoon. My first one," you know. "When I get back, I'll touch base with you." Because I was a supervisor. So she said, "I should be back by four o'clock, at least." Getting on to six o'clock, I still haven't heard from her. Finally, she calls me and she says, "I am so sorry that I ran so late. I got my vaccine and I got facial paralysis and had to go to the doctor."

**Criss Hochhold**

How did that make you feel?

**Linda Adshade**

I was like, okay, that determines it 100 per cent for me.

**Criss Hochhold**

So you had no support from your employer in regards to the vaccine hesitancy. Not because you submitted a letter, but because you chose not to— And also not to speak up because you were under the belief that they were not going to be receptive anyhow.

**Linda Adshade**

Right.

**Criss Hochhold**

In the interest of time: How were you then, I guess, laid off or terminated? Can you tell me, as we move forward, how that would happen, please? Thanks.

[00:15:00]

**Linda Adshade**

So I think my last day with public health was 27th of November of '21. So I was thinking to myself, okay, I'm possibly going to starve to death here. So I decided, "Okay, I guess I'm going to take early retirement." I still had three years to work to get my full benefits. Unfortunately, I don't have my full benefits.

So basically, they just told me, "As of December 1st, you're done." So I got up on the 1st of December to collect all my information off of the computer, and they had literally stripped me of everything. I could not get into my email, I could not check my pay, I could not look at anything.

**Criss Hochhold**

So you were locked out effectively. Was that a deadline for the vaccination requirement, or was that when you said, "I'm going to take early retirement and that early retirement is going to be effective on December 1st."

**Linda Adshade**

No, because it didn't become effective until January.

**Criss Hochhold**

Okay, so you were locked out of the system a little early.

**Linda Adshade**

So I was just stunned. And I even called and said, "Can I not just get my email about my pay?" "Nope, you are done," and basically, "don't contact until you're vaccinated."

**Criss Hochhold**

How has this impacted you financially? The early retirement—because it doesn't sound like you wanted to retire.

**Linda Adshade**

No, I didn't.

**Criss Hochhold**

How did that affect you?

**Linda Adshade**

Well, we are just living on my husband's income at this time, thank God. He's a good worker. He's a good man, so right now we're living on his income.

**Criss Hochhold**

Once again, while I have more questions, in the interest of time, I will ask the commissioners if they have any questions.

**Commissioner DiGregorio**

Thank you for testifying. I just had a question about the numbers that you were talking about at the beginning of your testimony. And I was just wondering how you know that the numbers you were getting every morning were for the entire province.

**Linda Adshade**

Because we called the entire province. So that's what they indicated when you first started working. You would receive all of the data of all of Nova Scotia. We called everywhere in Nova Scotia; it wasn't just within our area. We called right across Nova Scotia. So all the results came from the testing that was done here.

**Commissioner DiGregorio**

Thank you.

**Linda Adshade**

You're welcome.

**Commissioner Massie**

Yeah, on the same topic, what was the gap you would see between what you could see on the Excel sheet and what was published? Was it a significant gap in terms of the numbers?

**Linda Adshade**

I would say anywhere from two to four hundred, possibly. Is that what you're meaning?

**Commissioner Massie**

I mean, was it a two-fold more, or— Because 200 is an absolute number. Is that what you're saying?

**Linda Adshade**

No, it wouldn't be an absolute number. So I would say that probably, I don't know, they were reporting 25 to 30 per cent more than what was actually there.

**Commissioner Massie**

Okay, so it's an increase of about 25 per cent.

**Linda Adshade**

Yes, I would say, yeah.

**Commissioner Massie**

Okay. And any information on the cycle threshold on these Excel sheets, or is it blind?

**Linda Adshade**

They were sent to you every day, every morning at 8:00.

**Commissioner Massie**

No, I'm talking about what was the level of amplification they were using to get the positive. Was it like fixed 40-45 cycle, or you don't have information on that?

**Linda Adshade**

I'm not sure on that, to be honest with you.

**Commissioner Massie**

You don't have this information.

**Linda Adshade**

No, I don't have that information.

**Commissioner Massie**

And how long was that reporting or communication to the public maintained? Was it stopped at one point? What was the time frame? It was since the beginning of the pandemic, and then it went on until—

**Linda Adshade**

It was still going on when I left in '21. They were still reporting. Is that what you mean?

**Commissioner Massie**

Yeah, yeah. And it was going on after that.

**Linda Adshade**

Yes.

**Commissioner Massie**

Good, thank you.

**Criss Hochhold**

Thank you so very much. I appreciate your time.

[00:20:00]

**Final Review and Approval:** Jodi Bruhn, August 3, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
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## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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**Witness 10: Katrina Burns**

Full Day 3 Timestamp: 06:48:16–07:07:50

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Katrina Burns, do you affirm that you will tell the truth, the whole truth, and nothing but the truth? Thank you.

**Katrina Burns**

I do.

**Ches Crosbie**

Thank you.

**Alison Steeves**

Can you please tell us your full name, where you're from, and your occupation?

**Katrina Burns**

My name is Katrina Burns and I'm from Truro, Nova Scotia and I'm a substitute teacher.

**Alison Steeves**

And how long have you been a teacher?

**Katrina Burns**

I've been a teacher for about seven years now.

**Alison Steeves**

Has that been in the public system?

**Katrina Burns**

No, I originally started out in the private school sector and then moved into Halifax Regional Centre for Education [HRCE] in 2020.

**Alison Steeves**

Okay, so you did approximately five years in the private system and then you switched to HRCE in— When did you start at HRCE, sorry?

**Katrina Burns**

I started in September of 2020.

**Alison Steeves**

Okay, so going back to the pre-pandemic era, sort of late 2019, early 2020: Can you share a bit about what your life was like back then, family, community, et cetera?

**Katrina Burns**

We were just a basically normal family who had just had our second daughter. I had my second daughter September 22nd of 2019. And we had planned to do— With my first daughter I had gone out. I had done every activity possible, from stroller boot camp to play groups. And then, with the birth of my daughter, obviously then came COVID and we were on lockdown essentially right away.

**Alison Steeves**

And did you know your neighbours pretty well at that time?

**Katrina Burns**

Very close with our neighbours, very, very close.

**Alison Steeves**

And you're in Truro now, but at that time—

**Katrina Burns**

I was in Hammonds Plains.

**Alison Steeves**

Hammonds Plains. And how long had you been living in Hammonds Plains?

**Katrina Burns**

Seven years.

**Alison Steeves**

In the same community?

**Katrina Burns**

In the same community.

**Alison Steeves**

And then you started at HRCE in which month of 2020?

**Katrina Burns**

Well, it would have been August. This is when the teachers usually go back.

**Alison Steeves**

And what was it like starting there?

**Katrina Burns**

So I had gone into the public school system as a substitute. So when they originally started in 2020, they had sectors of places where you were allowed to go to sub. So there was about, I think, 30 schools in my section that I was allowed to sub at. I kept it narrowed down to two schools. And I was lucky enough to get a job every single day at those two schools. But a lot of people had a problem or a difficult time finding employment during the time because of the limitations of where they were able to sub.

**Alison Steeves**

So over the course of the 2020 school year, you are subbing between two separate schools.

**Katrina Burns**

Yeah.

**Alison Steeves**

And you substituted pretty much every day.

**Katrina Burns**

Yeah.

**Alison Steeves**

The place that you worked in 2021, did you continue doing that?

**Katrina Burns**

Yeah. So I ended up falling into a long-term sub position, which was a maternity leave at one of the schools that I was subbing at. And then that's where I had started of September 2021, in a Grade 2/3 class.

**Alison Steeves**

And you had been subbing there at the same school the year before.

**Katrina Burns**

Yes.

**Alison Steeves**

Can you tell us a bit about your class that year in September 2021 and the school you were working?

**Katrina Burns**

Yes, so I was at a school named Sycamore Elementary in Sackville, and it was a lower income school with a lot of kids who had diverse needs. The class I was getting was a particularly difficult one, with multiple students who had anywhere from behavioural needs to severe learning disabilities.

**Alison Steeves**

What grade was it?

**Katrina Burns**

It was a 2/3 split.

**Alison Steeves**

And so, do you feel that in the course of your time teaching there that you were able to make some progress, build some good rapport with the students in that class?

**Katrina Burns**

Absolutely. So from day one I started my class similar to another teacher who was actually here, where we would kind of talk to each other about how we were feeling. We weren't able to have any kind of physical contact, but we would be having conversations in the morning about how we're feeling coming into the class; how we're feeling about our day; and kind of what our day would look like so that they were prepared throughout the day for their transitions.

**Alison Steeves**

And so, you started in 2020. There had already been shutdowns the year before, and so the COVID protocols were sort of in place. We were about six months in, I think, at that time.

**Do you recall what sort of COVID measures were implemented in your school?**

**Katrina Burns**

**Absolutely. So when I was originally subbing in 2020 and started out, there were many different protocols in the different schools.**

**[00:05:00]**

**So some schools went as far to have walkie-talkies, so you could communicate if a child either fell on the playground or needed some assistance. That way, someone from the office would come and escort the child back to the office to kind of be looked at. That way, it would keep kids from transporting through the school so much. And we could keep transmission down throughout the school. There were other schools who almost barely had any kind of protocol. And then Sycamore did have the same kind of protocol where it would be a class going down on one side, another class coming up the other, sanitizing as soon as they came into the classroom, or left or went to the washroom and came back in. Even if they had just washed their hands in the washroom, it was still sanitizer to come back into the classroom.**

**There was also, if there was any sign of sickness, it was a call up to allow the principal to know so that we could then call their parents to get them to be picked up.**

**Alison Steeves**

**Were the kids subject to masking and social distancing?**

**Katrina Burns**

**Absolutely. So desks had to be— When I had gone into the 2/3 class, we were allowed at that point to put the desks kind of together, but they had to stay in those groups. There was no travelling around the classroom unless they had the mask over their face. They were able to bring their mask down while they were sitting at their groups. And I did have an area set up in my classroom beside the window for the summer months when it was really, really hot for the kids to go down and pull their mask down so that they could sit and get fresh air in the morning.**

**Alison Steeves**

**So based on your personal observation, how did those measures impact the daily life for students and teachers at the school?**

**Katrina Burns**

**It was so hard to go in in the morning and see all of these kids with a mask up over their face and struggling to breathe, and struggling to kind of express themselves. It was almost like they had become kind of emotionless to what was happening around them. You had some kids who were so worried about getting COVID and spreading it to family members that they were just panicked as soon as they came in.**

You had kids who were also against the mask because, obviously, they had heard their parents talking, and they would fight you on the mask. And it was constant that we would have to remind them to pull their mask up over their face and that they had to follow the rules in school that we were mandated to follow.

**Alison Steeves**

Would you say that the kids generally kept their masks clean and sterile?

**Katrina Burns**

No.

**Alison Steeves**

When the COVID-19 vaccines came out, did you take one?

**Katrina Burns**

I did not.

**Alison Steeves**

And why not?

**Katrina Burns**

I had just felt really off about how fast things were coming out and how much pressure they were putting on people to go get a vaccination. Like, there had never been that much pressure put on any other kind of, like, flu vaccine or anything like that before. So I had not— Like, it just seemed kind of fishy to me that we were pushing people to go do this and even against their will, even when they were asking for exemptions.

**Alison Steeves**

Did you feel pressure to take the vaccine?

**Katrina Burns**

Absolutely. There was pressure on all ends: from my family, from family friends, from people at school to just everyone all around me seemed to have kind of— Like, our neighbours as well became people who would just constantly be reminding us like, “Oh, well, you could just go get the vaccination. It’s easy. You could go get it, and then all of this would be over.” So.

**Alison Steeves**

Did you start noticing any differential treatment on the basis of this decision?

**Katrina Burns**

I did especially for my six-year-old. We grew up in a community where we all had kids together. And it became part where there were bubbles and my six-year-old daughter would sit in the window and stare out at her friends playing, and she wasn't able to go play with them.

**Alison Steeves**

Did you notice any differential care in the healthcare system?

**Katrina Burns**

Yes, so around October of 2021, I had been driving with my husband and I felt a sharp pain just shoot down my left arm. And then it came to a point where I couldn't breathe. And we had to pull over, and I couldn't catch my breath. My heart was pumping from my chest and so we went to emerge. I have a vast history of heart problems, everywhere from heart problems to blood clots to aneurysms in my family, including my father who had his first heart problem at 27 years old. And I'm 33, just for reference.

[00:10:00]

So I had gone in, and once we got to the hospital, there was screening for COVID. And I'm standing there clutching my chest asking to be helped, and the woman went through the protocol and got to the question about whether or not I was a vaccinated individual. And when I said that I wasn't, it was at that point where she proceeded to then stop and tell me that her father-in-law was not vaccinated and was against the vaccination and decided, after she had a long talk with him, that he would go get it. So therefore I should go and get it because I'm just hesitant on the vaccination. As I'm clutching my chest thinking that I'm having a heart attack.

**Alison Steeves**

In the fall of 2021, when Nova Scotia announced the Nova Scotia COVID-19 mandatory vaccination protocol in high-risk settings, indicating that teachers would be required to have two COVID-19 vaccines, what was that like for you? What were you feeling?

**Katrina Burns**

At this point, I was incredibly worried for my future. I knew that I wasn't going to get the COVID-19 vaccination, especially after having gone through what I went through at the hospital. It just kind of reconfirmed that it wasn't something for me. If I wasn't going to get the care at that point, if something did happen when I did take the vaccination, I wouldn't have the care at that point either. So at that point, I just felt that I couldn't go through with it.

**Alison Steeves**

Were you worried about your job?

**Katrina Burns**

Very much so. But I was also more so worried at that point about the 21 kids who were sitting in a classroom, who also needed to have that constant or consistent support and the constant reassurance from someone in the morning that they were going to be there and be that support for them. Some of these families were children who didn't have the proper support at home or the proper care at home and who needed someone there. And then there were other kids who struggled very much with bullying and were coming back to school and struggling with their reading and their writing and needed that support. So it was these 21 kids who weren't going to have that support from me that I was giving them. And I didn't know whether or not my replacement would give them the same amount of care. So I was worried about losing my job, and financially it obviously put a strain on my life; however, I was more so worried about the 21 kids that I was teaching.

**Alison Steeves**

Did you attempt to get an exemption from your employer?

**Katrina Burns**

I did, so I had sent in an email explaining why I felt that I couldn't get the COVID-19 vaccination and I was denied the exemption.

**Alison Steeves**

Did you provide me with a copy of that response from HRCE?

**Katrina Burns**

I did, yes.

**Alison Steeves**

Do you have that in front of you?

**Katrina Burns**

I do.

**Alison Steeves**

So it's Exhibit TR-0007b. Do you mind if I read an excerpt from their response?

**Katrina Burns**

Mm-hmm.

**Alison Steeves**

"So, after careful consideration, I have concluded that the information provided is not sufficient to support the need for an accommodation. Further, I note that your position as a teacher requires that you interact directly and in close proximity with students. As such,

even if you are entitled to an accommodation, Halifax Regional Centre for Education could not accommodate it without undue hardship.”

So they felt you had insufficient information. And they state that even if you had sufficient information, they would not grant an exemption.

**Katrina Burns**  
Mm-hmm.

**Alison Steeves**

Did you also inform your employer that you would be willing to wear a mask or test regularly as an alternative to vaccination?

**Katrina Burns**

Absolutely. So I had gone in every day wearing a mask, even though it was the most horrendous thing to try and teach with a mask on, especially when you're trying to teach kids who are trying to read. And I did tell my employer that I would test every single day if I could keep my position.

**Alison Steeves**

And what was their response?

**Katrina Burns**

No.

**Alison Steeves**

Did you also provide me with a letter of support from one of your students' parents addressed to Tim Houston, Zach Churchill, and Robert Strang, expressing their discontent with the mandates on account that their child was losing you as a teacher?

**Katrina Burns**

Yes.

**Alison Steeves**

And you have a copy of that in front of you?

**Katrina Burns**

I do.

**Alison Steeves**

So that's Exhibit TR-0007a. And do you mind if I read an excerpt from there?

**Katrina Burns**

Sure.

**Alison Steeves**

**“To Tim Houston, Zach Churchill and Robert Strang. Today I received notice that my eight-year-old son’s teacher will be removed from her position due to this unethical, unnecessary and illegal vaccine mandate being forced on all Nova Scotians by your government.**

[00:15:00]

“I am irate. Katrina Burns is one of the best teachers my child has ever had. She is irreplaceable. Yet you now unwisely and unjustly cause her to have to be replaced.”

Can you tell me a bit about this student?

**Katrina Burns**

So he was a young boy who had had trouble in previous years with being bullied, and his mom had removed him from school in pre-primary. But then he wanted to go back to school and get to know some of his peers and kind of socialize with peers, so he had decided to come back to school. He had struggled very much with reading and his writing, and, in the short time that I was with him, he made leaps and bounds compared to what he was. And he loved coming to school, which was vastly different from his previous years. So that made all of the difference in the world for him to come in every day and be as happy as he was.

**Alison Steeves**

Was this the only parent who had expressed support for you at this time?

**Katrina Burns**

No. So I was made to stay and go through all my parent-teacher interviews, which were all phone interviews at this point, and then afterwards was able to allow parents to know that I would no longer be their child’s teacher. And I had so many parents reaching out to ask, like, “What can we do? Who can we contact?” And given the response that I had received, I said, “Unfortunately, I don’t think there is anything that you can do, but I appreciate very much the support.”

**Alison Steeves**

**Did anything change your employer’s mind?**

**Katrina Burns**

No.

**Alison Steeves**

**So you were placed on unpaid administrative leave.**

**Katrina Burns**

I was.

**Alison Steeves**

When?

**Katrina Burns**

For December 1st was the— So November 30th was my last day of work, and December 1st I was completely done.

**Alison Steeves**

Do you recall when the the vaccination protocol was announced?

**Katrina Burns**

I feel like it was October 6th that it was announced.

**Alison Steeves**

So approximately early October, you find out that you're going to be placed on unpaid leave indefinitely, and then you stay in the school and you work there for approximately two more months. What was it like working there during that time, knowing that?

**Katrina Burns**

So I kind of kept my vaccination status hidden as long as I could, just to avoid any kind of bullying or kind of different treatment from the staff. Again, I worked at a very lovely school for the most part. Everyone was COVID conscious, but they didn't kind of judge me any differently once they found out. So I took the time to kind of let them know myself. The people who were very COVID conscious and were constantly checking numbers and constantly following all protocol to make sure that they didn't get COVID kind of stood back a little bit further from me. But there was never a point where they kind of treated me too much differently. They would just keep their distance.

**Alison Steeves**

Can you describe what it was like for you to leave school on your last day before your leave?

**Katrina Burns**

So the last day of work— The last week I was at work, I was asked to train the person who would be taking over for me and to kind of help them with some of the needs that were in the classroom. So I spent the week packing up my classroom, and if anyone is a teacher in here, they know how much stuff teachers accumulate over the time. So I spent that week unpacking my classroom, but still leaving stuff so that there was a bit of normalcy for the kids. And then, come the last day, it was a very emotional thing for especially my classroom because they couldn't fully understand why I was going to have to leave. And they didn't

fully understand why I couldn't just stay and teach them, even though I wasn't vaccinated, because I still followed all of the rules.

**Alison Steeves**

What impact did this have on your life, this experience?

**Katrina Burns**

So, my life has drastically changed compared to what I did before. I was very much, I guess, what you could call a rule follower. I didn't go against the grain at all. I thought that I would have this wonderful life where I'd become a permanent status teacher. My husband would work. We'd make money, and our kids would grow up. And now we're living on one income.

[00:20:00]

We've moved out of the community that we were living, and sold our first house and moved to Truro. We have lost family members. We have lost friends of family that have been family friends for 24 years since my dad passed.

So to say that it's had a mass effect on my life would be, like, a valid thing to say. It's been horrible. My mental health has struggled incredibly. My kids have struggled. We've missed out. I had to miss out on dance recitals. I had to miss out on first-time things for my six-year-old daughter, so it's been horrible.

**Alison Steeves**

Do you have any final words, Katrina?

**Katrina Burns**

I just— I was very hesitant to come up and speak just because I've kind of stayed hidden for a little while, especially with the move. I had a lot of, kind of, backlash when it came to my choice and why I wouldn't just go with it. But I feel like it's very important to make note that I was classified in with a group of people just because they were fighting for a right, and I was then called a misogynistic racist. And if you know— Like if the people who know me, know that that's not who I am. That's not who I am as a mother. That's not who I am as a daughter. That's not who I am as a wife or as a teacher. So to be classified as that and to be treated the way I was treated by people who were a part of my life for so long is insane that this is has happened.

**Alison Steeves**

Thank you, Katrina.

**Commissioner Massie**

Thank you so much for your testimony. You started to mention that you used to be a rule follower. That's by temperament, I suppose. So have you now come up with being more questioning about rules?

**Katrina Burns**

**Absolutely. Especially with the time at the hospital where things were just dismissed, I definitely question a lot more. And especially when it would come to my kids, there's definitely a lot more question when it comes to vaccinations. Even my hesitancy to go to a doctor if my kids are sick or if I'm sick is huge at this point.**

**Commissioner Massie**

**There's also another thing I missed in your— Maybe it's just me: When you went to the hospital, did they end up treating you properly?**

**Katrina Burns**

So no. I didn't get into that part, but I was brought in and I went to triage, set down, and the nurses were whispering behind triage. And then I heard them say, "She's unvaccinated." So at this point, they handed me the little monitor to put on my finger. And then they proceeded to put their gear on. And then threw my identification bracelet at me, instead of handing it to me or putting it on. Asked my husband to leave, who had driven me in there and I live with. And then they brought me into the main area of the QE2 to kind of check my heart. But then again said, "She's unvaccinated," so moved me to another area.

The room that I went into had a bed with dirty linen all over it. And the nurse took the linen, threw it to the side and then told me to remove my shirt. Then another doctor came in, slapped the monitor on my chest then ripped it off, and security escorted me down to a room that had plastic boards up the middle of the walls. And then signs posted all over that said, "droplet exposure." They then allowed my husband to come back in, but had him fully dressed in mask, headgear, a gown, and made him sit six feet away from me.

They then came in. They took my blood. They then administered a COVID test. They took the COVID test right away, stuck my blood on the door. And every nurse or doctor that came in had to put on new gear and take off the gear as they left the room. I saw probably two nurses and then the doctor came in. The doctor disregarded all of my conversation about how I was feeling, proceeded to tell me they would not be sending my blood for any testing. They would send my COVID test, however, and I would hear back about my results from my COVID test. And then sent me on my way.

**Commissioner Massie**

Is that normal protocol?

[00:25:00]

**Katrina Burns**

**It doesn't seem normal. My dad, as I mentioned, had multiple heart attacks. And when he went in, they did test his blood because usually the heart attack had passed by the time he got there. So I wasn't oblivious to that having to be done, but he told me that he would not be sending in my blood work.**

**Commissioner Massie**

Thank you.

**Alison Steeves**

Thank you, Katrina.

**Katrina Burns**

Thank you.

[00:25:58]



**NCI | CeNC**

*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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Witness 11: Kirk Desrosiers

Full Day 3 Timestamp: 07:54:55–08:20:59

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Mr. Desrosiers, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Kirk Desrosiers**

I do.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Can you please tell us your full name and where you live.

**Kirk Desrosiers**

Kirk Desrosiers. I live on the South Shore, Northwest Cove.

**Criss Hochhold**

What was your occupation?

**Kirk Desrosiers**

I worked for a company called Admiral Insurance. I was a facility specialist for just a little over 13 years now.

**Criss Hochhold**

What does that mean, facility specialist?

**Kirk Desrosiers**

Dealing with the property itself within the building, contractors, vendors, health and safety, IT support and ergonomic assessments.

**Criss Hochhold**

Okay. And you were a volunteer in your community?

**Kirk Desrosiers**

I do lots of volunteering in my community, yes.

**Criss Hochhold**

Okay, but particularly, do you volunteer as a volunteer firefighter?

**Kirk Desrosiers**

I do, yes, for District 1 Blandford.

**Criss Hochhold**

I want to talk a little bit more about your volunteer firefighting. As a volunteer firefighter, for you specifically, what was your role? What were you doing there as a volunteer firefighter?

**Kirk Desrosiers**

Well, a particular role like that is a lot of extensive training and a lot of studying and learning about the equipment and the apparatuses on the fire trucks, and a lot of dealing with the medical calls and learning about medical procedures.

I was studying for the MFR, medical first response.

**Criss Hochhold**

Okay, excellent. Within that capacity as a volunteer firefighter, not only did you receive a lot of training, but did you suit up and attend calls, fire calls and calls of that nature as well?

**Kirk Desrosiers**

Starting off, I was just still training. I wasn't a full firefighter, but I would wear the gear and do drills and training exercises.

**Criss Hochhold**

Okay. For those training exercises that you did, when you say full gear, what does that mean? What do you mean the full gear? Does that mean you get the helmet, the mask?

**Kirk Desrosiers**

You get the helmet, the full wardrobe, the tank, the scuba gear they call it—all the apparatus, all your equipment.

**Criss Hochhold**

How much weight would that be?

**Kirk Desrosiers**

Well, it's a little over 75 pounds.

**Criss Hochhold**

Seventy-five pounds, so you'd have to be in pretty good physical condition to strap on this apparatus, suit, and then conduct exercises and that as well?

**Kirk Desrosiers**

Not so much physical—I guess in one aspect you would have to be physical, but strong. Because, like I said, depending on the extra equipment that you have to carry, depending on the type of call or emergency you have, it could be overwhelming.

**Criss Hochhold**

So in order to become a fully qualified firefighter, you said you had to undergo testing. Was there a test you did in 2021 in order to, you know, proceed in those qualifications?

**Kirk Desrosiers**

Yes, in order to be a volunteer firefighter, you have to go to a doctor and do a full physical assessment to make sure that you're mentally and physically able to carry out your duties.

**Criss Hochhold**

What's the test comprised of, the physical?

**Kirk Desrosiers**

Like, check your heart. Measure the stress on your heart, do little treadmill tests; make sure that you don't have a hernia, any things like that. They check your blood pressure and make sure that it's normal and make sure that there's no issues with, like, breathing.

**Criss Hochhold**

What was the result of that test?

**Kirk Desrosiers**

I was good. Perfect.

**Criss Hochhold**

Clean? Clean bill of health, good to go?

**Kirk Desrosiers**

Filled out all the forms, gave me the clean bill of health, sent it off to the firehouse.

**Criss Hochhold**  
And that was in early August of 2021?

**Kirk Desrosiers**  
It was, yes.

**Criss Hochhold**  
Ok. So you were fit for duty.

**Kirk Desrosiers**  
I was fit, yeah.

**Criss Hochhold**  
Then you gave some consideration to getting vaccinated shortly after that, is that correct?

**Kirk Desrosiers**  
Well, not shortly after that. For the longest time, I was sort of speaking against it. I didn't think it was safe enough. I was really terrified and nervous. I didn't want to put that in my body because I just felt it was too soon to take something like that without extensive testing. So I tried as long as I could not to take the vaccination.

[00:05:00]

**Criss Hochhold**  
But you decided against it and you did take it?

**Kirk Desrosiers**  
At the end, yeah, I did. It was mostly due to peer pressure, the media, the medical doctors: everyone was telling me that I have to take it.

**Criss Hochhold**  
Okay. So you went and got your first shot. How long after your— I'm going to put it in context for time: How long after your firefighter physical tests did you get the first shot?

**Kirk Desrosiers**  
The first vaccination was August 16th, and I got my physical August 17th.

**Criss Hochhold**  
So very, very closely together, obviously.

**Kirk Desrosiers**  
Yes.

**Criss Hochhold**

Just for the record, the lot number would have been— This is a Pfizer vaccine?

**Kirk Desrosiers**

It was Pfizer, yes.

**Criss Hochhold**

Do you have the lot number in front of you?

**Kirk Desrosiers**

The lot number for that one was FA9099.

**Criss Hochhold**

Now, before you received the vaccine, who administered it for you and where did you go?

**Kirk Desrosiers**

The first one I got was at the drive-thru setup over in Dartmouth, at the Dartmouth Hospital.

**Criss Hochhold**

And do you remember who gave it to you? The person?

**Kirk Desrosiers**

I don't, unfortunately, no.

**Criss Hochhold**

Okay, well, that's okay. Whoever administered this to you, did they warn you about potential risks, side effects, benefits of getting the vaccine?

**Kirk Desrosiers**

At the time, they briefly said some stuff. I couldn't really remember. I don't know if I was just panicky or scared; it just happened so quick, and then they told me just pull over and **stay in the parking lot for 20 minutes while someone looked after me.**

**Criss Hochhold**

And how did you fare after the first shot? Any issues?

**Kirk Desrosiers**

No issues, no symptoms, nothing. I was perfect after that. Like it didn't even happen.

**Criss Hochhold**

Wow. And then you decided to get a second shot as recommended.

**Kirk Desrosiers**

Yeah.

**Criss Hochhold**

When was that?

**Kirk Desrosiers**

That was on August— No, sorry that was September 13th.

**Criss Hochhold**

So roughly a month after the first shot.

**Kirk Desrosiers**

Yes.

**Criss Hochhold**

Give or take a few days. And that was also Pfizer?

**Kirk Desrosiers**

It was Pfizer, yeah.

**Criss Hochhold**

And do you have the lot number in front of you?

**Kirk Desrosiers**

That one was FA9091.

**Criss Hochhold**

I'm going to ask the same thing as well for your second shot. Where did you go get that?

**Kirk Desrosiers**

That one was at the Superstore.

**Criss Hochhold**

And who issued that to you? Who gave you that?

**Kirk Desrosiers**  
Unfortunately, I don't know.

**Criss Hochhold**  
Was it a pharmacist?

**Kirk Desrosiers**  
It was a pharmacist, yeah.

**Criss Hochhold**  
He was the pharmacist at the Superstore.

**Kirk Desrosiers**  
It was, yes.

**Criss Hochhold**  
Did the pharmacist talk to you about potential risks or harms or benefits of the vaccine?

**Kirk Desrosiers**  
No, nothing at all.

**Criss Hochhold**  
Did you have to sign a form?

**Kirk Desrosiers**  
I did, yeah.

**Criss Hochhold**  
Do you remember what the form said by any chance, or did it lay things out for you? Or was it just a consent form to receive?

**Kirk Desrosiers**  
It was a consent form for them to administrate it.

**Criss Hochhold**  
Yeah. You don't remember how many pages there were or what the consent form said?

**Kirk Desrosiers**  
I do believe it was just one page. But it was mostly, they were like, "Sign it or you're not getting it." Like, "We got to hurry up and move along," kind of ordeal.

**Criss Hochhold**

Okay, thank you. Did you have any issues after the second shot?

**Kirk Desrosiers**

Well, after the second vaccine, everything was the same as the first. Everything was going good: no signs, no symptoms, everything was okay. Except on September 22nd, and that would have been a Wednesday, because I woke up and I was really kind of out of it. I wasn't feeling right, and I thought it was just because I was overworked at my job and doing the training. I was just tired and sore. I was having trouble breathing. I was like, "Ah, it's the middle of the week. I'll just push through and see what happens." But I remember waking up that day and it felt like someone was sitting on my chest.

**Criss Hochhold**

Did you do anything about that? Or what did you do after that?

**Kirk Desrosiers**

No, I just played it off as, "Oh, I'm just getting run down with everything I've been doing at my company and at the firehouse." So I just thought, "Oh, I'm probably just getting a cold," or I was thinking, "Oh, maybe it's symptoms from the vaccine." Maybe it was like, if you get a vaccine you get like cold symptoms, I didn't really know. But that day, I just drank a French vanilla just to warm up my lungs to try to help myself to breathe.

**Criss Hochhold**

You know, Kirk, I'm just going to back up just a moment here. There is one question I'd like to ask as well, just in regards to the conversation you had with the pharmacist.

[00:10:00]

Considering you were a volunteer firefighter—you know, pretty good shape, carrying heavy equipment, right? Potentially having a life—pulling somebody out of a house, of a car, operating the equipment. Given your age and your health, were you given then a personal risk assessment by the pharmacist? Like, to let you know of your chance of becoming seriously ill or dying should you contract COVID-19?

**Kirk Desrosiers**

Nothing like that, no.

**Criss Hochhold**

Nothing like that. All right. Because you'd be one of the fitter people really around in the community, at the very least, because of the duties you would have to perform. So there was no consideration given whatsoever.

**Kirk Desrosiers**

Nothing like that, no.

**Criss Hochhold**

Thank you. Now we're going to move forward once again. So you had all these symptoms that you kind of just chalked up to work-related: I'm stressed, a little bit of this. So you carried on and you went to work that day.

**Kirk Desrosiers**

Yes.

**Criss Hochhold**

Can you tell me more, just what happened I guess throughout the day, just briefly? And then what happened after that?

**Kirk Desrosiers**

Well, it wasn't just that day, it was over time. I just kept thinking, "Oh, it's a chest cold." And it was probably within two weeks time frame of going back and forth to work and doing my training. And I said to my partner quite a bit, "I got this chest cold in my lungs, but I don't have a cough." And we did some research—and she goes to a naturopath—about taking elderberry. It's supposed to be good for your lungs. So I tried that, and it seemed to be okay. But it was one of the last days at work, I remember: I was doing a lot of activity and it was all day. I was lifting stuff that's about 50, 60 pounds all day long. And then I just started sweating, and I felt a really bad pain. And I just couldn't catch my breath and I had to leave.

**Criss Hochhold**

Did you go to the hospital right after that because of how you were feeling?

**Kirk Desrosiers**

No, I went home and I just laid down, took a nap, and it seemed to be passing me. Except for the sore lung feeling. And I decided that night to go to the firehouse for training, just because it was mostly just learning exercises; it wasn't physical hands-on. So I was like, I'll go there tonight and learn some stuff.

**Criss Hochhold**

Okay. And once you got to the firehall, can you tell me what transpired there?

**Kirk Desrosiers**

Yeah, it was quite early as I got there, because I was still kind of overwhelmed a bit. But it was basically— We're just going around at the fire trucks and checking all the storage compartments. So if there was a scene where I was located, if one of the firefighters said, "I need the fire axe," I'd know to go to compartment 10 on the truck to hand it to him. So it was just cataloguing items on the truck.

And then we started to do the MFR—medical first response training. And the training that we're doing that night was checking blood pressure. And the first one was just the automatic, where you put it on, you push a button, and it just reads the systolic and diastolic pressure for you automatically. But I remember the fire chief that night said, "Well,

if you do get a medical call, what I want you to do first is use the manual—the one that you—”

**Criss Hochhold**

The little pump.

**Kirk Desrosiers**

Yeah. And I said to him, “Well, that’s good, Chief, but I don’t know anything about that or what to listen for, the blood coming or going.” And he goes, “Well since you asked about it, why don’t you be the guinea pig; you be the volunteer to sit up front and show everyone?”

So I sat there and one of the EMTs put the cuff on me and his face just blanked out white. And he got right nervous. And I was like, “What’s wrong?” And he read it and it was 157 over something. And he goes, “That’s really high. What I’m going to get you to do is just sit in the corner away from everybody and just try to calm down, and I’d like to read that again.”

So it was about 45 minutes and then he came and got me and asked, “Can I do your blood pressure check again?” And the second time he did it, it was 187 over something and he goes, “That doesn’t seem right because you’re just sitting here relaxing.” And I go, “Well what do you think?” And he goes, “I got to get you to the hospital immediately.” And I’m like, “Oh-ho-ho, well, let’s not go immediately.” I said, “I have a pain in my lungs for a while. I think it’s just a cold and that’s interfering.” He’s like, “No, you could take a stroke or a heart attack at any second.”

So I remember Tami, my partner, came to pick me up and rushed me to the emergency room. I got there, we walked in, and they asked, were we vaccinated and stuff. And I was like, “yeah.” They took me aside.

[00:15:00]

And Tami, unfortunately, my partner, she wasn’t vaccinated then. And they almost physically took her out of the hospital and wouldn’t let her come in at all. She had to wait out in the car. And I first sat there after they kicked her out, and I was alone waiting for someone. Finally, the nurse came over and got me, and she put the blood pressure on me, and it read 212 over 137. And all I remember is getting thrown in a wheelchair, and they dragged me off to different rooms. The first room was the EKG, and then they rolled me down to another room and said, “We’re just going to put you on the monitor and check everything.” And then one of the nurses noticed, “Your oxygen level is, like, extremely low.” And I’m like, “Okay I didn’t know that it was low. I’m just doing my thing.”

So another doctor came in, and they were assessing the monitors that I was hooked up to. And one of the nurses was like, “Oh, you just got high blood pressure because of the work you’ve been doing at the firehouse. Once it goes down a little bit, we’ll send you on your way. You’ll be fine.” And I kept telling her, “Well, does it have anything to do with a chest cold?” Because I had pain in my lungs and it was getting quite severe. She’s like, “Oh no, that’s just because you’re doing extensive work, and it’s just your muscle’s sore.” And I’m like, “Well, a sore muscle doesn’t have anything to do with my breathing. Like, I’m having trouble breathing.”

So the other doctor that came in the room was like, “Oh yeah, we should look into it a little more.” And he’s like, “I’ll be right back. I’ll get you prepped for some tests.” Then another

doctor came in, and she was asking me some questions. And I was like, "Yeah, I had a pain—it was almost two weeks now. And it's like I'm having trouble breathing, and obviously now I got the extreme high blood pressure due to it, which I never had in my life." And she goes, "Oh, it fits the time frame." And I'm like, "Doc, what do you mean time frame? Time frame for what? Me coming in tonight?" She's like, "No, time frame for your vaccine." And I didn't mention anything then to the doctor. And I was like, "Well, what do you mean?" She said, "When did you get your vaccination?" I was like, "My second vaccination was September 13th." And she calculated in her head for a minute and she goes, "Oh, that's a few weeks off." That's right where—that lines up with what we see.

**Criss Hochhold**

What happened after that?

**Kirk Desrosiers**

And I'm like, "Well, what do you mean, what you see?" And she goes, "Well we're seeing people with blood clots." She goes, "Don't be alarmed. I'm going to do some tests with your blood and just check." And she said at the time, "We're going to check for a coagulation agent in my blood." So she drew my blood and I was nervous. Because when they took my blood before, it was in the cup pretty quick, the little tube, but this was like motor oil, like it was really thick. So I was kind of sweating nervous because of that.

So she came back with the tests with another doctor. And she's like, "Yeah, we're correct. You do have blood clotting agents in your blood." And then she said, "Don't worry about that. You don't have to be alarmed. Such per cent of people have that, but it doesn't affect them." I'm like, "Well obviously I'm being affected in some way." So she goes to the other doctor, "Let's get you in a wheelchair and we'll take you up to get x-rays." So I went and got a chest x-ray and then I came back to the room waiting for tests. And then another doctor I never saw came in with two other doctors and they were talking amongst themselves looking at the chart. And they said, "Yeah, we find there's some stuff in your lungs." I'm like, "okay." And they're like, "Yeah, blood clots." And then they didn't really give any other information on that.

And then the other doctor that was late coming in, they were obviously having a little chat, he said, "We got to get a CT scan." That's where you inject the dye into your body. So again they threw me in a wheelchair and took me up there. And I remember as I was going up, I was thinking to myself, "Well, this is crazy." Like, I was terrified. You go in somewhat not feeling all right, but it seems like it was getting worse as soon as I got in there. Because one of the doctors that was in the room was like, "have oxygen on standby." And I'm like, "Oh my lungs are going to collapse on me. I'm not going to be able to breath." But they put me back in the room. And each time I did a test, it was two hours. And then my cell phone died. So I was in the room for, all together, 15 hours without my partner and I couldn't contact her.

**Criss Hochhold**

Fifteen hours. They were running tests.

**Kirk Desrosiers**

Yeah.

[00:20:00]

So, after the doctors came back into the room, the one doctor that wanted the additional tests—I can't really explain the words that he used, it's from memory, but he said—

**Criss Hochhold**

Summarize it for us.

**Kirk Desrosiers**

He said, "extremely large quantity of blood clots in both my lungs."

**Criss Hochhold**

So you went from having a clean bill of health, testing to be a volunteer firefighter, everything is great

**Kirk Desrosiers**

Yeah.

**Criss Hochhold**

to all of a sudden severe issue with lung clots and within weeks of receiving the second dose.

**Kirk Desrosiers**

Within two weeks of the second vaccination. Yeah.

**Criss Hochhold**

Within two weeks of the second vaccine. What happened after that? Did they do further testing? Did they put you on medication, what happened?

**Kirk Desrosiers**

No. After they showed me the test and told me that, my partner, she was panicking. Finally, she called every floor, every office, every room, and one of nurses came in said, "you Kirk Desrosiers?" I'm like, "yeah." "Your wife's trying to get in touch with you, and we'll charge your phone." So they charged my phone. I talked to her and she was upset and crying, thought I'd died because my phone died and I told her I had blood clots.

**Criss Hochhold**

No answer, yeah.

**Kirk Desrosiers**

But they kept me in for another little bit. And they said, "Oh, you're going to be fine in a couple months. Just take the blood thinners. We'll get you in touch with hematology; everything's going to be fine." And I knew it wasn't going to be fine because one of the

doctors that was standing behind that doctor was just shaking his head, like, couldn't believe that the other doctor was telling me it's going to be okay. But after I talked to my partner, she was concerned that it had something to do then with the vaccine. Especially when the doctor said, before I even mentioned it: "It suits the timeframe."

**Criss Hochhold**

So do you know if the physicians that you were dealt with or your main physician there, did they enter anything into that, once again, this vaccine reporting system, to CAERS?

**Kirk Desrosiers**

Well, that was it. Tami told me to talk to them and I had the phone on speaker phone. And I said, "Well, the doctor knew." And obviously, I put two and two together just like that doctor. Like, this has something to do with the vaccine. All of a sudden, I got all these blood clots. So I asked the doctor that told me to go for the X-rays and the CT scan, I'm like, "Are you going to fill out the adverse reaction, that I had a reaction to the vaccine?" And his words to me was, "It takes too long, we're not going to do that here."

So they didn't fill out anything there.

**Criss Hochhold**

Okay. We're getting a little bit short on time, Kirk. And there's a lot more that we would like to get to, but I need to shorten it up a little if we can.

**Kirk Desrosiers**

Yeah.

**Criss Hochhold**

This happened in September of 2021. We are now in March 2023, a year and a half later. What have the long-term implications been on you since that incident at the hospital till today?

**Kirk Desrosiers**

I'm taking Xarelto. It's a high milligram of blood thinner. The specialist said, where it is affected through the vaccination, they have no idea how long I'll have to take these blood thinners—if it's only for a short period of time or if I'll have to take it for the rest of my life.

**Criss Hochhold**

So your specialist made the correlation to your blood clots to the vaccine?

**Kirk Desrosiers**

Yeah. The hematology department at the Dixon building put two and two together, filled out the forms and sent it off to, I think they said Health Canada, something like that. But I talked to them. I gave them the batch numbers and stuff like that.

**Criss Hochhold**

Okay.

**Kirk Desrosiers**

But I'm also taking now, because of that, two different types of medications for high blood pressure.

**Criss Hochhold**

How has this affected your quality of life?

**Kirk Desrosiers**

Till recently, I'd have to say I didn't have any quality of life. Since October 19th on, I'd say for the first six months after that, my health deteriorated so bad I was bedridden for six months. Couldn't do anything. That affected my mental health. I ended up putting on over 70 pounds I'm still trying to get off me because I'm not being active. Because talking too long or walking too long or doing anything: It's too much on my body. I can't breathe. My lungs are on fire. I'm sore to this day.

[00:25:00]

It's like someone's sitting on me all the time.

**Criss Hochhold**

It's a long road to recovery.

**Kirk Desrosiers**

It is, yeah.

**Criss Hochhold**

Because we have your spouse coming up as well, I'll leave some of the questions that I would have for you in regards to the financial hardship, I will pose those to her instead. Okay? Thank you, Kirk.

**Kirk Desrosiers**

Thank you.

**Criss Hochhold**

I'm going to see if the commissioners have any questions for you.

**Commissioner DiGregorio**

Thank you for your testimony. Just one question, and I hope you don't mind me asking: How old are you?

**Kirk Desrosiers**  
Forty-three years old.

**Commissioner DiGregorio**  
Thank you.

**Kirk Desrosiers**  
Yeah. Thank you.

**Criss Hochhold**  
Thank you, Kirk.

[00:26:03]



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***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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**Witness 12: Tami Clarke**

Full Day 3 Timestamp: 08:21:20–08:36:23

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Tami Clarke, do you undertake and affirm that you will tell the truth, the whole truth, and nothing but the truth?

**Tami Clarke**

I do.

**Ches Crosbie**

Thank you.

**Criss Hochhold**

Can you please tell us your name? We know where you live, because of Kirk. Your name and occupation, please.

**Tami Clarke**

My name is Tami Clarke, and I'm a coordinator for Public Works.

**Criss Hochhold**

I'm going to do a continuation really, right from Kirk's testimony. Because you are his spouse and the significant health issues that Kirk had would have had an impact on you as well.

**Tami Clarke**

Yes.

**Criss Hochhold**

How were you affected by Kirk's health issues? I know it's a very broad question, but how were you affected? We can imagine the distress you went through at the time that he was at the hospital.

So I'd like to focus more on the time since then. How has that impacted you and your quality of life and your relationship?

**Tami Clarke**

I had to receive the vaccine, both vaccines, after he had his blood clots in his lungs in order to keep my job, so—

**Criss Hochhold**

I'll get to that.

**Tami Clarke**

Okay, so my quality of life in general?

**Criss Hochhold**

Yeah, just with Kirk. And then we'll talk, I want to get to that.

**Tami Clarke**

I'll wake up in the middle of the night to see if he's still breathing. I'm nervous to leave the house sometimes because I don't know if he's going to be okay. He's different because he doesn't socialize as much, or he's not able to do the physical things that he'd like to do or talk for long periods of time.

**Criss Hochhold**

What impact does that have on you and your relationship?

**Tami Clarke**

I feel overwhelmed. I feel anxious. I feel depressed. And I feel alone.

**Criss Hochhold**

Tami, who were you working for when Kirk received his vaccines? Who was your employer at that time, do you remember?

**Tami Clarke**

The Province of Nova Scotia.

**Criss Hochhold**

In what capacity, what department for the Province of Nova Scotia where you working at?

**Tami Clarke**  
Education and Early Childhood Development.

**Criss Hochhold**  
When the requirement came out for the vaccine, bearing in mind that Kirk had effects from the vaccination, what were your thoughts to the vaccine requirements?

**Tami Clarke**  
I didn't want to have that vaccine.

**Criss Hochhold**  
Did you reach out to your employer and see regarding those mandates? Did you send any emails or letters?

**Tami Clarke**  
No, I didn't. I just asked my director at the time if there was any exemptions for someone who would feel traumatized by taking a vaccine that their partner had that affected them so much.

**Criss Hochhold**  
Did you send an email on November 19th to the NSGEU [Nova Scotia Government Employees Union] asking the union not to mandate vaccines?

**Tami Clarke**  
I did.

**Criss Hochhold**  
What was the response to that?

**Tami Clarke**  
They said as long as the employer has a policy that clearly states what they're going to do about vaccines, that that was all they were going to require.

**Criss Hochhold**  
The contract that you have, the Province and your role with the Department of Education, did that have any mention of vaccination requirements?

**Tami Clarke**  
It did not.

**Criss Hochhold**  
What was the reason given by your employer for requiring employees to be vaccinated?

**Tami Clarke**

So that we didn't spread COVID-19 to others.

**Criss Hochhold**

I'm just going to think about what specifically was your role within the Department of Education.

[00:05:00]

I know you said educator, but can you be more specific? Can you elaborate on that please?

**Tami Clarke**

I was a coordinator for the transcripts and international programs. I was only dealing with the people in my group, and there was three of us all together and no members of the public whatsoever.

**Criss Hochhold**

So you had three of you working together as a group in an office setting.

**Tami Clarke**

Yes, in an office of three to four hundred people approximately.

**Criss Hochhold**

But how many for you, you said in a group of three?

**Tami Clarke**

Just three for us in my division, specifically.

**Criss Hochhold**

Okay.

**Tami Clarke**

Including myself.

**Criss Hochhold**

So there was really no reason given for them why they required the vaccination other than nothing at all? No reason other than just that you need to get this done?

**Tami Clarke**

It was just so that we don't get COVID-19 or spread it to people around us. And that we are civil servants, so we are the people who the province would look to for direction, I suppose.

**Criss Hochhold**

Did you seek an accommodation for a vaccine? I know you sent an email off to the NSGEU regarding asking them not to implement the mandates, but did you send any correspondence asking them for an accommodation?

**Tami Clarke**

No.

**Criss Hochhold**

How come?

**Tami Clarke**

I had people who I knew that were in my department and otherwise that had asked for accommodations, well, an exemption to the vaccine for religious reasons and reasons that were much worse than mine. Heart conditions and things like that. And they were all denied, so I didn't bother to go that route.

**Criss Hochhold**

So no accommodations or exemptions at that point then, you thought.

**Criss Hochhold**

So you felt you had choice in regards to getting a vaccination, for your employment?

**Tami Clarke**

My choice was either be vaccinated or be unemployed with no income.

**Criss Hochhold**

Which route did you choose?

**Tami Clarke**

I chose to be vaccinated.

**Criss Hochhold**

How did you feel about that decision?

**Tami Clarke**

I felt like my autonomy was taken away. I felt like I didn't have the freedom to choose what chemicals were in my body. And I felt like I was taking a drug that hadn't been tested and that I could die or have something that's long-term like Kirk.

**Criss Hochhold**

So you were scared.

**Tami Clarke**  
Oh yeah, yeah.

**Criss Hochhold**  
How long after—I guess to put it in perspective, with Kirk's health issues—did you go through this?

**Tami Clarke**  
How long did I go through—

**Criss Hochhold**  
When Kirk had health issue side effects, how long into his side effects, into his health issues, before you had to make a decision to get vaccinated? Is this early on after his vaccine injury?

**Tami Clarke**  
It was about a month.

**Criss Hochhold**  
About a month. So quite fresh.

**Tami Clarke**  
So in November, I had to be vaccinated with my first vaccination and his condition was diagnosed in October, October 19th.

**Criss Hochhold**  
So weeks, barely. Do you remember where you got the vaccine?

**Tami Clarke**  
Yes. At the Independent Grocer in Hubbards, Nova Scotia.

**Criss Hochhold**  
Do you remember who administered it to you?

**Tami Clarke**  
I don't know her name, but I could find it. I think there's only a staff of under five there.

**Criss Hochhold**  
Perhaps, do you know what the role was, a pharmacist?

**Tami Clarke**

Yes, a pharmacist.

**Criss Hochhold**

Were you advised of any risks?

**Tami Clarke**

Yes, I don't remember what they were. It was a short thing that they sort of did; I think it may have been a page. It was quite quick. Your choice was either say yes or don't have the vaccine.

**Criss Hochhold**

Just like Kirk, you're a young lady. Given your age and your health, did they do a personal risk assessment on you, from the pharmacist's perspective, in terms of a need of a COVID vaccine?

**Tami Clarke**

No, I do remember filling out a form prior to getting the vaccine that was a government form asking if I had any autoimmune issues. And I did tell them that I have Graves' disease, but they knew that. So I informed the pharmacist, without prompting, that I have that. And she said I was fine, good to go.

[00:10:00]

**Criss Hochhold**

No issues.

**Tami Clarke**

No.

**Criss Hochhold**

Do you remember which date you received the vaccines?

**Tami Clarke**

I received my vaccine on November—the first one, November 24th, 2021.

**Criss Hochhold**

Do you have a lot number with you as well?

**Tami Clarke**

Yes, it's FF5109.

**Criss Hochhold**

Did you have any symptoms, any signs, anything going on after your vaccine?

**Tami Clarke**

I felt traumatized by the vaccine, so it would be anxiety and—yeah.

**Criss Hochhold**

Any side effects from the vaccination other than the mental health side, the anxiety, the depression, potentially?

**Tami Clarke**

No.

**Criss Hochhold**

Thank you. You had to take a second vaccine as well.

**Tami Clarke**

I did. In order to go back to work again, I needed a second vaccination.

**Criss Hochhold**

And you received that when?

**Tami Clarke**

January 18th, 2022.

**Criss Hochhold**

Do you have the lot number for that as well, please.

**Tami Clarke**

Same. FF5109.

**Criss Hochhold**

Same lot number.

**Tami Clarke**

It was.

**Criss Hochhold**

About six weeks apart. Any signs of symptoms regarding the second vaccine?

**Tami Clarke**

Other than the feelings of anxiety and trauma, no.

**Criss Hochhold**

Tami, we only have a few minutes left, but I want to dig just two things. I cannot imagine what you went through. How did it make you feel having to go get a vaccination, knowing that your spouse had a significant vaccine injury? And your employer was unwilling to listen and nor apparently was the Province. How did that make you feel?

**Tami Clarke**

Horrible. I feel like there's no trust. I feel like there's a broken system and I am just a number. I don't feel like there's a human side of things and there was an agenda and it was just the agenda and not me. And, yeah.

**Criss Hochhold**

How were you guys affected financially with all this? Because Kirk is not able to work at this point in time. But I wanted to run over it if that's okay.

**Tami Clarke**

He had to go on unemployment insurance at first and then, in between unemployment insurance and the benefits from his workplace for disability, there was 120 days of no income whatsoever for Kirk. And for me, I was on short-term illness as long as I could be through my employer, but then it would go down to 70 per cent. And I was able to— I had to go back to work at that point. So we've had to determine which bills to pay. If we can afford to eat the same way. If we can visit our family at Cape Breton because we can't afford gas. Just lots of decision-making that we never had to make before.

**Criss Hochhold**

You've been able to find employment a little closer since then. Has the situation improved over the last little while? Is there a light at the end of the tunnel for you?

**Tami Clarke**

I'm closer to my home, so I don't worry for Kirk as much. Now that I have a new employer, I feel like they understand that sometimes I have to work from home if Kirk isn't feeling well because I just want to make sure that I can take him to the hospital if he needs to go. Yeah, I feel like it's a more positive workplace.

**Criss Hochhold**

So you have an employer that actually accommodated you needs.

**Tami Clarke**

Yes.

**Criss Hochhold**

We are slightly over time, so I'll stop my questions now. But I'll see if the commissioners have any questions. No?

Tami, thank you very, very much. I really appreciate you.

**Tami Clarke**

Thank you.

[00:15:03]



*Final Review and Approval: Jodi Bruhn, August 3, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

### EVIDENCE

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Closing Statement: Ches Crosbie

Full Day 3 Timestamp: 08:36:25–08:47:16

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

**Ches Crosbie**

Commissioners, that concludes the evidence for this first stage of three days of hearings here in Truro, Nova Scotia. There will be the next segment of hearings that's going to take place March 30th to April 1st in Toronto, Ontario. And in total, there will be nine [sic] sessions of the National Citizens Inquiry.

And I just remind everyone, folks in the room and everyone watching out there—those who may hear about the proceedings on social media or otherwise through their networks—this is a National Citizens Inquiry. It's about you, and it's for you. It is your inquiry. It therefore requires your interest. It's working for you. It's working to vindicate you. It's working to give you a voice, but it also requires your support. And I know that we all here at the National Citizens Inquiry thank you for all the support given so far, and we will need more as we travel across the country.

Commissioners, you did ask me to make a very short set of concluding remarks here, or summation based on the three days of hearing, and I'll do that. And the way I'd pull this together is, we heard basically three major themes coming out. One is fear, the other is truth, and the third I would call safety.

There's some overlap between fear and truth as themes because what we've heard about is **that the truth has been perverted and sometimes outright lies told. Outright lies have been told—big lies, but there are also smaller lies involved with exaggerating data. For example, there's Linda Adshade's testimony. She had access on a frequent basis, weekly basis, to the spreadsheets reporting the positive testing. And remember, the testing at 40 cycles: you're getting a lot of false positives there, so even the testing results were in a sense a lie to start with. But even built on top of that lie, she discovered, was a 25 to 30 per cent larger lie because what public health and the authorities were reporting to the public was exaggerated beyond what was stated in black and white in their own data, on their own spreadsheet. That's lying.**

**Fear: Jordan Peterson told us that our leaders panicked and adopted a repressive authoritarian Chinese model for how to deal with this apparently new virus that was on the**

go. They adopted an authoritarian communist model of how to deal with it out of panic and fear. And then they used fear to manipulate public opinion, to impose tyranny. Those are his words.

**And Commissioners, I submit to you that what we've heard from many people in these hearings in the last three days shows us that this tyranny imposed from above by the leadership of the country—provincial, federal—resolved itself into smaller group tyrannies, group cruelties, and group punishments in the workplace and even in hospital emergency rooms and in the health care setting, where that should never, ever occur.**

**We heard from Shelly Hipson—her work extracting or crowbarring, or somehow or other, extracting data from various government departments—that, contrary to what we were told, that the hospitals were under tremendous pressure from COVID cases, that they were no more than 1 per cent of all hospitalizations. We've heard continual anecdotal evidence from the physicians who testified that they were waiting for COVID cases and went for stretches, even for a year and a half or two years. No COVID patients.**

[00:05:00]

Yet we were told something different, weren't we? Why was that? Because the authorities wanted to perpetuate and inculcate fear in the public, in the citizens, in you, and to use that fear, as Peterson said, to use that fear to impose tyranny—tyranny on Canadians.

There were many smaller untruths or manipulations of the truth. For example, one you could call the sucker punch. And we heard a teacher today, Katrina Burns. She was told by her school board: even if you were entitled to obtain an exemption, we still wouldn't give it to you.

Now, on safety. I have to wrap this up, Commissioners, because it's late in the day and it's on a Saturday. But very briefly, Dr. McCullough told us 17,000 deaths are recorded in VAERS [Vaccine Adverse Event Reporting System]. And of course, he also indicated and others have said, and it's generally known that VAERS only records— A small percentage of the total actual number of adverse events get reported to VAERS. That's the US database for adverse events. And he told us that 5, 10, no more than 50 deaths, and even a large vaccine program in the past, has been deemed not safe and not effective and withdrawn. And yet, we have in the United States alone 17,000 deaths. That doesn't include—for the most part, Canada or countries outside the United States.

And Commissioners, we stopped AstraZeneca at one serious adverse event in 55,000. One in 55,000. We heard from an expert whose reanalysis of the data in the Pfizer and Moderna trials turned up a one in 550 serious adverse event rate. One in 550, and yet AstraZeneca was withdrawn at one in 55,000.

**What is going on here and where are the heads of our leaders? Do they know what safety means? And yet they continue the rollout and the promotion of the mRNA product. But not just that. We heard from Dr. Braden, and she called it "abhorrent," I'm quoting her words, "abysmal," the quality assurance and quality control systems in place, or non-systems in place, for the manufacture of these injectable products, the mRNA products. They're not just deficient, incomplete RNA: They're heavily contaminated with truncated mRNA; double-stranded DNA; circular plasmids, which are replication competent, in other words, they can reproduce themselves; potential endotoxin producing *E. coli*; and DNA with a high rate or potentially entering the human genome through cells, in particular, with high rates of division.**

Now, I don't know about you out there, but to me, that sure doesn't sound like something people should be getting injected into their bodies. Abhorrent and abysmal quality-controlled substances with unresolved issues, untested issues, and potential horrific consequences—not just in this generation but in succeeding generations.

And so, Commissioners, after three days of evidence, this is where we are and this is where the evidence rests. We'll hear more, I'm sure, in Toronto. Hopefully we'll hear from the authorities because we've sent out summonses to them: the public health officers, the politicians, those who've been telling us and repeating the safe and effective mantra for how long now? Years.

[00:10:00]

We've asked them to come and explain themselves and explain why this is safe and effective, and why they did the various things that they did. Why they perpetuated mask mandates, which by the way are still in effect we've been told, in hospitals here in Nova Scotia. And a vaccine mandate still in effect to work in hospitals here in Nova Scotia, which everyone now admits, including the makers of the vaccines, do not halt transmission or infection. Why?

Commissioners, on the face of the evidence we've heard so far, this is madness. I rest.

[00:10:51]

***Final Review and Approval: Jodi Bruhn, August 3, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*

# VOLUME THREE

## | Witness Transcripts

Part 2 of 9: **Toronto, Ontario**





**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
TORONTO HEARINGS**

**NCI | CeNC**

**Toronto, Ontario, Canada  
March 30 to April 1, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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#### Second Review

Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

#### Final Review

Jodi Bruhn, Anna Cairns, Margaret Phillips



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 00:39:54–00:56:14

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

#### Shawn Buckley

Commissioners, my name is Buckley, initial S. I'm attending as agent this morning for the Commission administrator, the Honourable Ches Crosbie. I do apologize that we're starting a little late today, we had some technical difficulties. I would like to address the people that are attending online, just to describe the NCI to them, and then I would like to inform you of how we're going to proceed today. And then just turn it over to you, if you have any comments before we call our first witness.

So for those that are watching online and are not aware of the National Citizens Inquiry, we are a citizen-organized and -funded group that just had this vision of marching across the land with a set of independent commissioners to inquire into how all levels of government handled the COVID-19 pandemic, with a view to getting to the truth, and with a view to permitting ordinary Canadians to tell their stories and start a healing dialogue in this nation. We are totally citizen-funded; we have no large donors or anything like that. It costs us probably about \$35,000 per hearing. So I'm going to invite everyone online to visit our website and to donate and keep this marching across the land.

I'd like to just turn then, Commissioners, to the witnesses that we have for you today. We have a set of expert witnesses that are quite diverse. We're going to be dealing with some medical issues today. We are going to be dealing with some scientific issues. We're going to **be dealing with some drug approval issues with a particular regard as to children. We're going to be calling an economic expert today.**

**Some of the evidence that you are going to hear from these experts you are going to have difficulty believing; and the difficulty is not that you don't believe the experts. You're going to find the evidence difficult to believe because you do believe the experts are telling the truth. More importantly, we have a host of ordinary Canadians that have been brave enough to take the stand. And I have to report to you, Commissioners, that we had a number of lay witnesses back out of testifying out of fear. And that in itself is real-time evidence of the fact that, in Canada, people are still afraid to basically speak out against the government narrative, even if it's just sharing their own experience. And I hope you understand that the witnesses that have backed out from testifying had applied online to**

the National Citizens Inquiry website seeking to qualify as a witness. They got through—we get so many applications that only handful get through our initial sorting process. They got through that process and each one that backed out had been interviewed at least twice by two different interviewers, and then late at the day: they were too afraid to attend today, and on the next two days, to give their testimony, because they were afraid of retribution. Some were afraid of losing their job, some were afraid of social pressure from their families and friends. And again, that speaks as evidence of just how divided we are.

And that got me thinking, because some of us have thought—you know, we've been divided into camps of the vaccinated and the unvaccinated, but I think it's more nuanced than that. I think it's really a division between people that trust the government and trust the mainstream media, that are supposed to be competing with each other, but surprisingly speak with one voice in echoing what the government's position is. And so we have a group of Canadians that trust the government narrative, and we have a group of Canadians that are skeptical of the government narrative. And what has flown from that is that those that trust the government narrative have tended to become vaccinated and those that don't trust the government narrative have tended to avoid vaccination where they could. And so when we think of the camps of vaccinated and unvaccinated, again I think it's more nuanced than that.

And I came to a realization as I was preparing to call witnesses for these proceedings, because I was interviewing witnesses that were vaccinated.

[00:05:00]

And I was interviewing witnesses that were unvaccinated. And the thing that struck me was how absolutely identical they were. I'm going to ask everyone watching to have an open mind because actually having an open mind is a decision. And if you have ears to hear, I'm going to ask that you hear. Because I think it will help us heal going forward if we understand that we actually have all had the identical experience.

So let me speak about the experience of the unvaccinated. I understand there's a whole myriad of experiences, but I think it's fair for us to say that a large number of people that we would call unvaccinated, or a large number of people that wanted to be unvaccinated but became vaccinated because they had no choice, they were coerced: this group believed that the vaccine was dangerous. They believed it was dangerous to themselves. They believed that it was dangerous to their loved ones. And when I say dangerous, I'm referring to literally an existential threat. I mean these people believed that they might die or be seriously harmed, or their loved ones, like their children, might die or be seriously harmed if they took the vaccine. Now, normally in Canada you wouldn't worry about having to take a treatment that you thought might be dangerous to you. But what happened was, the government did everything at every level—did everything that they could, with the aid of the media, to coerce the people that did not want to take the vaccine into taking it. And the vaccinated participated in that coercion.

I'll say that again: the vaccinated participated in that coercion. There was tremendous social pressure. Business owners made it a mandatory requirement to have vaccination. We put pressure on friends and families that are still divided to this day. So understand from the perspective of the people that we'll call unvaccinated, you became a threat to them. They were faced what they felt was a life-and-death crisis for them and their families. And if you want to get people, especially parents, very concerned and very emotional, you put their children at harm's way. So they had the experience—and we're just talking about the experience of both sides, understanding the experience—they had the experience of

facing a life and death situation, where the vaccinated were putting pressure on them and their families, and they felt threatened. They felt fearful. And then resentment came, and then hatred.

Now, let's talk about the experience of the vaccinated, because it's identical, except for the belief. But the experience itself was identical. And again, I understand that it will be a whole range of experiences and belief. But it's fair to say that a large group of vaccinated persons believed that COVID-19 presented a serious risk to themselves and to those important to them, including their kids. And when I say serious risk, they believed that they were at risk of death or serious harm, or their loved ones were at risk of death or serious harm. They were fearful. This was their belief. And then along comes the vaccine, literally like a messiah: it was their salvation. And it was put forward as a salvation. We have this crisis. We have this threat of death and serious harm, but we have the solution. We have a vaccine. If only, if only everyone would take it, we would be safe. But there was this group of people who we called unvaxxed, which in itself is a pejorative term. Our Prime Minister had some more colorful adjectives that I won't use.

But we had this group, this tinfoil hat-wearing, selfish, conspiratorial group that would not play along.

[00:10:00]

We would all be safe if we would get the vaccine, if we'd all do it, but this group wouldn't. So this group, in the eyes of the vaccinated, posed a serious threat to their personal safety and the safety of those important to them, like their children. And they were fearful. They were afraid. They became resentful, and they became hateful. They had the exact same experience as the unvaccinated had.

I think it would bode us well to understand, as divided as we are, that we've all had the exact same experience, and we absolutely need to come together. And that's part of what this National Citizens Inquiry is intended to do. We've experienced, with witnesses dropping out, that this division in Canadian society, this need to follow the government narrative, is still strong. Not long ago, we considered ourselves a country that cherished free speech. But there is an area of speech—because we still have free speech in a lot of areas—but where we don't have free speech, where your speech has a cost, is if you are now going to go against or participate in any activity that goes against the government narrative. And I think we need to understand that as long as we take that position, we're going to remain divided. Because that's what's dividing us.

It's somewhat appropriate that our first witness this morning is a Mr. Rodney Palmer, who is a former journalist and is going to be speaking to us about matters of journalism. And **before we get to Mr. Palmer, we're going to watch a video clip of some of the news that in Ontario we would have experienced. Just to kind of bring us back, back in time, back to remember why we're here at the NCI now.**

**But before we do that, before we go into that clip, I'm just going to turn it over to the Commissioners, in case they have any opening comments or directions before we proceed.**

**Commissioner Massie**

Good morning, everyone. My name is Bernard Massie, and I'm a scientist by training. As I mentioned at the Truro hearing, I decided to get involved in this exercise for a number of reasons. But if I want to summarize, the way I would frame it is that we human beings live

in a narrative. And the narrative is a kind of low-resolution representation of nature and reality. And the further the gap between the narrative and the reality grows, it has major consequences on our overall health and mental health. And what I found over the past couple of years was that the gap was really, really seriously big. And with my colleague Commissioners, I decided to get engaged in this adventure to try to write a new narrative, which we hope will be closer to reality. And from there, we can build a new reality, a shared understanding of the world we're living in, and live in a better, I would say, harmony with nature and our fellow citizens. Thank you.

**Shawn Buckley**

And I wasn't requiring the commissioners to all speak if they don't need to. Just if you had any opening comments.

**Commissioner DiGregorio**

I'd just like to thank you for your opening comments and reaffirm that we are here to hear Canadians, and to follow the truth and the evidence wherever it leads us, and keep an open mind.

**Shawn Buckley**

If we can start with that video and just bring us back to some of the things that we witnessed in Ontario while we were going through the COVID crisis.

[A video clip was played with Global News footage announcing the first cases and deaths relating to COVID-19 in Ontario. Transcripts of the audio content are below.]

**[Video Clip] Global News reporter**

Thursday, he was taken to Sunnybrook, where he was quarantined. At a news conference late this afternoon, Health Minister Christine Elliott said all of this should give people confidence that the system works:

**[Video Clip] Christine Elliot, Minister of Health**

"The patient was detected and immediately put in isolation. Lab tests were conducted and at the earliest signs of a presumptive positive case, Toronto Public Health launched extensive case and contact management to prevent and control further spread of the infection."

**[Video Clip] Global News reporter**

Toronto Mayor John Tory said in a statement: "Toronto Public Health is continuing to work closely with provincial and federal health colleagues to actively monitor the situation and respond as appropriate."

**[Video Clip] Dr. David Williams, Chief Medical Officer of Health**

Today, also, I'm sad to announce that we've had our first death [inaudible] related to COVID-19. And that tells us that, you know, while we haven't had any so far, it is a possibility we have been expecting to deal with during this time. So it's not unexpected. But it's still a person, the family and friends, and have our condolences onto the family and that. Because it still is a loss. And sometimes in some of these large events, we lose track of that. We want to make sure we remember that. Also, the number of cases in Ontario has risen rapidly. And over the weekend, we noticed that the cases moved from—almost doubled from 70 up to 80 up to 170. And that was a rapid rise.

[00:16:19]

**Final Review and Approval:** Jodi Bruhn, August 16, 2023.

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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Witness 1: Rodney Palmer (Parts I and II)

Full Day 1 Timestamps: 00:56:18–01:50:53/08:37:09–08:54:18

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

#### PART I

[00:00:00]

**Shawn Buckley**

I'd like to call our first witness to the stand. It's Mr. Rodney Palmer. Mr. Palmer, can I have you state your full name for the record and then spell your first and last name?

**Rodney Palmer**

My name is Rodney James Palmer and its R-O-D-N-E-Y and the last name is P-A-L-M-E-R.

**Shawn Buckley**

Mr. Palmer, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Rodney Palmer**

I do.

**Shawn Buckley**

Now, my understanding is that you have worked as a journalist in Canada for 20 years.

**Rodney Palmer**

Yes, I've been retired for about as long, but yes, I did. I worked very intensely as a journalist here in the country for a number of media outlets.

**Shawn Buckley**

And that includes being a general assignment reporter for *The Globe and Mail* newspaper.

**Rodney Palmer**

Yes.

**Shawn Buckley**

And you worked as a daily news reporter at the *Vancouver Sun*.

**Rodney Palmer**

I did.

**Shawn Buckley**

You worked as a producer and investigative reporter at CBC Radio and Television.

**Rodney Palmer**

Yes.

**Shawn Buckley**

You were the foreign correspondent and bureau chief for CTV News based in India, then Israel and finally in China, based in Beijing.

**Rodney Palmer**

Yes.

**Shawn Buckley**

Can you tell us about your involvement in reporting on the SARS outbreak in China? Because my understanding is you were there at the time.

**Rodney Palmer**

I lived in Beijing and worked for CTV News every day, and that's when the SARS epidemic broke out. I followed it extremely carefully. I went to weekly briefings with the World Health Organization. I went to weekly briefings with the China Foreign Ministry and we attempted to cover the story as best we could from there.

One of the significant stories that I worked on was the virus hunters. I thought this was a great phrase. **What's a virus hunter? And this is a group of academic experts that come into a situation like SARS when it starts. And China allowed them to get as far as Beijing but they wouldn't let them come to Guangzhou, where it was believed that was the patient one. And what they were trying to find was patient one.**

**So I had a little bit of experience with epidemics, pandemics, when COVID started. And I started noticing that it was extremely different. I was watching it very carefully as the news was trickling out of China. It hadn't come to Canada yet but, when they shut down Wuhan, I knew that it was very, very different. This was something that had not occurred before.**

**Shawn Buckley**

Now, I'm going to skip over, unless we have time later on, about your involvement with reporting on biolabs in Canada. But you've been asked to testify about the standard process of newsgathering versus propaganda at the CBC, and I'm wondering if you can tell us about that this morning.

**Rodney Palmer**

So to begin my presentation?

**Shawn Buckley**

Yes, please.

**Rodney Palmer**

I started noticing that something very different was happening at the CBC because I'm familiar with the process. I wanted to talk today specifically about the CBC, although what I'm about to say goes for most media, news media, in Canada. But the CBC is very different. If you're the *Toronto Star* or CTV News or any private entity, Global News, and you want to publish something that maybe isn't true or you want to take the position of a pharmaceutical company, you can do that. If you want to trick your viewers into believing something that isn't true, there's really nothing to stop them from doing that. However, the CBC is a public entity. We pay for it. It broadcasts on the public airwaves, and we expect them to tell us the truth because they've done it for 50 or 60 years.

So what I started noticing was something very different. About a week, maybe two at the most, into the emergency, there was a story on "The National" by Adrienne Arseneault, one of the greatest broadcasters we have, a national treasure. Adrienne has a particular ability to appear to be discovering the facts in the moment, even if it's take-20. She can do it every time. She's a genius at what she does. But she turned this ability against us.

I saw a piece on the 4th of April where she opens up and she's looking at her phone and she says, "What do you do if this happens? Somebody sends you a family text, say it's your father, and he thinks that the virus was manufactured by China." This is on April 4th, 2020. It says 2023 on the slide. That's incorrect. It was 2020. And I thought, well, wait a minute. How do you know it wasn't manufactured in a lab in China? What evidence does the CBC have 20 days into this, or 15 days into this, that this was not manufactured in a lab? There was an assumption that she put forth instantly. And then she went to an expert guest who said, "Well, don't embarrass your father. You'll just push him away."

[00:05:00]

You've got to bring him in and you've got to kind of convince him. And I thought, well, I'm a father. Who are you speaking to? You're telling my children not to believe their father. I have some expertise and some experience in this particular field. And I thought it was shocking that the CBC was trying to get in between me and my children. And the expert witness was from an organization called First Draft. And she simply says, "I'm from First Draft. We're a non-profit that helps people navigate misinformation on the media". And I think of non-profits, I think of the Cancer Society, the Diabetes Society. I don't think of a group of people who are attempting to change the minds of strangers from believing things that they don't want them to believe. I thought that was all very odd.

So I looked into First Draft and I saw that this organization was developed, and is developing, “new techniques and methodologies for investigating online spaces. Our latest approach revolves around the concept of recipes. As with food recipes,” says their website, “these steps give directions to investigators” or to reporters. So they give samples of what you can do. They say, “here’s an Investigation: How anti-vaccination websites build audiences and monetize information.” This is two weeks into the emergency. “Here’s the Recipe: how are these anti-vaccination websites funded?” Investigate the ad trackers with Gephi and DMI tracker tool. Now these are tools that they provide to, apparently, the CBC. Now there was a story that circulated later about anti-vaccination websites on Marketplace and how they make their money. So this First Draft group is now feeding the CBC their stories.

A second example: Pro-Russian networks are driving anti-Pfizer vaccine disinformation. Now, I don’t know why the CBC has to get behind Pfizer, which has paid out the largest criminal settlement in the history of American justice, but this is what this organization is saying: “Don’t be against Pfizer. The Russians are behind it.” The recipe was: “Track misinformation across platforms such as 4chan, 8kun and Reddit.” So they’re even telling them how to go after them, where to go after them. They’re directing the CBC. I was astonished that this organization was put forth as an expert on how to not believe your father, but not embarrass him at the same time. So this to me had nothing to do with newsgathering.

Ten days later, after the CBC did that story, the *Washington Post* did some real journalism. They pointed out that the State Department cables were sent from the US Embassy in Beijing to Washington in 2018, warning about the Wuhan Institute of Virology, that it was unhygienic. And in particular, they said there was “a serious shortage of appropriately trained technicians and investigators needed to safely operate” the Wuhan Institute of Virology. This is January 2018. And there were two cables sent, and the reporter saw one of them. “The first cable, which I obtained,” he says, this is Josh Rogan from the Washington Post, “warns that the labs work on bat coronaviruses, and their potential human transmission represented a risk of a new SARS-like pandemic.”

So not only at the moment when Adrienne Arsenault was telling you, “Don’t believe your father if he thinks it came from a lab,” it was not only probable that COVID came from the lab, but it had been predicted that it would happen two years prior by the US government. So how does Adrienne Arsenault say it wasn’t and don’t believe anyone, including your family?

Flash forward a year: *Vanity Fair* magazine, which is known for its excellent investigative reporting, published an extremely long and exhaustive piece where all they did was go online and look at publicly available scientific papers going back about a decade.

**The first one in 2013 was by Shi Zhengli, who’s the director of emerging infectious disease at the Wuhan Institute of Virology. She’s known as the bat lady, and this is not a derogatory term. Actually, her scientist friends started calling her that because there was an outbreak of a SARS-like respiratory virus in a mine, and the miners died very, very quickly. And she is documented to having gone to that mine, scraped the bat guano off the mine, and brought it to Wuhan to examine.**

In 2014, she began publishing about the coronavirus from Chinese bats. In 2015, there was another paper that *Vanity Fair* found where Shi Zhengli discussed successfully inserting a protein from this Chinese horseshoe bat virus into the SARS virus of 2002, creating a brand-new infectious pathogen. In 2015, this scientific paper was published.

[00:10:00]

***Vanity Fair* found it online. CBC could have found it, but they were too busy telling you don't trust anyone who believes this.**

**In 2019, there was a paper actually published by one of the lab directors at Wuhan, outlining the safety deficiencies in the Wuhan lab where he worked. And in 2019, right around the time that the US government, the US embassy in Beijing was warning Washington about a potential SARS-like pandemic leaking out of this unhygienic lab, a number of the Wuhan lab scientists published a paper together describing genetically engineered rats that they had grown with humanized lungs and developed them in the Wuhan lab.**

So this is a pretty hot smoking gun coming out of the Wuhan lab. There are three labs in the world working on coronavirus, according to the *Vanity Fair* investigation. Two of them in the United States, one of them is in Wuhan. If this thing started at a wet market outside the Wuhan lab, it was because one of the staff members of the Wuhan lab walked into the wet market and brought it there. That is the most likely scenario.

Now flash forward to this month, March 2023, US FBI Chief Christopher Wray says that China lab leak was most likely. The quote is, "The FBI has for quite some time now assessed that the origins of the pandemic are most likely a potential lab incident." So the CBC had no evidence that it wasn't. They wanted you to believe that it wasn't.

There's a definition of newsgathering, and you'll see interestingly that "newsgathering" is one word in the English language. It's not two words as it appears that it should be. And that's because it's very specific. It's the process of doing research on news items, especially ones that will be broadcast on television or printed in a newspaper.

Now, how much research was done by the CBC to determine, 10 days after the emergency, that it didn't happen in a lab? Another definition here is propaganda: "Persuasive mass communication that filters and frames the issues of the day in a way that strongly favors particular interests, usually those of a government or a corporation. Also, the intentional manipulation of public opinion through lies and half truths and the selective retelling of history." This is what was going on in that piece. That's why it felt so wrong to me because there was no news involved. There was only propaganda.

What the *Washington Post* did with its lab leak theory story, 10 days after the CBC said it wasn't from the lab, was newsgathering. It was investigative reporting. What the CBC did when it said, "don't trust your family if they think it came from a lab," that's propaganda. That's the difference in the definition of those two things.

**The *Vanity Fair* piece: reviewing scientific publications for a decade, uncovering the fact that human lungs were engineered on rats in Wuhan lab in 2019 just before the outbreak, is newsgathering. Exceptional newsgathering, I'm jealous of how good that newsgathering was. What the BBC did reporting on the FBI, saying they've known for a long time that it came from the lab, was newsgathering. That's kind of news of the day, daily news. They said it. We're telling you they said it. What the CBC did by warning Canadians not to trust their fathers about a lab leak theory was propaganda.**

March 4th, 2021, about a year after the emergency, the editor in chief of CBC News, Brodie Fenlon, wrote on his blog: "A recent survey found that about half of Canadians think journalists are purposely trying to mislead them." Well, that's because we're on to you. At

least half of us pay attention to our gut and we know that you are purposely trying to mislead us.

But Mr. Fenlon said that CBC is going to correct this. To promote trust in journalism, the CBC has joined four organizations. I didn't know that they joined these organizations until I began to look into this a little bit. One of them is called the Trusted News Initiative, which is designed to filter news through its own "Trust Filter System." Another one's called the Journalism Trust Initiative. It's basically the same name, but this one does more or less the same thing. Another one's called the Trust Project, and then Project Origin. Notice that none of these organizations have the word 'truth' in them. If you tell the truth consistently, trust is automatic. If you don't tell the truth consistently, you have to say things like, "please trust me."

I'm just going to quickly outline what these things are, because they're all basically the same thing. The Trusted News Initiative and the CBC announced together on the 27th, prior to the Adrienne Arseneault piece,

[00:15:00]

that CBC and Radio Canada are "joining an industry collaboration of major media and technology organizations to rapidly identify and stop the spread of harmful coronavirus disinformation."

I think the pandemic really started in China about four months prior to this, and four months prior to an unknown virus killing so many people, there is no disinformation. The scientists among our commissioners will tell you there is only information, and all information is critical at the beginning—particularly at the beginning. So immediately, they were in a position of pushing one side of the story. Stopping misinformation means censoring, censorship, pure and simple.

The Journalism Trust Initiative, a second organization that they joined, is run by an outfit called Reporter Sans Frontières, Reporters Without Borders. And when I was working as a correspondent in the Middle East, Reporters Without Borders would take the side of, say, a Syrian journalist who was writing something against the dictator Hafez al-Assad and maybe had been imprisoned, and they were trying to bring the attention of the world to this imprisoned journalist. That's the kind of excellent work this group did.

In 2020, it shifted completely to start something called the Journalism Trust Initiative, starting an algorithmic indexing based on their criteria to improve your revenues. Meaning if you run your news organization through their filter, they'll make sure that it gets up to the top of the Google page, so you'll get more clicks and more money will improve your revenue. **There was an incentive there.**

**Project Origin is another one that is a collaboration between the CBC, the BBC, the New York Times, and Microsoft. And one of these organizations is not a news organization, it's a tech organization. One of the things they talk about here is that the "technical provenance approach, in conjunction with media education and synthetic media detection techniques" to help "establish a foundation of trust." Not truth, trust is what they're looking for.**

One of their tools is called "The power of the machine—harnessing AI to fight disinformation." I can only surmise from this that Microsoft is using AI to identify anybody speaking words that they want to identify as to be censored or call misinformation, label misinformation, so you will agree with their censorship.

The next one is called the Trust Project. Now this one is largely tech. Craigslist, Google, Facebook, and Microsoft are involved, again, "Helping tech support trustworthy news." Helping tech. What do we care about tech and truth and news? How are they together all of a sudden? "We stand for integrity." They say: "Look for our 8 Trust Indicators. We built the trust indicators." So they have listed— All they have to do is tell the truth, they don't need no eight trust indicators. And interestingly, Google, Facebook, and Bing all use the trust indicators in display and behind the scenes. So somehow, they are censoring it before it gets to you.

These are the members of the Trust Project. Now, this goes way beyond the CBC. *The Globe and Mail* is also in there. CTV is a member. *The Walrus* magazine in Canada is supposed to be an independent thought magazine; they're part of this project. The Canadian Press. I put this up there to let you know that it is not just the CBC. The reason they all sound the same is because they're all part of this trust campaign.

But the CBC is also part of something else, it's something with just public broadcasters. It's called the Global Task Force for Public Media. "The Global Task Force exists to defend the values and interests of Public Media." Excellent. But it was formed to develop a consensus and a single strong voice among them. And that's the CBC, BBC News, ABC Australia, Korean Broadcasting—they joined recently—France Television, Radio New Zealand, ZDF from Germany and SVT from Sweden. Now, I can't imagine having worked at the CBC for almost a decade and being told every day, "Our job is to elevate the voices of Canadians on Canadian stories, to unite our vast country and make us all feel as one."

What single issue do we have with Korean Broadcasting when that is our mandate? What issue does Radio New Zealand have with Swedish television when their mandate is the same, to elevate their own people. This is a bizarre conglomerate of public broadcasters. And I would put forth to the panel that the public broadcasters are the ones that are not easily bought because the advertisers don't exist and therefore, they have no influence. So something else was done here.

[00:20:00]

Now the public task force is headed by our CBC president, Catherine Tate. She is the current president. Three months ago, she gave a speech at Simon Fraser University. The first word out of her mouth was "trust." "Trust seems to be in short supply." The next phrase is "disinformation," "conspiracy theories," "YouTube rabbit hole." This is the Trusted News Initiative mantra. This is what she was talking about at Simon Fraser University. She goes around, makes speeches and says, "Please trust us."

So let's get to what they do. In addition to the first piece that I saw on "The National" that rubbed me the wrong way, I listened to a piece one day in my car by Matt Galloway. Again, a national treasure. I love this guy. When I first heard him on CBC Toronto, I thought, "Oh my God, there's a future. He might be the next Gzoski." And then he turned on us.

He did a story on March 29th, 2021 where he interviewed a guy from something called the Center for Countering Digital Hate. And I thought this was going to be about anti-Semitism or something, digital hate. Instead, the guy said, "People who are recommending vitamin C intravenous and hydrogen peroxide nebulization are hate." And I thought, well, how is recommending health treatments— Vitamin C intravenous has been going on for 50 years. It's used in cancer treatment. It's used in all kinds of treatment. Hydrogen peroxide nebulization is a simple drugstore, hydrogen peroxide 3 per cent mixed with water and

vaporized into a mass so you clean out your nasal passage and stop viral replication and it's common. You can buy them.

So how are these things dangerous? How are they hateful? It was particularly interesting to me. But the expert guest went on to say that these people will kill. And he said that the hydrogen peroxide nebulizers, which are benign, are literally inhaling bleach. This was his words, literally inhaling bleach. It's actually not; it's actually literally a hydrogen peroxide nebulizer. It's literally nebulizing hydrogen peroxide. It's not literally inhaling bleach. Inhaling bleach is literally inhaling bleach. He lied.

So why is he lying to Matt Galloway? Why is Matt Galloway letting him lie to me on the radio? And I know it's a lie for a fact. The same guy from the Center for Countering Digital Hate, who also went on to say anti-vaccine misinformation is hate. Which I believe diminishes the power of that word for all those who have experienced it. He went on Marketplace to say this, but then Marketplace took it to the next level. They became a censor.

Marketplace reported 800 pieces of information to social media giants attempting to have them censored, claiming they were misinformation. And then they complained that the media giants only took down 12 per cent of what CBC said was wrong on the internet.

My questions are: Since when is the CBC deciding what misinformation on other media platforms is? What is it their business? They're the CBC. Do your job, pay attention to yourself. Why are you going out correcting, in your view, what's wrong with other media? How is the CBC or Marketplace or this reporter qualified to comb the internet for 800 posts and declare them to be false? We never found out in the piece. And who at the CBC is the arbiter of truth and misinformation on behalf of us Canadians, who like to decide for ourselves?

So I wrote a letter to the head of journalistic standards at CBC, Paul Hambleton, who has since left the position. I asked him to do three things for me please. I told him who I was and that I'd worked there and I named some people that we would know in common. And I said, "Please supply me with the policy at the CBC that describes the mandate to correct what you deem to be misinformation by other organizations. Please include the process by which information is deemed to be incorrect, and therefore requires correction or censorship by the CBC." And I asked to, "Please supply me with any other example outside of the COVID-19 story where CBC corrects what it deems to be misinformation on social media." Now he did reply to me, but he didn't answer any of those questions.

Another thing that the CBC has done very successfully is it's promoted a new identifiable group of Canadians and fomented hate against them: the anti-vaxxer. What is an anti-vaxxer? Who is an anti-vaxxer? Does someone whose partner had a severe reaction to the vaccine and was told they must get a second one if they want to keep their job? And then they had a worse reaction and this happened. And I've talked to people, I know it exists. Then maybe they don't want their kid to get it. Are they an anti-vaxxer? Do they need to have mental correction, psychological retraining?

[00:25:00]

What does an anti-vaxxer believe? We don't really know, other than it's bad and you should fear them, according to the CBC.

There was an interview with a Conservative member of Parliament named Marilyn Gladu from Sarnia, Ontario at a time when the House of Commons was about to reopen to parliamentarians and a number of the Conservative MPs had a very serious concern about the mandate against them. There was anywhere between 15 and 30 of them. They were starting a mini caucus of, I suppose, the unvaccinated. Now, Marilyn Gladu bravely took the interview with CBC about this because it was only going to go one way. And Katie Simpson, who— Again, an amazing journalist, I think Katie's fantastic at what she does— Pardon my language but she beat the hell out of this woman on the air. Everything that Marilyn Gladu said, which was reasonable and thoughtful, Katie responded: "Aren't you just giving air to the anti-vaxxers? Isn't this giving support to the anti-vaxxers?" The anti-vaxxer became the boogeyman in this story and Marilyn Gladu held herself extremely well.

At one point, Katie said, "Are any of your unvaccinated colleagues going to try to get into the House of Commons?" I thought, wow, you've just framed them as like break-in artists or petty criminals here. Marilyn Gladu answered, "Probably not. They need a passport to get in and they'll never get past the guard." And then she said, "Will you go to the Parliament?" And Marilyn Gladu very coyly said, "Well, show up on the day and see if I come." And she stopped the interview and repeated the question and said: "This is a matter of public safety. Are you going to come?" In that moment she framed every unvaccinated person, including her guest on the show, as a danger to public safety.

Katie Simpson had no evidence—and still has no evidence—that an unvaccinated person is any more likely to transmit COVID than a vaccinated person. And we now know that there's really no difference. If anything, if you have natural immunity, you're less likely to get it or spread it. She had no scientific evidence. She had no basis of it. That's because this was not newsgathering. She was practising propaganda.

An excellent example of CBC propaganda was a piece they had, "Meet the unvaccinated." Those people—who are these strange people? "Why some Canadians still haven't had the shot." The sub headline was: "Some suspect the science, some don't think they're vulnerable, and some just don't trust the government." There was no mention that the vaccines were not fully tested by the standards that vaccines have always been tested in Canada. No mention of that. People knew that but there was no mention that that's maybe why they didn't want to do it. There was no mention of the adverse reactions that were already at this point being reported on government websites, including deaths from the COVID-19 vaccines. They eliminated that side of the story. They suppressed one side. Because it wasn't newsgathering, it was propaganda.

On January 15th, 2021, the CBC published a story where they talked about a scientific paper that was written by a number of esteemed Canadian scientists and academics that the COVID-19 booster shots didn't work. They were only 37 per cent effective against Omicron. The story was then updated. Somehow, they shifted the data and it was a slight difference. The CBC story was: the original study was "seized on by anti-vaxxers—highlighting the dangers of early research in pandemic." In other words, "Don't trust the scientists. The anti-vaxxers will put their message out." This study found that the boosters only worked 30 per cent. They were only 37 per cent effective. The story goes on to say that the study was revised. But not before being spread widely on social media by anti-vaxxers, academics and the Russians. So we got some boogeyman in there, the Russians, but they're saying anti-vaxxers— This group they're fomenting hate against is equated with academics now. Now they're belittling the academics because they don't like what they're saying. Not because what the academics are saying isn't true, but the CBC has a different message for us.

**This is the most mind-blowing part of this particular story. Bear with me here for a minute. When the findings were updated with additional data, they showed very different results, say the CBC. The researchers found that vaccine effectiveness was 36 per cent, even less, against symptomatic Omicron seven to 59 days after two doses. So after your second dose, you got about a month. And then it's only 36 per cent effective, with no protection after six months.**

[00:30:00]

**So they were no good six months later. By any measure of vaccine, they don't work, or our expectations of a vaccine, they don't work. But after six months—or after the booster, it was 61 per cent effective one week after the booster. Now notice, so that's the correction:** instead of one week after the booster being 37 per cent effective, it was 61 per cent effective. This is a marginal difference. This is not a dramatic difference. It's particularly because there's a qualifying language. And I'm trained to recognize qualifying language because it's redundant and it should always be removed before broadcast. It used to be called "not ready for air," but now it's broadcast regularly. So 61 per cent effective one week after the booster. What about two weeks after the booster? They're not telling us. Maybe it went down to this 37, we don't know. Because they are selectively telling. This is—and the definition of propaganda—this is a half truth. It's not the whole truth.

This is a collection of headlines that were between May 2021 and September 2021. And I'll take you back to— This is the big push for vaccine mandates. The university kids all had to get vaccinated if they wanted to go to school. Government workers had to get vaccinated by around mid-September. I'll just read them quickly. A "psychologist explains vaccine hesitancy." "Experts weigh in on the possible factors behind hesitancy." "Black Canadians are more hesitant about COVID-19, survey says." "Vaccine hesitancy can make for awkward talks," like if you don't believe your father, "mediator says." "These people were vaccine hesitant. Here's why they changed their mind." May 12th, 2021. "CBC poll: Results give us an idea of who the vaccine hesitant in Alberta really are." Who are these strange people? "University of Calgary vaccine hesitancy guide gives doctors facts for struggling patients," who are struggling with whether to take the vaccine.

None of these offer a second perspective about why people might be vaccine hesitant. They strongly favoured one particular interest and that is defined as propaganda, not newsgathering.

The next thing that the CBC did in conjunction was the suppression of medicine. Ivermectin was shown worldwide to be effective, particularly in developing countries where they have it available because ivermectin is used there regularly. On September 2nd, 2021— again, right around the time when we needed to have no medicine because they wanted to force **the mandate. This is from CBC broadcast, "Health Canada is warning people not to take a drug meant for horses and cows to combat COVID-19. Ivermectin is a dewormer in animals," and "can cause serious illness, even death in humans."**

**This is a lie that was told to Canada by the CBC on behalf of Health Canada. The fact is that ivermectin is human medicine. It's a miracle medicine, and its inventor was awarded the Nobel Prize in medicine in 2015. It says—and this is from the Nobel Prize website—he "cultured a bacteria, which produce substances that inhibit the growth of other microorganisms." Maybe, that's how it works. In 1978, he succeeded in culturing a strain called avermectin, "which in a chemically modified form, ivermectin, proved effective against river blindness and elephantiasis". In fact, it eliminated river blindness virtually in**

South America through millions and millions of doses, and nobody dying from it like the CBC says you might.

And this wasn't just the CBC. This was a global push to suppress ivermectin. An attorney general in the state of Nebraska decided to do a legal opinion and sign his name to it, in which he said, "In the decade leading up to COVID-19 pandemic, studies began to show ivermectin's surprising versatility," which is why it's used for things other than river blindness. "By 2017, ivermectin had demonstrated antiviral activity against several RNA viruses, including influenza, Zika, HIV, and Dengue."

I covered a dengue epidemic in India in 1998, at which time the doctors told me the trouble with dengue versus malaria, where the symptoms are very similar, is there's treatment for malaria; there's none for dengue. And that was 1998. By 2017, they were realizing ivermectin was the miracle cure for dengue, or at least had been shown to have some positive results. Another review, says this state attorney general in Nebraska—and a review of course is a look at multiple, multiple studies. They review multiple studies and they come up with a final conclusion.

[00:35:00]

It "summarized the antiviral effects of Ivermectin demonstrated through studies over the past 50 years." It wasn't new and it wasn't deadly.

#### **Shawn Buckley**

Mr. Palmer I'll just let you know, we're about 10 minutes. Just to help time yourself. Thank you.

#### **Rodney Palmer**

Okay. So the Alberta Health Services on October 5th had published on their website that ivermectin is FDA- and Health Canada-approved for people. Not just cows and horses. It is used to treat parasitic infections, intestinal infections, and now even rosacea. The *Indian Express* wrote that the state of Uttar Pradesh, which has a population of about 250 million people, had dramatically reduced the COVID positivity rate and eventually—three months after this published article—reduced the COVID death rate to zero in Uttar Pradesh.

When a doctor named Daniel Nagase walked into an emergency room in Alberta and found three people dying of COVID—their charts showed that they were getting worse every day—he decided, based on the Alberta Health Services, based on these stories out of Uttar Pradesh, to ask them if they wanted to try ivermectin. It was their choice. They all said yes and they all got better. Then he was fired for doing that. He spoke out about that and somebody recorded it and put it on a social media and the CBC did this story: "Doctor who says he gave ivermectin to rural Alberta COVID-19 patients prompts a warning from the Health Authority for spreading misinformation." In the same story, he says, "the drug worked quickly, allowing all three to leave the hospital."

I called Daniel Nagase, Dr. Nagase. I interviewed him, and he said one of them was 90 and he went back to his nursing home. They almost got completely better within 18 hours. But another Alberta Health Services medical director barred the patients from getting any more of the drug.

Can you imagine? If you can't breathe and somebody gives you a pill and you can breathe, and another doctor comes in and says you're not getting any more? That happened. It's in this CBC News story. And they went after the guy who cured them. Dr. Nagase was removed from the hospital and relieved of his medical duties the following day.

The story here is that a doctor cured COVID with a pill that cost a nickel, that's already been working all around the world. We can all go back to our hockey rinks. We can all go back to our jobs. We don't need the experimental vaccine. There's a pill. All we have to do is put a good supply in every hospital in Canada. And if anybody gets sick enough that they can't breathe, they go into the hospital, they're administered ivermectin and 18 to 36 hours later, they're breathing and they go home. End. Of. Pandemic.

Dr. Nagase should be on a stamp. Twenty years from now, there should be a little vignette about that moment when he decided, "I'm going to try this drug and end COVID-19 in Canada." Instead, the CBC went after his throat. Because it's propaganda, it's not newsgathering. This is the photograph on the slide here of the ivermectin from the CBC website, under which the cut line says: "Ivermectin is used primarily to rid livestock of parasites." I'll draw your attention to the box in the photograph's hands and the yellow on the right-hand corner, where there is a picture of three human beings. This is international and multilingual. There's an adult and an adolescent and a baby. And the baby has an X through it because you give babies ivermectin in a liquid suspension so they don't choke on the pill. This is human ivermectin, photograph on the CBC website and they're saying it's for livestock. This is a lie, a half-truth, disinformation—propaganda brought to you by the CBC.

What the *Indian Express* did by telling what the Chief Minister said about ivermectin's success was newsgathering. What the CBC did saying ivermectin is for horses and cows and can cause death was a lie and it was only propaganda. There's no other way to describe it.

Quickly going, because I'm running out of time here, to the Freedom Convoy. I happened to be in Ottawa visiting friends. I had been doing some volunteer work with the Canadian COVID Care Alliance, which is an excellent group of scientists. I encourage everyone to look at their website if they're looking for truth instead of trust.

There's a photograph here of your witness standing in front of the Peace Tower in Ottawa looking down on all the Canadian flags, the Quebec flags, the Freedom Convoy. These are the photographs I took. Families, somebody holding the Charter of Rights. Freedom, lest we forget from the vets, and God Bless. This is what I saw and the very first report on the CBC was by an excellent reporter named David Common. And he's walking—you can look this up—he's walking through the crowd and he's feeling that positive energy and he can't even contain himself. He says, "It's a party, there's jubilation, thousands of Canadians protesting the mandates." **That was day one.**

[00:40:00]

**On day two, these pictures emerged. Nazi flag, Confederate flag. The Confederate flag is largely meaningless in Canada because it doesn't have any history in our country, but it is a symbol of hate and it's used as a symbol of hate. When these photographs emerged, our Prime Minister came out and condemned the hateful rhetoric. He said he will not meet people who promote hate. So that was it.**

If that's 100,000 Nazis out there, I don't know where we were hiding them before this day. But we had 100,000 Nazis according to the Prime Minister, who are promoting hate. End of story. No meeting, not going to discuss your issue.

So I did what any journalist would do and I looked for a reaction story. "The Prime Minister says this about you. What's your reaction?" I went up and I knocked on the very first truck that was very close to the CBC building, maybe about 200 meters from the CBC. I knocked on the very first truck and I interviewed the very first trucker.

[First video clip is played of Rodney Palmer interviewing truckers in Ottawa]

**[Video clip] Rodney Palmer**

What would you say to the politicians like Trudeau, Singh, the Mayor of Ottawa who say this is organized by the far-right extremists and the racists?

**[Video clip] Trucker 1**

I'd say you're all lying. You know you're lying. Look at me. Look right around in Ottawa. We are from every nation, every country, every background. Every colour that you can possibly find, you can find in Ottawa in the last couple of days. You know you're lying. And that's false.

**Rodney Palmer**

And like a good journalist, I went to the next truck. I didn't just take his word for it that he wasn't a white supremacist. I asked this man at the very next truck:

[Second video clip is played of Rodney Palmer interviewing truckers in Ottawa]

**[Video Clip] Rodney Palmer**

Is this a group of far-right extremists and racists?

**[Video Clip] Trucker 2**

That's just garbage. That's hogwash. Because they are people from all walks of life out here. I'm a man of colour. And I have every few trucks that go down, there's someone of colour here. There are people in the street that are coloured. I'm not too sure where they're getting that from or who they're looking at or who they're talking to, because this is nothing like that. Right? There might be a few folks here who want to spread a different agenda and try to tarnish what we stand for. But that's them seeing a far-right movement, that could not be further from the truth.

**[Video Clip] Rodney Palmer**

**Why are you really here?**

**[Vide Clip] Trucker 2**

I'm here to stand up for fellow truckers and push back. Because the government keeps pushing us, pushing us, and it's not democratic anymore. If the government will try to control the people and force you to do things against your will.

**Rodney Palmer**

Why weren't these guys on the CBC? It's their job to go out and do a live. It's not even hard, they just had to walk. It was right outside their door. I asked, I went out and I found another guy. Look at this guy. "Do I look like a white supremacist to you?" says this man of colour.

He is a very interesting guy. When he heard about the Trucker Convoy, he was living in Calgary. He got in the car with his wife and his very young child, I think his son was about four, and they drove all the way to Ottawa to support. But these three pictures were defining that movement: the Nazi flags and the Confederate flags. And I didn't see them. I was there those first five days. I didn't see any of these flags.

Rebel News, which is an alternative news, which was marginal because it's largely a conservative mouthpiece, I guess you would call it, trying to get rid of Trudeau and put a conservative government and that's kind of their position. But during the last three years, there's been more truth on Rebel News than I've seen on any other media in all of Canada. And I say that as an experienced journalist. Their intrepid reporter, Alexa Lavoie, who I think is one of the greatest investigative reporters in Canada today, noticed that these three pictures were taken by three different people. One of them by David Chan, a long-time liberal photographer. One of them by Andrew Mead, a known Trudeau photographer. And another by Randy Boswell, who's a reporter, a writer, I guess. But he writes a lot, oh, about misinformation, anti-vaxxers, conspiracy theorists, this is his—

So how did they all get in the exact same place? She noticed that the Peace Tower is in the same aspect ratio, the same distance, depth, as in all of the three pictures. All three of these people were in the exact same spot when that guy unfurled that flag. She was curious about that. These two pictures were the only ones seen of the Nazi flag. And the reason they're still pictures is because it wasn't unfurled long enough for any of the 10,000 cameras in the place to see it and film it. She went to the first one on the left, and she found that it's a little parkette setting. She found the setting and she noticed that it was nowhere near the protest. It was down on a little walkway. So this entire thing with all these flags was staged, according to the report.

The second one on the right is very interesting because the camera angle is from down below. And she tried to reproduce that camera angle, but she had to go down to the Rideau Canal, which was locked and closed because they do that every winter because of the snow, and it's for safety reasons.

[00:45:00]

So she wondered: How did someone get down to that spot in a locked and closed area at the moment that that flag was unfurled? And she pointed out that it was on the west wall of the Chateau Laurier Hotel next to the Parliament buildings, and that angled staircase only exists in one spot. And as soon as he's up to the pillar, he's on Wellington Street, and nobody saw the flag on Wellington Street, or filmed the flag on Wellington Street. So that was the moment that that flag was unfurled, and there was a photographer there at the moment to take the picture. So how did that get out so far?

She discovered— Alexa Lavoie of Rebel News discovered that the first person to tweet that picture of that nasty flag—it is a nasty flag, the Nazi flag—was Justin Ling, the CBC reporter. CBC website says Justin “is an award-winning investigative journalist who specializes in stories that are misunderstood.” Justin said he didn't want to reveal his source. Who sent him that photo? I've seen several of Justin's pieces and he almost never reveals his source. You have to trust.

**Shawn Buckley**

And Mr. Palmer, I'm going to have to cut you short.

**Rodney Palmer**

Do you want me to stop now?

**Shawn Buckley**

Yeah, and allow the commissioners— They might have a couple of questions for you and then we have to take a break.

**Rodney Palmer**

Okay.

**Commissioner Drysdale**

I have a couple of questions. And by the way, thank you for your testimony. I don't particularly understand how a newsroom works, particularly at the CBC, and you talked about a number of people. At the beginning, you talked about Adrienne Arsenault coming up with this particular piece. In your experience in a newsroom, would Adrienne Arsenault herself or any of those other people just come up with a story and go on air? Or was this directed?

**Rodney Palmer**

Every story at the CBC National is a collaboration by many people, and there's a hierarchy of decision-making. But a journalist— If I was in Adrienne's position, the buck stops there. "You want me to say this? Show me the evidence that it didn't come from a lab before I go on the air."

I was in a situation a couple of times at CTV where I was asked to match a story by a competitor and when I investigated it, I found it to be untrue by the people that were in that story. And I had to report back that "I can't go on the air with this story tonight because it's untrue." And they said, "Well, the CBC, or whoever, put it on." I said, "Well, that's their error and not mine. And let's move on to the next thing." The reporter is responsible for the words they speak.

**Commissioner Drysdale**

Another question. You know, you showed us these organizations, whatever they were called, Trust Initiative, et cetera. And there was one slide that you had multiple different broadcasters on it. I don't know how many of them there were but there were many, many of them. If I also understood what you were saying, a lot of these broadcasters worldwide **were saying the same things at the same time. When does an organization go from an association to a monopoly? And did you do any investigation into commonality and ownership across these different media platforms?**

**Rodney Palmer**

I didn't, no. But when they all follow the Trusted News Initiative, then you have a single point of information coming down. So now there's only a single point. It's kind of like when the World Health Organization is feeding its member nations protocols on what to do: If you wanted to corrupt all those nations, you would only have a single target. That would be the World Health Organization and then all information would feed down from there. So by joining this trusted news initiative, they're all collaborating on this single idea.

**Commissioner Drysdale**

Another question. Given the current, or the recent, rewrite of the *Canadian Broadcast Act*, do you think that this rewrite will promote independent journalism in Canada, or will it have some other kind of effect?

**Rodney Palmer**

I have to confess, I'm not familiar with the rewrite of the Broadcast Act. But independent journalism is not being promoted currently in Canada. In fact, all the money that's flowing to the various journalism organizations is not flowing to Rebel News, oddly enough. And they are the ones that I see telling the truth.

**Commissioner Drysdale**

You mostly spoke about the CBC. But the other private broadcasters in Canada: Were they promoting these same kinds of stories?

**Rodney Palmer**

All of them, virtually all of them—all of the mainstream media are. They're all hooked onto this same IV drip of trust over truth. I cut a lot of it out for time, apparently not enough.

[00:50:00]

But the *Toronto Star* did a number of particularly horrific stories, one of which was putting a nine-month pregnant woman in profile or photograph saying— The headline was "Pregnant and hesitant." And the story was about her journey to decide to vaccinate herself with this unproven vaccine that was never tested on pregnant women. And it was to encourage readers to vaccinate themselves if they're pregnant.

Another one they did was they falsified their identity in order to get an appointment with a doctor that didn't want to do an interview with them. And then they got a prescription for ivermectin under a false name and then went and fulfilled the prescription under a false name. And then reported the doctor to the College of Physicians & Surgeons and then went front page with the story. It's atrocious, absolutely atrocious.

**Commissioner Drysdale**

My last question is: In the hearings in Truro, we had a number of witnesses—extraordinary witnesses actually, extraordinary Canadians—who came forward from different areas, different employment areas. We had nurses, we had doctors, we had construction workers, **I believe, who were fired from their jobs for either resisting the mandates or not getting the vaccinations. Are you aware of this happening with reporters and journalists in this area as well?**

**Rodney Palmer**

I met one who approached me and said that they worked for a major media organization, and I think they said they had to take the time off. They basically had to go home and not be paid and then they were eventually let back in when the mandate dropped. But I don't know how many. That was one person who approached me and I don't know how many others there may be.

**Commissioner Drysdale**

Thank you very much. That's all I have. Anyone else?

**Shawn Buckley**

Mr. Palmer, thank you very much for your testimony.

**Commissioner Drysdale**

There's another, one more question.

**Commissioner Massie**

Okay, thank you very much for your testimony. I'm wondering: I mean, propaganda has been around for a long, long time, everywhere. But I think in my youth it was not, at least I was not aware of it as much as I am. You've been working in the news industry for a long time. When did you start seeing that we were going in that slippery slope of propaganda? And I guess the question I'm wondering about is, what's the exit out of it?

**Rodney Palmer**

When I first started noticing it, I showed you, was within days of the emergency. The exit out of it is a big, big question. Because the CBC has not missed the story. The CBC has betrayed Canada and betrayed Canadians by resting on the laurels of decades of hard-fought journalists who did their work and entire careers of investigative journalism. And they're using that to trick us. They morphed into propaganda in a moment of exception.

The beginning of COVID, we were all on board with, "Let's all go hide and stay home because we're afraid." But the period of exception is over. You could forgive them for allowing themselves to be an apparatus of the public health because it existed. It was a broadcast system that we could send messages to on a daily basis. And in a moment of exception, you could say, "Okay, we're going to let the CBC be the public health system right now." But the emergency is over, and the exception still exists. So how we get out of this I'm not sure. But there would have to be a wholesale redesign of the CBC because I think that it would be extremely difficult for the number of people in that organization to admit to themselves as they go to sleep at night, that they caused deaths by misinforming people and disinforming people. It's a very tough thing to get out of.

**Shawn Buckley**

And if I can just break in, Commissioners, we have Dr. Robert Malone coming on in five minutes and 24 seconds, and we should take a break before then.

And I mean no disrespect, Mr. Palmer, your evidence has just been fantastic. But if the commissioners agree, I think we should stand down for five minutes.

[00:54:35]

## PART II

[00:00:00]

**Shawn Buckley**

And I'd like to recall to the stand Mr. Rodney Palmer. We didn't have time to finish him this morning because of another witness being scheduled in.

Mr. Palmer, I'll just remind you that you promised to tell us the truth this morning. And you still promise to tell us the truth?

**Rodney Palmer**

Yes.

**Shawn Buckley**

Okay, so I'll just ask you to pick up where you left off.

**Rodney Palmer**

Yeah, just to refresh: if we can get the PowerPoint going, I was discussing the CBC specifically as my role as a journalist there previously, and the difference between newsgathering and propaganda. And I'll just try to get control over this and then go down to the slide that I was at, which was talking about the truckers' convoy and the nature of the photographs. These three photographs that had offensive racist flags and those were the basis on which the Prime Minister said he would not speak to anyone at the truckers' convoy protest.

And Rebel News had done an investigation showing that the flags were there very briefly, if not for split seconds, and they were taken by photographers that had associations with the Prime Minister's office. And we got to the point where the Rebel News reporter identified that the first tweet of the Nazi flag was by a man named Justin Ling, who works for the CBC. And the second tweet was by Amneet Singh, who works with Jagmeet Singh. And this was very curious, because the source of who took that photograph was never given. And so, Rebel News had done this amazing report, and I encourage anyone to look at it. It's about 17 minutes long; it's by an excellent reporter named Alexa Lavoie. And they plausibly connected these racist flag photos to Justin Trudeau, Jagmeet Singh and a CBC reporter who's known for broadcasting propaganda against people who question the government's COVID response.

**So where is the CBC on this story? Why aren't they telling this story? And I would say that they're too busy practising propaganda, while Rebel News conducted the most important investigative journalism in Canada. I have not seen a piece that's better than this in the last three years. And the reason this is important is because this was the Prime Minister's founding myth on which he declared the truckers' convoy to be racist. And this is what people across Canada heard. And I've had dinner with good old friends who say: "Damn those truckers, those racists, those Nazis." And I think, "Well, I was there and you weren't." But, you know, I like to keep my friends so I don't say much.**

**But this was a founding myth, it was a false myth and it set the tone going forward for the Prime Minister to refuse to listen, to speak, to hear what those thousands of people wanted to say and instead to invoke the *Emergencies Act* and have them cleared out violently.**

Another thing that was really significant was that in December of 2021, a CBC reporter quit at CBC Winnipeg. And I had heard this interview on a podcast, where this reporter, Marianne Klowak, who had 35 years of experience— I don't have 35 years of experience. This is a senior reporter, a senior journalist at CBC Winnipeg. And when you're at a smaller city like Winnipeg and you've been 35 years in the CBC, you're a celebrity in your town. And people were coming up to her and saying, "Look at the vaccine injury, and I know somebody," and we're hearing these people, and these stories were coming forth to her. So she did an interview with a couple of them. And then she found the Canadian COVID Care Alliance, which is an independent group of scientists who are publishing the truth about the—for example, analyzing the Pfizer data that was put forth to promote the vaccines. And she put two of them into the story and it was about to go to air. And somebody said, "Well wait a minute, this isn't what we're saying, we're not saying the vaccines cause injury, we're saying they're safe so, we better send this down to the Toronto Health Department for approval."

And so somehow, the Toronto Health Department had editorial control over COVID stories at CBC Winnipeg. And it came back with, "Yeah, you can put that story up but you can't use those two doctors with the COVID Care Alliance, you have to use these other two doctors who will say the vaccines are actually safe and effective." Things like this were happening so much to this reporter that she took an early retirement and left the job that she had loved her whole life and the people who become your family and your employer. This happened. She's spoken about it publicly.

[00:05:00]

At the same period, CBC Manitoba published a story that said any claims that COVID-19 vaccines may have long-term side effects are completely untrue. They had a reporter with people on camera, on tape, recorded saying they were injured by the vaccines. They had two university professors, and these were top people. This was one at UBC named Stephen Pelech who—as I understand, he teaches pharmaceutical regulation and development. And another professor of virology at the University of Guelph who would actually receive money from the Government of Ontario to develop a COVID vaccine. These weren't just people talking through their hat; they were the top authorities that any journalist would go to for expert opinion. And at the same time, CBC Manitoba says that it's completely untrue. That's what they put on air. This is a lie. This is disinformation and this is propaganda by the CBC.

One of the ways that they do this is they have their regular experts. And these are just a couple of them: Tim Caulfield and Maya Goldenberg. You can hear them regularly on CBC reports. Tim Caulfield isn't even a scientist; he's a law professor at the University of Calgary. In April 2020, just when the emergency had been declared, he received \$381,000 in federal and provincial grants to combat COVID misinformation: \$381,000 and he gets to be interviewed on the CBC a lot. A year later, in April 2021, he received \$1.75 million from the federal health minister directly to counter COVID vaccine misinformation. I've seen public conferences that are sponsored and led by him about how do you trust the media, who do you trust in COVID. And it's all this propaganda about vaccine hesitancy, pushing vaccines.

And the other one: for example, Maya Goldenberg is a vaccine hesitancy expert. Who knew there was a psychological condition called "vaccine hesitancy?" I didn't know this. In April 2022, she received Government of Canada funding to study the politics of health and the root causes of medical distrust.

**We distrust them because we're being lied to. It's that simple, I could save the money for them.**

**This is strongly favouring particular interests, which fits the definition of propaganda. Where they're not seeking other opinions to counter it, they're using the same people over and over, who are actually funded by the federal government to deliver a particular message. And they put them on as neutral experts and they don't tell the unsuspecting listeners to their dinner newscast that these people are actually paid to tell you what they're telling, they disguise it as news. They're disguising propaganda as news and this is happening daily on your CBC—even today.**

By some miracle, at the end of January, three months ago, the CBC published a story that said that New Brunswickers, of all provinces, have reported more than a thousand adverse reactions to COVID-19 vaccines. Three hundred of them were serious. In the same story—this is called “burying your lead,” by the way, in journalism—in the same story, across Canada, 10,565 adverse events were considered serious in nature. I can imagine what serious is, but I actually looked up what their definition of serious is: It's death, life-threatening, hospitalization or permanent significant disability/incapacity or birth defect. Ten thousand, five hundred and sixty-five Canadians.

About a month later, 200 of them went to the CBC building in Toronto and plastered the front of that building with pictures of their faces, their names, and what went wrong because of the vaccine. This is an act of mild vandalism, where these people are saying, “Enough, CBC. Here we are, we exist, we're Canadians, we're injured and all along you're saying it's safe and effective and we're suffering because of it.” Ten days later, they still didn't publish a single story about all those people who went and plastered their faces on the front of the building.

On March 10th, I heard a very prominent show on a Saturday on CBC radio—called “Day Six” by, again, one of the most excellent broadcasters we have in Canada, Brent Bambury. Brent was doing a story on Saturday morning about a documentary called, “Died Suddenly.” This is by an independent journalist who's actually trying to figure out all of these sudden-adult-death syndrome, what's going on, and linking it to the vaccines. But instead of having the documentary maker on, he said the documentary maker who made that is a right-wing extremist and connected to conspiracy theorists. And he had a second journalist on from *Mother Jones* magazine. Together, they just disparaged him and defamed him and said he has links on social media to some untoward people and he's a conspiracy theorist.

At no point—I didn't even hear about this documentary until then. And I went and looked it up, and I found out they interviewed morticians about why people are dying suddenly.

**[00:10:00]**

**At this same time, on March 3rd—so seven days before—the Canadian government updated its info-base to point out that a total of 427 reports with an outcome of death have been reported in Canada following vaccination. This is from a Canadian government website. While the Canadian government is reporting 427 dead Canadians, and somebody did a documentary about this, instead of having the documentary-maker on, Brent Banbury simply ignored that there's 427 dead Canadians from the COVID vaccine and called this guy a conspiracy theorist. That was his item. It was ridiculous, it wasn't journalism. It was intentional manipulation of public opinion, which is propaganda.**

Here's one little story. Carol Pierce—this is in *SaskToday*. Carol Pierce on the right died during the 15-minute waiting period after she got her booster. At minute seven, she keeled over on the chair and died. Did Carol believe the vaccines were safe and effective? She must have, because she took three of them.

Part of the sea change that's happening now is happening in the United States, with the Children's Health Defense that's led by Robert Kennedy Jr. And he has launched a lawsuit. This lawsuit was filed on January 10th and it is a lawsuit against the Trusted News Initiative members: Associated Press, the *Washington Post*, BBC and Reuters are named in this lawsuit. And specifically, the antitrust laws in the United States have to do with the monopolization. And what they're saying is, by shutting out voices like the Children's Health Defense and other people who are legitimate alternative news organizations, you're making it so they can't make money. So they're not getting them on the lie or censorship; they're getting them on their inability to make money, which is against the law in America. And we'll see how this lawsuit plays out. Remember that the CBC is an active member of the Trusted News Initiative, and whatever is said about these four organizations in this lawsuit can go for the CBC as well.

One thing that we have in Canada, curiously, under our Criminal Code, is that it is a crime for the willful promotion of hatred. To identify a group as anti-vaxxers simply because they choose, for whatever reason they have, or they've been asked by their doctor not to take a vaccine, the CBC has actively promoted fear and hatred against these people. Specifically, the Code says anyone who "willfully promotes hatred against any identifiable group is guilty." One of the defences is that if the statements were relevant to any subject of public interest, which could be COVID, the discussion of which was for the public benefit, which they could argue, and if on reasonable grounds they believe them to be true. I hate to single out Brent Bambury because I think he's awesome; but seven days after the Canadian government published that 427 Canadians are dead from this vaccine, there are no reasonable grounds for him to disparage somebody who's pointing that out. They are actively, knowingly, intentionally, and maliciously promoting hatred against people who are unvaccinated in this country.

In my summation: Between March 2020 and the present, CBC is suppressing critics of government policy on COVID-19 response. They are misleading Canadians that COVID-19 vaccines are 100 per cent safe. They are falsely broadcasting that ivermectin is deadly to humans, when in fact it is a life-saving medicine, and has been proven so in their own stories, for COVID-19. And they're promoting an identifiable group that they call anti-vaxxers, fomenting fear and hatred against them, in order to get more of these deeply flawed vaccines into the bodies of more Canadians.

None of this is newsgathering, which we all expect them to do.

**They are standing on the shoulders of decades of excellent journalism to trick us into believing they're telling us the truth, and this is happening on the very next newscast you'll listen to an hour from now. They're collaborating with the Canadian government, which is causing confusion. Because we believe the CBC to be telling the truth, it creates confusion. Canadians are not informed that the vaccines have caused permanent side effects in tens of thousands of people and the death of hundreds of people at least. And if we can go by what other people have testified, maybe one per cent of these have been reported, and the government is admitting to 427 dead Canadians. They don't say that at the beginning. The vaccines are safe and effective, although the government does report that 427 Canadians have died. What if they said that? What if they said every newscast, "the government admits that 427 Canadians have died of COVID" and it's on their website?**

[00:15:00]

How would that change the notion of who's right or who's wrong when they let it go in their arm?

I would put forth that this confusion was made possible because of the CBC. In fact, the government rollout of the vaccines was impossible without the collaboration of the CBC. They took an exceptional moment to decide that they would not be journalists, that they would instead be public health messengers. But the emergency is over and the exception continues. An exceptional time could be allowed for forgiveness, but the temporary suspension of journalism at the CBC starting in March 2020 and the adoption of its new position of government public health messenger has failed to expire with the end of the emergency. And the result is that Canada's national broadcaster has morphed into a state broadcaster. I worked in countries where there were state broadcasters: China, Syria, Malawi, North Korea. It's promoting government policy without question, while censoring, belittling, and shaming learned Canadians who dare to object and attempt to inform us of the truth.

Bad journalism is incompetence, but propaganda is a betrayal. And that's what CBC has done. It's betrayed us all.

Thank you.

**Shawn Buckley**

I'll just ask if the commissioners have any questions before I dismiss Mr. Palmer.

Mr. Palmer, thank you so much for coming both times, both this morning and this afternoon. The NCI is very grateful for your testimony and the insights you've shared.

**Rodney Palmer**

And I'm very grateful for all of you for doing this. Thank you.

[00:17:09]

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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 1**

**March 30, 2023**

### EVIDENCE

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**Witness 2: Dr. Robert Malone**

Full Day 1 Timestamp: 01:56:26–03:09:10

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. It's my pleasure to introduce our next witness, who is attending virtually, Dr. Robert Malone. Welcome, Dr. Malone.

And David, we don't have Dr. Malone on volume. Okay, we should be good to go. Can you just speak again for us, Dr. Malone?

**Dr. Robert Malone**

Test one, two, three.

**Shawn Buckley**

We can hear you. Dr. Malone, can I ask you to, for the record, state your full name and then spell your first name and last name for the record?

**Dr. Robert Malone**

My full name is Robert Wallace Malone, R-O-B-E-R-T M-A-L-O-N-E.

**Shawn Buckley**

And Dr. Malone, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Dr. Robert Malone**

I do so swear.

**Shawn Buckley**

And you had provided to me earlier a copy of your CV, which I've entered as an exhibit in this matter, [Exhibit] TO-23. And can you confirm that the CV you provided is accurate?

**Dr. Robert Malone**

It is accurate to the best of my knowledge.

**Shawn Buckley**

Dr. Malone, I'm going to ask you to just take a bit of time and share with the commissioners your involvement with the mRNA technology, your initial opinion about the mRNA vaccine, and whether or not you changed your mind about it.

**Dr. Robert Malone**

My involvement in the platform technology of the use of mRNA for a drug, or for vaccine purposes, begins in approximately 1987 at the Salk Institute Laboratories of Molecular Virology under Dr. Inder Verma, in which I was investigating the relationship of RNA sequence in structure to retroviral packaging. In order to do those studies, I needed to develop a system for producing large quantities of purified mRNA, which had the necessary genetic elements to ensure efficient translation.

So I developed that system for manufacturing purification and demonstration of the sequences necessary, and then tested that material—that composition of matter—for delivery into a variety of cells using all known delivery methods, including liposomal delivery methods available at the time, none of which were sufficiently efficient to allow any studies of gene expression off of such an RNA and verify the functional aspect of the RNA in cells.

And then had an opportunity to test a new technology that had been developed at Syntax Laboratories in Palo Alto involving the use of positively charged fats, otherwise known as cationic lipids, and their formulations to form self-assembling particles. These are referred to as self-assembling nanoparticles and are not liposomes. They're very different in composition, but they do involve lipids.

Once that suite of technologies was assembled, and even in anticipation of future studies in collaboration with Syntax, I filed patent disclosure for the use of mRNA as a drug in all of its applications from the Salk Institute. I believe that was 1987 or 1988. I have that document. And then it was countersigned appropriately by a postdoc in the lab and then showed that this would be reduced to practice for purpose of expression in all cell types identified at the **Salk Institute, including insect cells and human cells and a variety of other sources. And then demonstrated that this was able to deliver mRNA into embryos in *Xenopus laevis*—this is the African clawed frog model that's commonly used in embryology and create transgenic *Xenopus laevis* embryos, otherwise known as tadpoles. And then in chick embryos. There was an ensuing set of patent disputes between the Salk Institute and the University of California, San Diego, which I was a student at,**

[00:05:00]

and various professors asserting their primacy or involvement in the invention.

**I left the Salk Institute with a Masters, having passed my PhD exams in lieu of a PhD, after developing PTSD and a nervous breakdown in the midst of the battles over my invention. I then joined a company called Vical, which was initially located across the street from the Salk on Torrey Pines Road in San Diego. And there had a series of additional discoveries having to do with both the delivery into mammals in a mouse model, as well as the use of the technology for vaccination purposes and its reduction to practice to elicit immune responses against influenza and AIDS or HIV antigens.**

**I then left Vical and went back and finished my MD and then returned to UC Davis as an assistant professor, obtained about a million and a half dollars in grants to pursue that research, and carried on with development and testing of a variety of cationic liposome formulations, including in collaboration with Boehringer–Mannheim and Promega. Some of those compounds ended up being marketed by Promega. Many patents came from that, including the nine original patents that were filed between 1990 and 1991 that cover the use of mRNA for drug delivery purposes as well as for vaccination purposes and the demonstrated reduction to practice.**

So I am, in fact, the original inventor and played a key role in the series of inventions and am a named inventor on all patents relating to these initial discoveries. So that's my contribution. And for instance, these patents that are on the wall behind me are examples of those nine issued patents having to do with DNA and RNA delivery into mammals and cells for the purpose of eliciting an immune response. This is well documented in all those patents—which, by the way, were not cited by Moderna in their patent positions, nor apparently by CureVac or BioNTech. So there is a failure to cite prior literature on the part of all three of those companies.

#### **Shawn Buckley**

If I can just interrupt you—so with that background, with mRNA technology, can you tell us what your initial opinion towards the COVID-19 vaccines with mRNA technology was, and then if your opinion changed?

#### **Dr. Robert Malone**

My initial opinion about all of these genetic vaccines, as well as the standard vaccines that include full-length spike protein, is that they are encoding a toxin. I was very early in raising concerns that the spike protein from SARS-CoV-2 is functionally toxic. It is a toxin. And I was particularly alarmed by the reports I was hearing from Canadian physicians—who I will not name because they've been attacked by the Canadian government and had their offices raided—but they reported to me very early on about the enticement, coercion, particularly of children, to accept these products, and also the suppression of information about the adverse events.

**My initial objections were that when I was notified by a CIA officer who was in Wuhan apparently on January 4th, 2020 of this novel coronavirus and the biologic threat that it represented, I performed—as is my usual practice because I am an experienced leader of teams in biodefense and a response to emerging infectious disease—I performed a threat assessment and determined that the most expeditious and highest probability pathway forward to protecting the population from death and disease due to this agent was to focus on repurposed drugs.**

[00:10:00]

**And my determination was: the normal pathway for the internationally-accepted pathway for development of a vaccine that was safe and effective would take far too long, typically many years. When I learned that these products were being advanced as gene therapy technologies, I was very well aware of the history of relative effectiveness and safety of adenovirus-vectored products, although concerned about such vaccine products employing a full-length spike protein, whether or not it has the two proline mutations that are in these current spikes that are used in the adenovirus-vectored vaccines.**

**And I was also concerned about the mRNA technology. In particular, it had a long history of inflammation, both within any tissues in which it was administered, and this had been my experience as an academic researcher. And one of the reasons why I had abandoned this technology was because I could not overcome the toxicity or inflammatory responses associated with these lipid mRNA particles, assembled particles.**

Early on, when I learned that this was being advanced as the primary candidate by the United States and others, I contacted the University of British Columbia investigator who is behind the most important advances associated with these newer formulations—which are an improvement for in vivo delivery on my original technology platforms—and inquired of him: what was the full composition and nature and logic of the formulations that were being advanced clinically? And was reassured by him that the inflammatory problems that I had encountered had been resolved with these newer formulations and that they had solved the problem of tissue-targeting by identifying specific cationic lipid structures that would cause the formulations to remain localized in the draining lymph nodes from the tissues at the site of injection. So I was reassured that this was the case.

And then, as this new information came out as the vaccines began to be deployed—about the adverse events associated with them and the suppression of those adverse events in a systematic way by the Canadian national health service—that's when I really became more alarmed. And wrote a key paper—I think perhaps the initial paper—concerning the bioethics of what was being done and the failure to provide informed consent and to require informed consent in deploying these products, as well as the coercion that was being deployed by the Canadian government—by many governments, particularly in the West.

And then Dr. Byron Bridle identified the Common Technical Document [CTD]—is the regulatory term—which had been filed by Pfizer with many nation-states, including the Canadian government and the U.S. government. But [it] had been placed on a Japanese regulatory authority server and was identified by Dr. Bridle, who reviewed it and then asked for a second opinion from a news organization called Trial Site News that I had some affiliation with. Those documents were passed to me for my own review and assessment, as I'm a regulatory affairs and clinical research, clinical development, specialist.

**And I was shocked by what I read, in that those documents clearly demonstrated a failure to comply with international and U.S. norms for preclinical assessment of vaccine products and preclinical assessment of gene therapy products—these all being based on gene therapy and so were gene therapy products, and remain so.**

**Shawn Buckley**

Dr. Malone, can I just interject for a second? Because we're going to segue in a few minutes.

[00:15:00]

You were going to speak about what you describe as fifth-generational warfare. But before we go there, I'm just wondering if you could comment on Canada's policy of using these mRNA vaccines on children.

**Dr. Robert Malone**

So in my opinion, having studied the data, the risks of hospitalized disease and death in children are statistically negligible, approximating zero, very close to the asymptote of zero. So functionally, virtually no risks of the virus in healthy children. Healthy children handle this infection extremely well. But the risks of the vaccine, particularly the mRNA vaccine: all of the genetic vaccine products that express spike protein, as well as those that have pre-manufactured whole-length spike protein, have significant risks in children.

In particular, those risks are enhanced in young males. And in particular, there is a very clear, unequivocal, well-documented risk of myocarditis that, depending on the study—Clinical myocarditis event rate in young males is in the range of one in 1,000-1,500 to one in 3,000, depending on the study. And the overall event rate or serious adverse events for these products may be as high as one in 500; that's events that would cause people to be hospitalized.

And clearly, given that there is no significant clinical risk in children associated with the virus itself, the risk-benefit ratio of these products to the risk of the virus itself absolutely does not justify vaccination in children. And the data indicate that children can be damaged in their brains, in their endocrine system, in their heart, in their reproductive system, and in their immune system responses. Particularly there seems to be a dose-dependent effect of these toxicities in children and in adults. Over.

**Shawn Buckley**

Thank you. Can you share with us your recent conclusions and research into what you've termed as fifth-generation warfare?

**Dr. Robert Malone**

Yeah, give me a moment to arrange the screen, because I'm going to have to share the screen. One moment. I'm not very facile with changing the views, so it's going to take me a minute.

I usually have the organizers run the show.

[00:20:00]

**Shawn Buckley**

Would it be of some assistance to have our technical person contact you?

**Dr. Robert Malone**

No, it's a very idiosyncratic thing having to do with "where is my mouse" because I'm using multiple displays. There we go, swap displays. Now you should be able to see this, can you?

**Shawn Buckley**

We're still seeing you, yes, we're now seeing a meeting chat.

**Dr. Robert Malone**

Okay, you should be seeing the— So now I have to find; I had activated share screen.

Yes, so let's see, Zoom.

**Shawn Buckley**

It may have been on our end, and we just changed the setting, Dr. Malone, so if you could try again.

**Dr. Robert Malone**

Okay, one moment.

**Shawn Buckley**

There we go, it's showing your screen now.

**Dr. Robert Malone**

Good. Let's see if we can make this happen.

Okay, are you seeing a splash screen that says Fifth-generation Warfare and Sovereignty?

**Shawn Buckley**

Yes, we are, and that's on the full screen.

**Dr. Robert Malone**

Okay, so proceeding with that, then. I'm going to speak now about basically the psychological operations that have been undertaken by particularly the Five Eyes nations of Great Britain, the United States, Canada, New Zealand, and Australia, and their intelligence communities and military— [break in livestream audio at 0:23:07–12], referred in the industry to fifth-generation warfare.

In the COVID crisis context over the last three years, we have had clearly documented, **including in Canada, the deployment of military assets—ergo personnel and their technologies—on civilian populations under the logic that it has been necessary to coerce, compel, entice, and otherwise convince the civilian populations to accept these unlicensed medical products that are neither safe nor effective, that have been marketed as vaccines, but which do not perform as vaccines in the sense that they do not prevent infection, replication, distribution to third parties, disease or death associated with SARS-CoV-2 infection. And so in sum, what has been done to us in terms of the psyops and the general term or the technology deployed, is fifth-generation warfare.**

**I'm going to introduce the audience in this testimony to fifth-generation warfare and its deployment during the COVID crisis. Fifth-generation warfare is termed a war of information and perception. In order to understand it, you need to understand that fifth-**

**generation warfare is not a fight over— It's not used for conflict over territory, but rather it is designed for conflicts to influence thought, belief, and emotion.**

[00:25:00]

**The first example of fifth-generation warfare in the modern era that was deployed was Twitter and Facebook having been deployed during Arab Spring in order to influence behavior of crowds during that social protest movement in the Middle East. It is not a perfect example of fifth-generation warfare because in fifth-generation warfare, the perpetrators, the opposition, is typically unclear. Fifth-generation warfare seeks to mask the involvement of whoever it is that's waging that conflict. But absolutely, fifth-generation warfare was a component of Arab Spring. And during Arab Spring, a key fifth-generation warfare device or weapon was deployed, and that is Twitter.**

Twitter is both a weapon and a battlefield in the new world of fifth-generation warfare. Twitter is specifically designed and has capabilities to map and influence behaviors of individuals and crowds and down to the level of mapping their emotions, thoughts, opinions, and their ability to influence others. This is why you experience things like shadow-banning or amplification of a given tweet or message on social media: this is typically algorithmically-based alterations in the distribution of information and its emotional content to those that are participating in social media platforms.

Of course, all these social media platforms have the ability to precisely triangulate individuals in three-dimensional space because of cell tower triangulation and they are typically integrated in the intelligence community into functions such as Gorgon Stare; that provides extremely high-resolution imaging of individuals and can be used to target individuals both emotionally, psychosocially, as well as with kinetic weapons if necessary.

Over the last three years, Western governments, non-governmental organizations, transnational organizations, and the pharmaceutical industry, together with media and financial corporations, have cooperated via public-private partnerships such as the Trusted News Initiative to deploy a massive, globally-harmonized psychological and propaganda operation—the largest in the history of the western world. With this campaign, the governments of many western nation-states have turned military-grade psyops, strategies, tactics, technologies, and capabilities developed for modern military combat against their own citizens. This is well-documented and was predicted in a series of classic texts and also discussed at length in my latest book, *Lies My Government Told Me and the Better Future Coming*.

It's also these methods— [break in livestream audio at 0:28:09–13] COVID-19, the Great Reset, and the Great Narrative— Klaus Schwab being the leader of the World Economic Forum. **Before fourth- and fifth-generation warfare, modern warfare was a duel on a larger scale or a continuation of politics by other means, with core elements of rationality of the state, probability in military command, and rage of the population, according to Clausewitz in his classic text, *On War*.**

**Today, in the context of fifth-generation warfare, there is no clear distinction between state, non-state, combatants, and civilians. And there is absolutely no boundaries in terms of ethics or rules of engagement. It is total, unrestricted warfare. It is clear that Western nations—as I mentioned, particularly the Five Eyes nations—have deployed this military-grade psyops technology on their civilians, in many cases through the operations of military operational groups that are trained in psyops. This includes, for instance, the 77th Brigade in the United Kingdom. That's now public information.**

**Many of this has come out through Freedom of Information acts and Twitter File disclosures. And it has really been a central feature of governmental efforts to manipulate populations and coerce them to accepting whatever the narrative is promoted by the government and the World Health Organization.**

[00:30:00]

**Just to put a pin on it, the U.S. government, through the Department of Homeland Security, has defined terms which are equated with domestic terrorism that relate to this. And those are: “misinformation,” that means any information being spread in public which is different from the approved narrative from the regional health authority—so, I guess that would be your NHS—and the World Health Organization; or in the U.S. that would be our Health and Human Services. Any information which is different from that approved by those agencies is defined as “misinformation.” If it’s spread benignly, through ignorance or whatever, that’s “misinformation.” If it’s spread for political intent, that’s defined as “disinformation.” If it is information being shared which is true, but causes concerns about government and government integrity, that is called “malinformation.” All three of those classifications in the United States are defined as domestic terrorism by the Department of Homeland Security.**

In general, thinking about these concepts of generations of warfare as discrete entities is really misleading. They’re more like generations or gradients. First generation being, you know, sticks and stones and swords and mounted combat with lances. Second generation you can think of as the First World War being a great example and the American Civil War. Third generation employed the Blitzkrieg, which allowed the decentralization of command authority to the German army, which allowed them with even inferior technology to bypass, for instance, the Maginot Line in France. So third generation is mechanized warfare, focused on speed and maneuverability. You can think of the Ukraine conflict as an example of third-generation warfare in progress. Fourth-generation warfare was designed for asymmetric warfare against large state actors. We can think of this as terrorism, or we can think of it as insurgency efforts, such as for instance, the American Revolution against Great Britain is an example. But in the modern context, fourth-generation warfare deploys both propaganda and battles over territory, including use of kinetic weapons by the likes of Al Qaeda, the Taliban, various actors in Syria, and going back to the Viet Cong. I argue that the United States military has never won a fourth-generation conflict.

In order to try to overcome that problem of the advantages posed by internet and network effects and these insurgency strategies that are highly decentralized in terms of leadership, creating a situation where state actors face kind of a whack-a-mole problem, they’ve developed a fifth-generation warfare, which is based on information and perception manipulation. It does not typically involve non-kinetic weapons, and is not a battleground over territory but rather a battleground over your mind and its perceptions and its availability of information.

**These new tactics have created a totally new battlescape here—one that is very Salvador Daliesque, in which it’s very difficult to understand the nature of the conflict, who the combatants are. And typically, the combatants that are propagating this information warfare into a population seek to become as obscure as possible and act with as little energy as possible. This is a very subtle manipulation of information. It is basically the modern epitome of psychological operations and the use of psychology to influence behavior of groups and populations.**

As I say, it's very, very difficult to really come to grips with fifth-generation warfare as you begin to understand it. In particular, because there are absolutely no boundaries in terms of truth, ethics, of manipulation of media, integrity of information, social organizations, et cetera.

[00:35:00]

**It is complete and total information warfare with absolutely no boundaries. This is what's been deployed against your population there in Canada.**

**This type of warfare targets the cognitive biases of individuals in organizations in a very strategic fashion. We're all familiar with trolls and bots, et cetera. But it's very different.** It's concealed, it's impossible to attribute, and it focuses on the individual rather than on groups in many cases. It is truly a war of how you think. I argue that in the context of fifth-generation warfare, when it is being deployed by governments against their own populations, the concept of sovereignty is irrelevant. It is obsolete. It's an anachronism. There is no sovereignty in an environment in which everything which you obtain in your information space, all of your emotions, everything is manipulated towards the end of whatever the goals are of the nation-state. That is modern fifth-generation warfare, information warfare, and that is what's been done in Canada. It's well-documented.

These are key characteristics of fifth-generation warfare. I mentioned Arab Spring. The Israeli–Palestinian conflict was another example. The Havana syndrome—where we had diplomats in the United States in Havana, Cuba that experienced an unknown mental compromise or psychological state after deployment of some sort of unknown energy weapon—is a clear, explicit example of fifth-generation warfare. It was targeted, it was effective, and there is no knowledge of what caused that effect or who was deploying it on the American diplomats. Perfect example of fifth-generation warfare.

I mentioned the concept of sovereignty. What is world health when public health policy and pharmaceutical interventions are transformed into just another fifth-generation warfare weapon? How can a democratic system of government continue to exist if the existing leadership of a nation-state feels that it's acceptable to deploy these types of technologies on their own population? As I said, the idea of sovereignty becomes irrelevant.

These are examples in the lay press from Canada and the UK documenting the deployment of military campaigns involving fifth-generation psychological warfare and information warfare against the Canadian population. When you say, "conducting propaganda during the pandemic," this is fifth-generation warfare. This is what was deployed on you by your own military. This is from the Canadian Joint Operations Command, et cetera. As you notice in this article by David Pugano [sic, Pugliese], in one of your lay press publications, **"This plan devised by the Canadian Joint Operations Command relied on propaganda techniques similar to those employed during the Afghanistan war." In other words, that's a euphemism. They deployed the fifth-generation warfare technology designed to combat the Taliban against you, the civilians of Canada.**

**Now this is an example of one of the battle groups in the United States, the 4th Psychological Operations Group based in Fort Bragg. This is a recruitment video just to give you a sense of the nature of this technology. This is the group that was developed from the ghost army of World War II that was used to fake the German army about the landing at the end of the war.**

[Dr. Malone plays a recruitment video for the 4th Psychological Operations Group in the United States from 00:39:22 to 00:42:48. No exhibit number is available.]

**Dr. Robert Malone**

So I hope that convinces you that this is a real process, threat, and technology. As I mentioned, it's deployed in the United States, in Great Britain through the 77th Brigade—one of the members of the 77th Brigade is actually a member of Parliament—and obviously in Canada, as documented by your own press, and New Zealand and Australia, all part of the Five Eyes Alliance. There are a series of core technologies that are used. One of them is the OODA [observe–orient–decide–act] Loop, which is also a core strategy for instance in fighter pilots currently, in which there are very rapid response cycles to new information.

Another key technology and concept is the Milgram Experiment, in which people were subjected to shock—surreptitiously, not actually—and it demonstrated the willingness of individuals to deploy potentially life-threatening shocks if authority figures told them to. Another example is the Asch experiment, in which it was demonstrated that the effects of social pressure can cause a person to conform to the willingness or interests of authority figures or organizations. People are willing to ignore reality in order to conform to a group. This also relates to the work of Hannah Arendt, Joost Meerloo, and most recently Matthias Desmet involving mass psychosis or mass formation or mass hypnosis—are all three equivalent words.

Another example is the Operation Lockstep, the idea of using a pandemic to impose tighter, top-down control modelled after the Chinese social credit system, which has been foretold and evaluated in a variety of planning documents and analysis documents by the Rockefeller Foundation and the U.S. intelligence community.

[00:45:00]

I've mentioned Five Eyes Alliance multiple times here. I don't think I need to cover it again. You're aware that Canada is part of the most powerful and longest-standing intelligence organization in the history of the West. You may not understand that, for instance, Wikipedia is very actively edited by individuals who are tightly associated with MI5. What we have is reciprocal relationships between the Five Eyes Alliance countries in which, for instance, things that are prohibited from being performed by the Canadian intelligence service or the American intelligence service are performed as tasks by, say, Australian or United Kingdom intelligence services—which are not prohibited from taking those types of actions against civilian populations in other Five Eyes Alliance member states.

Another key concept is the Overton Window, which is the range of policies which are **politically acceptable for discussion, known as the Window of Discourse. And fifth-generation warfare methods seek to actively manipulate the Overton Window for strategic and tactical advantage. So for instance, when you experience the “fact checkers,” or the censorship, shadow-banning, et cetera on social media because you are communicating something like the slide deck from the Canadian COVID Care Alliance that technically accurately discussed the nature of the Pfizer clinical trials: that is a clear example of third-party actors constraining the Overton Window, making it so that these things are not socially acceptable to be discussed. This is a key strategy and tactic in fifth-generation warfare.**

Another one is the exploitation of cognitive biases associated and described as the Dunning-Kruger Effect, the relationship between average performance and actual

performance on a college. So self-perceived performance. In other words, the difference between what people think they are able to perform and their intelligence levels and their true capabilities. People have a strong tendency to always overestimate their ability to assess information and their own intelligence, and this is actively exploited using fifth-generation warfare technology.

Another example is bad jacketing or snitch jacketing. This is this common strategy that we're seeing deployed and has been deployed for decades—for instance, by the FBI to create suspicion and division within organizations that are resistance group. And what's done is to seed the idea that members of the group are bad actors, that they in some way are actually acting on behalf of a third party, typically the state or intelligence community. And so, this is often referred to as "controlled opposition." That's the typical strategy that's propagated into a population: somebody who is being very effective as a leader within a protest group or organization, then rumors being spread about them that they are actually acting on behalf of the opponents, the state, or whomever.

And this is another video prepared by Mikki Willis that describes bad jacketing. It's called "Our Birthright," and it's another example of the fifth-generation warfare technologies that have been actively deployed, including in Canada during the trucker strike event.

[Dr. Malone plays the video, "Our Birthright" from 00:48:57 to 00:55:35. No exhibit number is available.]

#### **Shawn Buckley**

Dr. Malone, can we just let you know that we're having trouble hearing the sound on this presentation?

#### **Dr. Robert Malone**

So sorry that you didn't get adequate volume. I hope you could understand most of that. The point is that these are the technologies that have been deployed and continue to be deployed against us. There are third parties that have been clearly identified as disruptors who were involved in disruption of the Canadian trucker protests as well as the American trucker protests. We do have infiltrators. They are using these technologies. They appear to be state actors that are working as subcontractors.

How can we defend ourselves against this? We can basically learn the technologies. When we do so, we become resistant to them, just like we're more resistant to modern marketing technology, which is very closely related. As we master the technologies and understand them more deeply, we can begin to deploy them ourselves rather than just being victims.

**There are many offensive ways to use this, and there are many different offensive ways that they're used against us through chaos agents, generation of fake sock puppets, bot trolls, flash mobs, et cetera. And of course, the aggressive deployment of censorship, gaslighting, and other technologies, which are used particularly on social media and in corporate media, often with a sponsorship from governments—including your own government, as I've mentioned.**

I conclude this talk, then, about fifth-generation warfare with the suggestion that you seek out the variety of different sources of literature that provide more information about this. And of course, we've written about it extensively in our book, *The Lies My Government Told Me*, as well as in our Substack, [rwmolonemd.substack.com](http://rwmolonemd.substack.com), if you wish to understand more

about fifth-generation warfare, nudge technology, and associated psyops that are deployed in Twitter and other social media platforms.

With that, I thank you for your time. And let's see, I need to stop sharing my screen.

**Shawn Buckley**

Yes, if you can return to view of you, I think our commissioners likely have a few questions for you.

**Dr. Robert Malone**

I'm trying to get there.

**Shawn Buckley**

There we go. We can see you.

**Dr. Robert Malone**

Okay, we should be back, and thank you for your attention.

**Commissioner Massie**

Thank you very much, Dr. Malone, for your fantastic testimony. When I understand it, you did a journey from the science and the technology and how the science and the technology is being deployed for all kinds of applications, some of which we can actually question, as you mentioned in the end.

If I can come back to science and technology—because I'm a scientist; I was working in gene therapy in the early nineties and I've been following your work. If we can come back to it— If we can explain to what extent the science, for example, of the mRNA technology has not been developed to the level that would justify its use in, I would say at this point, all kinds of application, including the COVID vaccine, but now they want to move it in many other types of applications— It is my understanding based on the latest result that have been published on the quality, or lack thereof, of the product produced at large scale under so-called GMP [Good Manufacturing Practices], which we can question the quality.

Do you think, based on your expertise on the technology, that this product can actually be produced anytime soon under large-scale and GMP quality, irrespective of what kind of vaccine you might be proposing?

**Dr. Robert Malone**

Okay, so your question is basically—to use regulatory terminology—you're speaking about adulteration, potency, purity, and identity of the medical product.

[01:00:00]

The biological medical product, which has been marketed to us as a vaccine. Do I understand you correctly?

**Commissioner Massie**

Yeah, exactly. My question is: In your expert opinion are we ready to produce these products under compliant GMP? And if not, what would it take to get there?

**Dr. Robert Malone**

We have been told that the products are compliant with GMP. But it has not been disclosed to the general public: the contents of the material and its composition, the manufacturing process, and I'm not aware of what the release criteria are. I do know that there have been multiple independent assessments. And let's park that for a minute, I want to come back to that. There have been multiple independent assessments that document, for instance, quite a significant concentration of contaminating plasmid DNA in these preparations, which suggests that the purification process to remove the plasmid DNA template for the manufacturing of the mRNA has been—the most gentle way I could put it would be “inadequate.”

Contamination of DNA in vaccines has long been a problem, no matter what the source. For instance, live attenuated or purified subunit influenza vaccines also have problems with contaminating DNA from cell lines or from chick embryos, for example. There is absolutely, based on the independent assessments, significant contamination of plasmid DNA. And it's been reported that that DNA, in the case of the bivalent products, includes a full-length plasmid that includes a simian virus—forty sequences, including promoter enhancers. And I'm not clear about replication origins.

In addition, it's very clear from the analyses that the mRNA transcripts present in these preparations of gene therapy products used for vaccination are often truncated. It's basically impossible with T7 RNA polymerase to prevent the premature termination of the growing chain of mRNA. So one ends up with a composition of matter that has significant contamination with sub-full-length transcripts, which may have their own biologic properties. And the proteins that they encode may have their own biologic properties.

In terms of the overall formulations, clearly this technology—developed at the University of British Columbia in large part—is not as advertised. It does not remain at the site of injection. It does not remain in the draining lymph nodes. It is not targeted. In fact, it is generally distributed throughout the body and seems to have some particular affinity as a formulation of the product for a variety of tissues and organs that are associated with significant pathology. And this includes brain, heart, and—most worrisome—reproductive tissues, including ovaries.

We have the inadvertent disclosure by a Pfizer global director recently, with Project Veritas, that Pfizer believes, for instance, that the reproductive complications associated with the vaccines—ergo, the dysmenorrhea and menometrorrhagia that women commonly experience—is actually due to damage to the, in their words, “hypothalamic pituitary adrenal gonadal axis.” That's another way of saying damage to the endocrine system. This is apparently a leading hypothesis at Pfizer for these female reproductive consequences. And of course, women are not the only ones that have an endocrine system. And this is not restricted just to adult females. Particularly worrisome is the prospect that these materials may be damaging the endocrine system of developing children, in my opinion.

We also have the toxicity, which is unresolved and never assessed to date,

[01:05:00]

of the pseudo mRNA itself. The composition of matter of this material that is being synthesized chemically through, basically, an enzymatic reaction substitutes the normal uridine for pseudo-uridine. Pseudo-uridine is a molecule present in very precise places in natural mRNA, but it is not typically incorporated into all of the uridine-coated components of the mRNA molecule or messenger ribonucleic acid molecule. Pseudo-uridine is typically very selectively modified in cells in our bodies rather than being incorporated wholesale throughout the RNA. This is the invention of Kariko and Weissman that's used in all of the marketed or distributed mRNA-based vaccine products.

And the reason why the pseudo-uridine was incorporated was because of the problem that I mentioned previously: these formulations are highly inflammatory. And the incorporation of pseudo-uridine into mRNA acts through various cellular signaling pathways to down-regulate inflammation and immune response. Unfortunately, that has two aspects. Down-regulating the inflammatory and immune response is good in the sense of reducing the effects of the formulation itself on inflammation, but bad in that it's nonspecific.

We do know that, for whatever reason, these products when administered—these biological medical products marketed as vaccines—are eliciting damage to immune responses. And we can observe that because one of the common adverse events is the reactivation of latent DNA viruses, such as Epstein-Barr virus, cytomegalovirus, and shingles of course—which are common adverse events associated with the post-vaccination syndrome.

In short, what we have is clear evidence of unresolved and inadequately-characterized toxicity associated with the delivery formulation—with the mRNA itself and with the encoded payload spike. None of these were characterized in the way that is normally prescribed in well-established regulatory processes, in terms of characterizing the potential toxicity of all components of a final drug product. And the presence of these contaminants of DNA and sub-transcript mRNAs are clear evidence of adulteration in the final product. Unfortunately, the contract clauses of Pfizer and Moderna have been such that there has been, in general globally, a restriction on the ability of national health authorities to perform lot release-testing and characterize these contaminants.

And so governments throughout the world and their regulatory authorities have basically caved to pressure from the pharmaceutical industry to bypass their normal processes in ensuring purity, potency, and lack of contamination in the products that have been administered—often through mandates or other forms of coercion or compulsion. They have bypassed their own norms and so we're not able to really verify in a rigorous way—in a way that would normally be performed—whether or not these products are adulterated. But the current evidence suggests that they are significantly adulterated and the data are clear that they are neither safe nor effective. Over.

**Shawn Buckley**

Dr. Malone, thank you. And do the commissioners have any other questions of Dr. Malone?

Yes, so there's another question. Dr. Malone, we are very tight on time, so I'll ask if you can be very succinct in answering the questions.

**Commissioner Drysdale**

Thank you, Dr. Malone. We've had a number of witnesses talk about COVID-19 and how they recognized at a very early point in the pandemic that the disease targeted—perhaps

that's not the right term. But certain people, certain stratifications of the population were more susceptible. In other words, if you were obese, or if you were elderly, they told us that you are more susceptible to the disease.

[01:10:00]

**My question is really focused at the second part of your presentation. That is: When you talk about these fifth-generation techniques, are they stratified in the population? In other words, have you seen markers that show that it's more younger people, or older people, higher population-density portions of the country are more susceptible to this technique?**

**Dr. Robert Malone**

This is not my core competence, psychology. This is not what I was trained in— Or psychoanalysis, others have had that training. I can tell you definitively that there was a study of a randomized clinical trial with the six-month follow-up of approximately 600 subjects in 10 different groups performed by Yale University—the funding for that was not disclosed—before the vaccines were ever available. It piloted various messaging strategies and tested whether they were effective at different populations, in terms of the messaging regarding generating a willingness to accept these vaccine products and to influence other parties to accept these vaccine products. I've documented that both in Substack—it's a published peer-reviewed paper—and in my book.

So there absolutely is evidence that these campaign tactics—of, for instance, speaking about guilt, social obligations, risks to the elderly and grandparents, et cetera—were absolutely tested in a randomized clinical trial prospectively, in order to generate the message content that was deployed throughout the Western world to convince, compel, and entice different populations to accept these products. And in particular, the logic that it was necessary to vaccinate children in order to protect the elders. Over.

**Commissioner Drysdale**

Thank you, Dr. Malone. I have nothing else. Anyone else?

**Shawn Buckley**

Dr. Malone, it's truly been an honor to have you join us today. And on behalf of the National Citizens Inquiry, we thank you so very much for attending and sharing with us.

**Dr. Robert Malone**

**Thank you for the opportunity. I hope it was helpful, and I wish you the best of luck there in Canada.**

**Shawn Buckley**

**Thank you.**

[01:12:44]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*

*<https://nationalcitizensinquiry.ca/about-these-transcripts/>*



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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**March 30, 2023**

**Day 1**

### EVIDENCE

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**Witness 3: Dr. Bruce Pardy**

Full Day 1 Timestamp: 03:09:14–04:13:32

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

So our next witness coming to the stand is Bruce Pardy.

Mr. Pardy, I'll ask you if you can state your full name for the record, spelling your first and last name.

**Dr. Bruce Pardy**

My name is Bruce Richard Pardy. First name is spelled B-R-U-C-E. Pardy is spelled P-A-R-D-Y.

**Shawn Buckley**

Bruce, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Dr. Bruce Pardy**

I do.

**Shawn Buckley**

Now, you had sent me earlier a copy of your CV, which we've kind of pre-entered as Exhibit TO-6. Would you confirm that the CV you sent me was correct and accurate?

**Dr. Bruce Pardy**

It is correct, thanks.

**Shawn Buckley**

Now, you are a professor of law at Queen's University.

**Dr. Bruce Pardy**

Correct.

**Shawn Buckley**

And you are the executive director of Rights Probe. And that's a law and governance think tank, and division of the Energy Probe Research Foundation?

**Dr. Bruce Pardy**

That's right.

**Shawn Buckley**

And then you're also currently a member of the Ontario Bar.

**Dr. Bruce Pardy**

Correct.

**Shawn Buckley**

Now, you've asked me to let the commissioners know—and this would be a lawyer thing—that you are not opposed to questions being asked during your presentation, because you're going to cover different subjects. And the commissioners might not be aware: judges interrupt lawyers all the time in court. So it's kind of the common thing.

You've been called to explain how the legal system enabled governments and public health authorities to put COVID measures in place. And would you please share with us your thoughts on that?

**Dr. Bruce Pardy**

Yes, by all means. Thank you very much for having me. Is there a trick to starting the PowerPoint? Do I just click on?

Okay, very good.

**Shawn Buckley**

You have it.

**Dr. Bruce Pardy**

Great, great, great, okay.

**So I want to start with this thought, which is that the most powerful ideas are the ones you don't know you have. And one of those ideas is the problem here. I want to try to answer this question for us today.**

**During COVID, of course, people were told what to do and what not to do. They were told not to walk through the park. They were told to close their businesses. They were told their**

kids couldn't go to school. They were told that they couldn't go into the store without a mask. They were told they couldn't have a job without a vaccine. And so on.

And during this period, people thought the law would save them. This seemed like society unravelling. It seemed insane. And they thought, "The law will save us. The law is solid. The law is written down. The law will bring this back." And it did not. Many people tried. They found a lawyer; they brought an action; they brought a challenge to this rule or that. And those challenges, for the most part, were rejected. And the question is, why?

And there may be many answers to this question, but I would like to suggest two. The first one is that this is a reflection of the triumph of the administrative state. That system of governance is based upon an idea. And that's the idea that I want to talk to you about, this is the important idea that we don't know that we have.

And the second reason is that the Charter that a lot of people put a lot of faith in did nothing to push back against this idea. In fact, in some ways—because of the way it is interpreted and applied now—the Charter, instead of opposing that premise, that idea, in some ways now facilitates it.

So the premise, this idea that is the problem, let's start with this.

Our law is based upon ideas.

[00:05:00]

Now it might seem that the law consists of books, of words. You go off to the shelf or onto the internet. And you open it up and you see what the words say. And that's the law. And that's true of course, to an extent. But the legal system is also based upon a certain number of ideas.

Here's one of the ideas. That the state is based upon three different branches: legislature; the administration or the executive branch, as it's sometimes called; and the courts. And one of the important ideas that we have had in our law for a long time is that these three branches of the state do different and distinct jobs. And one of the ways that we are protected from our state, from our own state, is that these three branches are distinct and they cannot do the job of the other. In other words, it prevents power from being concentrated in any one organ or person.

Legislatures legislate. They pass statutes that contain the rules. Courts take those rules and they apply them to particular cases. And the administration takes the rules that the legislature has passed and they enforce them, they carry them out. Now, one way to understand which part of the state we're dealing with at any particular moment is to think about it this way: We know what a court is. And we know what a legislature is. A court has a judge and a room, and it involves a dispute and evidence and so on. And a legislature has elected people and they pass statutes by vote. Everything else—everything else—is a part of the administration: the cabinet, the ministries, the departments, the agencies, the tribunals, the commissions, the law enforcement, and so on and so forth.

Now, here's a basic idea: The administrative or executive part of the state is authorized to do nothing unless the legislature has passed a statute saying that it can. And that's a great rule. That's a rule that the courts did enforce and still technically do enforce. But here's the problem: The ideas upon which our legal system is based are changing. They're evolving, if you like. But they're evolving in what I would consider to be a very dangerous way. Here is

now what is happening— And it's been happening for quite a while, this is not just a COVID thing. But it reached its height during COVID.

Here's what's happening: Legislatures, instead of passing statutes that contain all the rules, are now passing statutes that delegate rulemaking authority to the administration. It doesn't mean— I'm not suggesting that there aren't statutes with rules in them, that wouldn't be correct at all. But more and more, our statutes include sections that say, "and Cabinet can make regulations about these things." Or, "the Minister can decide this list of things." Or, "this public health official can do these things." Or, "this commission can do that." And the actual rules—the actual rules that apply to us day-to-day, more and more—are not in the statute. They are in the rules made by the administration.

Now you'd think, well, hold on, wait a minute. Surely the courts would prevent this from happening because now you're concentrating power. Now, the executive branch is doing the job of the legislature. But the courts have long said, "No, no, it's okay. Legislatures can delegate their rulemaking authority to the administration. And when they do so and when the administration makes these rules and does its stuff, what courts should do is to defer. We should give room to the administration,

[00:10:00]

to the officials, to the public health officers, and so on, to do their thing. We shouldn't look too closely at it because, after all, they are the ones with expertise and we in the court are not."

So here's what we get: You get delegation from the legislative branch, and you get deference from the courts. And what you end up with is an administration that has the following mandate: It has the discretion to decide the public good. And that is the idea that has triumphed. And that is the idea that triumphed during COVID. On steroids. If you like, this is the holy trinity of the administrative state: delegation, deference, and discretion. The discretion to decide the public good is the premise of the administrative state.

And here's the implication: When we talk about data, when we talk about medicine, when we talk about whether masking works, talk about whether the vaccines are safe and effective, we are arguing about, "What is in the public good?" That does not challenge the premise of the system that is in place. Here's what this premise means in a little bit longer detail: that individual autonomy must yield to the expertise and authority of officials acting in the name of public welfare and progressive causes.

So just very briefly, here's what I mean by a premise. This is just a very short thing about deductive reasoning, right? You start with a proposition: "Cats have tails." That's a premise. **You plug in a bit of evidence; sometimes it's called a minor premise, but a piece of evidence. You're trying to connect two things: the premise with a piece of information. And you get a conclusion. Simple enough.**

**Here's the way the premise in this situation works. Here's the premise: Officials have discretion to decide the public good. Here's the evidence: Officials mandated a vaccine. Note the nature of this evidence. This evidence is not about the vaccine. It's not about its safety. It's not about its efficacy. It's not about whether it's in the public good. It's the evidence about what the officials with the authority did. If you put that premise together with that fact, what you get is the conclusion. The conclusion is: Therefore, vaccine mandates are in the public good. That's what follows from the premise. And you cannot**

**attack that conclusion without attacking the premise. And attacking that premise, for the most part, has not been done.**

**Why is that? Because the premise is very deep. We have lived with an administrative state for decades. People think that's what government is. If you went up to people on the street and you said, "We shouldn't have officials with the ability to decide the public good," they would look at you like you were from a different place. Like, "What are you talking about? I don't understand what you mean. That's what government does."**

**And I'm here to tell you: that is not necessarily what government does. It is what it does now; but it is not the only way to design your government. And the fact we have designed our government in this way has led to this problem. And there is no way to avoid the problem again, the next time, unless the premise is challenged.**

So here's what I mean about all of the issues that so many people have been talking about.

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The masking. The lockdowns. Do lockdowns work? Did they work? Did they stop the spread? Did they cause more harm than good? Did social distancing have a rationale? Was six feet right, or should it have been five or seven? Was there any data? Was it ridiculous or not? Do masks work? What's the data? What are the studies on masks? Is it as ridiculous as it looks to be, or is there something to it?

What about the vaccines? Were they tested properly? Do they cause these problems? Do they actually stop the spread? Do they actually stop the severity of symptoms? All of these questions—they're very important questions, to be sure. Very valuable to know about what the actual information is on all of these questions. But all of these questions are trying to debate, what is in the public good? And to concentrate on that is to miss the problem.

The problem is not the last part of that statement; the problem is the first part. You must challenge the premise that our government officials have the expertise and authority to tell us what to do in the public good. Because that is the idea that is now running the show.

In other words, it would be a mistake to think of this COVID debacle as a matter of a collection of bad policies. Now, they were, in my opinion, for sure. But that's not the real problem. The real problem is that the officials inside the state were able to produce a set of bad policies. If government officials have unchallenged authority to decide the public good and thereby to override individual autonomy, bad things inevitably follow. What they can do, they will do. And in a sense, what happened during COVID was the culmination of this trend, if you like—this evolution of the nature of the administrative state. If you like, it was **the pinnacle achievement of this managerial state apparatus. It was a great opportunity for people who have authority to manage society, because that's what they think they're for.**

**Now, as I say, COVID was not the first time. These things have been in development for decades. Decades. Over a long period of time, these things have come forward. But COVID may have been the most extreme example, certainly in living memory. So that's part one. That is the problem about the premise. That is the idea that's leading the charge, the idea that must be challenged.**

**And part two is: Well, what happened to the Charter? I thought the Charter was there to protect my individual rights. It looks like it should, it's a roster of what appears to be individual freedoms: freedom of speech; freedom of religion; freedom of conscience;**

freedom of assembly; freedom of association; the right to equality; the right to life, liberty, and security of the person. What happened?

Well, the way our Charter reads combined with the way, over a long period of time, the courts have interpreted those words, means that the Charter does not now prevent the administrative state from overriding individual autonomy in the name of public good. Now occasionally it will. In the law of course, you can't make blanket statements about things because cases go this way and that. But if you look at the trend over time, the Charter now is as much a legitimizer of the administrative state as it is an opposer of it.

**And note this: This administrative state I keep referring to, this managerial governance mechanism,**

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or collection of agencies and departments and people who manage society, is explicitly provided for in the Constitution nowhere. Our Constitution does not say we shall have an administrative state. It doesn't prohibit it. It doesn't prevent it. But it doesn't prescribe it either. It has just grown up over time.

So the Charter is not a foundation. Unlike what many people think, and understandably so, the Charter is not the foundation of our legal system. Instead, it is merely a gloss, if you like, on what the legislature and the executive branch can do.

Now it used to be—and some would argue still is, and that's a fair argument—that the foundation of our legal system was both the common law: that is, law developed on certain subjects by the courts over a long period of time, from case to case to case to case. The law of contract, the law of torts and negligence, the law of property are still largely common law subjects. In other words, you can't find the whole law by looking in the statutes. And the other foundation is the "separation of powers" idea that I referred to at the beginning: the legislature does this; the administration does that; and the courts do this. And they should all be separate to protect us all from their domination. Today though, for the most part, I would contend that even though those ideas are still around, they have been put aside in terms of their hierarchy in favour of this primary idea I mentioned to you earlier, which is this holy trinity of the administrative state: delegation, deference, and discretion.

So what about the Charter? Well, two things I want to say about the Charter. Number one, these COVID rules and the people who put them in place got around the Charter by going around to the back door. And b), I want to talk about the courts a little bit. But let's do the first one first: going around the back door.

**What I mean is that some things are able to be done indirectly that are not able to be done directly. Here's an example. Let's say that a province had put in place a mandatory vaccine policy. I mean, actually mandatory. I don't mean a passport. I don't mean at your workplace. I don't mean for school. I mean actually mandatory in this sense: "If you do not get a vaccine," the rule says, "we will fine you or put you in prison." Okay, well, now that is an actual mandatory vaccine. And we have section 7 in the Charter. Section 7 says, "Everyone has the right to life, liberty, and security of the person." Security of the person will include the notion of bodily autonomy. It's where in the Charter you will find the idea that you have the right not to give consent before medical treatment. A medical practitioner and the state need to get your voluntary informed consent before they can apply treatment. Okay.**

If we had a mandatory vaccine, an actual mandatory vaccine? That—you'd like to think, I would think—would violate section 7. That would be unconstitutional. But that's not what we had. We had something much more clever. We had a collection of policies put forward by, enacted by, directed by, promoted by the agencies of the administrative state that said, "Listen, you can do what you want. You don't have to get a vaccine. But by the way, if you don't get one, you might not be able to have a job. You won't be able to fly on a plane or a train. You maybe can't go to a restaurant. Maybe your kids can't go to school.

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**But it's still your choice. We're not requiring you to get one. We're not coercing you." And they're right. In the strict legal sense, that is not unlawful coercion.**

Why? Because they're not making you—with the force of the state, with fines or imprisonment. It doesn't fit within the idea of unlawful coercion. The argument that they were making about this does fly. It fits within the gaps in the Charter. So those people who thought, "Well, we have security of the person in section 7, they can't make me take a vaccine." And those people are right. They can't make you take a vaccine. But they can set up consequences if you don't, and thereby avoid the Charter protection. Compulsory vaccines are likely a violation of section 7. But vaccine passports probably are not. And that's what the courts have said. And this is just one example of going around the back door, of doing indirectly what cannot be done directly.

Let me give you a concrete example of how this works outside the COVID situation. And this is going to sound banal, but it's abstractly similar, so you can see it. Let's say a province creates a rule that applies to all retail establishments—stores and restaurants and so on—that says, "You cannot go into the establishment, a public commercial establishment, without shirt and shoes." Some people might say, "Well, hold on, wait a minute, I have rights. I have Charter rights. I'm being made to wear something that's a violation of my person. My clothing or lack thereof is an expression that violates my freedom of expression." And so on and so forth. You can see the argument that for someone who doesn't want to wear a shirt, this is actually a violation of their choice.

But of course, this is not going to work, because there are rationales for the rule. The rationales are public decency, public health. We don't want you walking around in a restaurant without a shirt on—just not going to look good and it might be unhealthy. There's going to be a social consensus and a legal rationale for having the rule. Therefore, you're not going to be able to reject it. The answer's going to be, "Look, you don't have to go to the restaurant if you don't want to wear a shirt." And that's exactly the kind of argument you heard with the vaccine passports: "You don't have to have one, just don't go. Now, the fact that you can't basically do anything without the vaccine is not our problem. Because it's a series of choices. And the Charter does not entitle you to be free of consequences," is the way that they would put it.

**So here are the other kinds of rights in the Charter that have been tried as arguments against various COVID rules: freedom of assembly and speech, conscience and religion; mobility rights in section 6 for the refusal to take the unvaccinated on planes and trains; freedom from arbitrary detention [for] the mandatory quarantine hotels that they ran for a while. For the most part, these didn't work. And of course, even if they had worked— And sometimes they worked. Sometimes you had a rule that so plainly infringed one of these rights that the court had to say so. And then found another reason why it was still okay.**

**And this is the main reason, this is the famous section 1 of our Charter. This is the “reasonable limits” exception. These rights and freedoms guaranteed in the Charter are “subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.” Now, that’s wide enough to drive a truck through if you want to. And some courts used that exception to say that even though this rule—**

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**For example, there were rules prohibiting gathering for church services at the same time some stores were open, because gathering in stores is one thing that the state approves of and gathering in churches was another thing that they didn’t want to happen. And those rules clearly infringed your right of assembly, perhaps your freedom of religion and so on.** The court said, “Well, they do, but it’s a reasonable limit because of the situation that we are in.”

And for the most part— And I want to be clear that courts don’t act as a monolith. No one sends a memo from on high to all the judges and all the courts saying, “Here’s the attitude you should take about this.” That’s not the way it works. And I’m not suggesting that all the courts and all the judges are all thinking the same way. That wouldn’t be correct. But if you look at the pattern, for the most part I would argue that courts largely embraced not only the premise of the administrative state, but embraced the government COVID narrative. And you can see that if you take a wander through the various cases that have been tried over the past two or three years. You’ll see that in their decisions. In black and white, they have said things that have suggested that they are totally on side with the danger that has been portrayed, that the virus poses, and the efficacy of the various rules that have been tried and put in place.

Here are just a couple of— I’ll just take you through some examples. This is just to give you a flavour of the approach that many courts have taken.

Here’s a case from Manitoba: “[T]he factual underpinnings for managing a pandemic are essentially scientific... [and] fall outside the institutional expertise of courts.” We don’t know how to do this. And we don’t want to do it: “it is not an abdication of the court’s responsibility to afford the [public health officials] an appropriate measure of deference.” There’s the deference I was speaking of. There’s the deference that makes the administrative state powerful. Courts don’t want to deal with this. The judges don’t have the expertise in these subject areas and the officials do. That’s the rationale.

Here’s another one. “[L]ike times of war... pandemics call for sacrifices.” This court is equating COVID with being at war. And during times of war governments are entitled to expect sacrifice from their citizens. In other words, “You will do as you are told, because **we’re in a crisis here. And we are not going to tell the government not to do what it wants to do.**” That is a reflection of the premise of the administrative state.

**And note this— necessity. Necessity is so often the rationale for putting public welfare ahead of individual autonomy. You can find necessity pretty much anywhere you look if you want to find it.**

**“If some are unwilling to make such sacrifices ... [the Constitution] will not prevent the state from performing its essential function of protecting its citizens from that risk.” And note the end there. It is not a given that the job of government is to protect citizens from risk. That is the job of the administrative state. But it is not the job necessarily of any government organization, of any conception of what government’s supposed to be.**

**There is the big idea that we don't know that we have. The idea that government has the job of protecting its citizens from risk. That is part of the premise that must be challenged. I would say, in my opinion,**

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**that the role of government is not to protect citizens from risk and that that function is the citizens' job to do on their own. But if you accept that premise then you get the COVID regime.**

**Another example. This is a case from Nova Scotia dealing with protests outside against lockdowns. "[Protesters] are uninformed or willfully blind to the scientific and medical evidence that support those measures."** Now, of course, we have a pretty good idea now that actually that's not true. In fact, it might be actually the reverse, that the protesters actually had it exactly right. But that was not acceptable then. Why? Because of the premise—because officials had said, "We're going to have lockdowns." And officials have the authority, expertise, and discretion to decide the public good. There's your logic. If the officials have said so then that's the conclusion: Therefore, the protesters must be wrong.

This is not based upon evidence from the court—or induced in the court. I mean, there was evidence. As there is in any case, you'd hope to have conflicting evidence. It's the purpose of experts coming into a courtroom: I think this, I think that. Those two things conflict. The job of the court is to resolve that conflict and decide whose makes more sense. But in so many of these COVID cases, the court would be inclined to dismiss the evidence of those who were challenging the rules and to embrace those producing evidence on the part of the government. So the protesters show "a callous and shameful disregard for the health and safety of their fellow citizens."

Just two more—and then I'm basically done. And if there are any questions, I'd be happy to take them.

I'm able to take judicial notice. Now, here's a very interesting thing: In a number of cases, especially family law cases, a number of courts took judicial notice. Judicial notice means a judicial conclusion of facts not based upon evidence. Judicial notice is a thing. It's designed to allow a court to assume certain facts as true even though there's no evidence—because those facts are so notorious that nobody would spend time debating them. "The sky is blue." A court can take judicial notice of the fact that the sky is blue. Who would say otherwise? But the efficacy and safety of the vaccine was at least in part the issue in the case. And yet, in these cases—at least a handful of them—courts took judicial notice of the safety and efficacy of the vaccine precisely because they did not want to delve into the evidence.

**And finally, here's a really neat one. This is from an Ontario court. "The measures"—the COVID measures that are being challenged in this case; the COVID measures themselves, the ones that say, "can't do this, can't do that, must do this"— these "measures protected the constitutional rights of those individuals to life and security of the person." You see now how the Charter is being exactly turned around. Instead of protecting you from the tyranny of the state, the Charter in this paragraph is now being used as a rationale and justification for why the state must come down and tell you what to do in order to protect your neighbours.**

So maybe I'll stop there.

**Shawn Buckley**

Professor Pardy, before I let the commissioners ask you questions, I wanted to ask if you could also comment perhaps on the doctrine of mootness and how that has been applied to thwart some Charter cases.

**Dr. Bruce Pardy**

Sure, yeah. Mootness is this idea: Courts are tasked with resolving live disputes. If you went into a court today and said, "You know, I've always wondered about this question. What would happen if—?" If you did that, the court would throw you out because it's not a real dispute.

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It's theoretical and therefore moot. It's a waste of judicial resources and time. It's got to be concrete; it's got to be a real thing. So mootness comes along when a dispute that was real at the beginning becomes theoretical because something changed. The rule, for example, that was being challenged was repealed, taken away. The person with the problem doesn't have the problem anymore because the rule is gone. And on that basis, courts will dismiss suits that are moot if the rules are withdrawn.

However, the problem with doing that is that you essentially give a licence to the government to bring the rule back. If you do not resolve the legal question about whether the rule was constitutional to begin with, then it's still an open question. And a few months or a few years down the road, the government could say, "Well, we didn't get into trouble the first time. Let's do it again." Or even more— In an even more sinister way if you wanted to go this far, if you were the government, you could think, "Well, you know what? If we just keep playing this mootness game, we can put on the rule for as long as it takes the case to get to court. Before we get to trial, we'll just take the thing away. It'll therefore be moot. The thing will be dismissed for mootness. And therefore, we can put the rule back on." Sort of a cat and mouse game. That's the kind of reason why courts have the discretion to hear a case which is technically moot. And they often do. But in this COVID era, some courts have declined to do that. For the reason, I would posit, that they don't want to. They don't want to be the ones to decide the COVID question. And understandably so.

Here's one of the mistakes that people who have opposed COVID rules have made, in terms of their thinking. They thought, "This is crazy. Something strange has happened to society. I'm going to take this mess to the court to have them sort it out and put things back together again." You are essentially asking the courts to serve a political function. Courts don't want to do that. They don't like to get involved in politics to that extent. Predictably, the situations in which they've been tried to be given that mandate, they've backed away from it. **And I quite understand that. But I think that's the story on the mootness.**

**Shawn Buckley**

Thank you, Professor Pardy. I'll allow the commissioners to ask you questions. When you conclude, if you can give your thoughts of perhaps how this could be changed to prevent the administrative state. But we'll let the commissioners ask you questions first.

**Commissioner DiGregorio**

Thank you, Mr. Pardy, for your testimony today. I wrote down a hundred questions but wanted to hear your presentation throughout before I tried to put them in some order that

will help us to take this—what you've told us today—and develop it into recommendations in our final report. And so that's kind of how I'm framing the way I'm going to ask these questions.

**In trying to pinpoint where the problems are that we can address, or provide recommendations to address, I heard you talk about an issue with the role of delegation from the elected legislation to the unelected administrative regime, let's say. I heard an issue with the courts providing deference to the administrative state. I think I heard you talk about potentially the Charter being too weak to have protected rights robustly and that it could be overcome indirectly. I'm just trying to think about, on each one of those levels, what we could recommend.**

And if I start with the delegation problem: Do you think that what's needed is a different standard, maybe legislative standards, as to when and how delegation can be given from the elected legislature to the unelected administrative state?

**Dr. Bruce Pardy**

The short answer is, yes. And thank you for the question. In a way, this is the question.

There is at least theoretically a doctrine, a non-delegation doctrine, which we don't have in this country. The Americans do have a form of a non-delegation doctrine in some places. It's not robust, but it does exist.

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In this country, we have essentially had the rule that a legislature can delegate its powers any way it likes as long as it maintains the right to take them back.

A better rule, in my view, would be a non-delegation doctrine that said the following thing. This work, by the way, has been done by a fellow named James Johnson, a very thorough legal scholar and researcher. He's made this case in an article, amongst other places, in the *UBC Law Review*. But he says this: "Legislatures should have the job of articulating the substance of the rule." In other words, our MPs and MPPs are elected to make policy decisions. That's legitimate. And as long as they make those judgment calls, that's fine. Those judgment calls between "this" and "that," about where the line should be drawn; what the considerations are; what values or virtues are going to be reflected in the rule: that's a legitimate thing for elected officials to do. Because they're elected, they have democratic legitimacy. But the job of making that call, making that difficult political call about where to draw the line, the substance of the rule should be made in the legislature. So if the people don't like it, number one, they can see it being made; and number two, they **can kick the bums out next time if they don't like it.**

**What should not happen is that the statute should avoid having to make the hard call and send it off to some dark room in the back. Where you can't see the rule being made, sometimes you don't even know what the effective rule is. Okay? That's the essence of the non-delegation doctrine. It should be sunlight; it should be democratic. It's not that the governments can't make policy choices; it's that they're not being made by the right body. And that's the essence of a non-delegation doctrine.**

**Commissioner DiGregorio**

Thank you. So then, moving on to the issues we've seen with the courts throughout the pandemic, you identified—I think quite rightly—that there's been a lot of deference given by the courts to the decisions that have been made. And in terms of thinking about recommendations we could make to maybe strengthen the role of the courts, do we need statutes that set out perhaps better standards of evidence that are required before deference is provided? Maybe rules around when judicial notice can be taken, do we need to strengthen that area?

**Dr. Bruce Pardy**

**Yes and no. Certainly, rules of evidence are within the realm of the legislature to act upon.**

But there are some things about whether courts should get deference and the nature of judicial review and so on that the courts are going to view as in their area and not the legislature's. In other words, we have—and quite rightly and good that we do—we have a tradition of judicial independence. And the courts as an institution, again quite rightly, are going to look askew a little bit at legislative attempts to curb what it is that they can do when they review the very legislation that they are asked to do.

In a sense, it's a constitutional dilemma. You want these three separate branches to do their job. And you want them to do it properly. We see a problem about how they're doing that job independently. And yet when one branch comes along to try and tell the other branch to do their job properly, that's interference with that branch by the first branch. So I don't have a simple answer to your question. It's a very good question. It's worth looking at the degrees to which legislatures could stipulate the legal rules about evidence to be applied in a court. On the other hand, the rule of judicial review, the constitutional standards for assessing when deference is going to be given and so on, is largely common law in the sense it's developed by courts. And we should probably be careful about treading on that territory.

**Commissioner DiGregorio**

Thank you. Lastly, I'd just like to ask you about your views on the Charter. And I think I heard you essentially say that a lot of the rules that were put in place did not violate the Charter. I think that could probably be argued both ways by many lawyers. But let's accept that perhaps that is the conclusion that the courts will reach.

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Is it then your opinion that our Charter needs to be changed or revised?

**Dr. Bruce Pardy**

**Oh, I think our Charter needs to be revised. Yes, definitely. I think it has proven to be inadequate to the task that people expect of it. I think the prospects for revising it are very, very poor. And I would even be reluctant to go down that road because once you open it up, you are also subject to the forces that might want the Charter to be more what it's becoming instead of less. In other words, a Charter looks like a roster of individual rights and freedoms. Over time, it is probably less of that and more of a progressive blueprint for common interventions.**

For example, the way that the Supreme Court over a period of decades has interpreted section 15(1), which is the equality provision: from one that I read as providing in section

15(1) a requirement for equal treatment in the law, the Supreme Court has basically said that 15(1) and (2) together require substantive equality. Now, that is a real conflict in vision. If we opened up the Charter, I would be concerned that we would go further down that road instead of back to the one that I would like to see.

**Commissioner DiGregorio**

All right, thank you. I'm going to stop my questions there.

**Commissioner Drysdale**

Thank you for your testimony. Like my colleague, I have a hundred questions. And although we have the ability to ask those hundred questions, I don't think anybody would stay for them. But I have a few questions. And we've talked about—or you've talked about—the three branches of government, if that's the right term. You know, we often talk about another branch of government unofficially. And I ask this question because when I look around this room—and I looked around; I did this as well in our last hearing and I will do it in every hearing—I only see a very thin representation from that other branch of government. And I'm talking about the press.

**Dr. Bruce Pardy**

Right.

**Commissioner Drysdale**

But in my mind, there's another component as well and that's the component of the people. I start to look at the participation in our political system. And I start to look at the numbers of people that vote or don't vote and the number of people that get elected by acclamation in our country. And I also look at the incredible power of each of the leaders of the two or three political parties we have. In other words, the candidate doesn't even get to run unless they're vetted by that.

So having said that giant mouthful, how do we re-engage the public? How do we re-engage the press in an honest and open way? Big question, but would you agree that that's kind of the fundamental of getting change? Because if you're not holding the big stick, they won't make the change. And you can only hold the big stick if you can engage the population. Is that a reasonable statement?

**Dr. Bruce Pardy**

Yes, absolutely it is. But it's also all tangled up, the problem that is, right? Because it's not just a case of electing the government that you will solve the problem. Because the idea is deep enough so that the particular stripe of party that's in power doesn't actually change the game. Elections and democratic participation and so on is very important, but it's not the whole story either. I'm afraid I think it goes back to the set of ideas people carry around.

Let's talk about the press for a minute. For some reason, we have come to the idea—a lot of people have, I think, in the here and now—that the job of the press, whether or not it's the legacy press or the new independent press or for that matter just people online, that their job, their responsibility, is to tell the truth. In fact, that if you are speaking— Whether it's in a forum or online or as the case may be, that if you are not speaking the truth that you are

not really exercising your free speech legitimately. And that's, in my opinion, completely wrong.

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Free speech, upon which our press traditions are based, is not based upon truth. As soon as you have the idea that people have to speak the truth to be allowed to speak, now you've got a real problem. Because now you have to define what the truth is. And the only party able to do that is the government. So now you have free speech that's supervised by government approval of what you're saying. That's the opposite of free speech.

You're allowed to say what you think, not because it's true, but because it's what you think. And that's got to apply to the press too. And the job of a free citizen in a democratic country is to take all the things that they hear from everywhere and to understand that it might not be true and decide for themselves what is. And that's just one of the many ideas we have to get embedded into our people again.

**Commissioner Drysdale**

I have another one. And I very much enjoyed your talk, and I learned a lot from you. But my question to you is: Would you consider what happened here, in your opinion, to be a significant breach of at least what Canadians' perception of their freedom is?

**Dr. Bruce Pardy**

I think it was a breach of their perception, yes. Part of what happened during this period, if I can put it this way, is a lot of Canadians discovered that their perception was wrong. And that's a hard lesson. We've been assuming that the system works in a certain way and that we have certain rights and freedoms. It says so in the document. Why wouldn't we believe in it? And then this thing comes along and you find out that what you thought is not true at all. So if there's any silver lining to this period, it might be that the curtain has been pulled back on the way the thing actually works and what it actually means. And having discovered that, now's the time: if we don't like what we see, got to fix it.

**Commissioner Drysdale**

Next question has to do with— This is going to sound odd, but why are you here telling me this? The reason I say that in the way I'm doing it is because, if reasonable people consider what happened to be a fundamental challenge to what we understand our country to be, why is the head Solicitor General of the country or the Supreme Court Justice not sitting in that place to explain it to us as Canadians? Rather than—and not to be insulting but, you know—a university professor or a lecturer?

**Why is a Supreme Court justice not sitting here telling me what it is?**

**Dr. Bruce Pardy**

There are many ways to answer that question. Here's one of them. Number one because it would probably be out of line for them to do that. But also, because—and I don't want to speak to every single one of them—a lot of them will believe in the premise I discussed. They really do think that it is the job of government to protect us and to manage society. It is the job of public servants to fix social problems. That's part of the premise. And if you were to stand up in public and say, "No, no, no, no, no, no, no. Governments and their

officials should not be primarily involved in bringing the power of the state to bear to fix social problems and keep people safe.” Okay? Now I’m talking heresy. Absolute heresy. Certainly, amongst that population of people who are, after all, involved in their careers in that enterprise: if you were to be a person with prominence in that area and stand up and say that, you will be undermining the whole machine.

**Commissioner Drysdale**

My last question is, what is the standard for the courts or the police when it comes to making a ruling like you talked about the ruling at Gateway Bible Baptist Church [*Gateway Bible Baptist Church et al. v. Manitoba et al. (2021)*] in Manitoba?

**Dr. Bruce Pardy**

Right.

**Commissioner Drysdale**

So they make a ruling.

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And then evidence becomes public shortly thereafter that proves that ruling incorrect. What is the process? Can the courts readdress that on their own? I’m wondering what the process is.

**Dr. Bruce Pardy**

Yes, it’s very unusual to go back to a case. The general rule is that once a decision is done, it’s done. In very narrow circumstances, in certain kinds of cases, if new evidence does come to light— For example, let’s say somebody has been convicted of a crime and is in in prison and new evidence comes to light. There’s a process for applying to reopen the situation. But in general, of course, that is not what’s done. The new evidence becomes relevant to the next time around if that issue should rise again. But for the most part, a case is a finished case.

**Commissioner Drysdale**

Thank you.

**Shawn Buckley**

I see we have another commissioner.

**Commissioner Massie**

Just one question.

**Shawn Buckley**

And I do too. I’ll let you go first. Professor Pardy, we clearly did not give you enough time.

**Commissioner Massie**

Thank you so much for your presentation. It really helps me to understand a lot of situations we're in. I just want to come back to your administrative state, which is probably prevalent in all of the Western society.

**Dr. Bruce Pardy**

Absolutely, yes.

**Commissioner Massie**

And to me, I've been living in the administrative state during my career. One of the things I've always struggled with is that there seems to be a disconnection between authority and accountability. Is there a way to reintroduce true accountability within the administrative state?

**Dr. Bruce Pardy**

That's a very good question as well. You would think—you would like to think that authority would come along with accountability. Those two things should really travel together. But they often don't. And part of the reason for that, and this is reflected in the law, the way the courts have developed it as well, is: if you are trying to sue the government for negligence, for example, you are able to sue them for operational failures. So let's say the government has adopted a policy of paving roads in a certain way, in a certain place, in a certain frequency. And they fail to do that properly. The road isn't well done; there's potholes; it's dangerous. And you have an accident on the road because of their failure to carry out the policy. You can do that. You can hold the government liable for its negligence, as long as it's an operational failure. You generally cannot sue the government for its policy decisions. If the policy creates bad outcomes, there's no cause of action.

And that makes sense in a way, for this reason. All policy decisions create some bad outcomes for somebody. That's the nature of a policy decision. It's a matter of weighing costs and benefits and drawing a line somewhere. And some people are going to be on one side of the line, and some people are going to be on the other. So, it'd be very problematic for us to say you can sue them for policy decisions. That probably won't work, right? It's part of the democratic process to give the elected officials, as I said before, the power to make those kinds of policy decisions. And you would never be able to sue a legislature for the policy that it put inside a statute that was properly passed. That just wouldn't go.

**Shawn Buckley**

Because of time I'm going to defer on my question. We must take a lunch break. But Professor Pardy, I want to thank you on behalf of the National Citizens Inquiry for coming, for sharing your thoughts. I think I speak for the commissioners and everyone present that you have made us think about things in a different way and we thank you for your contribution.

**Dr. Bruce Pardy**

Thanks for having me.

[01:04:18]

**Final Review and Approval:** Jodi Bruhn, August 16, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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Witness 4: Marc Auger

Full Day 1 Timestamp: 04:54:05–05:09:05

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Marc Auger**

It's Marc with a C, M-A-R-C, Auger, A-U-G-E-R.

**Shawn Buckley**

And Mr. Auger, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Marc Auger**

Yes, I do.

**Shawn Buckley**

Now, you were a professional firefighter for 30 years.

**Marc Auger**

Yes.

**Shawn Buckley**

And I want to say you had the good fortune of retiring just as COVID was hitting, but—you retired just before COVID hit.

**Marc Auger**

Yes, I did not have to deal with any of that.

**Shawn Buckley**

Right. But you had to deal with your father, Pierre. Can you please share with us what your experience was with him and the different COVID policies?

**Marc Auger**

Yes, my father had early onset dementia and he could not live on his own, so he moved in with my sister and lived with her for about three years. But on June 7, 2021, we had to admit him to long-term care. And that was at the height of COVID when there was a bunch of mandates and restrictions. I was his power of attorney and at times I was not allowed into the home to visit him and it made my job as a power of attorney very difficult.

**Shawn Buckley**

Now, when he moved in, were you allowed in that day?

**Marc Auger**

The day he was admitted to the long-term care, yes. I had to go in to fill out a bunch of forms.

**Shawn Buckley**

Okay, so you were allowed in that day but then you weren't allowed in after that.

**Marc Auger**

Yes, there was periods of times I was not allowed in.

**Shawn Buckley**

And what was the reason you weren't allowed in?

**Marc Auger**

At that time, I was unvaccinated.

**Shawn Buckley**

And how did that make you feel?

**Marc Auger**

Segregated, very segregated. I don't think I should have been prevented from going into the home just because of my vaccination status.

**Shawn Buckley**

Right, so I mean, even if you tested negative, their policy was that you couldn't go in?

**Marc Auger**

Well, at the time, there was no testing when he was admitted. Later on, they did bring in rapid testing; and since I was a primary caregiver, I was allowed to get back in and see him on November the 23rd. And the frustrating thing for me is to this day, when I go visit him in long-term care, I still have to rapid test. Everyone rapid tests before they can go in and visit.

**Shawn Buckley**

So you mean in March 2023?

**Marc Auger**

Yes, I was there last week and everyone who goes to visit in a long-term care home has to rapid test.

**Shawn Buckley**

So he went into long-term care on June 7th of 2021. You weren't allowed back till November 23rd 2021. Did you notice a difference in your father when you were allowed back?

**Marc Auger**

Yes, I did notice. When I was in to visit him, his dementia declined. And I'm convinced that the decline was due to him being basically locked in his room. They received all their meals in the room. I couldn't come and visit. My sister could visit because she was vaccinated. And she had to try to explain to my father why I could not come in and visit him.

**Shawn Buckley**

Now, after you started being able to visit him, did you notice a change? You were able to start visiting again in November and you'd noticed a decline.

**Marc Auger**

Yes.

**Shawn Buckley**

Did anything happen after you started visiting him?

**Marc Auger**

After I could go in and visit, the very first time I saw him, he didn't even recognize me. And then after a few visits, he could recognize me, but it was like every time I went, there's different rules. So sometimes we'd have to meet outside. They'd have a table set outside and he would be in his wheelchair on one side and I'd be on the other side of the table, masks sitting outside, trying to carry on a conversation with someone with dementia. It was very frustrating.

**Shawn Buckley**

Now, I want to change subjects. You went to the hospital back in October of 2021.

**Marc Auger**

Yes.

**Shawn Buckley**

Can you tell us about that experience?

**Marc Auger**

I ended up showing up at a hospital on a Friday night with severe abdominal pains.

[00:05:00]

And after a bunch of tests, I was diagnosed with appendicitis and I needed emergency surgery to remove my appendix. I was admitted to the hospital at that time, and I was laying on a bed, a stretcher in the hallway. And as they were doing the admitting to the hospital, the nursing team was doing all the paperwork and they said part of being admitted to the hospital and needing surgery is we have to do a COVID test. But they weren't concerned because they knew I was fully vaccinated. And once I informed them that I was not vaccinated, the whole demeanor changed. The nurse left the bedside, came back and said, "We have now found a room for you." Originally, they told me I'd have to spend the night in the hallway on a stretcher because there was no rooms.

**Shawn Buckley**

So can I just break in? What you're telling us is— You're told you got to basically spend the night in the hallway on a stretcher—

**Marc Auger**

Waiting for surgery.

**Shawn Buckley**

When they think you are vaccinated. But the minute they find out you're unvaccinated, they found a room immediately.

**Marc Auger**

Yes, I was rolled in on the stretcher into a single room, you know, glassed-in room. And that's where I spent the night: in this glassed-in room on the stretcher. They didn't even transfer me onto a hospital bed. I spent the night on the stretcher.

**Shawn Buckley**

Now, were you tested for COVID during your stay?

**Marc Auger**

Yes, they did the test. Once they knew they were admitting me, they did a test and the test did come back negative.

**Shawn Buckley**

So the hospital knows that you do not have COVID.

**Marc Auger**

Yes.

**Shawn Buckley**

So did the treatment improve when the test came back?

**Marc Auger**

I felt very segregated. I was in a room by myself, had to wear a mask the whole time I was in this room. And one of the most disturbing parts of it was, through the night I had to get up and go to the bathroom. And there wasn't a bathroom in the room. So I got up off my bed, went down the hallway to the bathroom. When I came back, I noticed there was a yellow Post-It Note stuck on the glass lighting door and it had one word written on it. "Unvaccinated."

**Shawn Buckley**

And how did that make you feel?

**Marc Auger**

Not very good.

And it just sort of— I was on my own, you know. My wife could come in and see me. She went home for the night but she was in in the morning again. But she was the only one that was allowed in.

**Shawn Buckley**

Did you get much nursing attention that night?

**Marc Auger**

I only recall a couple times the nurse came into the room to check on me.

**Shawn Buckley**

Now, you're waiting for surgery.

**Marc Auger**

Yes, I had surgery the next day.

**Shawn Buckley**

And this is emergency surgery?

**Marc Auger**

Yes, they had to call in a surgeon and an anesthesiologist and two surgical nurses to do my surgery, and I was the only surgery done that Saturday.

**Shawn Buckley**

Am I correct in suggesting to you that this was a life-and-death situation?

**Marc Auger**

That I cannot answer, but I was in a lot of pain and they told me that they had to come out. So that's why they did it the next day.

**Shawn Buckley**

Right. Now, you were telling us that at the hospital, you were treated differently once they found out you were unvaccinated. Has your status changed, your vaccination status?

**Marc Auger**

Yes, I did get vaccinated. I 100 per cent regret that decision I made. I was not anti-vaxx, I was vaccine-hesitant. And the reason I was vaccine-hesitant is I have had two bouts of pericarditis in my lifetime: once as a teenager in high school and once in my 20s as a firefighter. And both times it was very painful and I required medication to get over the pericarditis. And I started doing research at the very beginning of COVID and what I could find out—it seemed like it was very hard to get information—but I did find out that the mRNA vaccines and the AstraZeneca vaccines both had possible side effects of heart inflammation, and I wasn't willing to take the risk.

So I researched Johnson & Johnson.

[00:10:00]

And at the time, Johnson & Johnson was purchased by the Canadian government, but they did not release it to the provinces. So I basically waited until it was available in Ontario before I considered taking it.

**Shawn Buckley**

Sorry, I turned my mic off.

Did you feel that you were perfectly free to take the vaccine or not take the vaccine?

**Marc Auger**

No. To this day, I feel like I was 100 per cent coerced into that decision. Mainly because of the experience I had in the long-term care home trying to look after my father, and the experience I received at the hospital as being an unvaccinated patient needing surgery.

**Shawn Buckley**

What happened when you were vaccinated?

**Marc Auger**

I was very hesitant at getting vaccinated. The last vaccine I did receive was a shingles vaccine and I did have a reaction to that, which was another reason I was vaccine-hesitant.

But I just felt like I was being coerced into doing this because if I wanted to do anything, I had to be vaccinated.

So I got vaccinated on December the 23rd, and the next day I felt like I got run over by a truck. I was in a lot of pain. I have arthritis. It just seems like my arthritis flared up. For the first week, I was in a lot of pain. Then ever since then, my arthritis has been worse. I've talked to my doctor about it, and my doctor has no explanation. She just suggested to increase my arthritis medication.

**Shawn Buckley**

And so this was a sudden change?

**Marc Auger**

The day after being vaccinated, I was sore for a week. Like it was hard getting in and out of bed, walking up and down stairs; everything hurt, just hurt. And then for the first year, my shoulders— I had a hard time sleeping on my side, my shoulders would hurt. It's been progressively getting better because it's been well over a year, but I'm still not back to the way I felt pre-vaccination.

**Shawn Buckley**

Now, you have not gotten your second shot.

**Marc Auger**

Well, that's one of the reasons I did decide to go with Johnson & Johnson because it was a one-shot vaccination; you're considered fully vaccinated. And it was a viral vector vaccine, which was closer to the flu shot, which I have received before and didn't have reactions to. But one thing that really frustrates me is when you see anything in mainstream media, they always talk about two shots. To be fully vaccinated, you need your two shots. But Johnson & Johnson wasn't that way—at one shot you're considered vaccinated—but they never talk about it. Why did the government push the mRNA vaccines? Did they want multiple shots? I don't have the answer.

**Shawn Buckley**

Mr. Auger, you've had several experiences concerning government policy decisions on COVID. What would you think we should do differently if we were to face this again?

**Marc Auger**

Everything. To me, anyone who spoke against it was silenced. There should have been more open conversation about getting vaccinated and not getting vaccinated, side effects. It just seemed very rushed to me. And the government just kept moving the goal post, you know? It was, "Get your two shots, you're done." "Now, get a booster," you know? "Now, mix and match vaccines." It just— It was like the science was changing constantly and they didn't really have the science to back it up. It just kept changing, it just happened too quickly.

**Shawn Buckley**

Thank you Mr. Auger I have no further questions. The commissioners might have questions.

So we're good. Thank you so much for your testimony.

**Marc Auger**

Thank you for the opportunity.

[00:15:00]



*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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**Witness 3: Catherine Swift**

Full Day 1 Timestamp: 05:09:14–05:38:20

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

So our next witness today is Catherine Swift. Catherine, can I get you to state your full name for the record and spell your first and last name for the record?

**Catherine Swift**

Catherine Susan Swift, C-A-T-H-E-R-I-N-E, S-W-I-F-T. Like Taylor.

**Shawn Buckley**

Thank you. And Catherine, do you promise to tell the truth, the whole truth and nothing but the truth?

**Catherine Swift**

I do.

**Shawn Buckley**

Thank you. And I'll say it's nice to finally meet you in person; we've spoken several times on the phone. Now, you are currently president of the Coalition of Concerned Manufacturers and Businesses of Canada [CCMBC].

And I need you to speak, not nod, because we're being recorded.

**Catherine Swift**

Yes, I am.

**Shawn Buckley**

Can you just give us a brief idea of what the CCMBC does?

**Catherine Swift**

We're basically an advocacy organization for businesses. We started off exclusively representing manufacturers, but in the last couple of years we've branched out to other sectors of the economy. Most of our members are still in Ontario, but we do have some elsewhere in Canada. But we're still largely Ontario-based. And basically, we just advocate on the issues that are most important to business at any given time: taxation, regulation, red tape, energy. Energy issues have been huge lately as manufacturers in particular consume quite a bit of electricity, for example, and other energy sources. But there's a whole range of different issues that we end up getting involved with and we're quite independent relative to other business organizations. Most business organizations are somewhat financed by government and they often end up more as a representative of government than they actually end up as a representative of business. So we very deliberately don't do that.

**Shawn Buckley**

And you used to be at the Canadian Federation of Independent Business?

**Catherine Swift**

Yes, I was the President and CEO of the Canadian Federation of Independent Business for 20 years. And I was Chief Economist there, and some other positions for another seven— So I was there almost 30 years.

**Shawn Buckley**

Right. And prior to that you were in government and banking; you have a long history as an economist and then running basically, business organizations.

Now, you have surveyed a number of the CCMBC members to get their feedback on how government COVID policies affected them. Is that correct?

**Catherine Swift**

Yes, that's correct.

**Shawn Buckley**

And we've invited you here today to share with us what businesses are reporting back to you. So please do share with us what you've discovered.

**Catherine Swift**

Yeah, I sort of divided the responses I got. I surveyed about 23 businesses total. And I divided the responses into the really common ones that virtually everyone had and some of the more anecdotal stories that might have been unique to one business or two businesses.

In terms of the common issues, the three most common issues: I would have to say the number one issue was issues with employees. Now, there was quite a diverse range of issues with employees and that's not surprising. In these types of businesses— I might add that most of our members are probably small to medium-sized businesses, so the business owner typically has a lot more interaction with the employees than you'd find in a big corporation, where people don't even meet the CEO in their entire careers and whatnot. So

they have more of a personal connection with their employees. And the number one issue was the government assistance discouraging employees from working. Despite how many measures the employer may have put in place to— And people were scared, let's face it, there's no question about that. But no matter, employers tried to do their best to have their employees realize they were running a very clean, very safe workplace in all kinds of different ways.

But the fact that the government assistance— And not just the magnitude but also the duration of the government assistance because it went on and on and on long after— Really, there was a big concern about COVID. And also, the fact that there was very little— and we know this from other sources—very little qualification for these monies. They were basically distributed very freely. And we know a lot of 16-year-olds that never worked in their life got CERB [the Canada Emergency Response Benefit] and whatnot. But that was frustrating for employers.

Most of these businesses—in fact, almost all of them—stayed operating. They were all designated as essential. So they weren't closed. Of course, the closed businesses had a whole different set of issues.

[00:05:00]

But those employee issues were very extensive.

Naturally, there were a lot of cost increases that businesses had to comply: putting partitioning in, changing the spacing of employees in their workplace. Some of the employers had vaccination within their workplace, if that was possible. Others facilitated employees getting to vaccination if they wanted it. And so there was an increased cost. And there were some government programs that were supposed to cover some of those increased costs. But most of them didn't find them sufficient or found they were just so difficult to apply for, they just got frustrated and said, "Forget it, I'll just absorb the costs of that." So the employee issues were very, very extensive.

One other factor I heard was the demonization of unvaccinated employees within the workplace and how it was divisive within a workplace for that reason. And one business gave me the example that they happened to have a union and the union couldn't decide whether they were going to defend the unvaccinated. One day they'd be on their side, then the next day they'd be vilifying the unvaccinated and siding with— And they said it was just so chaotic and divisive for that business. It really was problematic for the operation of that business. So that was kind of an odd result that happened there. So that issue.

And I don't know if you want me to get into all the anecdotal stuff now, or exactly how you want to, because there were a number of—

### **Shawn Buckley**

I actually think when you're on a topic, that might be helpful. You're talking about employee issues and some specific examples on how the benefits basically were too generous and too long. That created, I presume, employees quitting or staying at home rather than coming to work, so some examples on that would be helpful.

**Catherine Swift**

Yeah. Well again, a lot of people decided they liked staying home. And again, that's understandable, and that was facilitated obviously by the benefits, and so the difficulties in operating were problematic. There was also the case that when the money was sloshing around so very liberally—literally and figuratively—that people found they would know in their neighbourhood, say, that somebody was getting benefits. And everybody was sort of aware and almost competitively comparing what was going on. Because some businesses, if they could afford it, actually shut down for periods of time. And that would naturally mean that our members' businesses were looked upon as problematic because they kept operating. And so there was a number of really interesting, I guess, impacts there.

**Some of the employers were of course trying to support their employees as best as possible.** And they did feel, and I suspect you've heard this from other people, that the alarmist news—constant drumbeat of alarmist news, death counts every day, and all this—was way over the top. In the case of media, you can expect that but governments were very unhelpful as well. They sort of went to the extreme instead of possibly being a little more moderate in their approach.

Something also with the CERB benefits that was commented on, and partly the notion of them going on longer than they really needed to: They seemed to be very politicized as well. A lot of employers felt they were more a tool for the government to try to gather votes than to actually be necessary. And actually—of course a lot of money was spent as well, a lot of tax dollars was spent—they almost weren't even pandemic-related anymore. They became a political tool to encourage people to vote Liberal. In terms of—

**Shawn Buckley**

Can I just stop you there, I just want to make sure that we understand what you're saying. Can you share with us maybe a conversation or two? You don't have to disclose the person or persons, but I just want to make sure we understand. Because I believe you're saying that business owners are reporting back to you that, at some point, having to take these measures felt more like a political exercise than a public health exercise. And I think that's an important point for us to understand.

**Catherine Swift**

Yeah. Well, it was just that they lasted much longer than— They were renewed and then of course we did have a federal election in 2021. The linkage with that federal election seemed to be pretty direct, so that was the sense that a lot of businesses had.

[00:10:00]

**I just want to mention the other two of the big three, so to speak: naturally, supply chain. Everybody knew there was massive supply chain problems: costs increased dramatically, tripling, quadrupling costs for materials and, if you could get it at all, things like lumber, steel and so on. Also, naturally personal protective equipment [PPE], sanitizer, all of those kinds of things were difficult; and everybody I think faced that.**

One of the almost funny stories was that a number of businesses found toilet paper was being stolen out of their business washrooms, so they had a terrible time trying to keep toilet paper in the washrooms. One business in particular said he just decided he would he would give employees so much toilet paper every week and they were responsible for

keeping it because it was just getting crazy that he couldn't keep toilet paper in the washroom. I thought that was a totally unexpected outcome, at least in my view.

So yes, the supply chain problems were extremely problematic. And interesting enough, a lot of them are just starting to be resolved fairly recently. So even though we think the pandemic has been largely—the worst part's been largely—over for a year or so the problems continued with things like the supply chain.

**Shawn Buckley**

Can you give us an example?

**Catherine Swift**

Well, lumber quadrupled, for example. A lot of the manufacturers naturally use a lot of those types of materials as inputs. It was massive price increases or just unavailability, period. Naturally that meant they had to either slow down their operations or temporarily postpone, and so on. So that really affected people a great deal and increased their costs, and they couldn't necessarily increase their prices to accommodate that.

The other big issue was transportation-related, and this was very much a policy driven problem. Because, for example, a lot of these businesses do business in the U.S. And U.S. truck drivers were about 50 per cent vaccinated. So when they imposed those constraints at the border that the truck drivers—sitting in their cab alone all day, not probably seeing hardly anybody—needed to be vaccinated, that immediately took a whole pile of these truckers right out of the equation. I heard of many, many businesses that did business in the U.S. that couldn't get somebody to ship to the border from the US because they would mostly be American truck drivers.

**Shawn Buckley**

Can I interrupt you? At the time we never imposed a requirement on Canadian truck drivers driving within Canada to vaccinate, did we?

**Catherine Swift**

Not domestically, but to cross the U.S. border we did.

And another interesting observation that one business made was he believes the government overstated the extent to which Canadian truck drivers were vaccinated. You might recall there was talk of 90 per cent or so, so the government said, "Well, this policy **won't be horribly damaging because most, the vast majority—**" He felt it was probably more like 60 per cent that that was actually true about. And we never really saw any reputable data on that. So there was no one to sort of challenge it one way or the other.

But naturally, the fact that Canadian truck drivers all of a sudden also needed supposedly to be vaccinated across the border caused an awful lot of problems in addition to the U.S. situation. Again, we saw— One example I actually heard quite frequently was costs for say, a load, like one tractor-trailer, went from about \$1,500 to about \$8,000. So that was a very significant increase. And it was just shortages. There were just shortages of drivers, that was the problem there. And that was 100 per cent policy-created. That didn't have to happen.

Those, I think, were certainly the big three issues that virtually all businesses faced in one way or another.

Another complaint we heard quite a lot of was about the programs that were directed to businesses themselves. Some of them were wage subsidies to retain employees. But one thing that really was problematic for an awful lot of businesses was that the government—notably the feds, sometimes Ontario was involved as well, and sometimes other provinces, but it was notably the federal government—was paying companies to manufacture, say, PPE.

[00:15:00]

Because there were shortages, because they didn't keep sufficient supplies in the various government agencies that are supposed to do that. And I heard a number of examples. There was one particular example that 3M was given \$40-odd million, it was big chunk of money split between Ontario and the federal government. There were all kinds of smaller firms that easily could have done that. 3M, it was to make N95 masks. And 3M, they built a whole new facility to do this when existing Canadian companies were well capable of doing it, but they weren't Liberal enough. They didn't have that partisan connection. They didn't donate to the Party. I also heard that there was an auto parts manufacturer that was paid to switch production to masks. And again, it was ridiculous. There were already firms out there that could easily have ramped up production, but they weren't in the right riding. It was a partisan decision not a sensible health-based or sensible business decision. So that was a very common issue I heard as well.

And also, just eligibility. We know this because we've seen some case studies about how businesses didn't need the money, but nevertheless were still giving out bonuses; so highly profitable, but they were accepting government money. And there was such little oversight on the part of government to the individuals and businesses that they were shelling out money to that much more got spent. And obviously, this had competitive implications for businesses as well. So sometimes their competitor would get some contract which made utterly no sense, and it would damage someone's business as a result.

Something we did as an organization actually was: we shared a lot of information among members. Sometimes, some particular commodity that was in demand, one happened to have a stockpile of and could help others and so on. And we also attempted to deal with the Ontario government in particular in terms of trying to suggest some best practices. Because a lot of these policies made zero sense from a business standpoint. They didn't consult business, they just put in some top-down kind of policy—obviously without thinking about it very much. And it caused all kinds of problems. This 3M example of the fact that they built this new factory: a neighbouring business actually had to shut down twice at a very **inconvenient time—and they wouldn't change it—to permit this new plant to be connected to the electricity grid. So that's just, again, a particular example, but they weren't listening to business at all. They were just applying these policies willy-nilly over the top and often in a kind of way that made people even more worried than they had to be.**

This is also another red tape-related issue: some businesses were required to do daily assessments, temperature-taking and that kind of thing, and actually filling out paper. And some of the businesses said, "Where did all this paper go? I can't believe anybody actually looked at it because it was just so voluminous." It just seemed like a stupid policy to be doing, as they felt that it wasn't even getting used by government once it was done. The inconsistency as well—this is something for the future. Every government in Canada was doing different stuff and there was no commonality. Businesses that operate in more than

one jurisdiction had different rules apply to them and it was absurd to try to implement all these different kinds of rules. In future, businesses [sic] should get their act together and coordinate policies and have consistent policies—instead of making businesses jump through all these hoops that are different depending on where you're located. So that was another factor.

We had a number of comments on the healthcare system in general. One business actually had an employee that was ill, couldn't get treatment in the hospital, and passed away when normally that particular health issue should have been treatable. This business owner very much felt—obviously the person lost their life—and they felt that if times had been normal and the hospitals hadn't been so inefficient, then they would have been saved.

Another gave the example of one of their senior employees whose mother ended up having to go into a hospital for some reason, caught COVID when she was in hospital, and passed away. And the woman was so worried because this had happened to her mother that she retired much earlier than she was planning to do.

[00:20:00]

And the business lost a senior valued person as a result. So the problems in the healthcare system obviously had a pretty big effect on businesses, as it did on all of us.

What haven't I touched on here? I guess some of the other anecdotal issues that I can mention: I had the complaint frequently that the federal government in particular, but some of the provinces as well, and much of the media reporting, created almost a hysteria. You would think a government role would actually be to calm people down, but no, it seemed to be quite the contrary. And because none of them looked like they had any clue what they were doing, even though they all have departments that are supposedly tasked to deal with this, it created more problems than it solved. One business mentioned that they happened to have an engineer employee, but he became so absolutely paranoid that he poisoned the entire workplace for this particular business and created an awful lot of problems, and that was just one person.

Another story that was, again, a little bit strange was that people were so worried about coming to work but then they'd encounter each other in the local Walmart. Because they didn't know what to do with their time, so they'd go out shopping or something like that. That was interesting. And the fact that a number of them said some of their suppliers were small firms; and even though they weren't at-risk businesses, they were nevertheless shut down. It infuriated them to see the Walmarts and the Costcos and the Home Depots and so on remaining open when some of their smaller suppliers that they dealt with for ages were closed, or were shut down, and there was absolutely no reason that should have happened. **So that was another problem that arose.**

**One business mentioned that— You know the old adage that 20 per cent of the people do 80 per cent of the work? He said, during the pandemic, it became more like 10 per cent of the people did 90 per cent of the work because of all the changes. A lot of businesses were still looking to hire even during the pandemic because they were losing some employees to various things. But they were competing with government that was basically paying people to stay home.**

Another interesting observation was that in 2020, for a few months, the CRA told businesses that they didn't have to make source deductions. It was supposedly to provide a break, I guess. But of course, they were ultimately due and they had to catch up later. And

so businesses had problems after the fact because naturally, they had to pay a lot more for those source deductions than they would have had to if they'd been able to just do them on their regular monthly basis or quarterly basis, depending on the size of the business.

I think those are most of the main points that I found with my interviews of these different businesses. Perhaps there are some other questions that you might have?

**Shawn Buckley**

I'll open you up to the commissioners. I did want to ask because you're well-positioned to answer the question: **What do you think government should have done or could have done differently to make things more reasonable for these businesses?** I get the impression from your evidence that there was a lot of frustration that things didn't seem fair or thought-through. I mean, even just small suppliers being closed and yet bigger suppliers, where you'd think people would be more at risk, being left open. I'm just curious what your thoughts would be.

**Catherine Swift**

Yeah, I think there's a few things that governments could do better. Again, consulting with business to see what would work for them. Not that that would be a perfect solution, but they virtually did no consultation with business. In our particular case, we were providing government with information as to best practices, what we thought would be better ways to do it. They did none of it. There was clearly no responsiveness to that. So that was obviously a problem because I think they could have had a lot better policies if they'd listened to business.

The consistency issue: Why couldn't governments get together and do things comparably in different parts of the country,

[00:25:00]

municipal, federal, and provincial? So that they didn't impose different rules all the time, much of which didn't seem to make any sense at all. The partisan element of it definitely came into play. Granted, to be fair, of course none of us— You had scientists disagreeing with each other, you had doctors disagreeing with each other, and the so-called science on it was not settled, I guess you could say. But often political considerations seemed to override the science that they did know about. So that would be something: In future, try to justify these things, not just throw everything at the wall and see what sticks.

But most of it is really consulting instead of a top-down approach—just talking to people **and being responsive, of course. Because that one person that just asked them to delay the closure of his plant by a week and they couldn't do that. Why not? That kind of thing, to me, just seemed utterly ridiculous. They put a major cost on his business because of having to shut down at a very, very bad time for that particular business.**

So those are certainly, I guess, some of the main things that could and should be done better next time. It's funny too because when you think: **what we initially heard in the pandemic was it was no big deal. And, "Oh, we've dealt with SARS. We dealt with SARS back in 2004, so we're all equipped."** But there's departments in every single government whose full-time job is to deal with this and clearly none of them were doing their job. None of them were doing their job. So going forward one would hope there's better oversight of

that and that people will actually have sufficient PPE, for example, in storage and be much better prepared for these kinds of issues.

**Shawn Buckley**

Thank you. I'll open it up to the commissioners for questions.

There's no questions, okay. You were too clear and succinct, Catherine. Thank you very much. I just I had one follow-up question, because you indicated, "We had communicated to government." I assume you're talking about the CCMBC. Do you recall what some of the communications were to the government?

**Catherine Swift**

Yeah, actually, I'm going to provide those to you. I've been collecting them the last few days because people had to go back in their history. But they were some of the things that I've mentioned: the notion of having consistency in policies. Giving firms notice too—that was one. You can't implement something in five minutes reasonably. So giving firms notice if there were significant changes, which there were throughout.

There were some programs that intended to compensate businesses for things like having to put in partitions. I know one firm said they put in automatic doors so that nobody had to touch anything, accommodations like that. Make those programs simpler. Because they were so convoluted to deal with an awful lot of businesses just said, "Forget it. I'll just spend the money, because this is so ridiculously bureaucratic to have to deal with it." So simplifying that would be a good example.

But I'm going to be able to send you some stuff once I sift through all these emails that I've gotten from people.

**Shawn Buckley**

Super, so we'll add that then as exhibits when you collect those [no numbers available].

Well, Catherine, thank you very much for attending. On behalf of the National Citizens Inquiry, we thank you very much for your input.

**Catherine Swift**

Great. Thank you.

[00:29:06]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 1**

**March 30, 2023**

### EVIDENCE

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**Witness 6: Elizabeth Galvin**

Full Day 1 Timestamp: 05:38:20–06:03:19

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

So our next witness is Elizabeth Galvin. Elizabeth, I'll ask you to start by stating your full name and spelling your first and last name for the record.

**Elizabeth Galvin**

My name is Elizabeth Galvin. And it's E-L-I-Z-A-B-E-T-H, and Galvin is G-A-L-V-I-N.

**Shawn Buckley**

I'll also ask you to move the microphone a little closer because you have a soft voice. And I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

**Elizabeth Galvin**

I will.

**Shawn Buckley**

Now, you're here to share actually a very sad story about three different young ladies. And so, can you share with the commissioners what I'm referring to?

**Elizabeth Galvin**

My daughter, Danielle, died by suicide in January 2022, a day after her 20th birthday. The week before that, another second-year student at the University of Guelph died by suicide. They didn't know each other. At the time, the University of Guelph administration had closed their campus to in-person learning, campus activities, even though the university had mandated students be fully vaccinated before starting school that year. Their decision followed Doug Ford's decision—

**Shawn Buckley**

So I'm going to just ask you not to read. And I—

**Elizabeth Galvin**

Sorry.

**Shawn Buckley**

And you were going to tell us about three young people.

**Elizabeth Galvin**

Yes.

That same week, a 20-year-old young woman in Mississauga named Suri, she also died by suicide alone in her apartment. Because at the time, our province was locked down again for— Doug Ford's administration said two weeks. And then maybe three weeks, maybe longer. So that was the atmosphere when these three young women died by suicide.

**Shawn Buckley**

Now, just so that the audience and the commissioners understand: These three young women basically would have been of the same cohort, graduating from high school at the same time?

**Elizabeth Galvin**

Yes, so in March 2020 when it all started, these girls were all in their last year of high school. Now Grace, who was in second-year university at the same time that my daughter was, she was from the U.S. But Suri was from Ontario, from the south. And so, they were—

The high schools, if you remember back to March 2020—all the schools were closed. Just slammed shut one day. These Grade 12s finished the last three and a half months of their school year learning virtually. After a couple of months, they had almost no instruction. What the teachers did was they used their marks up to March 2020 to figure out their final marks. These were the kids that were preparing to go to post-secondary school in the fall. Their last year of high school, they had no prom, no graduation, no Grade 12 end-of-year, end-of-high-school trip. Nothing. There was nothing for these kids. They had an online graduation. We tried to make it as fun as possible, but—

**Shawn Buckley**

How did your daughter respond to— Because, I know I had a daughter and she was so excited about the high school graduation. And planning parties with her friends and the dress and the whole thing. How did Danielle respond to basically losing out on something that most young ladies look forward to for years?

**Elizabeth Galvin**

Well, she was sad about it. It was isolating. We were all very isolated at the time, if you remember. And so we just had a family, you know, event. We watched it on— It was a virtual graduation. The school did a video and they streamed it and we watched that. But

she was thinking ahead to the fall. And we all thought that by September things would be back to normal, so we just tried to concentrate on looking ahead.

[00:05:00]

**Shawn Buckley**

So in March, when they're closing down the high schools, Danielle had to be making a decision right around then about the following year, didn't she?

**Elizabeth Galvin**

Yeah, I think February 1st is the deadline to apply for post-secondary. Going into the summer though, there were not a lot of jobs for these kids because so many businesses were shut down, as Catherine talked about. She was actually looking forward to working at Ford, where her late father had worked for 20-something years and that would have helped her to save money for post-secondary. But they weren't hiring students that year. So she had two minimum-wage jobs, but one of them was at a dry cleaner's and it closed down. So she only had one minimum-wage job.

But June 1st is an important date.

**Shawn Buckley**

That's when she had to make a decision.

**Elizabeth Galvin**

June 1st is the deadline for the Grade 12s—was that year—to accept offers from universities. At that time, the universities had announced their intentions for September: what it was going to look like; whether it would be virtual learning or in-person learning; and more importantly, whether their residences would be open. Residence is such an important part of going away to school to spread your wings and meet other people and, you know, mature. McMaster announced they wouldn't open their residences. Queen's announced that they would open their residences, but only to single rooms. So those first-year kids knew that they may or may not get a room at Queen's. Western University and Guelph University announced that they would open their residences fully.

So on June 1st, by midnight, we had to make a decision. Danielle and her sister and I sat there going back and forth. Danielle's older sister was going into fourth year at Western. So Danielle couldn't decide between Western and Guelph. But a really important part of that decision was residence. And she decided on Guelph. So that was that.

Two days later, Guelph University came back and said, "Nope, we're not opening our residences." What happens when you accept an offer through the Central Application Centre is all the other offers are rescinded. What these kids were accepting and buying: they were buying an education. They weren't going to get the product that they thought they were going to get. And it was two days after that very important deadline. So I started—I called the university, I called my MPP, I called the Minister of Colleges and Universities. I'm like, "Can they do this?"

When I talked to somebody at the University of Guelph, they told me that the Wellington-Dufferin-Guelph Health Unit advised them not to open their residences, so they didn't. I

don't know why the Wellington-Dufferin-Guelph Health Unit was running Guelph University. But apparently, that was it.

**Shawn Buckley**

So—

**Elizabeth Galvin**

And the Minister of Colleges and Universities— Went to my MPP, Effie Triantafilopoulos, and she talked to the Minister on my behalf, Ross Romano. And we were told—

**Shawn Buckley**

I'm going to ask you not to read please. Sorry.

**Elizabeth Galvin**

That the Ministry does not usually interfere with the operations of colleges and universities. So no standard.

**Shawn Buckley**

So basically, it was a bait and switch for Daniel. She chose Guelph because they were representing that the residences would be open and she can have that experience.

**Elizabeth Galvin**

Yes.

**Shawn Buckley**

She chooses. As soon as you choose, that's it—you're pulled out of the system. She couldn't choose to go to Western after that. And then two days later after her choice, they basically say they're closing the residence.

**Elizabeth Galvin**

Yep.

**Shawn Buckley**

Now, you fought and fought and fought and got her into residence. But it wasn't normal residence, was it?

**Elizabeth Galvin**

I got a group of parents together and we lobbied the university and got a meeting with one of the vice provosts, lovely woman. And some of the kids in that group of families that we were talking with each other—some of them just said they're not going to go to first year. They're going to postpone it a year. Some students tried to get into other schools. Some of them were successful, some of them weren't.

**Shawn Buckley**

Liz, it's just that I'm looking at the clock and we have six minutes. So I want you to just focus on Danielle's experience when she went in September, 2020.

[00:10:00]

**Elizabeth Galvin**

Okay. So September, 2020, first-year university was like this: no frosh week, no clubs or sports, no in-person classes—it was virtual—no varsity sports. But no discount on any of the fees. They paid their full fees to go. Residence itself, she was in Lenox Addington. Two kids at this end of the hall, two kids way at the other end of the hall. It was like *The Shining* hotel. Long, dimly-lit hallway with closed, locked, unmarked doors. Only two kids to a bathroom. The cafeteria in that residence was closed.

But education delivery was even worse. Four out of five of my daughter's professors did not deliver a virtual lecture. They basically sent them emails, told them what to read, told them what book to buy and read, and, you know, "The test is on Thursday, good luck." She was forced to do a lot of self-learning. No discount on tuition—I'm not sure if I mentioned that. By comparison, Western University, where my other daughter was going, that school mandated that their professors provide a virtual lecture to their students; all the profs had to do that. And they did. And it was much better. And the residences were fully functional and everybody was fine.

**Shawn Buckley**

Liz, what happened in November 2020?

**Elizabeth Galvin**

In November 2020, while Danielle was living in this bleak residence—it was so, just, Deadsville. She attempted suicide. She left a message to a friend who found her. Anyways, was rushed to Guelph Hospital. I get a call. My other daughter and I—because she was learning virtually as well, so she was at home—we went running up there. And the hospital wouldn't let me in "because of COVID." They wouldn't let me in. My 18-year-old daughter is in a life-or-death situation, and they wouldn't let me in. And they would barely talk to me. They couldn't talk to me and tell me what was going on because she was 18.

I didn't know what to do. We stood in that parking lot at three in the morning just— Anyways, eventually, we went home. But nobody would talk to me about, and tell me what to do, and give me some guidance. They released her in less than 72 hours. I've since obtained the file from the hospital. Every— Every time they could check it off, it said, "danger to herself," "danger to herself," "danger to herself." Yet they released her. I just— I don't know why. I've made calls in to them; I'm not finished talking to them yet. But they could have put her into an inpatient program called Homewood. And they didn't.

Christmas comes. She comes home. She decides she's going to move out of that residence. She's going to move to another residence. At the time, Guelph was slowly bringing kids into the residences one by one, but there's only a few hundred students on campus. Wasn't a lot.

**Shawn Buckley**

Liz, can I get you to stop looking at your notes. I know you're nervous, but—

**Elizabeth Galvin**

So she moved into East residence, which are townhouses that can house four kids. But it was just her and one other student in this residence at the time. So the campus is still really quiet and sort of dead. And the campus police were given the authority to give out tickets to students who were out of line. At the time, there were various rules, if you remember. All the different regions had different rules of gatherings: you could have five; you could have ten; you could be inside; you could be outside. So it's very confusing.

She turned 19 in January and celebrated her 19th birthday with one other kid. So two weeks later one of the rules changed; it did in our area, we could have five people. So they had a get-together, a party, as people do, with five students. The campus police gave them all COVID fines of \$880 each. Very stressful. They didn't know how they were going to pay this. So that— That was very, very stressful.

First year ends, they come home for the summer. She comes home for the summer, same job situation. So many things were closed. She couldn't get a very good job. She's working, you know, a minimum wage job again. And then the kids have to look for someone to room with in second year. The difficulty was, you know, over 4,000 kids are learning virtually, so it's hard to meet other people.

[00:15:00]

Most of these kids just had to answer an online ad, roll the dice and move in with somebody in September. Her friend that she was supposed to move in with hated University of Guelph so much that she quit and transferred to Windsor, where she could live at home. Because it was just so depressing there. And all the while, the media is bombarding us all with this— all these cases, everyone's sick. And just causing all this fear and stress and anxiety. And it just— It did not help her mental health, or the other two girls.

So September, second year. I'm almost done.

**Shawn Buckley**

September, what happens there? She moves in with somebody. She—

**Elizabeth Galvin**

In second year, she moves into a house with a family friend whose son was off-campus. He needed a room; he moves in there. And then two more people move in who are strangers. So not ideal. And then in-person classes resumed, sports resumed. Varsity sports started up again. But she wasn't the same. That last year and a half had taken such a toll on her mental health that, looking back now— I can see it did on me, too. I mean, I took a leave of absence from work, just from stress. And I was trying to find ways to help her because I didn't know what to do. I didn't get any guidance from these health professionals. But I can see now, looking back, she'd given up at that point.

So September, she's in school and classes are on. But we were always under the threat of, "It might close down again, it might close down, if the numbers go up." In December, we got vaccinated; we're fully vaccinated. Christmas was spent not with family because I caught Omicron. But my two daughters living in the same house didn't catch it and we were all fully vaccinated. I don't know, that's when I caught it. So we didn't see our family again. That was the third year in a row we didn't have Christmas with our family.

**Shawn Buckley**

Can I just stop you just so people understand. So Danielle came home for Christmas to be with the family, but because you had COVID, you guys couldn't spend Christmas with the family.

**Elizabeth Galvin**

Yeah. I mean, the media was—they'd say, the numbers were ramping up. And Omicron. And don't be around people. And so, to be safe, we didn't go and get together with our family.

**Shawn Buckley**

And were you guys able to be with family the year before at Christmas?

**Elizabeth Galvin**

No.

**Shawn Buckley**

So this is the second year in a row.

**Elizabeth Galvin**

It was actually the third year. But that's because one of my brothers-in-law was not well. And that's when the rumours of COVID were starting, in December 2019.

**Shawn Buckley**

So what happened in January then of 2022?

**Elizabeth Galvin**

Oh, January. The government locked us down again. And the University of Guelph followed suit right away. Even though these kids were all fully vaccinated, healthy, young people, they shut it down again. I wrote to everyone. I wrote to the Minister of Health; I wrote to the university; I wrote to my MPP; I wrote to many people. I wrote to the Provost, Charlotte Yates.

**Shawn Buckley**

I'm just going to stop you about that and tell us about— Just focus on Danielle, not what you did for the university. And I'm sorry, it's partly because we're out of time. But I also want you to focus on the story.

So in January basically, things are shut down again. And you're telling us: at the University of Guelph, you had to be fully vaccinated.

**Elizabeth Galvin**

Yeah. You had to be fully vaccinated to go to school that year, 2021-22. But they closed the campus down anyway and—

**Shawn Buckley**

How did Danielle respond to that?

**Elizabeth Galvin**

Well, she was isolated. They were isolated. They're in their rooms, in this house with three other students who were just as isolated. You could see them. They were so withdrawn. She just, you know— When you're alone in a room and you're by yourself, and it's— You have a lot of time to think.

[00:20:00]

It just would have been better if they had been on campus and doing things and being with other people. They needed it at that point. They're, you know— all of the kids.

On January 17th, while the students were learning virtually, the University of Guelph called a snow day and cancelled classes. A week later, they were still not allowed back in the classrooms. And that's when we lost Danielle.

**Shawn Buckley**

Now you've thought about this a lot. And we're trying to ask all witnesses how things could have been done differently. And I think you have a special insight into how young people were affected by this. So please tell us your thoughts on how you think things could have been done better or differently.

**Elizabeth Galvin**

Well, the stats that came out— Do you mean the stats that I found?

**Shawn Buckley**

You can tell me whatever you want about how you think things should be done differently.

**Elizabeth Galvin**

Well, as early as 2021, I read an article that anorexia cases had doubled. Suicidal thoughts had tripled. Forty per cent of parents observed a deterioration in their children's behavior and mood. Sixty per cent of parents met the criteria for depression themselves. Opioid deaths were up 80 per cent. And eating disorder program referrals were up 90 per cent from the year before.

**Shawn Buckley**

These types of things you were reading, did they match what you were seeing with Danielle and her friends?

**Elizabeth Galvin**

They did in my case. And then part of it is sort of looking back and just knowing that three young girls—two 20-year-olds and a 19-year-old—committed suicide in January. They were so distraught. They just couldn't go on any further. I mean, that's evidence that these lockdowns, they didn't work. They hurt people. And that can't happen again.

**And yes, I have some recommendations that I'd like to make, if I could. Number one, I think the Canadian Media Fund needs to be abolished. I think that the media was not reporting—The way they reported the numbers weren't percentages of people or ages of people. It was just these numbers, these high numbers all the time. And it created a lot of fear and panic and anxiety.**

**Number two, family members must not be barred from entering a public hospital when their loved one is in a life-or-death situation, no matter what. A perfectly healthy person like me should not have been locked out of that hospital that day. I would have been able to talk to those professionals and gotten some advice on what to do. And if a person is deemed a danger to themselves by medical professionals in a hospital, they should not be released.**

Number three, I think the federal government should come up with a Bill of Rights for Canadian students that guarantees a certain standard of education services that they are paying for. If they're not going to get what they're paying for, they should get some of their fees back.

Number four, unelected bureaucrats and local public health units should not be allowed to dictate everything that happens in our society without public input and debate. Businesses—and colleges and universities are considered businesses—must be allowed to make their own decisions.

**Shawn Buckley**

And Elizabeth, do you have just one more? Because we are so, so over time.

**Elizabeth Galvin**

I do. I just have one more. Young healthy people can't be shut out of schools as long as they were ever again. When it became evident that young people were not at great risk but they were suffering mentally—and then especially after they were vaccinated—they should have been allowed to go back to in-person learning.

It's proven that these lockdowns affected their mental health, social and educational development. And we're still feeling the effects today.

**Shawn Buckley**

Thank you. Commissioners, do you have any questions of Elizabeth?

Elizabeth, thank you for sharing your story. I know that took a lot of courage. And on behalf of **the National Citizens Inquiry, we thank you for your testimony.**

**Elizabeth Galvin**

**Thank you for having us.**

[00:24:59]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website:***

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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**Witness 7: Oliver Kennedy**

Full Day 1 Timestamp: 06:03:19–06:16:08

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Our next witness is Mr. Oliver Kennedy.

**Oliver Kennedy**

Afternoon.

**Shawn Buckley**

Mr. Kennedy, can you start by stating your full name for the record, spelling your first and last name?

**Oliver Kennedy**

My name is Oliver Kennedy, O-L-I-V-E-R-K-E-N-N-E-D-Y.

**Shawn Buckley**

And Mr. Kennedy, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Oliver Kennedy**

I do.

**Shawn Buckley**

Now, you are a recreational therapist.

**Oliver Kennedy**

Correct.

**Shawn Buckley**

And you've worked 20 years at that job. You're no longer there but you're going to tell us about that. So tell us what happened.

**Oliver Kennedy**

I worked for my employer for close to 20 years as a recreation therapist, working with seniors and disabled individuals. And in the end, I was terminated from my position for not taking a COVID vaccine.

**Shawn Buckley**

Now, can you tell me basically, a little more detail. So why didn't you want to get the vaccine?

**Oliver Kennedy**

To me, things felt very rushed. It was something that— Being in the healthcare setting, I understand informed consent. And it was just something that at the beginning, when the vaccines came out, it seemed very much like a choice. And even though things were rushed, it was a quickly-produced vaccine. I wanted to do as much research as I could on it. And it just seemed that a lot of the data I was looking for was just not available, either publicly or from my employer when I asked for it. So that's what sort of led me to vaccine hesitancy, as others have mentioned. And it was just something that I wanted something to be safe in my body, that I understood. And I couldn't find any information really that would allay any of my fears that I had, and nobody could provide it for me.

**Shawn Buckley**

Now, before it became a mandate at your place of employment, did the culture change? Did people start interacting with you, basically, about whether or not you should be getting the vaccine?

**Oliver Kennedy**

Yeah. I had managers who at first said that there'd be no coercion, no bullying in the workplace, and that they'd see to it that people would get fired if they were bullying people into getting vaccines. But by the end of it, she was coercing me by yelling at me to get a vaccine. And it was very unfortunate, because it was just a period of a couple months between her telling everyone you couldn't bully someone to then becoming the bully herself.

**Shawn Buckley**

Can you just describe for us briefly what some of that bullying looked like?

**Oliver Kennedy**

Well, in one case, it was another employee who had just come into work and walked right by me and remarked how the unvaccinated were the reason why we were still in this pandemic. And she knew I was unvaccinated. She didn't see I was sitting there. But at the same time, there were lots of people who would make those small comments and just sort

of decide for you that—or decide themselves that—you were the bad person for not doing this. Whereas you were just sort of, as I said, waiting for more information to make an informed decision when you could. But that never really happened.

**Shawn Buckley**

Did you have an incident with your immediate supervisor where, basically, she shouted something out for all the staff to hear?

**Oliver Kennedy**

Okay. I didn't know if we were going to go there, but yeah, she just said, "Go get a fucking vaccine, Ollie." And I was shocked by this because she had an open-door policy; it was at a nursing station. And as I left her office, everybody who was in that nursing station was looking right at me and had heard exactly what had been said. And they were shocked. I was shocked myself because, again, after being told nobody will be bullied into getting a vaccine, the very same person who did that was the one telling me to get a fucking vaccine.

**Shawn Buckley**

Now, the person who said they wouldn't bully you—

**Oliver Kennedy**

Sorry?

**Shawn Buckley**

That's the same person who said no one would get bullied?

**Oliver Kennedy**

Correct.

**Shawn Buckley**

Okay. My understanding is, it was October of 2021 when your employer made it mandatory to be vaccinated.

**Oliver Kennedy**

Correct.

**Shawn Buckley**

And then, so you were suspended for a period of time?

**Oliver Kennedy**

Yes.

**Shawn Buckley**

And how long were you suspended before you were terminated?

**Oliver Kennedy**

December 3rd, I believe, was the day I was suspended from work. And then that continued up until, I believe, early February when I was terminated over a Zoom call.

**Shawn Buckley**

Over a Zoom call. And what was the reason given for your termination after 20 years?

**Oliver Kennedy**

For willful misconduct for not getting a COVID vaccine.

**Shawn Buckley**

Now, is there a consequence to being fired for willful misconduct when somebody like you might go to employment insurance for benefits?

**Oliver Kennedy**

Well, that's what I did. I held off, thinking that they would bring me back to work between December and February. But once they did terminate, that's when I did go and apply for employment insurance.

[00:05:00]

And it has been an uphill battle completely doing that. From being told that I'm not looking for work and I'm not qualified— I'm not looking for qualified work because I chose not to vaccinate—that was very difficult. Because, while I was out looking for work as hard as I could, and then to be told that I was limiting my work because I was not getting vaccinated to go find those jobs: it was really difficult to hear an employee from the Government of Canada telling me I was being denied benefits for that reason. And in my initial refusal of benefits, I then did appeal the decision. And at this point I was then again denied benefits, to which I again appealed the decision. And recently in March I've just had my Social Security Tribunal, and I'm currently waiting on the decision for that.

**Shawn Buckley**

Okay. Now, did your decision not to get vaccinated affect you in any way socially?

**Oliver Kennedy**

I have very few friends now. Out of all my friends, I'd say about 95 per cent of them have decided that I'm not a good person anymore. A lot of the folks that I used to work with and hang out as well won't return my calls, and I'm considered persona non grata. My family for a while did turn their backs on me—and that really hurt. You think you've got someone who's going to be in your corner all the time. The only person who's been in my corner the whole time has been my wife. And it's difficult losing all your friends that way, especially when you're still in chat groups with people where they're calling you all kinds of bad

things, while they're listening to a narrative and thinking that they're better than you because they're simply following what someone else told them to do.

**Shawn Buckley**

Right. Now, you also had an experience concerning seeking a surrogate for getting a child. You don't have to talk about that, but you want to talk about it?

**Oliver Kennedy**

My wife and I, we were looking to start a family. And just the way biology goes, we couldn't conceive together. So we were looking for a surrogate. And that, I'll tell anybody, is an expensive and heart-wrenching process. But I wouldn't discourage anyone if that's the route you decide to go. But to find a surrogate can be a very, very difficult endeavor. You're competing with lots of other people in your same situation. There are no regulations. And sometimes it's the Wild West involving money, commitments, and whatnot. And to find and come to an agreement with a surrogate can be a very arduous process. And for my wife and I over the period of COVID happening—because COVID started just as we were finally getting to the point of finding a surrogate—it's been very difficult.

We lost three surrogates total because of COVID. One was at the beginning and she was worried about the health ramifications of coming from Alberta to Toronto. And that's understandable. This is someone who was going to do us a very nice and amazing solid—a service. And because of that the reason she decided not to help us is acceptable: she had her own family to think about.

However, after taking more time to match with other surrogates, we did lose two surrogates after that. Because when the topic of vaccination came up, when it was in the first week, where the person simply stopped returning our calls after having matched and started doing legal work, which is very expensive to redo— And it was something that my wife and I thought that we should make sure that this person understood that that's where we were. And while we were wonderful people up until that point all of a sudden, we were no longer, and weren't getting any communication. And then that did happen again with the second match where, again, we look at each other saying, "We're not terrible people." But this is the way people I guess think we are, because of the way the narrative has been painting us.

**Shawn Buckley**

Now you had an encounter with your doctor. You were trying to get an exemption. Can you tell us about that conversation?

**Oliver Kennedy**

Yes, so I contracted COVID in December after being suspended. It was around Christmas time, and my wife and I both had COVID and we both recovered by New Year's. So while being on suspension, I spoke to my doctor and I said, "Well, okay, I've got antibodies now." And he agrees, "Yes, you've got antibodies and you should be fine." I said, "I'm healthy and I'm ready to go back to work, so can you write me a note then that states that Mr. Kennedy has antibodies much like any COVID vaccine and should be allowed to go to work?" The whole idea of this is what mankind's been doing for how many thousands of years.

And my doctor took one look at me and he said, “What do you want, me to lose my license?” Because even though he did agree with me and has agreed with me on many points—we’ve disagreed on other points as well—

[00:10:00]

he agreed that I did not have enough information to make an informed decision. And he said, “What are you going to do?” He says, “If you decide not to take the shot, you’re going to lose your job. At the same time, I will not write you a note that says that you do not need a COVID vaccine,” because he did not want to lose *his* job.

**Shawn Buckley**

And then my last question is, what do you think should have been done differently by the government?

**Oliver Kennedy**

I heard other folks say everything and I concur. It’s just a matter of, where do you start? The muzzling and the quieting of people who simply had another viewpoint—whether it was scientific, medical, social, nobody really got listened to. And it was sort of “my way or the highway.” It seemed that that was dictated at so many different levels. The question was, whose way still is it and which highway are we going on? Because between the different directives from provincial, municipal, federal, public health, nobody really knew what was going on. The left hand didn’t seem to know what the right was doing. And that was still very apparent even when I was working. Everybody was sort of, “Let’s see if this works, let’s see if that works.” And while trying to lead and show that they knew what they were doing, you could see: at some points, nobody knew what they were doing.

To admit that, I don’t think we’re ever going to see. But to maybe put safeguards in place so that people have to at least test what they’re going to try on us. Because lockdowns—don’t think those worked. Vaccine—don’t think it worked. There’s so many things that you can look at what people in charge did—and they didn’t work. And each time it was an, “Oops, well, we tried our best.” Sometimes trying your best isn’t good enough if you’re hurting people. And there was a lot of hurt done to people. And I’m not the worst done by, but at the same time, I’ve been hurt. And I think that if nothing does change, people will keep getting hurt.

And so yeah, I’m not quite sure what more to say. Because, they’ve done wrong, they didn’t get it right. But they still seem to have their head in the sand thinking that if we keep doing the same thing, we’ll get it right.

**Shawn Buckley**

Thank you. I’ll ask the commissioners if they have any questions. Thank you.

**Oliver Kennedy**

Thank you very much.

**Shawn Buckley**

Thank you for your testimony. On behalf of the National Citizens Inquiry, we appreciate your testimony, Mr. Kennedy.

[00:12:49]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 1**

**March 30, 2023**

### EVIDENCE

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**Witness 8: Richard Lizotte**

**Full Day 1 Timestamp: 06:32:07–06:55:57**

**Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>**

[00:00:00]

**Shawn Buckley**

Welcome, Richard. And I'll ask if you can speak very loudly, because you're sounding quiet.

**Richard Lizotte**

Okay, how about now?

**Shawn Buckley**

That's a little better. And I'll ask if you would be kind enough to give us your full name for the record, spelling your first and last name.

**Richard Lizotte**

Sure. My full name is Richard Lizotte, R-I-C-H-A-R-D, L-I-Z-O-T-T-E.

**Shawn Buckley**

And Mr. Lizotte, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Richard Lizotte**

In the name of my Lord and Savior Jesus Christ, I affirm to tell the truth.

**Shawn Buckley**

Thank you. Now you worked for your whole career as a paramedic, and now you're retired.

**Richard Lizotte**

That's true.

**Shawn Buckley**

And you're here to tell us the story about your older brother, Jerry.

**Richard Lizotte**

That's true.

**Shawn Buckley**

Can you tell us about Jerry, and we'll just maybe back up to when COVID started, hit in March of 2020?

**Richard Lizotte**

Sure. I can tell you a brief history of his health prior to his vaccinations. He was 85 years old and very vibrant. In fact, you'd never guess he was 85. He exercised every day. He had a stationary bike in his living room. He watched sports while he did that—45 minutes every day. He went to the coffee shop 5 days minimum, 5 days a week, sometimes 6 and 7. He met all his peers, his coffee buddies, there and they chit-chatted. He was heavy into bluegrass music, loved sports, and he lived a pretty vibrant life.

**Shawn Buckley**

Was he on any medications?

**Richard Lizotte**

He was briefly on blood pressure medication in 2017, and then his blood pressure was under control mostly through exercise and diet. And no, he was on no medication.

**Shawn Buckley**

Okay, so when COVID hit, he's not on any medications. Is he seeing his doctor for any reason at that time?

**Richard Lizotte**

No. In fact, he didn't like going to see doctors. So you can probably count the number of **medications that man had on your two hands in his entire life.**

**Shawn Buckley**

Okay, so what happened as COVID went on?

**Richard Lizotte**

Well, his first vaccine was on February the 27th of 2021. And very shortly after that vaccine, he lost his taste, which was something very critical to him because he loved to eat. And he lost his taste and his smell as well. He never really talked about his smell so much,

but his taste of course—that was very important to him. All his coffee buddies and himself, I think they went to every restaurant in Chatham, Ridgetown, Blenheim, Wallaceburg. They ate out a lot, plus he loved my wife's home cooking, so the taste thing was a real concern for him. That was the biggest change after the vaccine, number one.

**Shawn Buckley**

And how significant was that—the change? Like, I think you gave an example of salt and sugar.

**Richard Lizotte**

Yeah, we tested him. This was probably a few months after his vaccine. We tested him and he could not tell the difference between salt and sugar. So that affirmed to us he was really accurate in not being able to taste.

**Shawn Buckley**

Okay, and what happened with the second shot? And I'll just ask, do you recall what brand of vaccine it was?

**Richard Lizotte**

Yes, it was Pfizer.

**Shawn Buckley**

And were all the shots Pfizer?

**Richard Lizotte**

Yes.

**Shawn Buckley**

So what happened with the second shot? Do you recall when that was?

**Richard Lizotte**

Yes. Vaccine number two was June 16th of 2021. And shortly after getting that, we noticed—and it was a slow progression, but definitely a progression—his cognitive functions started being affected. His memory wasn't as good. He showed a little more **disinterest in things**.

**Shawn Buckley**

Now, can I just stop you about his memory? When you say a slow progression, are we measuring in months? Are we measuring in weeks?

**Richard Lizotte**

I would say, after his shot, we probably noticed it about a month later. His first sign of some cognitive function delay, and then it just progressively got worse.

**Shawn Buckley**

Okay. And so describe that, give us some details about that.

**Richard Lizotte**

Well, he was always pretty sharp when it came to sports and remembering records and statistics and stuff like that. He began just not remembering those things. And events even in our own family life, he just started not remembering those things. And, yeah.

[00:05:00]

That was a big thing for him. And even his bluegrass music, which was his entire life, he just started not remembering the bluegrass festivals and concerts that he went to in Kentucky and Tennessee and all through southwestern Ontario.

And like I said, this was a progressive thing. We noticed it about a month into his second vaccine, and then it just continually got a little worse as time went by.

**Shawn Buckley**

Did anything happen to his appetite?

**Richard Lizotte**

Well, of course. When he couldn't taste anything. I remember we used to have him over quite often for supper, and he used to always comment on my wife's cooking. He didn't comment anymore, because he couldn't taste his stuff. And he stopped going to restaurants because he's "Why would I spend money?" He says, "Everything tastes the same anyways." So right away, his socialization started dropping right then and there; going to restaurants less and even started going to the coffee shop less, which was a real indication to us that something's not right.

**Shawn Buckley**

What about his mental state, his mental health?

**Richard Lizotte**

His mental health, he was so fear-mongered by COVID, that was the thing that— He was so fear-mongered that that became his whole life. I know he and a lot of his peers, they practically locked themselves in their homes and apartments, ordering food out, they were so fearful of this. And my brother slowly stopped watching as much sports and concentrated more on CNN, CBC, CTV, and just COVID-related. And, he became so fixated on that— And you know, constantly washing his hands. And he just wore a mask even to leave his apartment to go down the hall to put his garbage away; he'd put his mask on, nobody around. So he was really fearful of COVID.

**Shawn Buckley**

Now, do you remember when he had his third shot?

**Richard Lizotte**

Yes, his third shot was December 1st of 2021.

**Shawn Buckley**

And what happened after that?

**Richard Lizotte**

There was a sharp decline in his health after that. We noticed that his legs started swelling. Total apathy, he was energy-less. He had abdominal discomfort. His abdomen actually became distended. We kept telling him he should see the doctor, but he didn't want to see the doctor. But it got so bad that he agreed to go. I took him on December 21st to see his family doctor.

**Shawn Buckley**

What about his colour?

**Richard Lizotte**

His colour was very pale—very pale. And he had lost weight prior to the distended stomach, because you couldn't tell he'd lost weight when the stomach was distended. But prior to that, he started losing weight. That occurred before the third vaccine; he actually started losing weight. And then after the third, he was so pale, it was really quite awful. And then of course, he started having swelling in his legs and his distended stomach.

**Shawn Buckley**

So you took him to a doctor?

**Richard Lizotte**

His family doctor, yes.

**Shawn Buckley**

And what happened?

**Richard Lizotte**

Well, I regret this. I went to all his appointments for the last years, even his orthopaedic surgeon—he had a knee surgery in 2016. I went to all of them. This particular one, I did not go in. I was having some little problems myself with shortness of breath. They insisted I wear a mask. I wasn't wearing a mask. I told my brother, "You're going to be okay to go in by yourself?" And he said, "Sure." And he wasn't looking very good then. So he went and he came back after the appointment. And the doctor had given him an over-the-counter medication for cramps, because he was complaining of cramps, for his stomach. And he told me, "He said I'm good to go. He said, 'I'll see you in a year.'"

Now, I think he probably misunderstood the doctor, because this was December. I think the doctor probably meant I'll see you in the New Year. But he took it as I'll see you in a year.

And he was so disappointed, he said, "That's it. I'm not seeing this guy anymore." So that's what happened there.

[00:10:00]

**Shawn Buckley**

What happened after the doctor's office? What did you observe with your brother's condition?

**Richard Lizotte**

Well, man—he started declining really quickly. And he didn't want to see his family doctor. He didn't want to go to the hospital. I thought to myself— "Listen, you saw a cardiologist a number of years ago for a brief period of hypertension." And he saw him once a year, just as a checkup, and it was all flying colours, no problem. I says, "What if I call him up and I kind of make it—it wasn't a fib, but—kind of try to make it look like it was a heart problem with the swelling of the legs." I kind of suggested maybe CHF, congestive heart failure. So as soon as I mentioned that, the secretary says, "Yeah, you better bring him in."

**Shawn Buckley**

And I'm just going to back you up because you said he continued to decline. Can you give us some specifics perhaps about his belly and his legs, for example?

**Richard Lizotte**

Yeah, for sure. His legs kept swelling. His distended stomach kept increasing. Severe constipation. He had almost zero appetite, he forced himself to eat. In fact, we almost forced him to eat something. And more pale: he became a little bit more diaphoretic and sweating.

**Shawn Buckley**

Can you tell me about the fluid in his legs and what was happening there?

**Richard Lizotte**

Well, it was just a build-up of fluid. There was just a build-up of fluid. And prior to us taking him to the cardiologist, there was even some weeping. We noticed in his bed there was some wetness, and we thought he had voided himself, urinated, and he said, "No, no, no, I'm fine." He was dry there. We noticed that there was some weeping from the skin of his legs.

**So that was really triggering us that he didn't want to see his family doctor, so let's see if we can see the cardiologist, and maybe through him, we can get a little bit better result.**

**Shawn Buckley**

What happened at the cardiologist?

**Richard Lizotte**

Well, we brought him to the cardiologist. And unfortunately, he didn't show up that day—for whatever reason, he probably had a legitimate reason—and we saw a nursing

practitioner and she was very good. She took one look at my brother and said, "Oh, he's in big trouble." She ordered some Lasix right away—fluid pill, 80 milligrams a day—and she ordered an ultrasound of the abdomen and an x-ray. And she said, "Yeah, your brother is in deep trouble." So we couldn't get it done the next day; the second day is when we took him in. It was a Friday, I remember that. And we took him in to get the x-ray and the ultrasound, and that took a whole day to get that done.

We brought him home; we fed him supper. He lives in Chatham. We came back home to Wallaceburg and by the time we got home, there was a message from the cardiologist—not from the nursing practitioner but from the cardiologist, who had seen the report. And he said, "I've got to see your brother right away. I have him in for Monday morning." So then we brought him in Monday morning and actually saw the cardiologist.

Do you want to know what happened then?

### **Shawn Buckley**

Yeah, and you can take your time. I appreciate this is difficult.

### **Richard Lizotte**

Okay, no problem. On that Monday morning, we brought him in. It was January the 17th and the cardiologist was quite shocked because he hadn't seen him for a while, how bad he really was. By that time, we had brought in a wheeled walker. And so he brought that in. The doctor told him he had multiple lesions on the liver, and probably some kidney involvement. So my brother then asked him, "Is it cancer?" And the doctor kind of hesitated, kind of shrugged his shoulders a bit and says, "Well, kind of." My brother took that as he's got cancer. I remember him telling the cardiologist, "It happened so fast."

And the cardiologist then said to us, "I really shouldn't be involved in this. I'm a cardiologist. I shouldn't be really doing this." "Perhaps this would be better done through your family doctor."

[00:15:00]

"However," he says, "I've seen Jerry for a number of years, and I just can't believe the change in him." He says, "I'll order some home care for him. In the meantime, I will try and contact a colleague of mine in London, who's a specialist. It might take me a while to get a hold of him, and I'll let you know how I make out."

So we left. We brought him home. The very next day, home care called. And they said, "We'll send someone to assess you on February the 10th," which was 23 days after the doctor had asked for home care. We knew that he's probably not even going to make it to February 10th, which he didn't. He passed away February 4th.

My wife and I took sole responsibility for his home care, where we looked after him food-wise and personal hygiene-wise. We got to the point where we couldn't even manage him. He still didn't want to go to the hospital. He still didn't want to see his family doctor. My wife was looking after him in the bathroom, and I thought, "Well, let's try something." I called his family doctor up, and the Lord was really good because I actually got to talk to him. And I said to the doctor, "Would you mind talking to my brother, because he's not listening to us." So we brought the phone in the bathroom and he talked to the doctor. And the doctor said, "Jerry," he says, "I want you to go to emerge." And he says, "We'll make

arrangements and we'll have you admitted." So that was enough to convince my brother to go.

We had to call an ambulance for him. And we brought him to emerge. And I was in emerge. with him for eight to nine hours and they did all kinds of tests. And they kept saying they were going to admit him but they didn't. And finally, it was approaching midnight and they said, "Well, you may as well go home. When we get a room for him, we'll let you know."

The next morning—it was mid-morning, probably 10-ish—we called and he was still in emerge. And they hadn't found a room for him yet. They said, "As soon as we get a room, we'll call you." Well, by mid-afternoon, there was still no call. So we phoned emerge. and that's when they said oh yeah, they'd found a room for him up on the fourth floor. And I said, "Okay, I'll be up to see him." And that's when they told me, "No, you can't." I says, "What do you mean I can't?" And they said, "Well, it's COVID protocol for this hospital."

### **Shawn Buckley**

Had you not had you not been with him in emergency just for like eight, nine hours?

### **Richard Lizotte**

That's right. That's right, I was. So when they told me that, I really couldn't believe what I was hearing. They said "No, it's our hospital COVID protocol." I said, "Is it because I'm not vaccinated?" "No, no, no, nothing to do with that," they said: "Vaccinated, unvaccinated, nobody's coming into the hospital." I said, "Well, is there a way I can talk to him?" And they said, "Oh yeah, we can try to arrange that."

But that day was far spent. It was the next day that we talked to the staff. And the staff, the first thing they said to us was, "Your brother's giving us a hard time." First of all, that's never been his nature. Now, I know he's very personal and perhaps he didn't like the fact that somebody was giving him a bed bath or whatever. But they said, "He's giving us a hard time." And that's when I said, "Well, my wife and I are healthcare professionals." I said, "Let us come in and we'll gown up, we'll mask, we'll do whatever we have to do. And we can settle him down and give you a hand." "No—protocol for the hospital is you cannot come into the hospital." So I said, "Well, I'm going to have to talk to the administrator." And I tried to call the administrator, but they referred me to a patient liaison person. And she was very nice, very kind, very polite, but she in no uncertain terms said, "I'm sorry. You cannot come in to see your brother." And hey said, "Well, maybe we can connect with Skype." And every time we tried to do the Skype it never worked.

Then we tried talking to him on the phone. And by that time, he had declined so much he couldn't hear us. He was only giving me one-word answers to any of my questions. We tried to tell him that we're working behind the scenes so that we could go and be with him.

[00:20:00]

And it went on like that for seven days, until we got a phone call on the 31st saying that they had moved him to palliative care and that we could come up to see him. But we would both, my wife and I both, have to have a COVID test—a negative test.

The very next day, I went to get my COVID test. My wife couldn't get hers before the day after. As soon as I had a negative test, I went up to see him. I was quite shocked that he was completely unresponsive. And he never spoke another syllable till his death. For the next

two or three days, my wife and I spent all our time there. We prayed with him, we read scripture to him. We sang hymns to him. We knew that hearing was one of the last senses to go. We don't know what he was able to take in, but we never heard another word from him. I was both his power of attorney for health and the executor of his will. I wanted to know if there was any last wishes. We never got to do that.

**Shawn Buckley**

Mr. Lizotte, we thank you for sharing that story, and I'll just ask if the commissioners have any questions of you. And there are no questions. Is there any last thing that you'd like to share with us?

**Richard Lizotte**

Yes, I can tell you as a paramedic, and my wife's an RN, an emerge. nurse, both retired now: There is never a reason for a family member not to be with a dying family member. None. Zero. There's isolation attire that could be used. There's never a reason for this. Ever. I've dealt with infectious patients throughout my career: TB patients, HIV, AIDS patients, bacterial and viral meningitis, MRSA [Methicillin-resistant Staphylococcus aureus]. There is never a reason why somebody who is properly attired in isolation attire, they can't be with their dying loved one. Never. Never.

So this was beyond all comprehension for me. I could not understand this at all. If they would have asked me to wear a hazmat suit to be with my brother, I would have worn one. Whatever it takes. To me, this is next to criminal. And if something like this ever happens again, something has to be done.

My brother never saw a familiar face for eight days until he became unresponsive. That's all.

**Shawn Buckley**

Thank you. On behalf of the Citizens Inquiry, I'd like to thank you for sharing your testimony. And I'm sorry that it was difficult, but we definitely appreciate you sharing your brother's story.

**Richard Lizotte**

Thank you.

[00:23:50]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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Witness 9: Vittoria McGuire

Full Day 1 Timestamp: 06:56:23–07:17:42

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Vicki, I don't know if you can hear me. But if you can, if you can turn your camera on, that would be great. And also, your mic.

**Vittoria McGuire**

All right. Okay.

**Shawn Buckley**

There we go. We can see you and hopefully you can see us. I'd like to start by asking you to tell us your full name for the record and then spell your first and last name for the record.

**Vittoria McGuire**

Okay, it's Vittoria McGuire, V-I-T-T-O-R-I-A- M-C-G-U-I-R-E.

**Shawn Buckley**

And I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth.

**Vittoria McGuire**

I will.

**Shawn Buckley**

Now, you've got a full 21 years working as an RPN. Not a regular RPN, but you were a full-scope RPN, which is something quite different than a regular RPN. Am I correct about that?

**Vittoria McGuire**

Well, just working to full scope—that I had additional courses, I could take blood and help out with things that. Yeah, worked to full scope.

**Shawn Buckley**

Right, okay.

**Vittoria McGuire**

Just did everything that was required and asked of me.

**Shawn Buckley**

Life has a lot of irony and no good deed goes unpunished, but my understanding is this: In December of 2019, just before COVID hits—you've worked for 21 years for the hospital—you get an award from the hospital, the award of excellence for nursing.

**Vittoria McGuire**

Yes, I did.

**Shawn Buckley**

Yeah, so—

**Vittoria McGuire**

Quite the irony, yeah.

**Shawn Buckley**

So just before all this starts, you're basically being recognized by your employer as an excellent nurse and actually being given an award—the only one getting it that year.

**Vittoria McGuire**

I'm not sure about that, but I was given the award for having the hospital values of compassion and cooperation, respect, professionalism. So yeah.

**Shawn Buckley**

Now when COVID hit, you took it very seriously. And can you share for the commissioners and the spectators basically the steps you took in your own home to ensure that everyone was safe and that?

**Vittoria McGuire**

Yeah. With watching what was going on on TV—and there was a lot of fear actually surrounding the whole thing. And having it, you know, come towards our hospital, our communities. We ended up putting up a tent on our front deck so that I would be able to protect my husband, who has diabetes, and I wouldn't bring anything home. So we had a tent erected on our deck. And I would come home and strip in the tent outside in March

and place my clothes in a bag and get a housecoat on, go into the house, clothes into the washing machine, housecoat into the washing machine, jump into the shower and made sure that I stayed in a separate room, just to make sure that I didn't bring anything home and infect anybody.

**Shawn Buckley**

So basically, so you slept in a different room than your husband—

**Vittoria McGuire**

Yes.

**Shawn Buckley**

Just to make sure that your family was being protected.

**Vittoria McGuire**

That's right.

**Shawn Buckley**

Now, you said there was a lot of fear at the beginning. Can you tell us about the fear in the hospital that you worked at?

**Vittoria McGuire**

Well, there was a lack of PPE [personal protective equipment] and the nurses actually purchased facial shields themselves. We were thinking that we're going to be having this wave come and that we weren't going to be prepared for it. So yeah, there was a lack of N95s, so when we would come in to the hospital—

**Shawn Buckley**

And we're just waiting a second. You froze, and we're just waiting for you to unfreeze.

[00:05:00]

Vicki, I don't know if you can hear us, but we're having that experience of freezing, so we're just going to check a couple of settings for a second.

So perhaps what we'll do is, we have another witness here who is in person, Mr. Remus Nasui. Remus, can we get you to take the stand, and we'll try to get Vicki back on.

Oh, I'm sorry, we're back on?

**Vittoria McGuire**

Okay, does that work?

**Shawn Buckley**

Yeah, sorry, I don't know what happened there. You just froze. But you were basically talking about the culture in the hospital, that nurses had purchased their own face shields, and then you froze. So if you can kind of just pick it up from there. And then where I want you to go next is, tell us what you were thinking at the beginning and then whether your opinion changed. Because you're taking big steps at the beginning: you're changing in a tent; you're sleeping in a different room; you're telling us about fear in the hospital. So if you can carry on.

**Vittoria McGuire**

Yeah, the lockdowns happened, so there wasn't really many people in the hospital—like visitors and whatnot. The hospital became quite quiet. And so there was a lot of downtime, and what we were expecting to happen didn't seem to come to fruition. We had seen other places, you know, that the pandemic—the waves were coming in and people were so busy. And time was passing and I didn't really see it happening.

**Shawn Buckley**

Okay, so just so that I understand it—because I think most of us are watching the news and we're being told that the hospitals are being run.

Are you telling us that wasn't the experience you were having?

**Vittoria McGuire**

No, not at the beginning. Like I said, in the lockdowns, the hospital was quite quiet. We were receiving a lot of accolades. We had, you know, people were supporting us a great deal with pots and pans banging. We had emergency vehicle parades come by the hospital. We had people donating food and it was wonderful feeling like such a hero. And like I said, we were just waiting on pins and needles for this thing to hit.

**Shawn Buckley**

Okay, and then basically the vaccine mandates came.

**Vittoria McGuire**

Yeah. It was slowly coming into—I mean, we worked for a year and a half without anything, with concerns to vaccines. We worked together side-by-side for a year and a half and it was fine. It wasn't anything out of the ordinary that we were really experiencing. And then, I would say, the government came up with the mandates pushing the vaccine. I guess it was in September that the mandates came out, but the hospital was already starting to prepare people for taking the vaccine. It seemed to be that was the route that we were going to take. I remember seeing a CPR course that was available in-house and that was in the spring. And to attend it you had to be vaccinated. So actually, that was before it was mandatory. So I was seeing the direction that was being taken, that they wanted to get the vaccine into everyone.

At that point, I remember talking to a union representative. And I had said to them:

[00:10:00]

“Are you going to represent me if I decide not to take this?” And she actually kind of laughed at me. Because I had said, “if I get fired for not taking this.” And she had actually started laughing and she said, “Oh, it’s not going to get to that.” And yeah, sure enough, it ended up that direction.

**Shawn Buckley**

Did the hospital try to communicate with you by email and social media and things like that about the mandate? Or the vaccine?

**Vittoria McGuire**

We were getting a lot of emails. I remember that there was also, like, an early bird— If you got vaccinated early, you could get into an early bird prize. They had furniture and cash prizes if you had gotten your vaccination early.

**Shawn Buckley**

Just wait. I just want to make sure that I heard you correctly. Are you saying that your employer, who is a hospital, had an early bird draw for staff so that if you got vaccinated early you were put in a draw to win prizes, such as furniture or cash?

**Vittoria McGuire**

That’s right.

**Shawn Buckley**

Okay. Were there other things that the hospital did to try and encourage you to get vaccinated?

**Vittoria McGuire**

There were emails that came regularly saying that that was the best route to go.

**Shawn Buckley**

Did you see anything at the hospital that would suggest that vaccinated and unvaccinated people were being treated the same? Or differently?

**Vittoria McGuire**

Not with co-workers. Like I said, we worked side-by-side for about a year and a half with no issues. It wasn’t until I started seeing, like I said earlier, about having to take a course to participate that I had to be vaccinated. So that’s when I started to see that.

**Shawn Buckley**

What about with patients that were vaccinated and unvaccinated?

**Vittoria McGuire**

I know that there were some incidences where patients had asked for a vaccinated nurse. Only one that I know that was close to me—it was a co-worker—and she had said to the patient that— She didn't reveal her status. And she just said to the patient, "We're not going to play this game," and shut it down.

**Shawn Buckley**

Now eventually you got suspended. Can you tell us about that?

**Vittoria McGuire**

That would have been October 12th, when the hospital became 100 per cent vaccinated for staff. There was an unpaid leave of absence for all employees that were not vaccinated.

At that point, we had left the hospital. They had shut down our capabilities to use our emails, computer. We couldn't get in to see our pay stubs or our schedules. So we were totally shut out from the hospital for those three weeks.

**Shawn Buckley**

Okay, you say "we." You mean you and fellow healthcare workers?

**Vittoria McGuire**

Those that decided not to take the injection at work, yeah.

**Shawn Buckley**

Okay, did some of the ones that you know then change their mind?

**Vittoria McGuire**

Yeah, there was a campaign that started from the hospital over the course of the next three weeks. Purolator would pull into the driveway and deliver a package coming from the hospital stating that we were being non-compliant; that this was continued disciplinary actions; that if we didn't show proof of vaccine, we would be terminated; that our actions were on our personal files. And yeah, we had a certain date—I believe it was in November sometime—that we had to come up or that termination would occur.

[00:15:00]

So yeah, a lot of people did end up going back to the hospital after that period of time.

**Shawn Buckley**

Okay, and you didn't and then you were terminated.

**Vittoria McGuire**

Yes.

**Shawn Buckley**

Were you able to get EI?

**Vittoria McGuire**

No. Actually, everyone that was terminated tried. And everyone was refused, everyone was refused. So there was no safety net for the people terminated. Even though we paid into the system for many years, that safety net was not available to the people who refused taking the injection.

**Shawn Buckley**

Now, once you were terminated and you couldn't get EI, did you experience any stigma for being what I call an anti-vaxxer?

**Vittoria McGuire**

Well, there was a lot of names, yes. A lot of names, prejudice, you know, like you said, "anti-vaxxer." It was a difficult time, that period. I didn't even tell people that I was terminated. I told people that I took early retirement, which I did. I took my pension at a reduced rate. But I was embarrassed. I was embarrassed that— Yeah, all these labels.

I was in the job that was into service of others and always helping others. And receiving that award I kind of think tells you how much I loved my job. And so when I was in need, it was just like there was no one there for those people that spent a great deal of their life helping other people.

**Shawn Buckley**

Were there any effects on your mental health?

**Vittoria McGuire**

Everyone that was terminated had the sleepless nights. And your world changes on it, your world changed on a dime. Which is— You understand that, but to accept it is a different thing. So yeah, there's a lot of anxiety. How are bills going to get paid? How, you know— I heard a lot of parents who had small children, even the whole family unit suffered a great deal. Why is mom so sad? Yeah, just— People ended up having to sell their homes. Some people sold everything and left Canada. So yeah, it was a very difficult couple of months afterwards. We were part of the Ontario— Oh goodness, I can't even think of the acronym right now.

**Shawn Buckley**

United Ontario Healthcare Workers?

**Vittoria McGuire**

Thank you, yes. We were part of that. And we had a chat group, so we were helping each other out. People would— If they had extra of something they would help each other out. And it was a good place for people to help voice some of their anxiety. So...

**Shawn Buckley**

If we ever face something like this again, how would you suggest that things be done differently?

**Vittoria McGuire**

Well, most definitely. Decisions were made—a lot of decisions were based on fear. And I think that that was the worst part of it. Healthy, good, smart decisions never come from that place. The crisis seemed to build and everyone had angst and were anxious. And decisions were made because they felt pressured. I had a nurse tell me that they took the injection and felt violated but they were the only breadwinner in their home. I had another nurse tell me—a single mom---that she didn't have the convenience of having convictions, you know. People did things that they didn't want to.

[00:20:00]

And again, it was pressure and coercion.

We really did have to, I think, slow down and look at both sides of a story. There can't be just one view. And being able to look at something from both sides: as a nurse, one of the most important things you can do is advocate. If something wasn't working for your patients, you would voice that. You would go to the doctor. You would say that this isn't working, the treatment or drug. But you had a voice and you were able to, like I said, advocate and show a different perspective.

But it didn't seem that you were allowed to in this—

**Shawn Buckley**

And Vittoria, you froze again. And I'd say we were at the end of your evidence. If you can hear us, I thank you on behalf of the National Citizens Inquiry for attending. And I can say that your evidence was very helpful.

[00:21:19]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 1**

**March 30, 2023**

### EVIDENCE

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**Witness 10: Deanna McLeod**

**Full Day 1 Timestamp: 07:18:25–08:21:15**

**Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>**

[00:00:00]

**Shawn Buckley**

Deanna, can you hear me?

**Deanna McLeod**

I can. Hi, Shawn. How are you?

**Shawn Buckley**

I'm well. It's good to see you. I'm going to ask if you could, for the record, state your full name and then spell your first and last name for the record.

**Deanna McLeod**

My name is Deanna McLeod, and so you want me to spell it now?

**Shawn Buckley**

Yes.

**Deanna McLeod**

Okay, so that's D-E-A-N-N-A, McLeod is M-C capital L-E-O-D.

**Shawn Buckley**

And I'll ask, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Deanna McLeod**

Yes, I do. To the best of my abilities.

**Shawn Buckley**

Just to introduce you to the commissioners, you've studied immunology and psychology at McMaster University?

**Deanna McLeod**

Yes, that's correct.

**Shawn Buckley**

And then you worked in the pharmaceutical industry for ten years in medical, in marketing and sales, and you specialized in the field of oncology.

**Deanna McLeod**

That's correct.

**Shawn Buckley**

You became concerned with the tendency towards biased reporting by some pharmaceutical companies.

**Deanna McLeod**

That's correct.

**Shawn Buckley**

And then you actually founded an independent medical research firm in the year 2000 to assist clinicians in preparing objective, evidence-based guidelines [CV is Exhibit TO-5].

**Deanna McLeod**

That's correct.

**Shawn Buckley**

And your company is called Kaleidoscope Strategic. So it's an independent medical research firm.

**Deanna McLeod**

That's right.

**Shawn Buckley**

And since March of 2020, you became very interested in COVID science. And my understanding is that your team has spent more than 3,000 hours conducting COVID-related research.

**Deanna McLeod**

At the very least, yes.

**Shawn Buckley**

Okay, you smile, so it's been more. We've asked you to come here today to share your research concerning children and vaccinations, and my understanding is you have a presentation to do for us.

**Deanna McLeod**

Yes, that's correct.

**Shawn Buckley**

I think screen share is enabled, and if you would like to—

**Deanna McLeod**

Okay, let me just see. Let me know when you can see my screen here.

**Shawn Buckley**

And we can see your screen, and we've got it on full screen with a slide that says, "It's time to stop the shots."

**Deanna McLeod**

Fantastic. So let me know when you'd like me to start.

**Shawn Buckley**

Oh, you can start right away.

**Deanna McLeod**

Okay, well, thank you very much for having me. It's a real privilege to be testifying at this Inquiry. And what I'd like to do today is walk through some of the data related to use of the COVID-19 vaccine, specifically in children, and children will be defined as anyone less than 18 years of age. And presently, I'm just going to summarize really quickly some of the NACI [National Advisory Committee on Immunization] recommendations.

Children 16 years and older were lumped in with adults, and the vaccines were rolled out right at the beginning in early 2021. And then subsequently, Health Canada approved the vaccines for children 12 to 15 years old, followed by children 5 to 11 years old. And finally, **most recently, children 6 months to 4 years old. So that's referring to the primary series, which is the initial two doses for everybody above five years. And for those less than five years, it's three doses.**

**And so NACI, which is the group that basically creates the guidelines for immunization in Canada, also recommends boosters in children five years and older—preferably the Omicron booster. And most recently, their guidance specified that a spring booster might be necessary for those who are immunocompromised. So basically, our health authorities in Canada are recommending not only the primary series for most children but a series of boosters as well depending on how old they are, and especially use of this Omicron booster.**

**What I'd like to do today is to walk through the clinical data that supports those recommendations. Our firm specializes in analyzing clinical trials. And what we do is we see if the data, the rigour of the data, supports the recommendation. So we'd like to walk the group through this type of analysis today.**

**When we're looking at children, one of the things that we really need to remember is that they have a number of quality life years ahead. And so when we're thinking about use of an agent, what we really want to do is we want to make sure that it's been rigorously tested for safety.**

[00:05:00]

Because if there is something that is unsafe, it has the potential for injuring a child, and they would lose a lot of quality life years. That would be more quality life years lost, than, for instance, somebody who has one year to live who's injured by a vaccine. That would also be a loss but not to the same degree as, for instance, a six-month-old who's injured by a vaccine. So the precautionary principle and a lot of the rigour and testing was put in place whenever we had thalidomide—which was approved as something safe and appropriate for morning sickness—and we only found out that it actually caused considerable harm to the unborn child, which was only really recognized whenever they were born. And there were quite a few deformities, especially in their hands and legs.

The other thing that we want to consider when we're looking at these COVID-19 injections is the type of product they are. These are considered gene therapy, and so they're gene-modifying products. And if you look at the FDA [U.S. Food and Drug Administration], what they'll do is they'll say that for gene therapy—and this qualifies because it teaches our cells to produce a protein via mRNA—that the types of side effects that could happen with gene therapy as a class are broad and difficult to predict. And therefore, 15 years of safety testing is recommended for gene therapy products. What we're going to be looking at is: Are the trial designs that were proposed for these vaccines rigorous enough to identify all of the different safety issues that could arise from using gene therapy?

And finally, at the time when these vaccines were being approved for children, we knew that there were rare side effects—one of the most concerning of which was myocarditis. And so because you can detect myocarditis at a subclinical level by measuring troponin, we'd want to see rigour in testing—both clinical in the sense of symptoms, but also a lot of lab-testing in order to see if there's any type of side effects that are occurring that aren't quite clear from a clinical perspective. And so we'd want to see rigour in testing in terms of a lot of subclinical testing—i.e. tests of troponin levels, inflammatory markers, all sorts of different things—because we know that we're dealing with gene therapy, and we also know that we can expect certain types of side effects.

**When you're conducting a clinical evaluation, basically the first question that you answer is: Do they need them? And so when we're talking about kids, if we realize by looking at the data that they aren't needed, then that would be the very first reason why we would not proceed. Because you should never give something that isn't needed. That would be applying the principle of minimal intervention. The second thing that we'd want to look at is: Do they work? If they don't work, then again, you don't give them to anybody. And finally, we'd want to make sure that they're safe. And again, safety being particularly important in this particular context, because children have so many quality life years ahead of them, and we definitely don't want to be injuring anybody.**

**So let's ask the first question: Do they need them? This is basically a plot that was taken from the Canadian COVID-19 Immunity Task Force. And in this plot it basically shows that at this point in the pandemic—we're three years in now and Omicron, which is a highly contagious variant, has been circulating widely for quite some time—they found that if you did antibody testing or seroprevalence testing, that 80 per cent of children in Canada now have antibodies, which basically confirms that they've contracted and recovered from a COVID-19 infection. We can expect, based on any principle of vaccine or natural immunity, that these people would have some degree of immunity to SARS-CoV-2. Now we know that children were never really at risk of COVID-19 because there were very few severe cases of COVID-19 in children and almost no deaths whatsoever. So we know that they're quite healthy. And now we know that they also have widespread, long-lasting, and robust immunity.**

How robust is their immunity? This is a study, and I'll just walk you through this one table. This is a publication that was published by *The Lancet Microbe* and it was a retrospective study from Qatar.

[00:10:00]

And they were basically comparing natural infection—which is what we talked about the children having—versus the Pfizer vaccine, versus natural infection, versus the Moderna vaccine. Both of those vaccines were promoted as having about a 90 per cent efficacy. What we want to know now, what this study is going to show us, is how much more efficacious is naturally acquired immunity than these two vaccines? And so when they conducted the study, what they found was that when you compared naturally-acquired immunity to the vaccine immunity, the people who had naturally-acquired immunity had a 53 per cent reduction in the rate of infection compared to vaccines. So this is much more effective than the actual vaccine. And when we do cancer research, if you have a hazard ratio of 0.47, that's a very, very potent intervention and that would be highly recommended.

Now, what they also looked at were cases of severe, critical, or fatal COVID-19. And what they found was a hazard ratio of 0.24. That means that the people who have naturally-acquired immunity are 76 per cent less likely to get an infection compared to the vaccine arms of the study. What this is showing beyond a shadow of a doubt from an observational study is that the naturally-acquired immunity is much better than vaccine-acquired immunity.

And therefore, based on these two slides, the fact that kids are not at risk in the first place; second, that they have extensive naturally-acquired immunity as shown by seroprevalence tests by the COVID-19 Task Force in Canada; and the fact that studies show that naturally acquired immunity is much more effective than vaccine acquired immunity, we would **basically say to the first question that, no, there is no need to vaccinate children based on a lack of need.**

**So then let's go on to the second question: Do they work? And now when we're looking at clinical evidence, not all the science is the same. And I know that throughout the pandemic, many people have said, "We need to follow the science," as if there was one science and one answer. But the truth of the matter is what you need to do is you need to kind of prove that something is better than something else. And the best way to do that—the most reliable and the trusted way of doing that—is a randomized controlled trial, which would be considered Level I evidence. And when you have randomized controlled trials and you have that level of data, then you're able to say that something causes something else. Any other level of data—for instance, these types of studies down here—you would have to hesitate**

in a causal relationship. Because you can show an association, but you can't show that something proves something unless you've randomized it and you've controlled for baseline influences.

Let's look at the type of study. There's a lot of observational trials that are out there. And that's where they look at real world data and they say: "We deployed this vaccine at this point and the rates of hospitalization are lower." But observational studies can't actually prove that something works because correlation does not equal causation. Again, you need to have a randomized controlled trial. And because naturally acquired immunity is the current standard, in the sense that children have extensive naturally-acquired immunity, we'd actually have to compare the vaccine to somebody with naturally-acquired immunity to figure out if the vaccine would be beneficial at this time. And because children are not—The only risk that they have is hospitalization, we'd want that to be the main endpoint, and we'd want to make sure that it would address hospitalization in a post-Omicron era.

And so we basically need to show a study that compared the vaccine to naturally-acquired immunity, looking at hospitalization as the main endpoint, at a time when Omicron is circulating widely. And if you provide descriptive statistics—which is, basically, you might randomize something but you can't statistically prove that something is better than the other—then that isn't sufficient proof to prove efficacy.

So here is what our team thinks would be the ideal trial to prove that COVID-19 vaccines are beneficial for children in Canada at this time when Omicron is circulating widely. You basically want to look at children who are at risk of severe COVID-19 only,

[00:15:00]

because healthy children are not at risk of severe COVID-19. You want to do it during the time when Omicron is circulating widely. Because it is a gene therapy, you'd want to make sure that the population size was enormous, 80,000—the original trial was probably about 40,000; that it was randomized; that you compared the gene therapy to naturally-acquired immunity; and that you looked at hospitalization. And that you followed this for 15 years, as per the gene therapy guidelines from the FDA.

But again, when we're looking at the vaccine trial design for the COVID-19 vaccines, we see that the studies were conducted in a pre-Omicron era, which basically makes them clinically irrelevant for a post-Omicron era. They were conducted in children who were healthy and had no prior COVID-19, which doesn't reflect at all the children today. The population size was very small for their main endpoint; it was less than 500 children per cohort. And instead of comparing the gene therapy to naturally-acquired immunity, they compared it to the use of the vaccine in young adults.

**So what they actually compared for their primary endpoint, or their primary comparison, was the gene therapy versus the gene therapy. And that's called a "no-lose trial design." When a company basically wants to show that their trials are positive, they'll do a non-inferiority trial against their own product because they want to stack the comparison so that if they felt that they would lose to naturally-acquired immunity, they would choose the comparative that they know that they can beat or be equivalent to. This is not a surprising trial design for a company that basically wants to make sure that they get positive trial outcomes.**

And again, what we'd want to see is hospitalization as the endpoint, but what they actually looked at was neutralizing antibody titers. And I don't want to bore you with something

that's too complicated, but basically a neutralizing antibody titer— What they're doing is considered a surrogate or a correlate of prevention. They're going to argue that because the antibodies change then there's some sort of level of immunity, and therefore that immunity would extend, for instance, to lower rates of infection perhaps, or lower rates of hospitalization.

But according to the *New England Journal of Medicine*, a recent article published there, they've argued that in the post-Omicron era, antibody levels are not a surrogate or a correlative prevention for hospitalization and so it should not be used.

**They had a component of the trial design where they did compare the gene therapies to placebo. But one of the things that should be noted in this particular area is this is** descriptive statistics and they can't be used to prove superiority of the vaccine, even though the rates of efficacy were rated and we were told that it was superior to the placebo. Because they didn't do any statistical treatment on this data, you can't actually use that as proof of superiority, again.

So at this time there is no trial that's in existence that shows us that this COVID-19 vaccine is superior to naturally-acquired immunity—the current standard—and that it is able to reduce hospitalizations or severe COVID-19 in a post-Omicron era. Because there are no trials that actually address the question that we need to know, which is the clinically relevant question, we could probably stop our analysis right now and say that there is no data available to support the use of these COVID-19 vaccines at this current time, which is the post-Omicron era, addressing the issue in question, which is hospitalization in children who have naturally acquired immunity.

However, we will go and look at the results of the trial. We're going to be looking at descriptive statistics. This is what the regulators and health officials use to support the recommendations for use. Right now, we're going to be looking at 12- to 15-year-olds and 5- to 11-year-olds. And, basically, what we see is that the COVID-19 vaccines have little to no clinical benefit. So although there were many that argued that the vaccine was 100 per cent effective, that was a relative risk reduction comparing zero episodes of symptomatic COVID in the Pfizer injection arm versus the placebo arm.

[00:20:00]

The absolute benefit made available to children was 2 per cent.

So only 2 per cent of the children who actually received the vaccine benefited from it, whereas the rest of them did not benefit from it. When you see an absolute risk reduction that's that low, you have to question whether it's really worth pursuing. And again, we **know that children don't have severe disease. This is just a runny nose or a fever, and that's not something that we necessarily have to treat with children because it isn't severe. And if we do look at the number of severe cases, you can see that there were no severe cases in either group, i.e. children are not susceptible to severe COVID. And that applied for the 5- to 11-year-olds and the 12- to 15-year-olds. So here we have no benefit in terms of severe disease, and only a minimal absolute benefit in terms of mild disease. We look at the younger cohort, the initial trial design was to be giving them two doses. And whenever they completed the protocol-specified two doses, the relative risk reductions were 14.5 per cent and 33.6 per cent for the two cohorts, which basically means that the vaccines didn't work.**

**What they did was what we would call a "fishing expedition," where they changed the protocol so that it could be adjusted to be positive and so they added a third dose. In our**

particular area, if you see somebody who makes this post-hoc adjustment, you basically throw the data out and you don't regard it—because you can almost make anything look positive if you work at it hard enough. So here they added a third dose, and again, only about a third of the children continued on to the trial to get that third dose. And when it looked at symptomatic COVID-19 cases, there was only a difference of three cases between the two groups. So you've given the vaccine to all of the children in the vaccine group and there's only a difference of three cases which, again, was touted as an 82 per cent benefit, but really was only a 2 per cent absolute risk benefit. And again, here in the six months- to two-year-olds with the third dose, there was only a difference of one infection between the two of them. They called that a 76 per cent relative risk reduction or called it efficacious, but really, it was only a difference of about 1 per cent between the two groups.

In terms of severe cases, I would argue that there probably were no severe cases, although there might have been one that was considered a severe case in the placebo arm, although it wasn't confirmed. So again, you have less than 2 per cent benefit for treating all the children.

So again, if you were thinking about the principle of minimal intervention, you would say: Is it warranted to give a vaccine or a treatment to all the children when it really only benefits a very small amount? At that point what we would probably suggest is that you would treat the children who have difficulty or who might be more susceptible—or treat them, period—and you would probably opt out of a preventative approach in this particular case.

I'm just going to zip through this slide here.

One of the things that is also really important is they did a point-in-time comparison. They only really ever measured the antibodies about a month afterwards, and they measured the symptoms about seven days after the second dose. But what they failed to do is watch how the benefit changed over time. And so here is probably one of the better studies. It's a *New England Journal of Medicine* publication. It's looking at the six-month follow-up after a fourth Pfizer vaccine dose in adults. We're going to argue that probably the efficacy of these things is going to be similar. Its probably going to see similar waning in the children as you do in the adults.

In this particular study, what they saw was that the benefit peaked at four weeks. Remember, they've only identified the benefit at seven days. Three weeks later, they basically see that the benefit has peaked. It's at its height. And then it wanes slowly afterwards. So by 13 weeks, it's basically gone completely.

[00:25:00]

**Here we have a benefit that helps 2 per cent of children seven days only after they get the injection, but is gone probably within three weeks later and might even become negative over time. And so again, I don't think that we have sufficient efficacy data to show long-term benefit for these particular vaccines.**

**Because the vaccines wane, the boosters are required. And because we're now in a post-Omicron era, we've been proposed that the Omicron booster is the solution to the problem of waning efficacy. So this is basically the results of the BA.1 Omicron booster trial, which was used to support the recommendation for use of these vaccines in children—this particular vaccine being the Omicron booster. And in this middle panel here, what you can see is that 78 per cent of the participants had no previous infection. So again, because most**

children today have had a previous infection, the results of this trial are probably not very clinically relevant, but they were used to support the vaccine. So let's just take a look at them.

Our regulators argued that the level of antibodies were higher for the Omicron booster than they were before they received the booster—on day 29 after their booster. You see this jump in antibody levels like this and that the antibody levels for the Omicron booster jumped higher than they did for the regular booster. And therefore, they argued that the Omicron booster was more effective than the regular booster. Now again, if we go back to what we know about correlates of prevention, it is clear that antibody levels are not a correlate of prevention for hospitalization, for instance, or even symptomatic COVID-19 in a post-Omicron era. So therefore, all that we can say based on this is that both groups got antibodies after they received the injection. And we can't infer anything regarding the actual immunity.

However, they did happen to measure the immunity in this particular study. And what they found is, in the group that had lower antibody levels, they had 1.5 per cent infection rates. And in the Omicron booster arm, they had higher rates of infection following those antibodies. This goes to prove that antibody levels are not a correlate of prevention, and that there were higher rates of infection on the arm that was the Omicron booster arm. And regardless of the results of this trial, i.e. showing higher rates of infection and not being a correlate of prevention, our health authorities went ahead and approved this particular thing for children without any specific testing in children. This actual study was run in adults. So the study, in my mind, would be negative. It would not be applicable to children, and yet our regulators—and particularly NACI—recommended these agents in children.

So on to the next question. I would say for the question where it says "Do they work?" the answer probably would be that there's insufficient data to support the fact that they work. And until they prove that it works, then we should assume that they don't work. In terms of safety, again, when we're looking at new agents, what we want to see is pre-clinical testing. And the one thing to note about these particular agents is that the normal type of testing that you would do—the rigorous pre-clinical testing for the COVID-19 jabs—were not done.

In terms of oncotoxicity, we want to make sure that it doesn't cause cancer; reprotoxicity, we want to make sure that it doesn't cause infertility; and genotoxicity, we want to make sure that it doesn't harm your genes or your genome. None of these tests were done. The thought of giving these to children without having done these basic tests is very disturbing.

And if we look at the clinical testing that was done, we would want to see extensive testing. Because, again, we're looking at gene therapy, and the FDA recommends up to 15 years of safety testing for gene therapy. We know that inflammation is a known side effect, whether it's myocarditis or pericarditis or encephalitis or any of a number of different inflammatory reactions that we've seen associated with this. So what we want to see is clinical testing,

[00:30:00]

in the sense of monitoring of a broad range of symptoms. But we also want to see subclinical testing. We'd want to be measuring troponin levels to see if there's any cardiac damage. We'd want to see D-Dimer levels to make sure that there's no coagulation occurring. We want to see C-Reactive Protein to make sure that there's no inflammation.

**But, when we looked at these studies, what they did was they basically measured reactogenicity, which is COVID-like symptoms, for seven days only after receiving the injection. And then if somebody had a severe or serious symptoms, they would follow that person for up to six months. And when they basically recommended that these particular COVID-19 vaccines be released to market and used in children, only two months of data had been collected. So that's two months of data out of the 15 years that should be done for gene therapy. And even within that context of running a study for two months, they only actually looked for side effects for about seven days. And so that would be nowhere near sufficient to be able to characterize the side effects profile of something like a gene therapy over that time. And they did not look at subclinical testing, so there could be damage that isn't clinically obvious yet that's occurring. And knowing the mode of action and how these COVID-19 vaccines work, it would have been important to do that type of testing.**

I'm just going to pause right now and say that if I see this type of negligence in terms of safety testing, I would probably assume that there's an entity that is benefiting from promoting these particular vaccines that has an alternative agenda—that isn't the benefit of children—in mind. And that would be something where you would tend to see minimal safety testing or misreporting of safety testing, and you'd see the benefits exaggerated and the safety issues minimized in this particular scenario. And I would probably say that what I'm seeing here fits that particular profile of somebody minimizing safety issues and maximizing efficacy beyond what's actually true.

So again, when we were talking about what they monitored very closely, they looked at COVID-like symptoms for seven days following the shots. In the left-hand panel, they looked at pain at the injection site. And on the right-hand panel, they looked at systemic events—so those are those flu-like symptoms that you'd expect when you get COVID-19. Now, I just wanted to remark that after these injections— After the second injection, and these types of side effects occurred both at the first injection and the second injection, what you see is almost 80 per cent of the kids having pain in their arm where the injection occurred—probably about 30 per cent of them having significant pain in their arm and probably about 1.5 per cent of them, or 1.5 in 100 children's arms, were so sore that they actually couldn't use them the next day.

So now if we think back to the fact that only 2 per cent of the children actually had a runny nose, the only benefit for the vaccines that was shown is that 2 per cent of them had less of a runny nose than the other ones. Here we are giving 1.5 per cent of the children, almost the same amount of children, a sore arm to the point where they can't use it. If you look at fever, another 2 per cent of them had a fever greater than 40 per cent, which is actually very serious. In terms of fatigue, another 2 per cent were so tired they couldn't get out of bed and couldn't carry on their daily activities. They may have required medical care or a visit to the ER, or the hospital because of it. And again, 2 per cent of them had very severe headaches and 2 per cent of them had chills.

**So for a 2 per cent benefit in reducing COVID-19, which is what an ARR [absolute risk reduction] of 2 per cent is, you also caused 2 per cent increases in severe outcomes for these children. And now it's difficult to say whether this was all the same child or different children. But it could be that they are 2 per cent of different children, so the net could be as high as 8 per cent severe outcomes in different children for a 2 per cent benefit.**

Again, if we were to consider that right now—just the clinical benefit ratio considering the risks over the benefits—you would probably say that at this point, it's negative already. However, it's important to look at the overall. Remember that they were following severe and serious adverse events for a month to six months. And at the two-month follow-up for

this particular trial, we noted that the severe adverse events for children who received the Pfizer jab versus the placebo were higher. There were seven severe adverse events in the COVID vaccine arm versus two in the placebo arm. So that's a relative risk increase of 249 per cent. And if we look at serious—which is basically people who have to be hospitalized, inpatient hospitalization, have life-threatening, maybe death, or even being permanently disabled—again, you have more of those in the Pfizer COVID-19 jab arm than you do in the placebo arm. And that's a relative risk increase of 299 per cent.

So again, coming back to our original focus, you have children who are not at risk of severe COVID-19. You can see that they didn't have any COVID-19 severe cases in the actual trial. But here you can see that those who were vaccinated were 12- to 15 years old, actually had more severe and serious events occur to them than they did from COVID-19 at all. So what I would argue here is that the vaccine is less safe than not having it at all, or than naturally acquired-immunity and letting children handle it on their own.

Again, our regulators are recommending booster shots to these children. This CDC [Centres for Disease Control and Prevention] graph basically shows the side effects that you get with each dose of the vaccine. So this is the first dose. This is the second dose. You can see that 80 per cent of children, or greater than 75 per cent of children, for the second and the third dose—the third dose being the booster—have side effects or systemic reactions that are serious enough that at least for the third dose, 26 per cent of them can't carry out their daily activities. Twenty percent of them are unable to go to work or school after they've received that third dose. And 1 per cent requires medical care.

Again, if we were to go back and think about naturally-acquired immunity and the fact that it's much superior to COVID-19 vaccines, then we would say it's not needed. If we looked at whether the vaccines are working, we'd probably say they aren't. But one of the things that's very clear is each time we give one dose to a child, we actually cause a severe amount of adverse events—to the point where 20 per cent of them are unable to go to school following the injections.

So let's talk about myocarditis. This is a well-recognized side effect of the COVID-19 mRNA vaccines. At this point, there's as many as 1 in 5,000 males aged 12 to 24 that can get myocarditis after the second dose. We now know that that's an underestimation because there are studies now that look at troponin levels. And I think it's 1 in 300 people who get the COVID-19 vaccine actually have elevated troponin levels, meaning that it's a sign of cardiac harm.

We do know that severe myocarditis weakens your heart and that your heart muscle can't regenerate. And it could affect the transduction of the heart and therefore result in severe outcomes, especially with exercise or exertion. The mortality rate is up to 20 per cent **higher for people who have myocarditis at six and a half years. This is nothing to disregard. And especially if we're thinking about injury in young children and the fact that they're going to rely on a strong heart for the rest of their life: any type of damage that occurs presently might have unknown consequences long term.**

**The last thing that I'd like to touch on is excess death and all-cause mortality in Canada presently. These are data pulled from Stats Canada. What we can see is leading up to the pandemic, or the COVID-19 crisis, there was no excess death. So that's this looking down here. And with lockdowns, when lockdowns were initiated, in the age group of zero to 44 years,**

[00:40:00]

there was an increase in excess death that was timed after the lockdowns. Here we can see that the first dose of the COVID-19 vaccine was administered to people generally speaking, so that would not have included children. And then a second dose was administered here. And with this second dose, what we can see is another increase in excess deaths across Canada timed with the second dose of the vaccine.

Now, it's hard to prove that this was related to the vaccine, but we do know that the excess death is occurring in those who are zero to 44 years, which is the segment of children, and that it is timed with the vaccine. If you look at the number of COVID-19 deaths in that age group, you can see that the deaths are minimal compared to the excess deaths during that time. What we would do is we would look at that and would say that that's a concerning signal. There's a temporal association that would need to be investigated and proven to be untrue, or that we'd want to see extensive safety testing before we would move forward with recommending a vaccine that had this type of association in children.

So just winding up: Do they need them? No. Do they work? No. Have they been proven safe? No.

And these are the countries that at this point in time have basically chosen to not pursue COVID-19 vaccination in children and young adults. Among those are a bunch of studies from Europe—again, England, Australia has made those changes. And more recently the World Health Organization has categorized—as of yesterday—children as a low risk of severe COVID-19 and therefore do not recommend vaccinating them moving forward.

The question that I have at this point is: How is it that our regulators are recommending these types of treatments with data that clearly does not support their recommendations?

One of the things that we do when we're looking at data that looks like this, where the efficacy and the safety have not been sufficiently supported, is we look to see if there's any conflicts of interest in the people who are responsible for making those decisions. Dr. Carolyn Quach-Thanh is the NACI chair at the time the COVID-19 vaccines were approved. Those would be when COVID-19 was declared and the COVID-19 vaccines were approved. One of the things that we noted was that she received a \$2.6 million grant from the CIHR [Canadian Institutes of Health Research] to study various aspects of COVID-19 right when the pandemic was declared. And she's gone on to receive more than \$10 million in grants to study COVID-19 and various topics since the time of the pandemic. And so I would probably argue that that's a lot of money going into somebody's research career on a product that may or may not be beneficial for children.

Dr. Shelley Deeks is now the NACI chair and she was the co-chair at the time that the COVID-19 shots were approved. And she received a \$3.5 million COVID-19 readiness grant **before we even knew whether the vaccines were going to be beneficial in adults, before we had any phase three data. So again, it would seem difficult to me to think that people whose careers are focused on studying COVID-19 and COVID-19 vaccination would be able to objectively evaluate data on these particular vaccines and their benefits.**

**I'm just going to end with that there and turn it back to you, Shawn. We've covered a lot of data there. But I think that there's enough to say that it's questionable as to why these vaccines were ever really approved in this particular cohort of children at the time that they were.**

**Shawn Buckley**

Yeah, and I'm curious Deanna, because you had hinted during your presentation that you kind of questioned who benefited from this. You were basically saying that the benefits were exaggerated and the opposite with the safety concerns.

[00:45:00]

And you're kind of teasing us to suggest, I believe, that it would be Pfizer. Or do you think that legitimately the approval bodies are compromised in this situation?

**Deanna McLeod**

I think that the manner in which the trials were conducted and reported basically maximized benefits and minimized safety. But it is our regulators and our health officials who are responsible for identifying these things and for basically ensuring that we've got data that proves benefit before moving forward. So I would say for sure that Pfizer and Moderna basically presented the results in a manner in which it would further their financial gains and that the people who should have been catching these things weren't catching these things. I also wonder what other interests are at play in our regulators and in our health officials that they would go forward with these types of recommendations based on this particular level of data. It's very concerning.

**Shawn Buckley**

Now, you've presented us with an analysis of the data by the pharmaceutical companies. Have you looked at adverse reaction reports in either Canada or other countries? Because my understanding is that Canada is getting a reputation for under-reporting adverse reactions.

**Deanna McLeod**

That's a great question. I tend to stay away from relying on adverse event reporting from Canada. I know that they basically say that the passive surveillance system that they have in place is sufficient to detect safety issues and that they're monitoring it very closely.

However, there's a few problems with that. One: it's passive surveillance and therefore it under-reports the level of adverse events. It was never designed to be able to characterize the safety profile of a gene therapy. If you send somebody home and you tell them that the vaccine was safe and is no problem, then the last thing that they're going to be looking for is safety issues or adverse events reporting.

**What should have been done is you should have been under clinical supervision, carefully monitoring people for any type of adverse events—and a broad spectrum of adverse events because we know that we're dealing with gene therapy, which causes inflammation and spreads throughout. And that the lipid nanoparticles bring the mRNA material all through your body, and that the mRNA produces a spike protein which produces inflammation. We should be expecting to see inflammation throughout the whole body. So you should have a safety protocol that is rigorously and actively monitoring that type of thing.**

To think that a passive surveillance system would be adequate for that purpose is laughable. And you know, if we did look at the VAERS [Vaccine Adverse Events Reporting System], the adverse events reported in and around the COVID-19 vaccines compared to all

other vaccines for the last 30 years is not even comparable. There's been so many adverse events reported through these types of systems that, you know, it's almost shocking.

**Shawn Buckley**

Does that still apply for children or are you referring just to adult numbers?

**Deanna McLeod**

I haven't teased it out for children specifically but you can expect that if you see the same drug being used in adults as in children, that you would see a similar profile. Although the dosing is slightly different for children, I don't think that the actual profile of the vaccine would look very much different.

**Shawn Buckley**

So would it be fair to say that, as far as Canadian statistics go, we have in no way a reliable reporting system for vaccine injuries outside of the clinical trial data?

**Deanna McLeod**

That's correct. In fact, our firm compared the rates of adverse events reported through CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] to the actual clinical trials. And whereas the clinical trials were catching 70 per cent adverse event reporting, CAEFISS captured about 0.1 per cent. So that's like— Not even 1 per cent of the actual side effects were being captured by that system.

[00:50:00]

**Shawn Buckley**

Is there a country that you would think has the most robust adverse reaction reporting system for children? And if you have an opinion on that, can you share with us what that country's data is showing?

**Deanna McLeod**

Yeah, again, I stick to what you can prove, which is stuff that you would see in a randomized controlled trial. And so I haven't spent too much time looking at passive reporting systems, because they're very difficult to interpret and it's difficult to use them to prove anything. However, again: I would go back to saying that the UK Yellow Card system is probably one of the better ones. You do see the same spectrum of adverse events as you would with adults but with a heightened adverse event reporting in and around myocarditis and pericarditis, especially after the second dose in young men. Especially when you mix doses—particularly when you give Pfizer and then Moderna, or Moderna then Pfizer.

**Shawn Buckley**

Right, I'm going to ask the commissioners if they have any questions for you. And there are questions for you.

**Commissioner Massie**

Thanks, Deanna, for your very well-crafted presentation. I have a couple of questions. The first one is about— I understand the challenge to demonstrate the efficacy of vaccines because, unless you have a very good animal model that would be fairly representative of what would happen in humans, you cannot purposefully infect people to see whether the vaccine works. So you have to rely on surrogate markers. In this case, it seems that there's been a lot of emphasis put on antibody titer. And if I'm not mistaken, when you look on the FDA side, this spelled out specifically: that the antibody is not a good surrogate marker for protection against infection. So why is it that we keep seeing that in all of the presentations from the company?

**Deanna McLeod**

That's an excellent question and I'll answer it from a research development and an accelerated approval scenario. In cancer, which is where I work, again people look for surrogate markers. Because, again as you mentioned, you want to be able to identify benefit early and have it point to the ultimate benefit that you want— So for instance, response rate might be considered a surrogate for survival in cancer. But in order to establish a surrogate, you need to clinically validate it and you need to make sure that it's the case across different settings and in this particular scenario, across various variants as well.

Although there was quite a bit of testing done in the original trials where they felt that it was valid in the sense that the antibodies could predict symptomatic COVID-19 in the pre-Omicron era—and I would probably argue that that's not the case in the post-Omicron era—they now acknowledge that it isn't a correlate of prevention, which is the proper terminology for it in the in the vaccine world. And it isn't a correlate of prevention for hospitalization in the post-Omicron era. To your point: this antibody testing that perhaps they used because they wanted to find a surrogate is not validated. And it has not been validated, so they cannot use it. But, why have they been using it? I think that when I see this type of thing, it's because regulatory bodies have bowed to the pressure of somebody in order to expedite approval.

If you want expedited approval of something, if you want to have accelerated approval— get it to the to the market much more quickly—you tend to rely on surrogate markers. And so I would probably think that there is some sort of organization, entity, that is highly motivated at getting these vaccines to market as quickly as possible. I know that there's quite a few people who are considering this perhaps a global goal—to be able to work together to get things to the market much more quickly. But I think that that's only a benefit if you've done the rigorous testing that you need to make sure that these things are safe and effective.

[00:55:00]

Because, if we're getting things to market that are harmful, and we're making sure that they're in the arm of every single person on the planet and it hurts them, especially our children and our future, then that's of grave concern.

**Commissioner Massie**

I also have a question about the documentation you've presented. I know that you have done a more extensive analysis on the conflict of interest. I think you did a presentation on that which was more detailed, if you want. Because one of the questions that I had is: Is there any sort of practice or regulation that would prevent the people that are called on in

our institutions to qualify the relevance of any medical treatment— Would have to actually be shown to be exempt of conflict of interest? It's probably not enough just to declare it at one point. Is there something that is preventing these people from acting there? Obviously, it doesn't seem to work if there's anything. Are you aware of anything like that?

**Deanna McLeod**

Well, I think that whenever conducting conflict of interest work— And we have another presentation at the Citizens Inquiry here coming up that will delve into that in a little bit more detail and you can go on the Canadian COVID Care Alliance to see a more detailed analysis as well— But, on that note, I think that the normal way that you look at conflicts of interest is to simply look at: Has a pharmaceutical company that stands to benefit from positive recommendations—in this case, it would be Pfizer and Moderna—have they directly paid anybody who's involved in the decision-making? In our particular situation, NACI would be the body that's responsible for the independent evaluation of the COVID-19 vaccine data and formulation of recommendations; and those recommendations are then taken into consideration by each of the provincial authorities that make recommendations. So I would probably put them as responsible for things in Canada. And if you did look at strictly Pfizer or Moderna giving them money, there is definitely some level of conflict of interest.

But the thing that we noticed the most is that the conflicts of interest are coming from a global level. They're being channeled down through traditional funding levels, for instance, with the Tri-Council [Government of Canada research funding agencies]. However, the research agenda is being set by global bodies, for instance, GLOPID-R [Global Research Collaboration for Infectious Disease Preparedness], which is a global research network whose membership are vaccine manufacturers and NGOs that have a pro-vaccine agenda. And so what you see is the projects that are being funded and the people who are being rewarded for positive recommendations around COVID-19 vaccines are those that are in line with those global entities.

I would probably argue that you have somewhat of a hijacking of our healthcare system through even normal funding means, for instance through Tri-Council funding, because they have bolted on to the research agendas and goals of these international organizations, for instance, the World Health Organization and GLOPID-R. And therefore, you can see a vaccine readiness grant of \$3.5 million going to the person who's going to be deciding whether the COVID-19 shots should be approved in Canada.

Why is she getting ready for COVID-19 vaccines before we even know that they're safe and effective? Why is anybody considering them? The amount of money that went through our government to people to decrease vaccine hesitancy leading up to the rollout of these **COVID-19 vaccines was incredible. Why were we telling people to not be hesitant around COVID-19 vaccines before we knew that they were safe?**

**These are, I think, really important questions that we need to be answering: Why were we having such a pro-vaccine stance and why were the studies designed to make the vaccines look so favorable? And why didn't our regulators stop these vaccines because they didn't have the sufficient level of safety and efficacy data needed—especially in children? Those are the questions that I think need to be pursued and investigated a lot further.**

[01:00:00]

**Shawn Buckley**

Deanna, finally just add to what you're saying is: As you're aware, the regular drug approval test in C.08.002 of the drug regulations was abandoned for COVID-19 drugs. And the interim order that substituted the regular objective test of safety and efficacy and produced a subjective test did something also interesting: It exempted the government and COVID-19 drugs from several provisions of the *Food and Drugs Act* and Regulations. And one of the regulations prevents the importation of a drug if there isn't a drug approval. And that was exempted. So Her Majesty purchased a large amount of these vaccines and was permitted to import them and distribute them to the provinces while waiting for herself to approve the vaccines. So it was kind of a classic conflict of interest, where the minister was allowed to purchase and import and distribute while she waited for her servants to approve them. There's just so many interesting things about this rabbit hole.

**Deanna McLeod**

I think—I'm very hopeful this Inquiry will serve the purpose of evaluating all of these things. Because one of the things that we need to really be mindful of is, if a pharmaceutical company sees that this tactic has been successful, I will guarantee you that this is not going to be the last time we see it. The onus is upon us to identify how it happened and to stop it from happening in the future or we're going to have—you know, once the fence has been breached, or once the wall has been breached, you can expect the hordes to enter. I think we need to repair the wall or this won't be good for our children—or anybody else moving forward.

**Shawn Buckley**

And I'll ask the commissioners if they have some more questions.

**Commissioner Massie**

Would you make your documents available so we can actually review them in more detail?

**Deanna McLeod**

Absolutely. Yes, no problem.

**Commissioner Massie**

Thank you.

**Shawn Buckley**

Deanna, if you can forward them to me, I'll just have them enter it as an exhibit so that the commissioners can review your slides [no exhibit number available].

**Deanna McLeod**

Okay, well thank you very much.

**Shawn Buckley**

And there doesn't appear to be any more questions. On behalf of the National Citizens Inquiry, we thank you for your presentation.

**Deanna McLeod**

Okay. Thanks very much for having me. Have a great day.

**Shawn Buckley**

You, too.

[01:02:50]



*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 1**

**March 30, 2023**

### EVIDENCE

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**Witness 11: Remus Nasui**

**Full Day 1 Timestamp: 08:22:21–08:37:09**

**Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>**

[00:00:00]

**Shawn Buckley**

Remus, we're sorry that we're running a little behind today. But I ask if you could state your full name for the record and then spell your first and last name for the record.

**Remus Nasui**

Thank you for having me. My name is Remus Nasui. First name spelled R-E-M-U-S. Last name spelled N-A-S-U-I.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth?

**Remus Nasui**

I do.

**Shawn Buckley**

Now, my understanding is that you've been a paramedic since 2002.

**Remus Buckley**

That's correct, yes.

**Shawn Buckley**

But you were working for a district that, at the end of the day, did not require vaccination.

**Remus Nasui**

They did not force us. They gave us the option to test.

**Shawn Buckley**

Right, okay. So you haven't lost your job?

**Remus Nasui**

I did not, no.

**Shawn Buckley**

But you did come down with COVID and now you have natural immunity.

**Remus Nasui**

That's correct, yeah.

**Shawn Buckley**

But despite the fact that you didn't lose your job, there was a difference in how you were treated. And I'm wondering if you can share with this Inquiry the difference in how you were treated.

**Remus Nasui**

Of course, yes. We were given the opportunity to continue employment, as long as— Initially, during the second wave, the Delta wave, after the vaccines were rolled out and vaccine mandates became more and more prevalent, we were given the option to do a RAT [rapid antigen] test once a week. And we had to submit that prior to coming to work to be allowed to fulfill our shifts.

After the Omicron wave came, we were required to do a test prior to every shift. And these tests only applied to unvaccinated paramedics. Despite knowing that people who took the vaccines could still get infected and transmit the disease to others.

**Shawn Buckley**

Now, did you find there was a difference? You're at work, you're in your paramedic's uniform, and you were able to basically, I assume, go wherever you want.

**Remus Nasui**

That's correct. During work, I was able to attend any venue or I could get on a plane or a train. I could go into an arena, a restaurant, a gym, if I was required to provide care. Then as soon as I finished my shift and went home, I was basically treated like a leper. I was unable to enter any venue because I did not have a vaccine pass.

**Shawn Buckley**

So you kind of experienced two worlds whenever you are on shift as a paramedic.

**Remus Nasui**

That's correct, yeah.

**Shawn Buckley**

Can you give us some examples of how it affected you, not having a vax pass?

**Remus Nasui**

Well, it prevented me from travelling abroad to visit my father when he got sick. My family got kicked out of the recreation centre that we attended for about two years prior because we were not vaccinated.

**Shawn Buckley**

I'll just flesh that out a bit. So your father was sick. Am I correct that you're an only child?

**Remus Nasui**

That's correct. I am the only child, yeah.

**Shawn Buckley**

And it was somewhat serious. It was a blood clot and he—

**Remus Nasui**

That's right.

**Shawn Buckley**

So how did that affect you not being able to go and care for your father?

**Remus Nasui**

It was tough.

**Shawn Buckley**

And then you spoke about this club. You're not allowed to go. Are other family members that are not vaccinated allowed to go to this club?

**Remus Nasui**

My son was under 12 years old at the time and he was part of the tennis team—the elite tennis club there. So while me, my wife, and my daughter were kicked out, my son was allowed to continue attending the club.

**Shawn Buckley**

Same household.

**Remus Nasui**

Absolutely.

**Shawn Buckley**

So one member of your household could go and attend.

**Remus Nasui**

That's right, yeah.

**Shawn Buckley**

And then come home.

**Remus Nasui**

Yep.

**Shawn Buckley**

But no one else from the household could attend.

**Remus Nasui**

That's correct, yeah.

**Shawn Buckley**

Now, did the culture change at work? After the vaccines and before the vaccines?

**Remus Nasui**

Yeah, I would say it changed dramatically after the mandate rollout took place. The mandates and the vax pass really created a lot of division in the company. The majority of employees took the vaccines. I think it was either following the vax pass or an interview by our Prime Minister in Quebec, where he labelled the unvaccinated as racist,

[00:05:00]

misogynistic, extremist, that the attitude changed significantly even within my company towards those who did not take the vaccines.

**Shawn Buckley**

But specifically, how did it change? When you went to work, how did your coworkers treat you differently?

**Remus Nasui**

Well, within my company specifically, there were co-workers that approached management to refuse working with unvaccinated colleagues. There were other co-workers that posted online things like, "I hope that the unvaccinated colleagues get sick with COVID and do not get quarantine pay." Which was our policy in our service at the time: we got 14 days off with quarantine pay. And just generally speaking, an animosity towards people who chose not to do the right thing.

**Shawn Buckley**  
And how did this make you feel?

**Remus Nasui**  
Awful.

**Shawn Buckley**  
Now, you have some unique experience. You lived in a communist country.

**Remus Nasui**  
I grew up in a communist country, yeah.

**Shawn Buckley**  
And then following that, you moved to South Africa while there was still apartheid.

**Remus Nasui**  
That's correct. I got there at the end of apartheid in 1991.

**Shawn Buckley**  
And so having had those lived experiences, how did you feel about the vaccine passports coming out?

**Remus Nasui**  
To give you an example, when I lived in South Africa at the end of apartheid, before the transition took place, black people who lived or worked for white households were bussed in at the beginning of the week. And they would spend the next two weeks in the household there—with their employer-master basically relationship. And then they were given two, three days every two weeks to go spend with their families back in their home. But while they lived on-site in the white household, they were allowed to go and pick up items if the household needed them in the stores, in the city. But in order to be allowed to do that without fear of arrest, they had to get a permit from their household owner that allowed them to leave the household and go into the city to purchase items. So they had to get basically a pass.

**Now, seeing that experience and knowing that that's wrong because it's a discriminatory experience based on race—and we know it's not right to discriminate based on race, religion, political ideology, gender—I think it's really wrong to discriminate against people based on their medical choice. And it kind of reminded me of that. Because without a vax pass, here you were not allowed to enter a variety of places. In fact, you were really unwanted.**

**Shawn Buckley**  
Now in your job as a paramedic, my understanding is that after the vaccines were rolled out in—I guess that would be 2021—you noticed a change in both the number of calls and the type of calls. Is that fair to say?

**Remus Nasui**

Yeah, I would say that the change started in— Probably towards October, November of 2021. And then it accelerated in 2022.

**Shawn Buckley**

And what was the change?

**Remus Nasui**

I noticed a significant increase in calls for palpitations, chest pains, an increase in sudden— well, in cardiac arrests, first-time seizures. A lot more calls than I was previously used to.

**Shawn Buckley**

When you say first-time seizures, what do you mean?

**Remus Nasui**

I mean a person that's had a seizure for the first time in their life. Despite living 30, 40, 50, 60, 70 years of their life without any seizures prior. No seizures disorder.

**Shawn Buckley**

Is that uncommon?

**Remus Nasui**

In my experience, yes.

**Shawn Buckley**

And when you were talking about cardiac issues, can you kind of give us a feel for how much of an increase you experienced?

**Remus Nasui**

Well, prior to 2021, I would probably come across a cardiac arrest once a week to once a month.

[00:10:00]

And during 2022, when the booster rolled out, it became almost a daily occurrence for a while.

**Shawn Buckley**

So you went from once a month or once a week to basically a daily occurrence.

**Remus Nasui**

That's correct. Some days more than one.

**Shawn Buckley**

What about your experience with people that have died? Did the death rate change in your experience? Because in your job you see deaths and you attend at death scenes.

**Remus Nasui**

Based on what I saw in 2022, I saw a lot of the cardiac arrests that occurred that I attended to did not respond to our normal treatments.

**Shawn Buckley**

Now, my understanding is that for the health authority that you work at, in the paramedics, there are roughly about 750 employees.

**Remus Nasui**

That's correct. Approximately—between 750 and 800, yeah.

**Shawn Buckley**

And of those roughly 400 are males.

**Ramus Nasui**

I'd say, yeah, that would be a fair estimate.

**Shawn Buckley**

Now, before the vaccines, can you share with me roughly how many of those came down with COVID and what the outcomes were?

**Ramus Nasui**

To my knowledge, during the first two waves, which was the original and Delta, approximately 70 paramedics caught COVID. As far as I know, they all recovered and they're all back to work.

**Shawn Buckley**

Now, what happened after the vaccines rolled out to those 750 paramedics?

**Remus Nasui**

Well, in our company there's one case that I do know of where a gentleman in his 40s, after his booster, developed myocarditis within about two days. Ended up in the hospital. That's one out of 400 in males.

**Shawn Buckley**

Are there any other irregularities that you became personally aware of?

**Remus Nasui**  
There are, yeah.

**Shawn Buckley**  
Okay, what percentage would have gotten COVID after the vaccinations?

**Remus Nasui**  
During the Omicron wave, at least 70 per cent of the company got COVID. At some point, or other.

**Shawn Buckley**  
Seventy per cent of 750 employees.

**Remus Nasui**  
Yeah, that includes part-timers as well. Some people work full-time and then there's a group of part-timers as well. It's fairly significant too. They work in other services as well.

**Shawn Buckley**  
Now, having experienced what you experienced, what would you suggest that we do differently if this ever happens again?

**Remus Nasui**  
I would like to see bodily autonomy respected. I would like to see no discrimination based on personal choice. I would like the public health authorities to consider other opinions by other academics. Case in point being the Great Barrington Declaration, which was co-authored by a professor from Stanford, a former professor from Harvard, and a professor from Oxford, which took into account the high-risk groups and how to protect them while allowing society to continue their life. Without restrictions or mandates. I would also like to see Public Health Canada run the pandemic themselves, without World Health Organization recommendations, like one-size-fits-all. Because that's not right. And that's not science.

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

**Remus, on behalf of the National Citizens Inquiry we thank you so much for coming today and testifying.**

**Remus Nasui**  
Thank you.

[00:14:48]

**Final Review and Approval:** Jodi Bruhn, August 16, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 1**

**March 30, 2023**

### EVIDENCE

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**Witness 12: Leanne Duke**

**Full Day 1 Timestamp: 08:55:00–09:21:06**

**Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>**

[00:00:00]

**Shawn Buckley**

You can please bring up Leanne Duke, who should be on Zoom. Leanne, can you hear us? Can you give us your camera? There you are. And give us a sound test.

**Leanne Duke**

I can. Can you hear me?

**Shawn Buckley**

We can hear you. I'm wondering if you can adjust your camera. That's a little better. And we apologize that we've kept you waiting. These things are sometimes hard to time.

I'd like to start by asking if you could state your full name for the record and then spell for the record your first and last name.

**Leanne Duke**

My name is Leanne Duke, L-E-A-N-N-E D-U-K-E.

**Shawn Buckley**

Leanne, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Leanne Duke**

Yes.

**Shawn Buckley**

Now, my understanding is that you are an office manager; you deal with financial reporting and accounting and payroll and human resources and health and safety.

**Leanne Duke**

Yes.

**Shawn Buckley**

So you've got quite a mixed bag. And my understanding is that you're here today to tell what happened with your father, Wayne Duke, when the COVID pandemic arrived and we started having restrictions on us. So can you basically start with explaining that you were his primary caregiver and what that means?

**Leanne Duke**

Yes, I was my dad's primary caregiver. He had advanced Parkinson's disease and advanced dementia. He was living in a retirement home at the beginning of the pandemic.

**Shawn Buckley**

Okay, and what type of care did you give to your father?

**Leanne Duke**

When he first went to the home, they were supposed to take his care over, but there was a lot of problems with that. So I would go in every single morning, Monday to Sunday, and I would provide his medical care. He had a tube that went into his stomach. There was a hole which was called a stoma; and so the pump would diffuse medication into him consistently throughout the day. The stoma required proper cleaning every morning and night. So every morning I would go in. I would provide his medical care. I would also clean his room. I would trim his nails, shave him, cut his hair, clean his dentures, stock the Depends in his drawer.

**Shawn Buckley**

In addition to having the stoma, your father had another condition that made cleaning his room very important. Am I right about that?

**Leanne Duke**

Yeah, that was his Parkinson's. He had advanced Parkinson's, so he couldn't have anything in front of him. His room had to be—the floors had to be free of objects. His furniture had to be around the perimeter of the room because if anything was in front of him, like directly in front of him, his whole body would freeze and he would fall.

**Shawn Buckley**

My understanding is, especially with regards to the stoma, you attempted to train the staff at the facility but they just were not up to the task.

**Leanne Duke**

Yes.

**Shawn Buckley**

So when you say you went in every morning before work, this was essential care that you were providing.

**Leanne Duke**

Yes.

**Shawn Buckley**

And then you're telling us you went every night for two or three hours.

**Leanne Duke**

Yeah. Every night before the first lockdown, I would go and do his medical care every morning. And then I would drop his dog off, who would stay with him for the day. And then as soon as I was done work, I would go and I'd sit with him and hang out with him for two or three hours every night before I went home.

**Shawn Buckley**

Now, the first lockdown, in my understanding, came March 31st, 2020. Can you tell us about that experience and how it changed things?

**Leanne Duke**

I received a call on March 31st. It was probably around lunchtime. From the owner of the home and she said I was no longer allowed in to provide his care and his dog was no longer allowed to be there either; she said, "when you're done work, you need to come get his dog, and you can no longer come in in the mornings to provide his care."

I was locked out from March 31st until— October 21st was the day I was allowed back in.

**Shawn Buckley**

And then when you were able to attend back on, well let me just back up.

[00:05:00]

Even though you weren't able to attend after March 31st, you were allowed to take him to medical appointments, am I right?

**Leanne Duke**

Yes, so all social absences were not permitted. They weren't allowed to go out for social absences. But if they required a medical absence, I was allowed to take him to his medical appointments. He had a lot of medical appointments because, in two and a half years, he lost 17 dentures. So that required a lot of appointments to replace those.

Every time I would take him out, I would check his stoma and it became extremely infected. And also, when I would be talking with him on the phone, he would be wincing in pain all the time telling me how bad his stomach hurt. And not once did the home ever contact me

as his power of attorney for care—as his substitute decision-maker—to notify me of the state of his stoma.

**Shawn Buckley**

Okay, now you had actually documented what you're speaking about by taking photos of his stoma. Am I correct with that? And David, can you help me? I've got this up on the computer. Can you pull that up?

Leanne, my understanding is these are all photos that you've taken.

**Leanne Duke**

Yes.

**Shawn Buckley**

I'll scroll down— Well, actually I'll scroll up. You had typed in there, "This is how the stoma always looks in my care," and that's the top picture.

**Leanne Duke**

Yeah, so that's how the stoma is supposed to be.

**Shawn Buckley**

When you describe that, there's literally a tube going into his belly; there is a tube going into his belly here.

**Leanne Duke**

Yeah.

**Shawn Buckley**

And that doesn't look inflamed, or it doesn't look dirty at all.

**Leanne Duke**

No, and that's how it always looked when I was doing his care every morning.

**Shawn Buckley**

Okay, I'm going to scroll down to some other pictures you've taken. And you've typed into this document, "These are pictures taken of his stoma during the first lockdown. I took these pictures when I took him out to medical appointments."

**Leanne Duke**

Yes.

**Shawn Buckley**

We will enter this as an exhibit so that the commissioners will be able to refer to this whenever they want [no exhibit number available]. But how would you describe the difference in these pictures, just for the record?

**Leanne Duke**

His stoma was just oozing all this discharge and pus. You can see what—they call it a skin tag, which developed right around the hole. That was very inflamed and large. And I'll also say, once I was allowed back in on October 21st—within one month, I pretty much had his stoma looking back to normal. But it was like this during the entire first wave's lockdown.

**Shawn Buckley**

And I'm just going to scroll down. There's another photo and you have typed on here, "This was the stoma on March 26, 2022, when the home changed his plan of care from cleaning his stoma morning and night 14 times a week down to three times a week."

**Leanne Duke**

Yeah. And the home told me that his stoma was not infected with this picture on that day. They told me there was absolutely no infection and his stoma was fine.

**Shawn Buckley**

So not only are you seeing his stoma in just an awful condition, but he's reporting to you on the phone when you're having phone conversations that it's uncomfortable?

**Leanne Duke**

Yeah. He wouldn't say it was directly related to his stoma; he had kind of lost that capacity. He was just— You'd be talking with him and he would just start wincing in pain, like "ohh." He'd constantly be making those sounds when I was talking to him on the phone. And I'd ask him what was wrong. And he said it was stomach pains.

**Shawn Buckley**

Okay, now you had said earlier in your testimony that you weren't able to drop his dog off every day. So can you explain for the commissioners what the routine was and tell us about this dog. And then tell us about the effect of your dad not being able to have the dog every day.

**Leanne Duke**

It was very detrimental to him. So going to a home obviously wasn't my first choice but he required care 24/7. And it was a very big adjustment to him. So being able to drop his dog off and have his dog spend the day with him— In spite of his Parkinson's he would still go out walking every day. He would take his dog on these walks every day. And he had a background in training dogs.

[00:10:00]

He would sit there and he would train his dog in his bedroom. And he just really enjoyed spending time with him. And when his dog was no longer allowed to go to the home to be with him, he kept thinking that he had his dog and he'd lost him. And so he would actually start wandering.

There was a time one night—it was around midnight—I got a call from the home that my dad had run out and he was looking for his dog at midnight. Because he kept forgetting that his dog wasn't allowed there and he kept thinking he lost him. There would be other nights I'd be talking with him on the phone and he'd be all depressed. And I'd say, "what's wrong?" And he said "Well, you lost him." And I would say "I lost who?" And he said, "Well, you lost Ozzie," his dog. And I would say, "No, I didn't lose him, he's here with me." But he couldn't comprehend because he wasn't seeing his dog every day. And he became extremely, extremely depressed.

**Shawn Buckley**

Okay. And my understanding is your dad had basically a walkout unit with his own door to the outside. So even though he had his own door to the outside, they wouldn't let you drop his dog off for the day?

**Leanne Duke**

No.

**Shawn Buckley**

Now, when you were able to come back in October 2020, that was because they made an exemption for essential caregivers?

**Leanne Duke**

Yeah. So it was in September of 2020, I believe, the government classified essential caregivers and said they could no longer be restricted from providing care. The home finally let me back in in October to start providing his care again. When I was allowed back in to provide his care, they said, "You can just come in your dad's patio door in the morning." At this time, public health was saying if a caregiver was providing any type of care and you were in a certain proximity, you had to wear face goggles; you had to wear gloves; you had to wear a gown and a mask. And there were also all the screening questions you had to do. I can say: not once during that time that I was coming in his patio door did the home ever screen me, did they ever ask me for my weekly PCR test result. And they were also the ones that were supposed to provide the gown, the gloves, and the eyewear. **And not once did I ever wear anything like that while he was at the retirement home. I would just wear a mask and do his medical care every day.**

**Shawn Buckley**

So this home that wouldn't even allow you to drop his dog off at his door, when you were allowed to return back, didn't comply in any way with the testing, screening, and PPE requirements at the time.

**Leanne Duke**

Exactly.

**Shawn Buckley**

Now your dad eventually got moved to long-term care. Can you tell us about that?

**Leanne Duke**

Yes. His dementia was getting worse and the retirement home was quite negligent. On September 1st, 2021, he got a bed in a long-term care home. Before he went to the long-term care home, I had told them I'm not vaccinated. The director of care said, "Oh, that's not going to be a problem. You're still going to be allowed in." From September until December, I would go in every single night. Well, actually in the first month that my dad was there, I was going in every morning, every night after work. And then I'd go back in at 10 o'clock to train the nurses on his care, so they took over his stoma care. Then come October, I was just coming in every day after work and I was taking him out walking. He had a high incidence of falls, so they confined him to a wheelchair. So he wasn't allowed to walk anymore. And I was very worried that he would quickly lose all his muscle mass. So every single night after work, I would come in and I would walk him in the parking lot. I'd come in and, I'd say, 90 percent of the time when I would get there, he'd be sitting in wet briefs. So I would have to change him and clean him up, put new pants on him, and then we'd go out walking in the parking lot every day.

**Shawn Buckley**

And did a point come where you were no longer able to take your father out?

**Leanne Duke**

Yes. On December 10th, I got a call in the afternoon,

[00:15:00]

that, due to my vaccination status, I was no longer permitted entry into the home. And it wasn't even in the government directives until December 15th. So December 15th, the government followed suit and they banned all unvaccinated caregivers from long-term care.

**Shawn Buckley**

Were you able to have him for any short-term absences after that time?

**Leanne Duke**

From December 10th until December 29th or 30th, the home and the directives allowed social absences at that time. But if I took my dad out on a social absence, when he returned, they required him to be antigen-tested upon return. And then he had to have a PCR test on day three and a PCR test on day five.

**Shawn Buckley**

Because of his dementia, that was problematic, wasn't it?

**Leanne Duke**

Yes, and his Parkinson's, he was constantly moving around. He had constant sudden movements. And there's a lot of literature on the negative effects of swabbing individuals with dementia. It can be a very scary experience for them. So Christmas Day, my dad was technically still allowed to have a social absence. But prior to this, the activity director from the home called me and she said, "due to your vaccination status, if you take your dad out for Christmas, he will be required to be isolated for seven days in addition to all the testing."

It was a very hard decision to make. I said to myself, "This could be his last Christmas, you never know. So do I leave him in there so that he doesn't have to go through the testing and be isolated for seven days, or do I take him out?" And I decided to take him out because, like I said, if this was his last Christmas and he spent it alone, it would just kill me inside. So I took him out. And he was very despondent, however. On December 10th, when I was no longer permitted entry, within three days, he lost his ability to communicate. He became completely despondent. He just— He gave up. There were so many lockdowns during the three years and this was it for him. He just completely gave up. When I brought him out for Christmas, he had no interest in opening presents. Mentally, he didn't really seem to be there. He was just despondent. He didn't care about food, which, if you knew my dad, he loved food. And he didn't care about food. He didn't care about his dog. He was just—he wasn't really there mentally.

So I brought him out for Christmas and then the next day, I called the home and said, "I'd like to speak with my dad." And the nurse told me, "You can't speak with your dad. He's in isolation." And I said, "Well, surely you have to have a cordless phone." And they said, "No, we don't have a cordless phone here." I said, "You cannot lock my father up for seven days in a room and completely deny him access to even speaking with his family." So I spoke with the administrator, which is the owner, and also the director of care, and they said that they would get a cordless phone. But during that next week they never told all of their staff. And so I would call in and the staff would tell me they didn't have a cordless phone. And I would say, "You do have a cordless phone."

So that week, I was only able to speak to him about three times, while he was completely isolated in his bedroom. And also on the Saturday, I was telling him, "You have one more day; you're going to get out of isolation, you have one more day." On the Sunday, I called him and the nurse said to me, "I'll bring the phone to him." And I said to her, "What do you mean you'll bring the phone to him? He's supposed to be out of isolation." And the nurse said, "Well, didn't you hear? The entire home is in lockdown."

My dad ended up spending a month straight locked in his bedroom all by himself. The effects of that mentally— He wasn't there anymore.

**Shawn Buckley**

Right, he wasn't able to recover from the isolation.

**Leanne Duke**

No, like I said, he lost his ability to communicate. In mid-February, social absences were permitted again, so I could at least get him out of the home, and take him home.

[00:20:00]

During the entire time when it was permitted. I would take him home every Saturday and have lunch with him and spend the afternoon with him. So once that was permitted again in February of 2022, I would bring him home. He could no longer feed himself, so I'd make food. I would have to feed him. He couldn't communicate, he just completely gave up. I couldn't walk him anymore. He had completely lost all of his muscle mass. Because the home would tell me that for them to have somebody walk him, due to health and safety reasons, they needed two people. But they were short-staffed all the time, so they didn't have two people to take the time to walk him. So during the time I wasn't coming in, he completely lost his ability to walk, to communicate, to feed himself, everything.

**Shawn Buckley**

So he's a completely different man.

**Leanne Duke**

Yes.

**Shawn Buckley**

My understanding is, you were able to take him out for short-term absences, but from December 10, 2021, you were not allowed in. But then you were allowed in after he died.

**Leanne Duke**

Yes, so he suddenly passed away on September 17, 2022. I had not been allowed in the home from December 10 until September 17. And it was very difficult. How do you fulfill your power of attorney duties when you cannot see what's going on inside the home? The day after he passed away, I called the home and said, "I need to come and collect his belongings." And the home said, "Yes, you can come in to get his things." So my mom, my friend, and myself—we went there on September 18. And the home let all of us in. None of us were screened. None of us were tested. There was no documentation whatsoever. They just let the three of us go in, take his things, and go.

**Shawn Buckley**

So this home that was so concerned about you showing up even if you were tested and screened had no concern with the three of you going in and wandering around the facility.

**Leanne Duke**

Yeah. And on that note as well, I'll also say: during that time from February 22, 2022 until the day that he passed, I was not allowed inside the home. There came a point when I couldn't get my father into my car anymore. My friend would try and help me but we were both getting hurt. My dad was getting hurt, so I could no longer get my dad home. There was no accessible community transportation in my town due to the pandemic. So I couldn't get my dad home with accessible transportation. I was, however, permitted outdoor visits with him. So, I would go and I would have an outdoor visit with him. Not once did they test me. I was never screened. My father wasn't screened after our outdoor visit, yet we would be in the same proximity had I been in the home, or had I taken him home on a social absence where he was being required to have all the testing.

**Shawn Buckley**

I'm going to ask you: Having experienced all of this, if we were ever to face a situation like this again, how do you think we should have done things differently?

**Leanne Duke**

There are so many reports that are written by many levels of government. There's the National Seniors Council, the Chief Science Advisor. There's also the Patient Ombudsman, who has released all these reports as early as 2020. And in these reports, they stated the importance of continued access to caregivers, to the effects of the lockdown.

The government has not listened to any of the scientific evidence that came from these reports that talk about the detrimental effects on our seniors. There's the *Long-Term Care Act*—

**Shawn Buckley**

I do have to stop you, just because we're about nine minutes over. And like yourself, we've had another witness that's been waiting for a couple of hours. But is it fair to say that you're of the strong opinion that there's just no way that caregivers should be separated from loved ones?

**Leanne Duke**

There's not. A time when they're in a long-term care home is when they need their family the most.

[00:25:00]

My dad was already suffering from a disease that was taking away his body, that was taking away his mind. And then the government took away his family and his support and he had to go through that alone. I would like to say that the government needs to treat our seniors with respect and without discrimination because they deserve to enjoy equal opportunity and be able to live fully in the life of the province, in the life of Canada, the same way as every other Canadian has been afforded.

**Shawn Buckley**

And, Leanne, I'll just ask the commissioners if they have any questions for you. And they do not. On behalf of the National Citizens Inquiry, I thank you so much for sharing this story. I don't know if you can hear, but the audience is clapping.

**It's just so very important to hear from people like you. And thank you so much for sharing this with us.**

**Leanne Duke**

Thank you.

[00:26:06]

**Final Review and Approval:** Jodi Bruhn, August 16, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

### EVIDENCE

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Witness 13: James Paquin

Full Day 1 Timestamp: 09:21:14–09:30:15

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

We just have one more online witness, Jamie Paquin. Jamie, if you can hear me, turn on your camera.

**James Paquin**

Yep.

**Shawn Buckley**

We can't see you yet.

**James Paquin**

How's that?

**Shawn Buckley**

There we go, and my understanding is you are in Japan today.

**James Paquin**

That's right. Tokyo. Bright and early.

**Shawn Buckley**

I'm going to ask you to start by stating your full name and then spelling your first and last name for the record.

**James Paquin**

James Robert Paquin, J-A-M-E-S-P-A-Q-U-I-N.

**Shawn Buckley**

And Jamie, do you promise to tell the truth, the whole truth, and nothing but truth?

**James Paquin**

Yes, I do.

**Shawn Buckley**

Now, you were in Japan when COVID hit.

**James Paquin**

That's right.

**Shawn Buckley**

And you're there because you run an old Canadian wine business in Japan.

**James Paquin**

Yeah.

**Shawn Buckley**

Now, can you tell us how the Canadian COVID measures impacted your business?

**James Paquin**

For our business, we had a lot of logistics problems. So that's the first major hurdle: shipping containers were extremely expensive. Then the inflationary measures that were brought in. Also, disruption of supply chains increased the price of the goods significantly. There were bottle shortages, many wineries upped their prices significantly. And at the same time, the yen to the Canadian dollar dropped dramatically. So we probably ended up, in one swoop, in a large container order, losing about \$50,000 due to those factors.

**Shawn Buckley**

How did it affect you personally, the Canadian COVID measures?

**James Paquin**

The Canadian Charter-violating restrictions on travel made it practically impossible to go back to Canada. I haven't seen friends or family since 2019. And as you know, none of this was based on science or previous measures to deal with the virus. So facing fines of up to a million dollars or three years in prisons for violating an absurd two-week quarantine while people with vaccines who are positive for COVID could stroll into the country made it really treacherous to think to go home. And even the financial cost of spending weeks doing that, before you could even start a visit, made it impractical.

So these measures have robbed me of three years of friends and family. And they've also caused huge rifts in family relationships because of the propaganda on the Canadian side that has really damaged a lot of people.

**Shawn Buckley**

Can you share some details about that?

**James Paquin**

Yeah. Very early on— I have an academic background and I also saw that what they were saying didn't make very much sense. So I started following a lot of the academics who were producing the data, like the infection fatality rate being lower than influenza. I knew the games they were playing with classifying COVID deaths based on PCR tests. And I had looked at the all-cause mortality rates that weren't increasing in most places. Japan had the lowest death rate in 11 years in 2020, actually.

And then the Japan side: We weren't subjected to things like bubbles, mandates, travel restrictions, and all of that. We were living— They did implement some sort of disruptions to the restaurant trade, trying to get restaurants not to serve alcohol in the evenings, but these were largely violated. You know, I could go to restaurants packed with people. They closed gyms for about six weeks but, after that, we were all able to go back.

**Shawn Buckley**

Can I just probe you a little bit more so I can understand the differences with Japan? Are you saying they didn't do a general lockdown in Japan?

**James Paquin**

Yep. For about six weeks in March they did things like put tape on play devices at parks. But you could still use the parks, people were just largely ignoring that. They got people to work from home quite a bit.

[00:05:00]

But stores and everything were still open. Like I said, the gym was closed for about six weeks and then reopened. And my wife and I just traveled domestically. We'd go down to Okinawa, the Southern Islands, multiple times. Various smaller jurisdictions would get worked up and they'd try to get people not to visit, but these things were all largely voluntary. And so we were living in a very different sort of world. People weren't being yanked out of other people's homes for gatherings and these sorts of insane things. And all the while, anyone that wanted to could just look at the data and look at these shady practices they did with the PCR testing schemes. It was largely a facade.

I was communicating all the data to the friends and family in Canada. But when you're on a 24/7 psychological operation with the media doing the government's bidding, they were basically impervious to facts, just like we've seen with the arguments about mass formation psychosis and this sort of thing. I could show them the data but it just bounced right off. And eventually you have people just— They're just—the cognitive dissonance that they face when you present them with this, they just want to shut down and they refuse to discuss it. So there's a lot of family members I know I'm going to have trouble with when I go back.

**Shawn Buckley**

So basically, there's some family relationships that right now are broken.

**James Paquin**

Yeah, either in that zone of where I know if I bring up the topic of COVID, we're going to have issues and they're going to want to retreat from it. And you can tell there's a silence on that side because they suspect that if they do talk with me, that it's going to be brought up.

**Shawn Buckley**

Right, so there were no mandates in Japan.

**James Paquin**

No, nothing that would be remotely close to what was going on in Canada. And if you look at the world data site, interestingly, there's continual gradual increases in COVID deaths in the last two years—not in 2020. After each booster round, you see these continual increases in the daily death rates. But in 2020, there was virtually no—like I said, the lowest death rate in 11 years in a very elderly society and that was without having the sort of severe measures that were imposed on Canadians. We weren't hiding in our basements for a year and a half out of any sort of imposition by the government.

**Shawn Buckley**

Right.

**James Paquin**

A lot of masking, a lot of masking. Which is still an obsession in Japan because of the conformism here, even after the government told people a year ago to take them off the outside and then March 11th, they said they're completely voluntary. I haven't worn one for ages but my gym used to force us until March 1st. And I would put up a fuss there and demand that they show me some data, but that's all about conformism in Japan. People will sit in restaurants for hours in the most tight confines. You can't even find restaurants as densely packed in Canada as they are commonly here. And people will be there with no masks for hours and then they'll slap one on when they go outside. It's just social theatre.

**Shawn Buckley**

Okay. I have no further questions for you, but I'll ask if the commissioners have any questions for you.

**James Paquin**

OK, thanks.

**Shawn Buckley**

And they do not, so Jamie, we'll let you go. On behalf of the National Citizens Inquiry, thank you so much for sharing with us today.

**James Paquin**

Yep, thanks for your time.

[00:09:01]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
TORONTO HEARINGS**

**NCI | CeNC**

**Toronto, Ontario, Canada  
March 30 to April 1, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:33:40–00:54:19

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

#### **Shawn Buckley**

Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Commission Administrator, the Honourable Ches Crosbie. We welcome everyone to the second day of the Toronto hearings of the National Citizens Inquiry.

For those watching online that are not familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-run, a citizen-funded organization, and our goal is to hold hearings across the country. We've started in Truro, Nova Scotia two weeks ago. We're now in Toronto. We're going to Winnipeg, Saskatoon, Red Deer, Victoria, Vancouver, Quebec City, and then we're going to end in our nation's capital, Ottawa. And as we go, we are planning on just having the momentum grow and grow and grow.

We want all Canadians to be participating in this dialogue. We want all Canadians to have the freedom—and I choose that word carefully—the freedom to simply share their stories without fear. So that we can come together to discover what happened, and together figure out how to do things better the next time. I am inviting you to please go to our website, [nationalcitizensinquiry.ca](http://nationalcitizensinquiry.ca). We have a petition. Sign it, so that we know that you're supporting us, you're supporting this initiative. We ask that you would donate. As I say, we are citizen-funded. We don't have a single big donor. We're relying on small donations from the citizens to drive this forward. And it gives us freedom to move by doing this, but it only works if you participate. So I invite you to do that.

Commissioners, before we begin, I just wanted to share a few words about something a witness said yesterday. And then my thoughts on it, which I think are important for us going forward.

We had Dr. Robert Malone testify yesterday. And part of his presentation involved psychological operations being run by military, including the Canadian military, against citizens. If I recall correctly, he brought up four or five news articles about this happening in Canada by our authorities. He showed us some clips and gave a presentation that indicated that we literally are in a battle for our minds—for our minds. And that we won't know that they're in our minds. We won't know that we're being influenced and being

**captured. One of the things that they do is they play on our emotion. This has divided us. But one of the things is that when you see a tactic, when you can finally identify it, it gives you the ability to basically neutralize it.**

**I wanted to speak about just basically this tactic of influencing our minds so much that we become strongly emotional about a subject.**

**I had an experience about seven years ago where I was getting to know some new people, and the topic of climate change came up. They were voicing a specific side of the climate change argument in a very strong way. And I just suggested that there's more to that story; there's another side. These two people literally exploded on me. They started yelling. They literally started yelling. They were so emotionally invested in their narrative that they had an emotional reaction. Now, that is the sign that you're captured, your mind is captured. Whenever you find yourself on any topic that comes up and now you are strongly emotionally invested, understand that the emotion closes your mind.**

We have these terms: "open mind," "closed mind," "change your mind." Do you know that when you change your mind— We've all had this experience where we believed a certain thing. And then we learned different information, and we believe something else. Well, in our mind, actually,

[00:05:00]

the neurons get rewired to say that something else is now your truth. We literally do "change our mind." And I think that term, "having a closed mind," is true.

When you feel strongly emotional on a topic, you are not willing to listen to the other side because you're experiencing strong emotion. Who does that hurt? Does that hurt the other side? The only person that isn't willing to receive new information when you're feeling strongly about something is you. Let me say that again: The only person who is not willing to hear new information when you're feeling strongly about a subject is you. Surely, it doesn't help you if your mind is closed to new information. Receiving new information doesn't mean you need to change your mind. But if your mind is closed, that means your thoughts are captured, because you are incapable of hearing new information that would permit you to choose to change your mind. So if you have a strong emotional reaction to any subject, understand you are captured: your thoughts are captured, and you are not free to think differently.

Now, when we are captured, we literally can't see it. So this morning, when I'm talking or just kind of thinking about what I wanted to introduce this, or how to explain this topic, the idea of stock market bubbles came up to me. For those of you who don't know what a stock market bubble is, **that's where the prices of stocks are just getting inflated and inflated and inflated for no good reason.**

**If we use the dot-com bubble—you just start a website and have a business idea and all of a sudden, you're getting all this venture financing. But you're not making any money, you're not selling a product. But these stocks just kept going up and up. It was a bubble. People with experience in the stock market will know the phrase—or the axiom—that people inside a stock market bubble can't see the bubble. Afterwards, they understand there was a bubble, but while you're in it you just can't see it. Your mind is closed. You're just caught up in this euphoria. But it's being able to understand that we get captured— I'm just using it as another example of how we get captured.**

Now that I've set this up, I want to introduce the most important part: I want to talk about vax passports, and I want to talk about digital passports. Because we think of vax passes and we think of digital passports as things, as maybe actions, but they are messages. They are messages.

I don't know how many here, because he's a little dated, remember the Canadian philosopher Marshall McLuhan, in his famous phrase, "the medium is the message." Now, he was speaking in the television age. And his point was we've gone from print to a video medium and a radio medium. And we're getting messaging. But actually, it's the medium itself which is also the message that is communicating to us. So TV captures you in a different way and has a different message.

He was gone before we hit this smartphone age. It's funny— I'm one of the few people in the world now that does not carry a cell phone. And I can be in a place like an airport with, you know, 500 people, and I'm the only one looking up. It's happened to me where literally, I've scanned the room and out of hundreds of people, I'm the only one looking up. And we all know with the younger generations that now they're thinking differently because the medium has changed that generation. The medium is the message.

The digital passports, vaccine passports are a message. They are not a thing. They are not an action. They are a message. And let me explain because they're a mechanism of control. They are message to control—and you'll understand after I finish my explanation. And I'll use Alberta as an example.

[00:10:00]

We're here today on March 31st, 2023. If we were just to back up 14 months in Alberta, which is not long ago, we were separated into two groups of people. We had vaccinated people. We had unvaccinated people. We were having to wear masks. Unvaccinated people could not go to, let's say, their child's hockey game. They could not go to a restaurant. They basically were limited to accessing essential services—those being grocery stores and gas stations and the like. Now, people in the vaccinated group—and I've heard them say this—they actually felt that they were in a better situation. They actually felt that they had privileges that the unvaccinated people didn't have. And they didn't understand that actually they were in a worse situation than the unvaccinated people, because they were receiving a message that the unvaccinated people were not receiving.

To put this into context; Prior to this COVID adventure and prior to these mandates, all of the vaccinated people were free. When you're free, you don't need anyone's permission to do something. So the vaccinated people prior to the passports: They were free to go to their child's hockey game. They were free to go to a restaurant. They didn't have to ask anyone's permission. They were just free to do it. They wouldn't have even thought of it. The idea of asking for somebody's permission, or the idea of going through a police-state ritual to be able to do something like that, was foreign to them.

But now that they were vaccinated and they had their identity papers—they had their vaccine passport—they were now able to participate in the message: the police-state ritual of going to a restaurant and showing their identification papers. Now, here's the message. And police-states do this not because they need to know that you went to the restaurant, not that they need to know you went through a roadblock, not that they need to know you went to your child's hockey game. That's not the real purpose. The real purpose is to send the message that they are the master and you are the servant. Because you are not free to go to your child's hockey game unless you show your identification papers, which gives you

permission from your master to enter the rink. Do you understand? A vaccine passport—a digital passport—is not a thing. It is not an action. It is a message.

You know, go back to Nazi Germany or Stalinist Russia, where they had roadblocks and you had to show your papers. It wasn't about controlling your access. Did they really care that you went from one part of the city to the next? They knew where you lived. They knew where you were going to go home for supper that night. But by having you participate in that police-state ritual: Every time it happens, at a subconscious level, it sends the message that you are the servant being granted permission by your master to participate in whatever privilege you are now being granted from your master. And it reinforces that you do not have the "right" to do what your master is allowing you to do—if you participate in the messaging.

And so going forward— We've just had this experience with vaccine passports where people would be bragging online digitally about, "I can go to the restaurant," and this and that. And rubbing it in the face of unvaccinated people that couldn't go anywhere, not understanding that the joke was on them. Because every time they were doing that, they were participating in the message that they were the servant, that the state was their master. And that whereas they were free to do this before, they are now accepting as the message that it is now a privilege—not a right, it is a privilege—being granted to them from their masters.

[00:15:00]

We have to start thinking philosophically about what these things mean. We are going to be asked, going forward, to accept digital passports. Major grocery store chains are already starting to put turnstiles. I've seen it in the Edmonton area where I live. That's part of the vaccine passports where, for simple things, we're going to have to start showing these IDs, for our safety, to help the government, for whatever reason it's going to be. But it's actually not about that. It's not about contact-tracing. It's not about safety. It's about the message. The passports are the message. And we have to understand that to protect ourselves from accepting the message. Even if we find ourselves in a situation where we haven't been able to resist them, understand that they are a message—so that you do not subconsciously find yourselves in the situation where you believe you are not a free human being but that you are a slave being granted permission from your master.

I didn't mean to get so dark, but I think it's really important to speak about this. We had Professor Bruce Parry yesterday talking about how we have arrived in an administrative state as opposed to a democratic state. And going actually back down to philosophical principles. Professor Parry did us a great service by showing us something that we didn't see before. Because he was pointing out that we can argue about things like: Was masking in the public interest? Were mandates in the public interest? Were lockdowns in the public interest? But the real issue is: Why did the health authorities get to decide what was in the public interest?

So you know, we have to start paying attention in a different way to what's going on and questioning what things mean. Because if we don't understand what's going on, we can't decide what we're going to do about it—because then our minds are captured.

Unless the commissioners have some comments to start our day, we'll call our first witness. I think we're good to go. And I'd like to introduce, we've got—

Oh yes. I'm sorry, we're going to watch a video first. And then we'll call our first witness, thank you.

[A video clip was played of Global News footage of a press conference held by Doug Ford, Premier of Ontario, announcing renewed lockdowns in Ontario.]

**[Video Clip] Doug Ford, Premier of Ontario**

Good afternoon. I know we are all eager to get things back to normal, and no one wants to get the economy going and get people back to work more than I do. And that means having a responsible plan. It means taking the best scientific advice and working together with our partners....

Yeah, so our chief medical officers are in contact with all the other chief medical officers, including the one in Toronto. I'm in close contact— I had a good conversation with Mayor Tory. You know, we don't make a move in any region without the full consent of the local chief medical officer and, most times, the local mayor. So Travis, we would be able to answer that probably a little better in the next few days. And that would probably be a good question for Mayor Tory to answer, and the chief medical officer of Toronto to answer.

**[Video Clip] Unidentified Reporter:**

Hi Premier. You just mentioned the people trying to work hard to put food on their table, and following up on Randy's question, what's to say that they wouldn't or shouldn't just start ignoring emergency messages? We saw over the weekend protests throughout the province. Massive protests in Toronto over two days. We've seen the Trinity Bellwoods Park before. We've seen weeks of protests outside Queen's Park with no enforcement. The Prime Minister even took part in a protest with no social distancing. Not everyone was wearing masks and there was no enforcement. Yet steps from there, a restaurant gets fined for letting people eat on their patio. So if there's not enforcement of the rules for everyone, why should business owners say, "You know what, I'm going to keep listening to the Premier, to the Province, and sacrifice my livelihood when others aren't?"

**[Video Clip] Doug Ford, Premier of Ontario:**

I understand the question, and for the most part, the vast majority of the people are listening. And as for the protest, people are hurting. You know, certain communities are hurting out there.

[00:20:00]

I understand the protest. And I understand a lot of them were social distancing and some weren't. But they're in pain right now, and collectively as a province, we're all going to work together to fix that. As for the Prime Minister being out there, you're going to have to ask him that question. But I truly believe in the people of Ontario, and the people of Ontario have stuck with us. We're on the same team. And yes, there's been a few incidents. But the vast majority of the people across this province have been working well together with us. As I always say, we're all in this together, so we'll get through it together too.

[00:20:39]

**Final Review and Approval:** Jodi Bruhn, August 16, 2023.

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

March 31, 2023

Day 2

### EVIDENCE

---

**Witness 1: Rick Nicholls**

Full Day 2 Timestamp: 00:55:10–01:24:34

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Genevieve Eliany**

I'll ask the first witness to state and spell his name for the record, please.

**Rick Nicholls**

Thank you very much. My name is Rick Nicholls, R-I-C-K N-I-C-H-O-L-L-S.

**Genevieve Eliany**

Could you promise or affirm to tell the truth, please?

**Rick Nicholls**

So help me God, yes, I do.

**Genevieve Eliany**

Great.

Mr. Nicholls, if you could start with a general introduction of who you are and your role between 2011 and 2022, please.

**Rick Nicholls**

Happy to do so. I was elected first to the Ontario Legislative Assembly in October of 2011. And I served three terms, ending obviously June 2nd of 2022. Throughout those three terms, for the first ten years, I was a member of the Progressive Conservative Party of Ontario and held numerous positions. First, in opposition as different shadow cabinet ministers. But also in my second term, I was appointed one of the deputy speakers in opposition for the Ontario Legislative Assembly. And then later, in my third term, I was appointed the Government Deputy Speaker for the Ontario Legislative Assembly.

**Genevieve Eliany**

Thank you. We'll start with your general position on vaccines. Could you tell us about your hesitancy?

**Rick Nicholls**

First off, I want to make it very clear that I'm not an anti-vaxxer. However, having followed reports of what was happening around the world and the vaccine injuries and even deaths that were being reported, I had made the decision, along with my wife, that we would not have this substance injected into our bodies. Simply because of the fact that we weren't certain of what the outcome would be. And I held true to that and maintained my integrity throughout the entire ordeal.

**Genevieve Eliany**

How did you voice your concerns with the legislature when you were at work?

**Rick Nicholls**

Well, first of all, we would have caucus meetings and throughout those caucus meetings at various times there would be the Chief Medical Officer of Health for Ontario, started with Dr. Williams, and then after he had retired, Dr. Kieran Moore. And they would be giving presentations, as well as other doctors giving presentations, to caucus. And there was an opportunity, because it was all on Zoom, to ask questions. I would ask questions about the efficacy of these particular vaccines—especially having heard of the injuries that were being reported throughout the world and even within the province themselves. And of course, some people even more locally were experiencing side effects from these vaccines, but no one would ever come forward and say, "Well, it was the vaccine that caused that."

**Genevieve Eliany**

How would you describe the general response to your concerns at the legislature?

**Rick Nicholls**

Well, you know, I think it was mixed. I think it was mixed. There were several opportunities where I voiced my concerns. And sometimes— As you know, on Zoom you can have a full picture of everyone, or most people anyway, sitting in and listening to the Zoom. And there was one individual, who was the campaign manager for Re-elect Doug Ford 2022, who was sitting in on the caucus meetings. And one time I recall when I was asking questions of the medical advisor or the medical people there, I caught him just kind of shaking his head as if to say, "I totally disagree."

Other than that, I would have sidebar conversations with some of my other colleagues and some were supportive. There were a few that actually said, "Yeah, we did not want to get the vaccine," for various reasons—for their own personal reasons.

**Genevieve Eliany**

What were the consequences for you personally with the Conservative caucus?

**Rick Nicholls**

Well, obviously, I had been approached. I recall one day, I was driving back from the legislature back to Chatham, which is my hometown. And I received a phone call and it was Premier Ford. We talked and his basic comment to me was— Because he had known that there were a number of caucus members and myself that were vaccine hesitant, not wanting to get vaccinated.

[00:05:00]

He called me and he basically said, “Rick, please do me a favour, get vaccinated.” To which I responded and said, “Premier, that’s going to be a little challenging for me, a little bit difficult for me.” And I gave him my reasons, to which he replied, “Look, I don’t need an answer right now. By all means think it over and let me know.”

Well, then I proceeded to get a phone call the following day from one of the pollsters from the Party. And then on the Monday I received a phone call from the campaign chair for the for the PC Re-elect Doug Ford campaign. Now this gentleman was also a co-founder of a company called Rubicon Strategies, who by the way— They’re a lobbyist firm and they represented Big Pharma. Pfizer was one of them; Johnson and Johnson AstraZeneca were others. And he said to me— In a very unapologetic way, he said: “You’ve got 72 hours. You either get vaccinated or you will be removed from the PC caucus.”

And I thought—wow. I said, “You’re threatening me? You’re an unelected official and you’re threatening me?” I said, “Well, I’ll tell you what I’ll do. I will talk to my doctor and see whether— To get his input.” Well, of course, he basically said the following day, “Rick, you know, you’re healthy, you’re good, the vaccines are safe and effective, I see no reason why you shouldn’t get vaccinated.” To which I responded, “Well, thank you very much. I hold a different opinion.” And so that was on the Tuesday.

On the Wednesday, I drove up to Toronto and prepared my notes. And on Thursday, I went before the cameras in the media studio at Queen’s Park and very succinctly and very directly made the comment that I would not be receiving these vaccines—fully knowing, as had been indicated earlier in the week, that if I didn’t get vaccinated by Thursday, 72 hours, I would then be removed. And of course, I knew what the consequences would be. I was good at my end. And unfortunately, the government was good on their end. And about 5:30 a press release was put out, stating that I had been removed from caucus.

**Genevieve Eliany**

Ultimately, you ended up leaving the Conservative Party, is that right?

**Rick Nicholls**

That’s correct. When I was removed from caucus, I then sat across the aisle as an Independent. And that was my stand for several months until I was approached by another conservative party. I had many discussions with them, and decided to support their leader. And then I joined the party and was appointed as deputy leader, and that was the Ontario Party.

**Genevieve Eliany**

[Inaudible 00:08:02] ... It was like, sitting across from your former colleagues in the legislature?

**Rick Nicholls**

Yes, I was. And it's interesting: at first, everybody had to wear a mask, except for one day. You could still talk with a mask on but I didn't like that, because it sounded very muffled. But it's interesting how even when someone has a mask on, you can kind of read body language and facial expressions. And I was seeing a lot of serious looks from my former colleagues as I sat in opposition as an Independent, and then as a member of the Ontario Party. And that, to me, spoke volumes. But I was the one that put my political career at risk by holding on to my integrity and staying strong and realizing that I wasn't alone.

There were millions of people throughout Canada, as well as even in the States, that sent emails. And I had phone calls from people standing by and saying, "Rick, we support you. We admire your courage." I thought, well, I just want to do the right thing—not just for myself and my family but also for others who were feeling the same way. We're, as one might say, somewhat vaccine hesitant.

**Genevieve Eliany**

Would you say that your colleagues—or that you had the impression that your colleagues might be fearful that, if they spoke out, they would suffer the same consequences that you suffered?

**Rick Nicholls**

You know, that thought has gone through my mind quite often. And of course, sometimes people will put money or careers ahead of doing the right thing. And so they claim that they received the vaccines: two shots, and some three, and maybe even four.

[00:10:00]

But sadly, I've talked to many people who have come up to me afterwards and said, "Rick, you know, I got the two shots, but I am not getting any more shots." Because more and more data was coming out. Despite the fact that the Minister of Health would continually say to me when I would challenge her in the legislature during question period— You know, the canned phrase was: "These vaccines are safe and effective, protect your family, protect your friends, get vaccinated."

**Genevieve Eliany**

We'll shift gears now to some of your direct legislative experience. Can you tell us where and when orders and bills were generally discussed?

**Rick Nicholls**

Initially, bills are discussed in caucus and they're brought forward. But it's kind of like at a 5,000-foot level and, generally speaking, the minister presenting the bill—that would be a government bill—would give an overview of what it is and capture the highlights of that particular bill. Then after the presentation was made by a minister, then everyone in caucus had an opportunity to ask questions. And then once that was sufficient, then after that the bill would be read for the first time, introduced in the legislature, and then there would be debate at second reading. And then from there, after the debate there would be a vote. And assuming usually government bills always pass, they would then go into committee and hopefully come out of committee with even stronger recommendations to

make the bill even better. Then it would come back for a third reading and that's the final reading. There'd be debate and then a vote.

**Genevieve Eliany**

You mentioned the readings. Can you comment on how the timing of readings changed during the pandemic?

**Rick Nicholls**

Well, that's an interesting question. A lot of times— First of all: the government, the *Emergency Act* as an example, and that's the one that I got very vocal about sitting in opposition. That particular bill passed the second reading. And there was a timeline on that, that said that basically, from a previous reading: they had to extend the *Emergency Act*. And the date, I believe, was around December the 1st. So this is now taking place about a week before and, interestingly enough, in an evening sitting where there's not many MPPs there, just those who are on house duty. And I wasn't on house duty but I stayed in my office because I felt that something might be up that week. And I was late in my office on Monday night and Tuesday night. And on Wednesday night, suddenly I hear the Solicitor General come on and she starts talking about a bill. And I went, why would she be talking about a bill at third reading? Then it occurred to me that she's talking about this motion to extend the *Emergency Act* into—I believe it was late March of 2022. So I had some red flags pop up in my head. I went down, sought clarification, went back up to my office. And at that point in time, I finished up my notes because I wanted to speak to it.

And I got there— Had I been 10 seconds later— Because if no one stands to do further debate on a particular bill, then the speaker is then asked to ask three times—further debate; further debate; and then, further debate. And no one else stands, it forces a vote. And of course, I walked in. And if I'd been 10 seconds later, I think I would have missed out on the third further debate. I got there at the second one. I got over to my seat and then I stood and I had an opportunity to raise my concerns as to why I would not support the extension of that particular motion. I also made it very clear that— Since the Minister of Health was constantly saying these vaccines are safe and effective, I raised the issue that if they are that safe and effective then they should not give Big Pharma what I would call—if you want to use the Monopoly example—a “get out of jail card free” card. Because right now under those orders, Big Pharma were protected. Any vaccine injuries or deaths that occurred, they could not be sued. So I said, “Well, if you're so confident, then remove that from the bill.” That didn't happen.

[00:15:00]

After I was finished, no one else stood up and that forced a vote. The procedure is the speaker says, “All those in favor say ‘aye,’ opposed, say ‘nay.’” I said, “nay.” I was the only one that said, “nay.” He said, “I heard a ‘nay,’ I heard a ‘no.’ In my opinion, the ‘ayes’ have it.” Had there been five people—myself and four others—stand that would have forced a recorded vote. Unfortunately, I was the only one there that opposed it. Therefore, the bill passed third reading on a voice vote.

**Genevieve Eliany**

We've heard that you didn't get much notice about this debate. How much time typically did MPPs have to review new orders and legislation and anything that was to be passed in the House?

**Rick Nicholls**

Well, the House leaders—both on the government side and in opposition—are given a heads-up as to what bills are going to be introduced. Typically, it's somewhat short notice but at least the House leaders— Especially in opposition, they let their people know so that those who want to speak to it can speak to it and get their speaking points all in a row and can present during debate.

**Genevieve Eliany**

But was there time to review the legislation in detail?

**Rick Nicholls**

No. Oftentimes, again, during a caucus meeting, details are brought forward and a review. If, for example, in opposition—if the opposition requests a meeting to review the bill, that is often granted. But then shortly thereafter and then suddenly during proceedings, when the speaker asks for orders of the day, that's when a particular bill is introduced and they start right into debate on it actually at second reading.

**Genevieve Eliany**

And of course, ultimately, you're always told how to vote by the party, right?

**Rick Nicholls**

Yes, we are. We are. Typically, it would be political suicide for someone to oppose. Now, that's not to say that— There were times, even when I was in opposition, where the government would bring forth a bill— That would be the Liberal government at that time. And there'd be a number of us actually in caucus say, "No, we can't support this particular bill." So then, and I remember our leader at the time said, "Well, look, it would look bad on us if a bunch of us stood in favor, and we had a number of caucus members stand opposed. So do us a favor, just don't show up for the vote." And so that was often the case for that. But when in government, if someone was vehemently opposed to a particular bill then they would be asked not to show up for the vote.

Or sometimes— It happened actually with one individual: No one knew that this individual was vehemently opposed to a bill that was being brought forward. It wasn't the bill that we're talking about now. And this individual silently voted against it because we had— Because of COVID, the voting structures were different. We had to go into our various east wing, west wing, to vote. We just kind of walked through when the clerks would check our names out. This individual went on the "nay" side and voted—but then also issued a press release indicating how they were opposed to this particular bill. Well, that basically spelled the demise of this individual from caucus. Well, that person was removed as well, but for different reasons.

**Genevieve Eliany**

Okay, thank you very much. We're out of time, so I very much appreciate your testimony today. Thanks again.

**Rick Nicholls**

Thank you very much. Thank you for the time.

**Genevieve Eliany**

I believe we may have a question from the commissioners, is that right? Before you leave us, Mr. Nicholls, one moment. Apologies, Commissioners.

**Commissioner Kaikkonen**

Good morning. I just have a quick question. The Solicitor General that you're referring to, is that Sylvia Jones?

**Rick Nicholls**

Yes. That's correct.

**Commissioner Kaikkonen**

Did Sylvia Jones, in discussions with caucus,

[00:20:00]

ever speak about the people who were demonstrating out of her office, outside her office repeatedly, who were opposed to vaccines? Did that ever come up in her decision-making powers?

**Rick Nicholls**

Unfortunately, I don't have an answer for that. I do not know for sure. I know that there were demonstrations and a number of ministers were being targeted. She may have been targeted but I don't recall her specifically talking about the protesters outside of her office.

**Commissioner Kaikkonen**

So basically, just as a follow-up, her decision-making was coming from the health folks—her peers in the health and not necessarily her constituents?

**Rick Nicholls**

Yes, I'm confident of that. As a matter of fact, even locally for myself, I had constituents that voiced concerns. Some were definitely in favour of it but there were also many that were fearful. I didn't think that it was appropriate that even businesses who had no medical background would in fact mandate these vaccines for people that didn't want it. Vaccinate or terminate: that was the way it went. I was totally against that. To me, that was coercion. **And people lost their jobs because of it and that just is not right.**

**Commissioner Kaikkonen**

And you would also know that Sylvia Jones is not a medical doctor?

**Rick Nicholls**

That's correct. She is not. She and the Minister of Health, Christine Elliott—who by the way is not a medical doctor either—but she was the Minister of Health, were very close throughout the entire COVID. Because the rules, sorry, the responsibilities, of the Solicitor General and of course the responsibilities of the Minister of Health. But again, they were

taking their lead from the Chief Medical Officers of Health, Dr. Williams and Dr. Moore. I also firmly believe that the College of Physicians and Surgeons were muzzling doctors and saying, “This is what you’re going to do. This is how you’re going to do it.” And I believe that they in fact were providing some direction to the Chief Medical Officers of Health as well. There’s a lot of advisors out there— But what I found was that with many people, you try to talk to them about it. And I have an adage and it’s called, “Don’t confuse me with facts. My mind is already made up.”

And there was no real discussion about whether or not these mandates were going to be well-received. Obviously, they weren’t. because there was demonstrations going on throughout the province, actually—even after I was removed from caucus.

**Commissioner Kaikkonen**

Thank you.

**Rick Nicholls**

Thank you very much.

**Commissioner Drysdale**

Good morning, Mr. Nicholls. Thank you for coming here to testify. I have a few short questions.

**Rick Nicholls**

Certainly.

**Commissioner Drysdale**

How long were you a sitting member of the Ontario legislature?

**Rick Nicholls**

Well, from October of 2011 through to August 19, 2021, when I was removed from caucus.

**Commissioner Drysdale**

And you said that you were a member of caucus. For my information and perhaps for some of the folks listening, can you describe to me what you mean by caucus?

**Rick Nicholls**

Okay, those are the elected MPPs who were in fact—who won their seat sitting as a member of the Progressive Conservative Party of Ontario. That’s caucus. Every MPP of the party, they comprise caucus. They are elected officials. But every once in a while, there’d be some unelected people in there sitting in on those meetings as well.

**Commissioner Drysdale**

You had mentioned to me that, or you mentioned in your testimony, that you felt your position was threatened by an unelected official.

**Rick Nicholls**

That's correct.

**Commissioner Drysdale**

In your time in the legislature, was that a common practice—for unelected officials to come in and threaten your position as an elected official?

**Rick Nicholls**

Well, I can't speak for others. All I can do is speak for mine. And I certainly didn't appreciate the coercion, the threats from this unelected official telling me that if I didn't comply with getting the vaccines— By the way, his company— Although he had stepped aside as the co-founder and president of Rubicon Strategies, he in fact was very, very threatening. And as a result, I had to deal with that. And I was not about to comply to his direction.

[00:25:00]

He's not a medical doctor either.

**Commissioner Drysdale**

You were elected in a certain riding, or a certain area in Ontario, to represent the people of that riding. Is that not correct?

**Rick Nicholls**

Yes, sir, it is. Chatham-Kent—Leamington is my riding. I proudly represented the people even after I was removed from caucus, after August 19, 2021. I continue to do my very best to support the people, the constituents in my riding.

**Commissioner Drysdale**

Well, having said that, you had also said that when certain bills were coming down the pipe—and you may be opposed to those bills—and being on opposition, seeing as you're the elected representative in your riding: How is it that members can say they represent the people in the riding when the party tells them how they will vote universally? In other words, are you representing the party or are you representing the people?

**Rick Nicholls**

Therein is the million-dollar question. Again, so what would happen is that when a bill is presented to caucus, there are talking points that are also provided. And those talking points assist greatly in the preparation of the big talking points. And of course, it's up to the individual—that being the elected official, the MPP—to basically "sell" those talking points. Not only in debate. Obviously back in my riding, I had great staff and we would have meetings. And I would say, "Okay, here is how we're going to present this or talk about it." But there were times when some of those talking points, I didn't agree with. And candidly, between myself and maybe a person I was talking with who was quite upset, I'd have a candid discussion with them regarding those talking points.

**Commissioner Drysdale**

The last question. Just before you came on, we listened to a video by Premier Ford. And I believe he said in that video that they would not go against any directives or information they got from the health officers. As a member of the caucus, do you recall being involved in any discussions where the caucus weighed the risks and benefits of the vaccine, the lockdowns, the mandates, et cetera? You would expect health officers to make a certain decision or a certain recommendation. And then you would expect the politicians to review the social, financial, economic implications of those, debate them, and then make a decision as to adopt them or to adopt modifications or not to adopt them at all. So were you involved in any of those risk–benefit conversations?

**Rick Nicholls**

Well, again, one of the things that I would challenge during caucus meetings was the efficacy of the vaccines. I challenged on several occasions the reasons: Why are we subjecting 12- to 17-year-olds with this vaccine? When we're seeing two things: first of all, younger people don't necessarily normally come down with COVID. And I would challenge them: Why are we doing it? What proof do we have that these vaccines are safe and effective? Where are the trials? And I would just get some answer that, as far as I was concerned, I wasn't satisfied with. And then when they also all of a sudden wanted to go down to the 5 to 11-year-olds—Oh boy. I'll tell you I questioned that and challenged the doctors in our in our caucus meetings. But, again, it would seemingly fall on deaf ears. It's the old story: Don't confuse me with facts, our mind is made up.

**Commissioner Drysdale**

Thank you very much for your service and your courage in coming and representing the people of your riding and the people of Ontario.

**Rick Nicholls**

Thank you, sir. I truly appreciate the kind comments. Thank you.

[00:29:24]

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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 2: Lynn Kofler**

Full Day 2 Timestamp: 01:24:34–01:43:36

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

If you could please state your name and spell it for the record, please.

**Lynn Kofler**

Lynn Kofler, K-O-F-L-E-R, L-Y-N-N

**Geneviève Eliany**

And do you promise or affirm to tell the truth today?

**Lynn Kofler**

Absolutely.

**Geneviève Eliany**

Could you tell us what your professional training is?

**Lynn Kofler**

I am a registered nurse.

**Geneviève Eliany**

And where were you working, without naming the institution, during the pandemic?

**Lynn Kofler**

I was working in long-term care.

**Geneviève Eliany**

Can you tell us about some injuries you witnessed which appeared to be correlated to the administration of the vaccine?

**Lynn Kofler**

Yeah, we had large numbers of the residents with extremely painful arms for, like, days and days. They couldn't even lift their arms and stuff. We had to prop them on a pillow. We saw some patients break out in these huge boils. This one gentleman had boils all over his back. He was on four different types of antibiotics and nothing would help. And on time I left, he was still dealing with at least two that were still there, that we had to dress and clean every day.

**Geneviève Eliany**

How long were you working in this long-term care home?

**Lynn Kofler**

I have been working long-term care for four years.

**Geneviève Eliany**

Can you comment on how many deaths there were in your stay at this long-term care home?

**Lynn Kofler**

Well, my last long-term care home, which is shocking for me: the building holds 55 residents and they keep a book and a log when people pass. And there were 34 deaths out of 55 in a one-year period I was there.

**Geneviève Eliany**

Was that higher than what you had observed in your previous years working in the long-term care?

**Lynn Kofler**

In all my years of nursing, period. I've never seen that kind of death rate.

**Geneviève Eliany**

I understand that you worked nights and you were receiving communications and faxes. Can you tell us about what you learned from this correspondence?

**Lynn Kofler**

Sure. Because I was working night, I would get all the faxes and have to file them all. But I would frequently get the fax that came from the government and it would list the local, the area of our group, all the nursing homes. And which ones were in lockdown, which ones were in lockdown for COVID and which ones were in lockdown for influenza or any other

reason. I found, every time I got those, our nursing home was in COVID lockdown; only we never had one case in the whole full year I worked there.

**Geneviève Eliany**

To be clear: Again, the faxes and the correspondence were reporting that your institution was closed for a lockdown, even though there was no COVID that you knew about.

**Lynn Kofler**

Right, and sometimes we weren't in lockdown. On occasion, we had to be in lockdown because we had some false positives for staff or patients. but after a two-week period, the lockdown would be gone until the next occurrence. But there was never COVID in the building.

**Geneviève Eliany**

What impact did you see on the residents with respect to lockdowns and lack of visitors?

**Lynn Kofler**

Oh, it was really hard to watch. They had to stay in their rooms. They ate out of paper plates, paper cups, plastic cups. They were no longer allowed to go to the dining room. They were no longer allowed to participate in any activities: crafts, music, anything. They were literally in their rooms for the whole two-week lockdown periods, which there were quite a few when I was there.

And they had no socialization. Just whoever was in their room but frequently they're not always— You know, we have dementia patients and that kind of thing, so it's not like real company. It's not like getting out and talking and having conversation and being able to interact with people. That was a huge impact.

And we found there was an increase in confusion, actually. Because frequently, they didn't know what was happening and they'd be all stressed and they'd walk out of the room and then they'd have to be put back in the room. It was really hard to watch.

I know that some patients we saw just stopped eating; they stopped getting out of bed. And I really believe that they more or less died because they had no clue why family members weren't coming. Where are their grandchildren? You know, where are the people who love them? And they could not see them at any point.

[00:05:00]

**Geneviève Eliany**

Let's speak about your personal experience. As far as you can tell, when do you suspect you first had COVID?

**Lynn Kofler**

I first had COVID actually February 2020, before the thing was announced. And I knew I had COVID because I had six years of never had a flu or a cold. I take a lot of vitamins. I take

vitamin D, C, all those; I was already taking them. So they had prevented colds for a long period of time for me.

But when I got what I perceived was COVID, I was flat out for three days. I, like, couldn't even move off the couch. And then after three days, I was fine. I was up and about and I didn't have the headache, didn't have the sore throat or anything like that. I was fine.

**Geneviève Eliany**

And I understand you refused the vaccine, is that correct?

**Lynn Kofler**

Yes, I did.

**Geneviève Eliany**

What were some of the reasons that you chose not to receive it?

**Lynn Kofler**

Well, I have health issues and I had tested positive for lupus two years ago, so they're monitoring that. I have other autoimmune issues that really prevented me from wanting to take the risk of putting anything in my body that might increase my symptoms or make my issues worse.

**Geneviève Eliany**

How did your refusal impact your ability to work?

**Lynn Kofler**

Sorry?

**Geneviève Eliany**

How did your refusal impact your ability to work?

**Lynn Kofler**

Initially, the nursing home was— I was fine. I worked in COVID right up until October 9th, 2021. I worked all through there. I worked large amounts of hours. I mean, I felt like I was never home, but they started saying stuff like, "Okay, with the nursing home: owners of the nursing home are looking to get everybody vaccinated." So that was the first step.

Then the next step was: those who weren't vaccinated now had to do this little online course, that they told you all about COVID and all that stuff. I mean, we are registered nurses, I think we understood that. They put us in front of that and it went through the whole list of what it was. And at the bottom it says, "Are you now willing to get the vaccine?" To which, of course, we all went, "No." I don't know why they thought that that little teaching session would help us—but anyway.

And then the next thing that kept occurring was we didn't get discreet letters. We would walk into our lockers for the morning shift and the letters would be pasted on all the people who weren't vaccinated, saying that we had until October 9th, 2021.

**Geneviève Eliany**

When were you put on leave?

**Lynn Kofler**

I was never put on leave. I just never got any shifts after October 9th and was requested not to return.

**Geneviève Eliany**

And ultimately, what happened to your nursing license?

**Lynn Kofler**

I had my nursing license for a while, but now it is— I relinquished it, because I turned 65 on February 4th. In order for me to get back into nursing, in case they open the door again, I would have to go through remedial stuff: more work, courses, all that kind of stuff to get up and running again. So the time period for me, it's not possible for me to work in nursing again.

**Geneviève Eliany**

Did you consider trying to find work in other areas of health care?

**Lynn Kofler**

I did and every area of health care I was not allowed to work there.

**Geneviève Eliany**

And you weren't allowed to work because of your vaccination status, just to make it clear.

**Lynn Kofler**

Exactly. Yeah.

**Geneviève Eliany**

Okay. Ultimately, what did you do to support yourself?

**Lynn Kofler**

I was 10 months unemployed. I withdrew money from my RRSP, I withdrew money from my tax-free savings. I cancelled all my magazines, my cable TV, anything I could scale down on. I started selling my stuff on Marketplace and made it through the 10-month period. And I was constantly applying for jobs locally, in Coburg and Port Hope—and not getting any response. I felt it probably was due to the fact that I was overqualified for minimum wage jobs and that I was too old.

**Geneviève Eliany**

Do you regret your decision?

**Lynn Kofler**

Do I regret my decision to not get the vaccine? Absolutely not. I think it was the right thing to do. For me.

**Geneviève Eliany**

And if you can make recommendations on how,

[00:10:00]

let's say, specifically the circumstances and the management of the situation could have been better handled in long-term care, what would some of those recommendations be?

**Lynn Kofler**

In regards to myself, or in regards to the patients and all that?

**Geneviève Eliany**

You're welcome to comment on the patients, but since you were staff there, with respect to management of the staff.

**Lynn Kofler**

Right. I think that, first of all, nursing— I've been a nurse for 40 years. So in a 40-year period, we all knew that we're working under stressful situations, always short-staffed. And they were constantly calling you to come in and you rarely had a day off. But that just meant that when we were short-staffed, then the patients got less attention. Frequently, if it was their bath day, for example, they would skip it and hope that the next day they'd have enough staff to actually get the person bathed and cleaned and stuff. So that was kind of tough, but that's a normal part.

But I found it really hard to— When I began to talk to other nurses about the things I had been learning about COVID and why I had chosen not to vaccinate, I went to work and there were two days in the week that I had shifts and all the others were gone. Normally, I look at my schedule and the whole entire thing is full. I phoned up my manager and I said, "What's going on?" And she said, "We heard you were going to the rally in Ottawa." And I went, "Excuse me?" "You were telling people you were going to the rally in Ottawa." I said, "I never ended up going, but that was the plan. I just never had enough time off to go."

And under that condition, because of that—that I wanted to go to the rally—they took away my shifts. Even though they were short-staffed, they still took away my shifts as kind of a punishment. And then once they discussed it with me, they brought all the shifts back because I didn't go while I was working with them.

After I got let go, I definitely went to Ottawa just for the day—to see. I wanted to see for myself what it was really like, what was really happening up there.

**Geneviève Eliany**

Is it fair to say that you'd never lost shifts before because of political beliefs?

**Lynn Kofler**

No, never, no. No.

**Geneviève Eliany**

Certainly sounds unusual.

**Lynn Kofler**

Yeah, it does.

**Geneviève Eliany**

We'll see if the commissioners have any questions for you.

**Lynn Kofler**

Sure.

**Commissioner Drysdale**

Thank you for coming down. Are you aware of the adverse reactions reporting system in Canada, sometimes called CAEFISS [Canadian Adverse Events Following Immunization System]?

**Lynn Kofler**

No, I am not.

**Commissioner Drysdale**

You mentioned that you noticed some of the residents in the long-term care facility were having soreness of arms and whatnot. Do you know whether anyone was making reports to higher-ups about those reactions to the health department, or—?

**Lynn Kofler**

Well, those issues were spoken of from shift to shift, but I don't think they were ever really documented or ever really catalogued in any way, shape, or form.

**Commissioner Drysdale**

Okay. You mentioned the conditions in the facility with the lockdowns, or lockdowns for various reasons. And the patients were in the rooms, they couldn't get out, they had no social interaction. Did the Province of Ontario provide any oversight, any regulation, any inspection of these facilities to see the conditions that were going on and to make comment? Or did they provide any guidance to lockdowns and social interactions?

**Lynn Kofler**

Well, I had overheard that there was a Ministry person in the office with the Director of Care. I happened to be in the other room on the computer and I heard them talking, but I didn't specifically hear what they said. But it was obvious that the Director of Care had to do what the Ministry was telling them and I was quite surprised that the Director of Care had no response, but kind of like a "yes, sir" response.

**Commissioner Drysdale**

I understand that—that the direction on how to lockdown was there. But did anyone from the government come into the facility to actually check with their eyes to see the condition of the patients and what the effects of those lockdowns were on those residents?

**Lynn Kofler**

I'm not sure. I saw that lady come but I wasn't sure if she was there to assess the residents or the conditions or anything. I'm not sure why she was there.

**Commissioner Drysdale**

Do you have any idea how many staff in the facility were treated similar to you?

[00:15:00]

In other words, lost shifts or left the facility due to this issue?

**Lynn Kofler**

There weren't a huge amount of staff in there. It was a 55-patient unit but when I was asked to leave, there were also at least four others who were asked to leave. And in an institution that small, that was a big chunk.

**Commissioner Drysdale**

Well, you had mentioned earlier that you're always understaffed. And if you lost four staff due to this issue, how would that affect the care the residents were getting?

**Lynn Kofler**

I'm sure it was even worse than usual. I know before I left, I had to train the person who was going to replace me. I know for a fact that these PSWs [personal support workers] especially were fast-tracked in their coming to Canada actually; and also fast-tracked into education in order to work as a PSW. Which made the staff who were already PSWs and working their butt off angry because they were getting so much more pay and they didn't even have to take the long courses that they had to take to become PSWs. They were six-month online course and then they were in the building.

**Commissioner Drysdale**

Are you describing a somewhat toxic situation in the facility with staff angry, short of staff, patients locked into their rooms for days or weeks on end?

**Lynn Kofler**

Yes. Definitely, yes, and the stress on the staff was pretty— You could feel it in the air. And they were always being called to come back in on their days off. And so there was a lot of resentment, a lot of stressed-out people. It was just too much to cover everything.

**Commissioner Drysdale**

Thank you very much.

**Lynn Kofler**

You're welcome.

**Commissioner Kaikkonen**

Good morning. I just have a couple of quick questions on the online course. Who was the author that would have been responsible for that online course?

**Lynn Kofler**

The author?

**Commissioner Kaikkonen**

Yeah, who. Was it the government?

**Lynn Kofler**

I think it was a government form, a little course that we had to take. If it wasn't government, then it would have been by the owners of the nursing care facility.

**Commissioner Kaikkonen**

Was it accredited do you remember?

**Lynn Kofler**

I'm sorry?

**Commissioner Kaikkonen**

Was it an accredited education piece or was it just something that had been put together?

**Lynn Kofler**

No, it was just something they put together so that we could become "more informed" and be convinced that it would be better for us to take the vaccine than not take it.

**Commissioner Kaikkonen**

And my second question is: You may not have been working at this time, but I believe the media had this blitz in the middle of COVID about the military having to go into nursing homes. Did you experience or hear any information about that?

**Lynn Kofler**

I heard about that, but that was more in the Mississauga area and I work in the east. I live in Cobourg, so I work in nursing homes in that region.

I heard about the military coming in and saying how bad the situation was. I can tell you just from my own experience: I worked most of my career in hospitals and with the VON [Victorian Order of Nurses] community. And at the end of my career, I've been doing long-term care. And it is not a good picture, I think. I went to 10 to 12 nursing homes as an agency nurse and I can tell you that probably, there were three good ones and the rest were all just struggling, I think. And the patients were not getting top quality care at all.

**Commissioner Kaikkonen**

Thank you.

**Lynn Kofler**

You're welcome.

**Geneviève Eliany**

Thank you very much for attending today.

**Lynn Kofler**

Okay. Thank you.

[00:19:02]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 3: Thomas Marazzo**

Full Day 2 Timestamp: 01:43:44–02:28:50

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Our next witness today is Mr. Tom Marazzo. And Tom, I placed a couple of sheets of paper on that thing there for you, that will be exhibits.

**Thomas Marazzo**

Okay, got it.

**Shawn Buckley**

And I'll, for starting, ask you if you will state your full name for the record and then spell for the record your first and last name.

**Thomas Marazzo**

Okay, Thomas James Marazzo T-H-O-M-A-S M-A-R-A-Z-Z-O.

**Shawn Buckley**

And Mr. Marazzo, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Thomas Marazzo**

I do.

**Shawn Buckley**

Now, my understanding is that you were a combat engineer for the Canadian Armed Forces for 25 years.

**Thomas Marazzo**

I started off in the reserves in high school. I was infantry and then after I graduated college in '90, I joined the Regular Force in 1998 as a combat engineer officer until 2015.

**Shawn Buckley**

And then you have a bachelor's degree, basically in software—that's what it's called.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And then you went on and got a Master of Business Administration.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And when COVID-19 appeared on the scene, you were a teacher at Georgian College in Barrie, Ontario?

**Thomas Marazzo**

Yes.

**Shawn Buckley**

Now, what happened as COVID came along in 2020?

**Thomas Marazzo**

The world lost its mind and its ability to do basic critical thinking. So you know, I kind of was keeping an eye on this from afar. I knew something was up. I was watching what was happening in China and around the rest of the world and I was closely listening to the way the media was presenting it. So I think immediately I was skeptical of what the public was being told. And when the media says, look left, I always look right. Because in my experience, they really just can't be trusted.

I was teaching in class full time for about six months and then, six months into it, COVID hit and the first lockdown happened. And so we had to transition to online learning for—I was teaching online for the next 18 months. But I could see that there was this with the other post-secondary: Western University implemented a vaccine passport and then Seneca College implemented a passport as well.

You were seeing these stories of students all over the place. They weren't even allowed to register for online learning if they didn't get the vaccine. There was a lot of— My entire time with COVID nothing made sense. Nothing at all. In terms of what the media narrative was, they were scaring the crap out of the public at every possible opportunity and they were always talking about case count, case count. And it's like, so what? Case count is a

meaningless number. It's just meant to fill people with fear. And for me it just didn't seem to have an effect. Other than I was baffled by the illogical aspect, you know? The case count numbers were only meant to scare the public.

**Shawn Buckley**

Right. Now eventually—because you kind of intimated you saw something coming. So eventually a vaccine mandate was imposed, am I right?

**Thomas Marazzo**

Yes.

**Shawn Buckley**

Tell us how that came about and how you responded to that.

**Thomas Marazzo**

Well, I had been sent a text from one of the coordinators of the programs that I was teaching in and he said, "You know, Seneca just implemented a passport." And when Seneca College does it, usually the other colleges follow suit. And I had been stockpiling as much money as I could, knowing that I was probably going to be affected by this. And so students registered for school. And then, just before school started, the President put out an email, basically threatening people with very strong aggressive language, saying that if you didn't get this vaccine, you were no longer employed. At the time, I was a member of an organization called Police On Guard. I was eligible because I was retired military. But there had been— Some of the police officers that were retired were in the group, were actually sharing a lot of the case law and putting together some really helpful documents. So I went in and I researched it.

[00:05:00]

And when the President sent out the email threatening everybody's employment, I basically did a "reply all," so I copied the President, the Vice-President, the VP of HR, all the deans that I personally knew, and as many faculty as I could find.

**Shawn Buckley**

And this actually ran into the hundreds, didn't it?

**Thomas Marazzo**

Oh, it was; yes, a couple of hundred for sure.

**Shawn Buckley**

I apologize to the audience: I can't draw this document up because of the format I copied it in. But Commissioners, I've given you two pages and the first one is Mr. Marazzo's response, which is Exhibit TO-17 in these proceedings. And Mr. Marazzo, you have a copy. That is the email that you sent in response.

**Thomas Marazzo**

Yes. My intention was to basically say, "How is it exactly that you believe you're going to get around all of these specific laws?" And there was no response right away, but then one faculty member just replied—hit a "reply all," and said, "Please take me off your distribution list."

**Shawn Buckley**

Okay. So you send this email and one person replies first, saying, "please take me off your email."

**Thomas Marazzo**

Yes. "Take me off of your distribution list," yes.

**Shawn Buckley**

And this was a "reply all," wasn't it?

**Thomas Marazzo**

Yes.

**Shawn Buckley**

Okay. So what happened after the first?

**Thomas Marazzo**

So then shortly after another faculty, same thing: "Please take me off your distribution list." "Please take me off." And so after about the tenth, one of the other faculty said, "As much as I'd love to see you guys read all your comments, could you just hit 'reply,' so I don't have to spend all day long deleting all of your emails?"

**Shawn Buckley**

And this was an email sent, as you say, to several hundred people.

**Thomas Marazzo**

Yes, several hundred. One of the faculty responded to him and said, "No, I think we should stand together in unity against this guy." And then immediately after, they all jumped on board, including the dean of the faculty I worked in, the coordinator, some of my other colleagues that I work closely with teaching. Every five to ten seconds, I was getting another email, "Please take me off your distribution," "Please take me off your distribution." After a while I just stopped looking at it because I was getting these things coming in every, you know, five to ten seconds from another person.

**Shawn Buckley**

Basically, what this was: Because you were taking a stand and basically questioning the legality of the vaccine mandate, all of the people in this email chain made a point of publicly shaming you.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

How did that make you feel?

**Thomas Marazzo**

I was kind of—at first it didn't bother me too much. But then I was starting—I was actually quite shocked. Because these are the types of people that like to profess that they teach their students critical thinking. But yet, I outlined all of this legislation in front of them and it didn't seem like any of them actually had the ability to exercise critical thinking. So I was—I was embarrassed actually, I was embarrassed for them. And I know that sounds maybe a little bit arrogant on my part, where, you know, I'm the lone person criticizing the vast majority of the faculty. But I kind of laid it all out for them. All they had to do was take a look at it. And instead, what they did is they went with groupthink and their own fear and they just started piling on one person who's standing alone, who is waving a warning sign for them. They didn't care. They were just trying to virtue-signal to the Dean that they were on board with this stuff.

**Shawn Buckley**

No, but personally, how did it make you feel? You felt embarrassed for them, basically, in having to do this virtue-signalling. But how did it make you feel that basically, one after another was participating in an act designed to shame you publicly?

**Thomas Marazzo**

I think I transitioned very quickly to surprise, to shock. I was a little bit angry that not one of them had the courage to actually back me up. Like, there was a couple of them that sent me private emails saying, "Hey, I understand, good." But they weren't going to come forward. They weren't going to stick their neck out. They were perfectly happy to see me stick my head out. To be honest, I started to get quite angry about it, that I wasn't getting any support from any of them.

[00:10:00]

I mean, just the law of large numbers: I should have got somebody doing a "reply all" and saying, "Wait a minute: maybe this guy's got a point. Maybe we should be discussing this." And nothing.

**Shawn Buckley**

So let's just put this into context. I mean we're basically talking about faculty members at a university. Is that right?

**Thomas Marazzo**

Yes—or a college.

**Shawn Buckley**

Yeah, okay a college. But these will be people with Master's degrees and PhDs that have been taught to think critically. And they are your colleagues.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

You're one of them, and some of them will be your friends.

**Thomas Marazzo**

Um hum.

**Shawn Buckley**

Did any single one of them stand up publicly for you?

**Thomas Marazzo**

No, not one.

**Shawn Buckley**

Now, getting back then. So you send this email and you're publicly shamed. How did Georgian College respond to your email?

**Thomas Marazzo**

I was summoned to a virtual meeting. First off, I was ordered to remove the email by the VP of HR. But I didn't see his email till later on and didn't matter anyway, because he had directed the IT Department to take down my email. Then I was summoned to a meeting on the Friday. This is the first week of school, so by the first Friday, classes had already started. That Friday, I was summoned to a meeting, asked some questions, and then told that I would have to come back to another meeting Monday morning. Monday morning, I believe 8 or 9 a.m., first thing in the morning— And the union rep was there, the union president was actually on the call, but you'd never know it because he didn't say a word. And I was informed that I was being fired for cause. So I was fired and I haven't had a job since that time.

**Shawn Buckley**

Now, David, can I have you— I've got on this computer a copy of that termination letter. If you can pull that up on the screen for the online audience to see. And Commissioners, you have a paper copy in front of you [Exhibit TO-17a].

Mr. Marazzo, so you've sent an email. And my understanding is— And I'm just reading from the second paragraph: "Your actions are in violation of the College's Employee Code of Conduct, the Appropriate Use of Email and Anti-Spam Compliance Policy and the Information Technology Acceptable Use Procedure."

So you didn't have a student or anyone complain about your behaviour.

**Thomas Marazzo**

No, all my teaching ratings were really high.

**Shawn Buckley**

So basically, you were getting fired for—by your email—basically stating that there are other laws and things like that should be considered before a mandate is imposed.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

Now I want to segue into another topic because you found yourself involved in the Trucker Convoy.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

Can you tell us how you became involved and what your role was?

**Thomas Marazzo**

I was following it just like everybody else on social media. And through a friend of a friend basically, I ended up on a phone call with a guy named James Bauder, who's with Canada Unity. And the intention of that call was, I thought, just to give some advice. Because as a former military, this was quite a normal. This would have been easy for anybody with some experience in the military. I had taken the call with the expectation that I would just give some advice. And within 15 minutes of that call, James had just said, "Would you mind just coming to Ottawa?" Because I was only in the Kingston area, so for me to go to Ottawa was maybe a two-hour drive. So within three hours of that phone call, I found myself in Ottawa. And I walked into this conference room with a whole bunch of truckers, a couple of Ottawa police, and next thing you know, I was there for 22 days.

**Shawn Buckley**

And that was to the very end.

**Thomas Marazzo**

To the very end, yes.

**Shawn Buckley**

And my understanding is that you became a spokesperson for the Truckers Convoy.

**Thomas Marazzo**

Yeah, on occasion. I didn't do too much of the public stuff. And it was never my intention, that just kind of— The longer I stayed at the Convoy, the more my role started to evolve.

**Shawn Buckley**

Now, you came after a couple of days. My understanding is that the Truckers Convoy lasted for 24 days in Ottawa.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And you were there for 22 days.

**Thomas Marazzo**

Yes. Two days after is when I arrived.

[00:15:00]

**Shawn Buckley**

Can you share with us— Because some of us weren't there and I don't think we appreciate the size, the number of Canadians that got involved, can you share with us basically the size, including on weekends?

**Thomas Marazzo**

Well, the weekends was the big swell. That is when the general public that were not working during the week would come and bring their families, bring their kids, and participate in the activities there in Ottawa. It was like Canada Day: every weekend was like Canada Day. And you know, at one point I would estimate that there was probably 100,000 people that showed up on one of the weekends. We had a stage sound system and people were giving speeches. There was lots of activities. So the influx on the weekends was much greater than during the week. But I would think, on weekends you were looking at about a hundred thousand people would come into—down to Wellington.

And of course, then there were truckers. Finding the exact number of truckers was always a big challenge for everybody. But if you just look at some of the video you could see there's a lot of trucks that showed up to Ottawa.

**Shawn Buckley**

And we're talking thousands, we're talking trucks in the thousands.

**Thomas Marazzo**

Well, that originally travelled across Canada, yes. But when they arrived into Ottawa, I would estimate somewhere around a thousand in the whole Ottawa region. Because there were trucks that were out at various different locations, not just in the downtown core.

**Shawn Buckley**

Now, being involved—because you were involved with the leadership, and that’s how you became a spokesman at times—what was your understanding of the goal of the Truckers Convoy?

**Thomas Marazzo**

Well, after over two years of all these protests that were going on across the country, everybody who protested was literally being either ignored or arrested for protesting. When the mandates came out for the truckers, the truckers took it upon themselves and said, “We’re ending these federal mandates. That is our objective, is to go to Ottawa and make them listen, because they haven’t been for two years. So the goal is to end the federal mandates—and all of them.” It was the mask mandates, vaccine mandates, lockdowns, you name it, travel restrictions, this cross-border issue. So for the truckers, they were allowed as unvaccinated to travel into the United States, drop their load. But when they came back, they were required to quarantine for 14 days. So how do you do a cross-border trip and then come back and have to quarantine in your home, place yourself under house arrest for 14 days, and still expect to make a living? They couldn’t do it. And it was a significant portion of the actual industry.

**Shawn Buckley**

Now, my understanding is this protest is right on Parliament Hill. I mean, it’s at the seat of government.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And you’re telling us they wanted to have a dialogue with the federal government. Am I correct? You basically did a public statement asking the Prime Minister to speak to you and the truckers.

**Thomas Marazzo**

Yes, several times.

**Shawn Buckley**

And am I correct that even the Ontario Provincial Police called on the federal government to speak to the truckers?

**Thomas Marazzo**

Yes, there was an engagement plan that was drafted by the OPP. And I heard this testimony directly from the person who wrote it, I believe he’s an acting inspector, Marcel Beaudoin of the OPP [Ontario Provincial Police]; he’s the Liaison Team Leader for the OPP. And he had drafted an Engagement Plan. It was presented to the federal government the day before they invoked the *Emergencies Act*.

So they were briefed on the 13th of February. And then the next day they invoked it and it completely ignored any form of engagement.

**Shawn Buckley**

Now, I assume—I mean, we've got on weekends 100,000 people on Parliament Hill. We have trucks all around Parliament Hill and in other parts of Ottawa. This is going on for 24 days. I assume, as a spokesperson who actually had been authorized to issue a public statement for dialogue, that all of your time was taken up speaking with the federal government to kind of deal with these issues.

**Thomas Marazzo**

That would have been great.

**Shawn Buckley**

And you laugh. Tell us what really happened there.

**Thomas Marazzo**

The highest ranking non-elected person I ever spoke to was Steve Kanellakos: he was the City Manager of Ottawa. And I met with him on two separate occasions. But we never met with the mayor. The highest-ranking police officer I ever sat in a room with was an inspector.

[00:20:00]

And he didn't really participate much in that meeting. But my day-to-day conversations were no higher than the rank of sergeant with the Ottawa Police.

**Shawn Buckley**

Okay, so I just want to focus us. Because this likely is the largest protest, well, definitely in my lifetime and likely in your lifetime. And the object is to have a dialogue with the federal government. Did a single federal government person speak with you or the truckers?

**Thomas Marazzo**

The Member of Parliament, the Conservative Member of Parliament for Tamara Lich's riding, I believe, had a conversation with her. But they're not the government. They're just as powerless to get anything going on with the federal Liberals, the government in power. There was nothing. We never met with any of the Liberal Party. We were trying to back-channel and maybe get some help from the Conservatives to arrange some sort of meeting. Never happened, we never— And we expected, actually— Because the Liberal government had had a previous history of engaging with other protests. And again, the OPP testified at the Public Order Emergency Commission that their expectation was that the Liberal government was actually going to reach out and talk to us. And they didn't. There was literally no dialogue between us and the federal government or the Ontario Government.

**Shawn Buckley**

And that would be for the full 24 days?

**Thomas Marazzo**

The full time.

**Shawn Buckley**

Before the *Emergencies Act* is invoked, not a single dialogue with the federal government?

**Thomas Marazzo**

Nothing, nothing at all.

**Shawn Buckley**

What is your worst memory? Well, let me just back up. What was your impression? You were there for 22 days. And we've heard that the Prime Minister is basically disparaged. We've seen pictures of Nazi flags—just a few handful. An immediate person spoke to that yesterday.

But what was your observations of how people were behaved, and basically the entire atmosphere and behaviour? How would you characterize it?

**Thomas Marazzo**

Well, up until the last two days—the 18th and 19th of February—up until those two days, everything really was more of a festival, party-type of an atmosphere. And people were being very responsible in— For example, we shovelled the roads, we shovelled the sidewalks, we collected garbage and on occasions we did first aid. We always kept safety lanes open, despite what any media outlet tells you. We worked really hard to make sure that EMS was always able to get through any portion, and they did. There was testimony of that as well, that we actually accomplished that. But overall, it was a friendly environment. If you ever even talked to some of the people that went there, it's a constant theme: that it was such a truly Canadian experience and it didn't matter over ethnicities, races, religions, creeds, anything.

It was ordinary Canadians from east to west that were there being Canadians. And they were putting their foot down and saying, you know, "We're going to be here, we're going to be non-violent, we're going to be peaceful, we're going to try to make the best of a situation, because we'll be here for a long time. But we're not going to be aggressive, we're not going to be violent." You know, we were even donating food to homeless shelters because we had so much support that we were sharing it within the community. We were not a threat to businesses; we were actually asking for business owners to open up so that we could shop in their businesses. We were trying to support that community.

But overall, our intention was never to go and put pressure on the residents of Ottawa, it was just the government and that's what we were there to do. And, you know, it was a very, very peaceful, very fun experience for a lot of people—very fun.

**Shawn Buckley**

Now, you understood that the *Emergencies Act* was invoked. And my understanding is you basically gave a public statement and you had a dialogue with the OPP to basically permit a staged withdrawal, without the need for what we all witnessed—thank goodness, because people could live stream.

**Thomas Marazzo**

Yeah, so on the 19th, the morning of the 19th, I had a meeting in my hotel with several truckers that were in various leadership positions. And we made the decision to recommend to the truckers to peacefully withdraw from the city. And we chose that language very specifically,

[00:25:00]

because we wanted to obviously instill the idea that we're still going to be peacefully interacting with the police. Despite the day before, where the police were exceedingly aggressive and the whole situation had been violent.

So even on the second day we were emphasizing peace, but we were recommending that the convoy withdraw from the city. At 10:03 that morning on the 19th of February, I made a call to the OPP. I was pretty emotional about it because I had just finished watching a lot of the video footage on the news of people getting beaten. And I was there when Candace was run over by the horse and the other man. I was standing 15 feet away—so I witnessed this violence myself. And I wasn't too happy about the veterans getting beaten by the police as well, at the National War Memorial. I made the call to the OPP and I said, "Look, we're recommending that they leave. But you need to move the concrete barriers and allow us to get fuel into the trucks." Because we were boxed in, we couldn't actually move. We couldn't leave if we wanted, unless people literally walked out of the city. So we said, "You need to move the concrete barriers and you need to let us get fuel into the truck, so they can drive out."

But we were recommending that the drivers, the truck owners, leave the city. And he said "Yeah, I'll pass it up the chain." And nothing happened. No concrete barriers moved and people were continuously beaten and arrested.

**Shawn Buckley**

Okay, so I just want to be perfectly clear. You were personally involved in trying to make arrangements with the police for the truckers to withdraw their trucks from downtown Ottawa.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And this was all done in an effort to forestall unnecessary violence against Canadians that you had witnessed the day before.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And there was no answer or no response.

**Thomas Marazzo**

No. We were starting to see some of the leadership of the convoy get arrested anyway. By that point, Tamara had already been arrested, Chris Barber had been arrested. I think Danny Bulford, who's retired RCMP, was already arrested and in custody at that time. Which was why on the last day I was the one who gave the public statements saying—because I was the last one left that the public would recognize and maybe listen to.

**Shawn Buckley**

Right. Now, you spoke about what happened at the War Memorial. Can you describe that? I'm going to play a video. And there's a person in the video and I want you to share with us your knowledge and relationship with that person. But please explain to us in detail who was at the War Memorial and what occurred.

**Thomas Marazzo**

So as the convoy went on, more and more Canadian military veterans—in a lot of cases, combat veterans—started to arrive in Ottawa. And they spent time mostly concentrated at the National War Memorial because, for a time, there was a big steel fence around the memorial and the veterans were quite upset about this, because it wasn't being cleaned off with snow. It was being kind of neglected. I was there as well when the veterans took down the steel fence. The police came in, they thought that the monument was kind of, you know, not being taken care of. But as soon as they came in, they saw all the veterans. We said, "Look, we're going to put a 24 and 7 guard on the memorial," and they did. So the veterans, for two weeks, had a 24 and 7 vigil on the National War Memorial, protecting it. And that's kind of the ground they typically stuck to.

But after the *Emergencies Act*, when the police started to do their raiding, the veterans formed a wall and they linked arms and basically said, "We're not going to move off this piece of ground." They're not going to fight, but they linked arms and they were resisting—peacefully resisting. One of the individuals, Chris Dearing: he was a wounded Afghanistan vet. Two others of his colleagues were immediately killed. He was blown up in a LAV-3 IED explosion that sent the vehicle 100 feet into the air, flipped over. The turret fell out, Chris fell out. He was badly, badly injured—luckily not killed. But he was there. He arrived and one of the veterans told the police, "Look, when you come up, this guy here: he's in bad shape. He's a wounded veteran, he's in really bad shape."

[00:30:00]

Well, they rolled through and at one point they just grabbed Chris right out of the line, right out of the chain, and two of the police started beating him on the ground.

**Shawn Buckley**

I'm just going to stop you. So Chris is a war veteran that served this nation in Afghanistan.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And he witnessed two of his fellow soldiers being killed in action.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

And he himself was wounded and has problems to this day because of that.

**Thomas Marazzo**

He has many physical problems. He's not very employable right now, but— You know, he's not a large person. But he was certainly not a threat to any of the large police officers and if you show the video, you'll see the difference in size.

**Shawn Buckley**

And I will. But before I do, I saw some other videos. And I saw that Chris was wearing three medals—

**Thomas Marazzo**

Yes.

**Shawn Buckley**

On his jacket, that don't show up in this video. So he's a decorated war veteran.

**Thomas Marazzo**

Yes.

**Shawn Buckley**

I'm just going to play this video and it's short. I'm going to play it twice because it's so short. But I just— I just want the people of Canada to see how we treat decorated war veterans.

**Thomas Marazzo**

To be clear too: all the veterans that were there were wearing their berets and their medals. So they were easily recognized as Canadian veterans.

**Shawn Buckley**

And the police were told that in any event.

**Thomas Marazzo**

They were told.

**Shawn Buckley**

And you told us that they were told that Chris actually has some physical issues.

**Thomas Marazzo**

Yeah, specifically Chris was pointed out.

**Shawn Buckley**

In this video, Chris is basically the gentleman in the brown jacket being dealt with by the police?

**Thomas Marazzo**

Yes.

**Shawn Buckley**

Can I have the screen please—thank you.

[A Global News video clip is played of the final Friday of the Trucker Convoy, depicting police beating Chris Dearing, a Canadian war veteran who was wounded in Afghanistan.]

What was your experience of the police during those last two days?

**Thomas Marazzo**

Very, very mixed. At one point I was there— Like I mentioned, I was there on the line when the horse came through and ran over the two people. I remember there was a large group of OPP standing there. I walked over and I was looking at them, and I kind of started yelling at them saying, “Thank you, thank you, you got to be proud of yourself for stealing the future of my kids and your kids too.” And they looked at me— They looked at me as if, though, you know, “If I could shoot this guy and get away with it, I’d drop him right now.” That was the impression I got. I didn’t see people that had any shame in their eyes, I saw people that were getting geared up to go in and beat people. That’s what I saw. I had very mixed emotions because on my one-on-one dealings with specific individual officers, it was very good, not all. Then when we got to that— And what’s interesting is, none of the police that we were interacting with the previous three weeks were the ones that were on that line. They brought in new people from other jurisdictions that had no ties, no relationships, hadn’t been in Ottawa, to come in and start mass-arresting people.

**Shawn Buckley**

And as my final question before I give commissioners the opportunity to question you, is: What happened to your bank accounts, and what was the effect of that?

**Thomas Marazzo**

My bank account was frozen, along with approximately 280 Canadians. I was not informed that it would be. I was not informed that it was frozen and I was never told when it would be returned to me. It was credit cards, banks, joint accounts, any financial asset that I had. And my ex-wife was notified by her financial institution that they were looking at hers.

[00:35:00]

It’s recently been disclosed in the media that all of our information was shared globally to banks—including China, India, France, U.K., Wall Street. All of our personal information

was shared and they were told, "If you're doing banking with these people, cease doing banking with them."

Now to be clear, there was never a warrant for my arrest. I was never charged. I've never been convicted. My son has a heart condition. And if we didn't have cash, we would not have been able to purchase his heart medication. You had to have cash to actually buy this. They didn't give any consideration to anything like that. Nothing, there was no information that we knew about. Next thing you know, rumour started that bank accounts were frozen. And, you know, I was one of them. And on top of that, now I'm being sued for \$400 million for my participation in the convoy.

**Shawn Buckley**

Well, welcome to your Charter-protected right for freedom of expression and freedom to assemble. I'll open it up for the commissioners if they have any questions for you, Mr. Marazzo.

**Commissioner Kaikkonen**

Good morning. I just would like to go back for a moment to the faculty union. And I see in your email that you have listed a number of legislative pieces. Usually, unions stand up for the minority voice to some extent. I'm just wondering, in this case, you said the union member remained silent.

Did you have any thoughts about that or any follow-up conversations with the union that would suggest that they were silent for a reason or being silenced by the administration?

**Thomas Marazzo**

There was nothing offered. I was in a pre-meeting before all this had happened. There were several people on the call and I remember specifically asking the union president in this call: If something like this were to occur, would they represent us as individuals, or would they look at it almost like a 'majority rules' kind of a thing? And his response was to the negative. He did say, "We'll take it as a case by case," but then he immediately shut me down and told me that that question was inappropriate to ask in that meeting. And one of the other people participating, a faculty member, asked me a question about my original question. And he shot her down and said, "that's inappropriate for you to talk to the other faculty member in this Zoom meeting."

I did go to arbitration after, but that's a whole other story. I did lose the arbitration because I couldn't attend the arbitration. But my feeling was that the union did—I did threaten to go, what is it—DIF? I can't remember the acronym, for when you don't feel that the union is actually representing you. I did suggest to them that I was going to do that. I did indicate to the union that I was considering suing the College. They said, "You can't because of the collective agreement." And I said, "Well, I'm actually considering going after you guys first, so that I can then go after the school." And I did have lawyers that were gearing up to do that. But, you know, I've only got so much bandwidth and I'm pretty exhausted after a year and a half of this. So on that particular issue, I've walked away, but I think there was a few lawyers that really would have liked to pursue that.

**Commissioner Raikkonen**

Thank you.

**Commissioner Drysdale**

Good morning, Mr. Marazzo. Thank you for coming and telling your story. I have a few questions. The first is, I'm quite familiar with that area in front of Parliament on Wellington Street where the War Memorial is. And I'm assuming, like in most places in Canada when I look around, there are video cameras everywhere. Even in this hotel: when I'm in the elevator, there's a video camera watching me. Most of the videos that I have seen that were related to the convoy were videos shot by individuals with phones or whatever.

Do you have any idea what happened to or where the video from—I have no idea how many, but—what had to have been hundreds, if not thousands, of security cameras in the area recording?

[00:40:00]

**Thomas Marazzo**

Yeah, that was an issue that we had raised right at the beginning. When the lawyer or the legal team showed up from the JCCF, we started to inquire as to: Why are all of these CCTV cameras turned off? Why are they not—there's no public access? Because some of those cameras all across the country, which is really interesting: because all across the country, there are zones that have CCTV along the highways. And as the larger portions of the convoy were traveling across Canada, they were shut off. So when the convoy actually arrived into the city of Ottawa, all those CCTV cameras were no longer streaming for public consumption. All of those cameras were completely turned off, which was really bizarre to us, because we were kind of anticipating that in the future, we may need to see some of that footage. It was never activated, which is bizarre.

**Commissioner Drysdale**

You also mentioned an incident with regard to the horses and the trampling of one of the protesters. Are you aware of any type of independent investigation that's been carried out of the police actions and/or their messaging that was going on at that time surrounding that incident?

**Thomas Marazzo**

I'm not aware of any investigation into that incident.

**Commissioner Drysdale**

Are you aware of any other internal or public investigations of the actions of the police during the last two days of the protests?

**Thomas Marazzo**

No, I'm not.

**Commissioner Drysdale**

One last question. Concerning your statement about the 280 Canadian bank accounts who were frozen: I'm assuming that—and this is none of my business, you can tell me that if you wish—but I'm assuming that you are not using digital currencies and you're using ordinary money and bank accounts and ordinary identification cards yourself, like most Canadians?

**Thomas Marazzo**

Yes—and I'm absolutely against digital ID, as somebody who has experienced the current mechanisms to go in and attack people's financial assets right now, even without digital ID. So digital ID is a step beyond what— I think every Canadian in this country should be outright rejecting the idea of these CBDCs, any form of digital ID, any form of currency like that in that manner. I think that Canadians should keep an eye on that every single day and get updates on it.

Because even under the current system, it took nothing for the government, without any criminal charges, to completely remove my ability to access my own financial assets. So I carry cash now. But I haven't worked in 18 months, so I don't have a lot of it.

**Commissioner Drysdale**

But the government didn't act alone. I'm assuming that your bank account wasn't with the Government of Canada, it was with a private institution. I'm assuming that your credit cards weren't with the Government of Canada, and it was a private institution. How do you account for the incredible cooperation that was between the banks, the government, the credit card companies, and employers—whoever else was involved with that?

**Thomas Marazzo**

Well, that's an interesting question, because it wasn't just the banks that were ordered to seize the accounts. It was also the insurance industry, as well as, I think, more the equity market, like the big trading firms. Everybody was ordered to do it. It was the insurance company—the life insurance companies and stuff, and house insurance and all that—that said, "No, we're not doing that." So it's interesting because there's this kind of thought that the banks were compelled to do it legally, and if they didn't, they'd be in breach. But the same order was given to the other forms of financial institutions, but they pushed back. Because if you would have frozen or taken away or removed somebody's house insurance, then they'd be in default of their mortgage. And so they pushed back and said, "No, we're not doing it." And it's funny, because the bank industry has more money than God. I think they can afford some lawyers to have tied this up for about a week or two until this was settled and not gone after people's bank accounts. But they did it anyway.

It's because there's only five chartered banks. Well, no—I guess the credit unions, the credit card companies, they all did it. It was just the two other industries or sectors that didn't do it. But the banks were right on board with it.

**Commissioner Drysdale**

That's all the questions I have. Thank you very much.

**Shawn Buckley**

There being no further questions, we'll let you go. Thank you on behalf of the National Citizens Inquiry for testifying, Mr. Marazzo.

[00:45:06]

**Final Review and Approval:** Jodi Bruhn, August 16, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 4: Laura Jeffery**

Full Day 2 Timestamp: 02:29:20–03:12:55

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Ms. Jeffery, can we begin with you stating your full name for the record and then spelling your first and last name for the record?

**Laura Jeffery**

My name is Laura Jeffery. It's spelled L-A-U-R-A J-E-F-F-E-R-Y.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Laura Jeffery**

Yes, absolutely.

**Shawn Buckley**

Now, Ms. Jeffery, my understanding is that you are quite a senior embalmer as far as embalmers in Canada go.

**Laura Jeffery**

I'm the best-kept secret in embalming.

**Shawn Buckley**

You have been working as a funeral director, and that includes embalming, for 27 years now.

**Laura Jeffery**

Yes.

**Shawn Buckley**

I did the math and that would mean you started roughly in 1996.

**Laura Jeffery**

I'm an old lady.

**Shawn Buckley**

I started practicing law in 1995.

**Laura Jeffery**

Well then, you're an older fellow too.

**Shawn Buckley**

So we share a long career. And for the past five years, my understanding is you would average roughly about 170?

**Laura Jeffery**

Yes.

**Shawn Buckley**

I guess I don't know what you call it.

**Laura Jeffery**

I would embalm and care for 170 people that required embalming. I would care for many more that maybe we weren't embalming, but I would care for them as well.

**Shawn Buckley**

Right, because if somebody is being cremated then they don't go through an embalming.

**Laura Jeffery**

No, that's not necessarily true. It doesn't matter if you're buried or cremated, it depends on what you're doing beforehand.

**Shawn Buckley**

Okay. Now, when COVID came along, my understanding is that you were working at a place which cared for approximately 600 deceased persons a year?

**Laura Jeffery**

Yes.

**Shawn Buckley**

And COVID hits, so we're in, I guess March 2020. And a year and a half goes by—

**Laura Jeffery**

Yes.

**Shawn Buckley**

And you're still with this organization that cares for roughly 600 deceased persons a year. How many deaths did you see attributed—not caused, but attributed—to COVID?

**Laura Jeffery**

Seven.

**Shawn Buckley**

And were there other comorbidities involved?

**Laura Jeffery**

Of course, yes. Routinely, the COVID cases that I would see would be people that had been suffering dementia for probably quite some time and living in a nursing home facility, and that's fairly typical in the winter. We would see that with any virus or any cold maybe that was going around because those people are very vulnerable.

**Shawn Buckley**

Now, what did you observe about the death rate when COVID swept through this land?

**Laura Jeffery**

Ah, nothing. There was nothing to observe. Nothing changed.

**Shawn Buckley**

So nothing changed?

**Laura Jeffery**

Oh, well, that's not true actually. Lockdowns created a situation where suicides and drug overdoses escalated dramatically.

**Shawn Buckley**

Now, what about the first lockdown?

**Laura Jeffery**

The first lockdown wasn't as obvious. There may have been the odd unusual death. But, I mean, that also could have just been normal timing—because the first lockdown was the pajama party, right? The second lockdown was the problem. In the second lockdown, the escalation of suicide deaths and drug overdoses was obvious. Young people, middle-aged people.

**Shawn Buckley**

And as an embalmer, you're aware of cause of death when you're treating somebody.

**Laura Jeffery**

Yes. I mean, I don't always look, but sometimes you're very aware. You can't miss it.

**Shawn Buckley**

Okay, So the suicides and drug overdoses—

**Laura Jeffrey**

Yes.

**Shawn Buckley**

They're obviously increasing in number in the second lockdown?

**Laura Jeffery**

Second lockdown, yeah.

**Shawn Buckley**

Now, my understanding is that you had a very unique experience with a nine-week period with a specific type of death. Can you share with us slowly what you witnessed and just how unusual that was?

**Laura Jeffery**

Okay, so in nine weeks—so one a week for nine weeks—there were middle-aged women that were well-settled in their lives mostly, who didn't want to stay on earth anymore. So they left. By their choice and their hand. They had children, they had spouses, they had homes, but the second lockdown was too much for them. So they left. And we cared for them. And it was awful, to be honest. Like, each week, one person would do that for no reason. They had children.

So that was hard.

**Shawn Buckley**

These are mothers with children?

**Laura Jeffery**

Yeah, average people, average people. Yeah. I mean, it could have been me, right? Except that I don't have kids. But in a general sense, yes: it was a middle-aged woman that had children ranging, I found, aged maybe 10 to 20.

[00:05:00]

And then you're looking at that middle-aged woman, right? And she has a home and a husband and children. So that happened.

**Shawn Buckley**

Had you ever, in your career, seen a suicide death from that type of person before?

**Laura Jeffery**

No, no, no, no, no. Women don't do that.

**Shawn Buckley**

So this—this just stuck out like a sore thumb?

**Laura Jeffery**

Mm-hmm. Everybody noticed.

**Shawn Buckley**

Now, my understanding is that you started seeing changes after the COVID-19 vaccines were introduced?

**Laura Jeffery**

Yes, yes.

**Shawn Buckley**

Can you tell us about that?

**Laura Jeffery**

It started in January 2021. At first, I was seeing an anomaly in what we would call "return." You have to understand a little bit about embalming. In embalming we have a vat and then there's a hose and the vat has a pump in it. And what we do is we use the human circulatory system that God gave us. So we go into that circulatory system; generally, we start at the carotid, right? That's a major artery that goes not only to your brain but also to the top of your heart. And it pumps the fluid through. And then the return would be people's blood that's pumped back out through the venous system. And we open that and let it release. The concept is to put preservation in and take out what would not preserve a body long term, so that we can present a person that is reasonable to their appearance that they should be, right?

When I was seeing the return, I started to notice anomalies in what the return was. So that went on for about three or four months. And the return was more viscous. And it's not like I hadn't seen that before, but you didn't see it consistently—in every single person, right? Now I'm seeing it every single person.

**Shawn Buckley**

You'll have to explain to us what "more viscous" is.

**Laura Jeffery**

Viscous— Thicker. Darker. Sticky. And that return—well, what I call return—it's return blood, right? So that return blood was stickier, thicker, darker. Then I started seeing the return blood would have little, little, tiny, tiny pieces of clot in it, and the clot would be like a currant jelly clot. But it's tiny pieces, like pinhead-sized, but it was almost like polka dot coming out, right? Polka dot pattern, sticky, viscous, thicker blood, darker. And then these little pieces of clot that kind of looked like a polka dot pattern sticking to the embalming table. And of course, that goes down the drain, right? But it was just different. There was something different. I would call it maybe "dirty blood" if you want to make a sort of a basic example, right?

The blood was dirtier, and at first— I'm really conscientious, right? I notice things and I'm known for that. At first, I was sort of like, "This is weird," but I'm an embalmer. I'm not a scientist, I'm not a doctor, right? I'm an embalmer. But I notice things and a lot of people do, and a lot of people don't. But in retrospect, there's an awful lot of people in my profession that are also saying the same thing. They won't tell you that in person; they certainly wouldn't go public like this, but that's what they're telling me.

**Shawn Buckley**

Did you see changes in persons that were dying after the vaccines were introduced?

**Laura Jeffery**

Yes. It was kind of horrifying—well, it is horrifying. There was an escalation of middle-aged people's deaths, like, just average Canadian, came home from work, had dinner with the family and died suddenly at home. So that went on for maybe a good month and a half, and usually an evening call—what we call a night call. You would send a removal team out: two people because they're going into someone's home. Usually, a night call or a night removal would be in the middle of the night. Like it might start at one o'clock in the morning. You might get one, you might not, right?

Then there was a lengthy period of time, like many weeks, where these middle-aged people were dying kind of like, right after dinner at their house with their families present. And they weren't being investigated. They were coming to the funeral home and I was looking at this, and I'm like, "This should be investigated because it's an unusual death. It's an unexpected death." But no, no, it wasn't investigated. It was almost like they dialed it in and brought the person into our care at the funeral home. And then didn't worry about them.

**Shawn Buckley**

So there are a couple of things there. You were telling us that typically a call is around 1 a.m. or after 1 a.m.

[00:10:00]

**Laura Jeffery**

Yeah—like middle of the night. If you're going to have a night call happen, for some reason it always seems to be that one o'clock in the morning kind of time frame.

**Shawn Buckley**

And prior to the vaccines, roughly how many would calls would you guys have on a night?

**Laura Jeffery**

You could get one in an evening, you could get two, you could get none. And then for a while there, it was every night; one, two, even maybe three, always completed before 11 o'clock at night. My removal staff were loving that because they weren't getting called out of bed, right? Yeah, they thought that was marvelous. And I was saying, "Why can't you see the pattern?"

Everything's a pattern. Like, we're not really all that different. None of us are. We think we are, but we're not. When we die, or when we breathe, or when we're born, there's patterns. And as soon as you see an anomaly in a pattern, you should be going "Why is there an anomaly?" But nobody was asking, "Why is there an anomaly?" And then—I'm a funeral director and it's not my job to ask, "Why is there an anomaly?" But I was asking, "Why is there an anomaly?" in my mind.

I started asking my co-workers, "What did you see? Where were you? What was it like?" Family there, after dinner, average people, average home. It was an anomaly, a big one—obvious one. But it was like everybody had blinders on. I don't know why nobody noticed. But I noticed. I was rather concerned.

**Shawn Buckley**

Now, my understanding is that early on you had an experience with a 47-year-old man that seemed unusual. Can you tell us about that?

**Laura Jeffery**

Yeah, so— Okay. You have someone that's so healthy, you can't miss it. Healthy. If that gentleman walked in the room right now, we would all turn our heads and say, "My goodness, what a good-looking man." Healthy, strong, fit, tall—huge, healthy person. Gone. Right away, just— And his family told us that his death was investigated. And his family told us point blank he died from clots. That's what they were told.

**Shawn Buckley**

And had you ever seen a person that age and that fitness that had died of blood clots?

**Laura Jeffery**

Had I ever seen that before?

**Shawn Buckley**

Yes.

**Laura Jeffery**

Heavens no. No, no—too healthy. No, no, not healthy people.

**Shawn Buckley**

Okay, so that's why that sticks out in your mind as it was so unusual.

**Laura Jeffery**

It sticks out in a lot of people's minds, I'm sure.

**Shawn Buckley**

Now did you start seeing any—basically, scarring or anything like that on shoulders?

**Laura Jeffery**

Yeah. For a long time, people were coming in with a little Band-Aid, right? And I kind of go, "Okay Laura, it's just a Band-Aid, ignore it even though—" It was just unusual deaths with a Band-Aid. That's how I'm supposed to look at it because I'm not a doctor, I'm an embalmer. But the reality is I'm looking at this and I'm going, "Yeah, there's a little tiny Band-Aid on everybody's shoulder." So that tells me. I mean Band-Aids—they last, what, two or three days if you're lucky, right? So that tells me there is a problem.

**Shawn Buckley**

And what were the ages of these people coming in?

**Laura Jeffery**

Oh, full range.

**Shawn Buckley**

Full range?

**Laura Jeffery**

Yeah. Actually, at that point— To be more clear, at that point people were— I would say it was retirement age at that point. Because I was seeing people that were like maybe 60-something, older, with the Band-Aid.

**Shawn Buckley**

Now, earlier you were telling us changes that you saw in the blood.

**Laura Jeffery**

Yes.

**Shawn Buckley**

You were seeing little clots and you've seen color changes. Was there also something else happening that you were starting to observe?

**Laura Jeffery**

Yeah. And that's what everybody wants to hear about, right? So first, like you said, the viscosity changed—which means the color is going to be deeper. There's a stickiness, it's been termed dirty blood. There's small micro clots in the return and the odd time there was like, a rainbow slick, right? Remember the '80s, they had those rainbow slick dresses or oil slick dresses, I think they called them. You would see that on the odd occasion, which is really weird. And nobody can put their finger on it, that's the weird thing.

In the spring of 2021—we're talking April, May—so four or five months after the rollouts of the gene therapy, right?

[00:15:00]

The first time I saw it I thought it was a parasite. We have something called drainage forceps. I use a pair, generally speaking, that are about this long and that have a handle port. You can squeeze them like tweezers, right? So curved tweezers, think of them that way. I use that to pull anything out of the way on the venous side of the body, where you're draining the return blood. And all of a sudden, I was having trouble. I couldn't understand. Then I pulled it out and I went and I kind of— You can turn the drainage forcep and you can see what's in it. I'm sort of like this and I see something that I thought was a tapeworm. Which was weird, because tapeworms shouldn't be in a circulatory system. And then I'm looking at this and I'm thinking, "Is this a parasite?" Because a tapeworm's a parasite; that looked like a parasite. And it was at that point, maybe, like three, four inches long. That's a small one. But at that point, that was a huge one for me, because I'd never seen this before. This was a whole new anomaly.

**Shawn Buckley**

I just I just want to make sure. At that point you had been embalming for a quarter of a century, 25 years.

**Laura Jeffery**

Yeah, with a heavy focus on it.

**Shawn Buckley**

You had never seen anything like that in your career?

**Laura Jeffery**

No—absolutely not. Blood clots are sort of in a few categories. There's currant jello blood clots, there's chicken fat blood clots, there's just sludging, which is thicker blood in general. And then there was this anomaly, which I thought was a parasite but it's not.

**Shawn Buckley**

In what percentage? So this starts in April, May of 2021?

**Laura Jeffery**

Yes.

**Shawn Buckley**

Once you saw your first one, how common was it to see this?

**Laura Jeffery**

It just kept happening. It was everybody. So there was that.

**Shawn Buckley**

And how much of this would you find?

**Laura Jeffery**

Over time it got bigger. When I first started seeing it, it would be small, right? Then, when I started seeing it near the end of my time frame there, if you were to take a small side plate, like a bread plate, and put spaghetti on it and kind of heap it, that could happen. Yeah. And they were longer and longer and then the integrated jelly clots at the end of course adds to the confusion. Like, if you were thinking it was a parasite, the integrated jelly clots were always at the end.

**Shawn Buckley**

Can you explain what you're talking about when you say "integrated jelly clot," just so that the commissioners—

**Laura Jeffery**

Okay. Have you ever seen those erasers that you push out and they're like a pen, but they're a circle? They're round, cylindrical. You think of one of those but then it maybe has a couple of little tentacles of eraser coming out the end. Then there's a blood clot that is integrated into the end of those tentacles. It felt like it was a parasite that was feeding off a blood clot that it created in the body. When you think of a parasite, you think— Because it feeds off of something, right? Then you see the jelly clots at the end of this parasite. You see those and you think, "Are they feeding off us as humans? Out of our circulatory system?" Because they always had the currant jelly integrated at the ends. It's something to see, let's put it to you that way. It's horrific.

**Shawn Buckley**

I'm going to show some photos now. Just so that nobody believes that you took these photos, these are photos you basically had an embalmer from elsewhere share with you. So that for the purposes of this presentation, you would be able to show us what you're talking about.

**Laura Jeffery**

Yes.

**Shawn Buckley**

David, could you pull up this computer screen please?

**Laura Jeffery**

Yeah, that's it [Exhibit TO-27].

**Shawn Buckley**

Am I correct that this is basically what you would be pulling out of bodies? I appreciate this isn't an embalming that you did, but this is typical of what you would see?

**Laura Jeffery**

Yes, that would be. If you were thinking that I started seeing this anomaly in the spring of 2021, then I would have been seeing that closer to the end of the year. Because that's a fairly large amount. It's unfortunate it's not stretched out, but you can see where the currant jelly clots are: the darker pieces that are integrated into the white fibre mass. That's what I call them. I call them "white fibre masses," because they are fibrous. They are stretchy kind of. And you can't break them easily, you need to cut them, the white fibre branches.

[00:20:00]

So it's like an exact duplicate or a cast of the inside of an arterial system.

**Shawn Buckley**

Just so I'm clear—

**Laura Jeffery**

Yes.

**Shawn Buckley**

And it's clear for everyone else, where are these coming out of?

**Laura Jeffery**

Everywhere.

**Shawn Buckley**

No, no, but what part of the body?

**Laura Jeffery**

Everywhere, everywhere, everywhere. I had to change how I embalm because of these. I have a routine now. Well, I did, I don't have it anymore. I don't have to do it anymore. But I had a routine. I would go into the carotid artery, where we always start embalming on an average case. I would go into the carotid artery and I wouldn't even try to put the cannula in, which is what comes from the pump, the vat. There's a hose and there's a cannula. It's a little crooked piece. It goes into the carotid artery. I wouldn't even try to put it in. Why would I bother? It's plugged anyway.

I would open the carotid artery like normal. I would take a small pair of forceps and go in and pull. And I would find what I call "the fish." I named everything because that's, I guess, how I function. But yeah—I would pull what I call the fish. And the fish would be an exact cast of the inside of that person's artery. It usually was approximately this long and it sits here. So if we go in here, half the fish would be towards the head and half the fish would be towards the heart. Then once you pulled the fish out, you could put the cannula in, you would start the embalming.

And what I quit doing— Quite often, we like to back-pressure the human circulatory system to allow more fluid to go into the body and go everywhere, like right to the toes, right to the fingers, right? I would instead not back-pressure. I would open the venous system fairly quickly after starting injection and start pulling return—because I would see what that picture was. That's what I would start to see fairly quickly into the embalming. I would be looking for it because I knew it was coming. When you know something's coming, you have to change how you care for somebody and you have to change your approach and your perspective. Embalming that normally would take a couple of hours were now taking like three or four hours because there was a lot more work involved.

**Shawn Buckley**

And I just wanted to clarify. When I say, "where are these coming from?" it's from the circulatory system.

**Laura Jeffery**

Yes, yes.

**Shawn Buckley**

Okay. So we're looking at this one. I'm just going to pull up another one [Exhibit TO-27a].

**Laura Jeffery**

Yeah, that's small compared to some of them. But you can see there that those have been washed off. You're seeing what I call the white fibre mass because I didn't really have a name for it. And if you were to cut those, there's no hole in the middle, they're solid. A lot of people were thinking that they were the lining of the circulatory system—somehow it was lining. No, no, no, no, no, it's plugging. I mean, a technical term would be the clot, right? But I hesitate to use that because people assume it's a blood clot. This is not a blood clot. This is something else. This is something new.

**Shawn Buckley**

And I'm just going to go to the next photo [TO-27c].

**Laura Jeffery**

Yep. Right.

Okay, so those are some skinnier ones. Because you can see that they were branchy and they were down into smaller parts of the circulatory system, so they're closer to the capillary beds. And you can see that the fellow that took these pictures and was doing the work, he has been keeping samples. I didn't do that, but he has. You can see that the color has changed a little bit in those ones. Because, if you look, the fluid that they're in is a type of embalming fluid, but it's to maintain— You can keep them long-term, samples. I think that's maybe what he was doing there.

But if you look closely, you'll see that the ends of those fibre masses are quite small, very tiny, tiny. And that's because their branch is going into very tiny vessels in the human body, so they're really small. They're everywhere.

**Shawn Buckley**

Now, before COVID, I expect that there would be a certain number of autopsies done.

**Laura Jeffery**

Yes.

**Shawn Buckley**

And after COVID, I'm asking if there was a change in the number of autopsies and can you please tell us about that?

[00:25:00]

**Laura Jeffery**

The concept was, "Autopsies are too dangerous because there's a virus that's going to kill everybody, so we have to not worry about these things. We'll do them if we absolutely have to." But they just didn't do them. I guess it would set the concept in people's minds not to do them, right? So, "Oh, well, it's pretty obvious why this person passed away. We'll just write that on the paper."

**Shawn Buckley**

Just so that I understand because you're describing types of deaths that you hadn't seen before—such as middle-aged people just dying after supper in front of their family, so at a different hour.

**Laura Jeffery**

Right.

**Shawn Buckley**

So these are unusual deaths. And is it your evidence that there were not autopsies being done to explain this change in pattern?

**Laura Jeffery**

Yes, I felt that they were kind of dialed in. We'll just sign this piece of paper and dial it in. But again, it goes back to— It has nothing to do with each individual, right? It does—I mean each individual is very important—but there's a broader spectrum.

It's like, if you see an anomaly in a pattern, whose job is it to call that out? Because it's not my job. It's someone that's got a much higher pay grade and much more power than I would. I'm just an embalmer, why am I here? There should be other people here.

**Shawn Buckley**

But you do know if a body has been autopsied or not?

**Laura Jeffery**

Oh, very clearly, yes.

**Shawn Buckley**

So you're able to tell us about it. So actually, were there fewer autopsies done?

**Laura Jeffery**

Way less—yes.

But you have to put that in perspective too. If I'm talking about a change in the pattern—and that change means I'm seeing deaths that should have been investigated and they're not being investigated—then really, there would have been an escalation in autopsies, not a decrease. So I'm seeing a decrease from the norm, but then we're not in the normal zone because there are more deaths that should have been investigated. So now, there should have been more autopsies than previous to COVID. That's the difference.

**Shawn Buckley**

Right. So basically, we were doing the exact opposite of what we should have been doing?

**Laura Jeffery**

Yes.

**Shawn Buckley**

Now, I'm wondering if you can also tell us: you saw a change concerning deaths of babies?

**Laura Jeffery**

Yes, I did.

**Shawn Buckley**

Can you tell us about that?

**Laura Jeffery**

Well, I was used to caring for maybe three to five babies in various stages of gestation, so the whole pregnancy. I was used to seeing three to five—maybe a month, maybe two—but quite often three to five. And then that just stopped. There weren't any babies anymore.

**Shawn Buckley**

When did that stop?

**Laura Jeffery**

I would say February of 2021. It was wintertime.

**Shawn Buckley**

Now, you did get one that caught your attention coming in after the vaccinations started. Can you tell us about that?

**Laura Jeffery**

I don't think I can tell you about that, I'm sorry. That's over the line.

**Shawn Buckley**

That's fair enough. Okay. But would it be fair to say that you had not seen anything like that before?

**Laura Jeffery**

No, I had not.

**Shawn Buckley**

Okay. You're telling us basically: you're having the normal course of events pre-vaccine, three to five babies a month?

**Laura Jeffery**

Yes. And then none.

**Shawn Buckley**

And then none. For how long were there none?

**Laura Jeffery**

Up until recently, so like two years almost.

**Shawn Buckley**

For two years, all of a sudden, you're not receiving a single baby?

**Laura Jeffery**

Keeping in mind, I worked in a very large community, right? And then I have a friend who works in a very large community and he hasn't seen any babies until recently. But then you have to remember— I have a friend who works in a very small community and he saw an escalation, a dramatic escalation. It's like the small communities got a different memo than the big ones, how to care for babies during COVID.

**Shawn Buckley**

Right. Can you expand on that? I don't understand. There's been a change; where do you think the change—

**Laura Jeffery**

A social worker at the hospital would help a family that lost a baby. It wouldn't matter how old the baby—like how far in gestation the baby was. If someone went to the hospital and a woman was having a baby and the baby didn't live, then in larger hospitals they have a social worker to assist that family. And the social worker would spend time with the family, time with the baby, give them pictures, give them footprints, and then ask them, "Would you like us as the hospital to care for the baby or do you have a funeral home that you would like to care for the baby?" Then the social worker would liaise between the family and the funeral home so that we would care for the baby. Then that didn't happen anymore for almost two years. But then in a smaller town where they don't have a social worker that liaisons between the family and the funeral home— Right?

[00:30:00]

There was an escalation of small babies going through that funeral home for a period of time.

**Shawn Buckley**

I have a friend that works in healthcare who has reported to me in Alberta that when an expecting mother's child has died in utero, rather than the hospital taking the child out, that they're being now sent to abortion clinics. Have you heard of anything similar happening in Ontario?

**Laura Jeffery**

I'm an embalmer, not an abortionist.

**Shawn Buckley**

Okay. Now, my understanding is that you also saw a change in your clientele that would speak perhaps to fatigue. And I'm wondering if you can share that.

**Laura Jeffery**

Okay. I think I've told you that I'm well-known for being very conscientious and very visual. Like, I do a visual interpretation. And you can learn a lot from looking at a person's body. They can't talk anymore but their body does. Fingernails, hands, scars, haircut, sometimes clothing would give an indication of who a person was, right? And what I started to notice was, over time, people that I was caring for and embalming— Because I can only speak to

the ones that I embalmed, but over time, you would see that fingernails that normally had been manicured were splayed, split, broken, and dirty. Toenails, same thing. The pedicure would still be there. Like the nail polish would still be there, but grown out probably about three months and not trimmed. You could see that the clothing was loose-fitting, unkempt, maybe had some food spilled on it, and not kept tidy. Hair was grown out. You could see maybe they had highlights or something and they had not maintained those. And that was during a time frame that we were open for business, so to speak, in Ontario. This was sort of a consistent thing. You would see that.

I think people just got tired. When you're not feeling well, you get tired. I was used to seeing unkempt hair or personal care at a lower standard with people who were maybe suffering with cancer, a long-term illness, because they couldn't do it for themselves, right? And now I was seeing it for people that were at home, not ill—you know, no illness. Not an expected death but you were just seeing that people were just unkempt. They just weren't quite maybe what they should have been.

**Shawn Buckley**

And then the last area I wanted to ask you about—

**Laura Jeffery**

Yes.

**Shawn Buckley**

Do you have any thoughts on how we could have managed this situation better, but in relation to your area? I think an obvious one would be there should be more autopsies when there's a pattern change. But are there any other thoughts that you might have?

**Laura Jeffery**

Well, yeah. On a professional and personal level—because I pay taxes too, like everybody else, right? Our system relies on medical care and medical personnel. If those personnel are restricted in what they can look at, what they can say, what they can surmise, what they can investigate, then we're not being cared for. Our community isn't being cared for. Our province isn't being cared for. Because you're taking the opportunity for people who are forward-thinking to do their job. So when you take the opportunity for forward-thinking people to do their job away and we're just like monochromatic people, I guess—there's no intellectual thought process or investigation. If you take that away, then people die.

Or did it happen because the people that should have been doing that job were afraid? Did it happen because they felt that they were duped as well? I don't know what was going on with coroners but I would say that they should have noted the anomaly, right? And maybe they did inside themselves but I haven't seen any reports where they're saying, "Oh, dear, we have a problem." And then the pathologists: Where were they? Autopsies were less but they weren't that much less. And if that's the case, then if the funeral director can see, then why weren't they seeing it? Because, I mean, I was seeing these fibre masses left—for lack of a better word—left dangling out of arteries that the pathology department had cut. That's their job. But I would have to take that out in order to embalm that person.

[00:35:00]

And they were long. They were— It's horrific. It was absolutely horrific. I'm at the point where I don't think I can do what I did for a year anymore because it has affected me. I can do my work—but not at that level ever again. Never. Because I don't need the aggravation that it causes me. It's not nice.

**Shawn Buckley**

Thank you. Now, those are my questions. We'll open it up if the commissioners have any questions for you.

**Laura Jeffery**

Yes.

**Commissioner Massie**

Thank you very much for your testimony. Of course, I mean, the structure you were seeing there: it's very difficult to know exactly what it is and how it came about. I've seen video on that and I'm wondering myself what it could be. You're not aware of any people that would have tried to investigate?

**Laura Jeffery**

Oh, people have investigated it already; yes, of course.

**Commissioner Massie**

And what is it that they typically found? Because when you mention parasite, for example: to me, it means that this is not human material. It's foreign.

**Laura Jeffery**

I'm not a scientist. I can't investigate that but I can send you in the right direction to look. In my profession, there are a few people that have been quite dedicated to finding out: What is this? And of course, that's the first thing that went through my mind, too: What is this? Because this is new. If you're extremely curious, which you should be, then you maybe want to review what Dr. Ryan Cole, who's a very dedicated pathologist in the U.S., has to say about that.

But it's not for me to tell you what that is, because I don't know. I'm an embalmer, right? I won't tell you what he thinks it is. Look it up.

**Commissioner Massie**

My other question is about the timing of having these people—in terms of the COVID unfolding and the vaccine rollout and so on. Have you seen a sort of coincidence of having more of these events when the vaccination rollout was more intense? Or is it totally unrelated?

**Laura Jeffery**

They go hand in hand. It goes hand in hand.

**Commissioner Massie**

And do you see, now the vaccine has been reduced, that a lot of people are no longer taking it—

**Laura Jeffery**

Oh, yeah. Yeah.

**Commissioner Massie**

Have you seen a difference in your daily work?

**Laura Jeffery**

I can't actually speak to that because I don't embalm regularly anymore. For the past, I think we're at nine months now, I haven't been in that environment. So I can't tell you, I don't know.

**Commissioner Massie**

Okay, thank you.

**Commissioner DiGregorio**

Thank you for coming today and sharing your testimony. Bernard asked a few of my questions. But just to make sure I was listening correctly: These white fibrous masses, you had never seen them before?

**Laura Jeffery**

No. They don't exist before 2021, spring of 2021.

What's really weird is, the embalmers that I have talked to, none of us can nail down a date. Because we didn't log it. We just went, "Huh, that's weird" and then carried on. And then we started to go, "Huh, that's weird" all the time, so none of us sort of logged it. I've had many talk to me and they've said, "Hey, Laura, like, when did you start seeing that?" And I said, "The best I can tell you is spring of 2021." And they say, "Yeah, me too."

Within the profession, specifically embalmers, there's kind of like this curiosity of the timing of events. But when it comes to the timing of events, I've now spoken with Canadian directors across the country. I anticipate to be speaking to more—specifically, those that **embalm. But more and more. And they won't say it in public. I'm the only one that'll stand up and say this in public, which is terrifying, to be honest. They're telling me that they saw exactly what I've discussed today. Like, "Okay, we started seeing middle-aged people that just died suddenly and that particular anomaly. We saw babies." We had different stories about the babies depending on the size of the community they lived in. But they saw that as well. "Yes, we saw these fibre mass."**

[00:40:00]

These fibre masses show up in the spring of 2021, but not every single embalmer will tell you that. And then there are funeral directors that don't embalm too, right? They're not in the prep room every day. So that put me in an unusual position within the industry.

Then there are also funeral directors that have very small funeral homes, and they do all parts of funeral service for a funeral. Those people would be more likely to express it but they live in a smaller community. They are more likely to see an escalation—because not only do they live in that community but they know those people and they love them, right? So they take it more to heart as well. They're more conscious. It's kind of an interesting industry that way.

**Commissioner DiGregorio**

Thank you. When you do an embalming do you prepare a report, or anything like that?

**Laura Jeffery**

Yeah. An embalming report I don't think is mandatory per se, but a lot of funeral directors do an embalming report. It's well-suggested— Afraid an authority might come at me now. But anyway, yes, I prepared reports and I don't have access to those anymore.

**Commissioner DiGregorio**

What is the purpose of the report? Is it for—

**Laura Jeffery**

It's a long-term report. If there was an issue where someone was disappointed in the effect that we created on their loved one, then the report could be looked at and there would be— Just an example. A woman had an unusual arm positioning. Well, that was her arm positioning, not what we did, right? So I marked on the report and then when there was a, "Hey, you know we weren't really happy with how mom's arm was," we opened the report. There it is, there was an issue because of something that happened to her prior to our caring for her. So that's just an example. It's very rare for me to ever go back and look at a report—like very rare, never pretty much. They just get filed.

**Commissioner DiGregorio**

Just to change gears a little bit, early in your testimony you talked about an unusual nine-week period in which you saw a lot of middle-aged women who had ended their own lives.

**Laura Jeffery**

Yes, it was awful.

**Commissioner DiGregorio**

I wasn't sure what nine-week period that was.

**Laura Jeffery**

Second lockdown.

**Commissioner DiGregorio**

Second lockdown. Okay, thank you.

**Shawn Buckley**

Thank you. I believe those are the questions of the commissioners. Ms. Jeffery, the National Citizens Inquiry thanks you so much for coming and attending and sharing this very important information with us.

**Laura Jeffery**

Okay. Can I just make a quick statement? Short, short.

**Shawn Buckley**

Sure.

**Laura Jeffery**

If you're a funeral director or an embalmer and you've been concerned about this for the last two years or so, if you would like to reach out, I've set up a Gmail account and you're welcome to reach out there.

I don't know who would respond but it's concernedfds@gmail.com. It's C-O-N-C-E-R-N-E-D-F-D-S at Gmail dot com. And you know, maybe we can talk about this. Thank you.

**Shawn Buckley**

Thank you, Ms. Jeffery.

[00:43:35]

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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 5: Sean Mitchell**

Full Day 2 Timestamp: 03:29:29–04:27:19

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

I'd like to introduce our next witness, Mr. Sean Mitchell. Sean, can I get you to state your full name for the record, spelling your first and last name?

**Sean Mitchell**

My name is Sean Mitchell. S-E-A-N M-I-T-C-H-E-L-L.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth?

**Sean Mitchell**

I do.

**Shawn Buckley**

Now, my understanding is that from 2009 to 2022, you were a paramedic.

**Sean Mitchell**

That's correct.

**Shawn Buckley**

And for the years 2016 to 2022, you were an advanced care paramedic.

**Sean Mitchell**

I believe that was 2017 to 2022.

**Shawn Buckley**

Thank you. Now, when the COVID pandemic hit us back in February of 2020, what was your mindset at that time?

**Sean Mitchell**

In late 2019, early 2020, my mindset— We were told in late 2019 about an atypical pneumonia. We were getting emails from our management about that, didn't really think much of it. Into 2020, January, world news was starting to report about a possible outbreak in China. So there was some fears and concerns as it progressed through into February and March. So yeah, once March hit and there was a declared pandemic, there was definitely some concern. There was a lot of confusion. But yeah, early on in 2020, it was concern and confusion.

**Shawn Buckley**

Did your opinion change, and if so, when?

**Sean Mitchell**

My opinion did start to change a little bit as time progressed. Once there was more and more information out there about what we were dealing with—and what we were actually dealing with—I kind of started to relax and not be so concerned about the severity of the virus that we were dealing with. We'd seen call volumes drop off drastically in early 2020.

**Shawn Buckley**

So just hang on a second, because my understanding is that Canada was suffering from a severe COVID-19 pandemic in early 2020. You're telling us your first responder call rate was dropping?

**Sean Mitchell**

Yeah, that was my experience and that was confirmed by our management.

**Shawn Buckley**

Can you give us some numbers and kind of flesh that out for us a little more?

**Sean Mitchell**

So as far as call volume, numbers-wise— On a personal level, I think it's important to preface, I worked in the region of Durham. I was at the time a part-time paramedic. I was around bases from Newcastle to West to Pickering and all the way up to Beaverton. So a large demographic and population densities were varying.

On a typical shift prior to the pandemic, I would expect to have four, five, six calls to service—depending on which station—all the way up to eight or ten calls for service where we'd actually see a patient. During the early months of the pandemic—March, April, May, June—it was more like two, three calls for service some shifts.

**Shawn Buckley**

Can I just stop you there? I mean, that's literally down two-thirds.

**Sean Mitchell**

My experience was, early on, we just weren't getting as many calls for service.

**Shawn Buckley**

So in the spring of 2020, when Canadians are told that we're in an absolute crisis and that our hospitals are full—"Don't go to the hospital"—your call volume has dropped by two-thirds.

**Sean Mitchell**

On a personal level during— Yeah, certain days, we would see a fraction of the calls that we would be used to seeing during a typical cold and flu season.

**Shawn Buckley**

And how long did that last?

**Sean Mitchell**

I would say it was very noticeable early on in the pandemic because that was your typical higher volume calls—typical cold and flu season. My experience was kind of—October to March, end of March, early April. So early on it was very distinct, but the lower call volumes lasted up until the following cold and flu season.

[00:05:00]

**Shawn Buckley**

Okay. So the flu season, which some people call low vitamin D season, basically starts in the fall—October, November—and runs to the spring. Was it any different in 2020 than in previous years?

**Sean Mitchell**

In 2020, yeah, it was— Like I had said earlier, call volume was less than 2019. Seemed less than 2018. We were spending a lot more time at the ambulance stations and not as much time stuck in the hospitals and responding to calls.

**Shawn Buckley**

Okay, so the media was telling us that our hospitals were full. What was your experience?

**Sean Mitchell**

Early on in the pandemic, the same time period—March, April, May, June, right till 2021—I experienced very little offload delay compared to the year previous and compared to the year 2021. Our wait times to get our patients offloaded onto a bed were a lot less. The hospitals didn't appear as busy in the ambulance areas where we'd wait to be triaged and

wait to offload our patients. Nor did they seem to be as busy in the waiting area where the public would access the hospitals.

**Shawn Buckley**

If I can ask you a direct question: Have you ever seen the hospitals as empty as they were in the spring of 2020?

**Sean Mitchell**

In the Emergency Department—that's specifically what we see—no, not in my career.

**Shawn Buckley**

Okay, so in your career—and you started in 2009—you had never seen the emergency rooms as empty as you saw them in the spring of 2020.

**Sean Mitchell**

I had never seen so few patients seeking medical care as I did in 2020. That's correct.

**Shawn Buckley**

Now, you indicated that you work for the Region of Durham. And you have provided to the NCI a document called "Comprehensive Master Plan for Paramedic Services, Region of Durham," titled August 13th, 2001. And that document in its entirety will be made available to the commissioners.

David, I'm just going to put a document on my screen I'm hoping we can pull up. I'm pulling up from that document. As I say, the full document would be Exhibit TO-1. But this is page 25 that I'm pulling up from here. And when we look at this what my understanding is: This basically shows ambulance use. So this is basically numbers of calls. Is that correct?

**Sean Mitchell**

It just says, "Demand by Year." So it's a percentage increase of calls.

**Shawn Buckley**

Right. Now, if we look at year 2020 and we go down to the bottom, where it says "Annual % of Change," so 2020: that's the year where we're in the COVID pandemic. We don't have any vaccine to protect us. We have the least natural immunity because as people get infected, we get more natural immunity. The average daily demand went down 0.7 per cent.

**Sean Mitchell**

That's correct.

**Shawn Buckley**

And that's in line with what you experienced. You saw a drop in demand.

**Sean Mitchell**

I did see a drop in demand.

**Shawn Buckley**

And now, if we move over to the next line, it's average annual change and the average from 2016 to 2019. So the average annual change, the average is an increase of 4.7 per cent.

**Sean Mitchell**

Yes.

**Shawn Buckley**

There's not an increase, according to this, between 2019 and 2020. There's actually a decrease. But it might be more significant than minus 0.07 per cent because we would anticipate, with population growth and the like, for there to be an increase of 4.7 per cent.

**Sean Mitchell**

As shown in the years prior.

**Shawn Buckley**

Now, I want to pull up another document. Can you tell us what this document is?

[00:10:00]

**Sean Mitchell**

This is just a standard communication from the chief of our paramedic service.

**Shawn Buckley**

This is basically your boss and the person that communicates what's happening to the paramedics.

**Sean Mitchell**

Yeah.

**Shawn Buckley**

And this is a letter sent out to all of the paramedics, so you get a copy of it.

**Sean Mitchell**

That's right, it's an email.

**Shawn Buckley**

It's dated March 20th, 2020, and you would have received it on that date.

**Sean Mitchell**

That's right.

**Shawn Buckley**

And it starts: "Thank you all for working through another challenging week. Luckily, call volumes continue to remain down, but I know that won't last forever." So basically, your boss is saying something that confirms what you're telling us, is that in the spring, in this case March, call volumes are down.

**Sean Mitchell**

Yes.

**Shawn Buckley**

And commissioners, this forms part of the official record as Exhibit TO-1jj [listed on the NCI website as Exhibit TO-1a].

Now my understanding is that, in 2020, your department was actually supposed to receive an additional ambulance.

**Sean Mitchell**

We were supposed to receive additional staffing in, I think, the second quarter of 2020, yeah.

**Shawn Buckley**

And did you receive that?

**Sean Mitchell**

No, we received another email similar to the last one, saying that they were going to defer adding the additional staffing because of low call volumes.

**Shawn Buckley**

So just so that we understand, your department was slotted to get an additional ambulance because of anticipated demand and that is put off in the spring of 2020 because demand was so low?

**Sean Mitchell**

That was what the email said, yeah. And that's my understanding. It was deferred until a later time.

**Shawn Buckley**

Now, I didn't live in the Durham region, but I expect the media would have reported that ambulance use is down and so it's being deferred; they're not getting their new ambulance. Is that what you were hearing in the media in the spring of 2020?

**Sean Mitchell**

That is not what was stated in the media at all. I had actually asked my management staff to be transparent with the public and report, to try to ease anxiety within the public. And that conversation just didn't go anywhere. So no, the media wasn't reporting on any of this.

**Shawn Buckley**

How was the media reporting at that time?

**Sean Mitchell**

At that time—I'm going to just class that "early pandemic"—it was fear.

Like I said, we were able to spend more time in our ambulance stations than we would normally. Most ambulance stations seemed to have CP24 on loop, and it was just total fear mongering. Like, it was telling something that I wasn't seeing in reality and my co-workers weren't really seeing. I think there was a lot of unknowns at that point. But what the media was saying and what reality on the road as a paramedic and a healthcare provider—it just wasn't lining up. It wasn't the same.

**Shawn Buckley**

Right. You told us earlier that basically, the call volume in spring of 2020 was down by two-thirds. Would I be correct in saying that never had you been able to spend so much time basically just at the unit, not out in an ambulance?

**Sean Mitchell**

Like I said, we spent a lot of time at the stations, not moving around. A lot of reflect on that is, when it is busy, they juggle ambulances around. So say, if all the Oshawa crews are out, they'll move resources from one station to the other. So in past, a lot of time was spent in trucks just moving from station to station, maybe not seeing a patient.

But yeah, because there just systemically seemed like not as many patients calling 911 and not as many calls for service, we weren't spending that time in the truck either. So yeah, we were able to be at our stations.

**Shawn Buckley**

Right. Now I want you to kind of turn our minds then to staff issues. The call volume is down, but my understanding is actually some of the policies created some staff issues. And can you speak to us about that?

**Sean Mitchell**

Yeah. Early on in the pandemic, there was a lot of confusion, I guess. Or the Ministry of Health, which kind of dictates our ambulance call,

[00:15:00]

our CAC—our communication centre that dispatches us out—the Ministry of Health is in charge of that. And they had a screening process where they would ask the person calling

911 a series of questions. And how those patients answered those questions would dictate whether or not the patient was high-risk COVID, screened positive or negative.

**Shawn Buckley**

And can I just stop you? If you were in a high-risk exposure situation, what were paramedics required to do after that?

**Sean Mitchell**

A high-risk exposure would be somebody that's probable COVID-19 and had, like, a breach of their personal protective equipment. If we were notified of a high-risk exposure, usually it would be days after, we would have to isolate for—I believe at that time, it was 14 days.

**Shawn Buckley**

Would a high-risk exposure also include if you weren't told by dispatch that this was high-risk and so you didn't put your PPE on and then later found out it was high-risk?

**Sean Mitchell**

Yeah, that was kind of early on, where dispatch was including travel. You could answer "yes" to a lot of questions regarding, like, fever, shortness of breath, cough. But if you answered that you hadn't travelled in the last 14 days, you would automatically have been screened negative, when there was information out there that community spread was already happening.

So there were times where myself and co-workers were dispatched to a call that the person was a probable COVID-19 and did test positive after, where dispatch said the patient didn't screen positive. So paramedics would walk into a scene, they would have contact with that patient, then find out that, yeah, maybe we should put some protective equipment on because this person has a cough, shortness of breath, febrile. We would just get COVID positive or COVID negative.

**Shawn Buckley**

I just want to make sure that everyone understands what you're saying. So somebody calls in and they're being screened and they're asked, "Do you have a fever?" "Yes." "Are you coughing?" "Yes." "Did you travel in the last 14 days?" "No." So they're classed as basically negative.

**Sean Mitchell**

Early on, yes, that's right.

**Shawn Buckley**

Then you guys would show up without putting PPE on, and the person has a fever and is coughing.

**Sean Mitchell**

Sometimes, yes. I did bring this to my management's attention. And in the communication that I got back from my management, they acknowledged that, yes, the Ministry of Health screening process has been causing problems. They haven't really evolved with the knowledge of the virus.

**Shawn Buckley**

Okay. Am I correct that this policy, as long as it lasted, created a bit of a shortage because then the paramedics had to go in quarantine?

**Sean Mitchell**

Yeah, if a paramedic did have a high-risk exposure—meaning they didn't have PPE on and the person was likely or confirmed COVID-19—they would have been told to isolate and monitor their symptoms if they had any. Or let them know if they had symptoms. And then they were, I think, directed after that, if they did have symptoms, to undergo a PCR test.

So yeah, there's only so many paramedics in our service. The more that are told to isolate and not come to work, it developed staffing challenges.

**Shawn Buckley**

Okay. And that was independent of whether or not the paramedic was actually sick.

**Sean Mitchell**

Yeah, to my knowledge, that was just like a high-risk exposure.

**Shawn Buckley**

Now, in the year 2020, which is the year we're speaking about— And just to set the stage. So we're in the pandemic. We'd have the least natural immunity. There is no vaccine at all. What was your observation on our paramedics actually getting sick and dying because of COVID or any other reason in 2020?

**Sean Mitchell**

Paramedics were getting sick. I do know that there were paramedics that were confirmed, did have COVID. I do not know of any paramedic in my service that died of COVID-19. So paramedics were getting sick, but not in any greater extent than I have seen in the past.

[00:20:00]

Perhaps even to a lesser extent.

**Shawn Buckley**

Okay, so compared to other years, there was no meaningful change that you saw.

**Sean Mitchell**

Not that I saw, no.

**Shawn Buckley**

Now, you sent an email, and I can't pull that document up for the public. But you sent an email to your supervisor, Troy—do you pronounce it, Cheeseborough?

**Sean Mitchell**

That's correct, Cheeseborough.

**Shawn Buckley**

On March 24th, 2023. And the commissioners have a copy of this and it's going to be part of the record as TO-1KK [available on the NCI website as Exhibit TO-1b]. Anyone can look that up once it's posted as part of the record.

Now, this is at the beginning of the pandemic. And I just want to draw your attention to the last paragraph—and specifically the second sentence. And I'm going to read it to you and then ask for your comments. But basically, this is your boss sending an email to all of the paramedics.

**Sean Mitchell**

I just want to confirm that's the March 7th, 2020, email?

**Shawn Buckley**

Oh, yes, I'm sorry. I'm looking at the date that you sent it to me, so yes March 7th, 2020. Thank you for correcting me.

He basically writes to all the paramedics: "Remember not to get caught up with social media as not all that information is accurate and only serves to increase concern. Coronavirus has been around since the late 60s so the only thing new is an enhanced ability to screen for it and the global scale which it seems to have taken."

Now do you remember receiving that email?

**Sean Mitchell**

I do.

**Shawn Buckley**

And basically, did you interpret that as he's saying, "Calm down, this is early on in the pandemic?"

**Sean Mitchell**

Yeah, I do. Because, like I said, early on in the pandemic, there was concern. Paramedics have families. I had a pregnant wife that's also a paramedic in the same service at the time. We were hearing about PPE shortages. There was an email that he had sent out saying, "We're well-supplied; don't worry about that." There was all sorts of information going out on the media. And this was him reassuring us that we're in good shape; it's going to be okay.

**Shawn Buckley**

And basically, to ignore the social media where people are voicing concern about this.

**Sean Mitchell**

Yeah.

**Shawn Buckley**

Now, my understanding is that you guys were also getting weekly reports for the Durham Region for the first couple of months of the pandemic.

**Sean Mitchell**

That's right. It was like a COVID report that would just say case counts in Durham region, potential cases counts, that sort of thing.

**Shawn Buckley**

And did they basically match what you were seeing?

**Sean Mitchell**

For the most part, yeah. The reports we were getting were pretty low numbers, really, for the amount of COVID positives that we were having. There was nothing to really compare that to. We'd never gotten any kind of weekly statistical update in any years prior about, like, flu-like symptoms or sicknesses. So they kind of match. The numbers of us—population around 700,000—were pretty low, I thought. So yeah, I'd say they match.

**Shawn Buckley**

I'm just going to pull up one of those reports. And I apologize for the audience that it's not the clearest. Mr. Mitchell, you have a paper copy and the commissioners have a paper copy. But for those viewing online and in person, in that first box, the very bottom line—so this is a report. And RDPS, that just basically refers to the paramedic service that you belong to.

**Sean Mitchell**

That's right.

**Shawn Buckley**

And it's a situation report as of March 26, 2020. And the last line in that first box says, "37 cases in Durham region. Thirty-one are on self-isolation, and five are hospitalized. One death." Now, my understanding is that the population of Durham region is roughly about 688,000 people at the time?

**Sean Mitchell**

Somewhere around there, yeah, just under 700,000.

[00:25:00]

**Shawn Buckley**

Right. So I'm just going to go with the 688 figure, because that's what you told me in an interview. And so if we have 37 cases divided by 688,000, we basically end up with 0.00005 per cent of the population is being reported as a COVID case.

**Sean Mitchell**

Yes.

**Shawn Buckley**

And does that kind of match what you were seeing?

**Sean Mitchell**

Yeah. Like I had said before, we weren't really seeing anything out of the ordinary for this time of year. Like, we were definitely getting respiratory cases that we'd respond to. But whether they were COVID or not— I've seen COVID cases that we were told were COVID cases, but it wasn't an eye-popping number of them. So yes, I'd say that this matches my experience.

**Shawn Buckley**

Is the population of Durham in lockdown on March 26, 2020? Do you recall?

**Sean Mitchell**

I don't know. I know that the pandemic had gotten declared around that time, like March 20th. I don't know when lockdowns started. I'm not sure.

**Shawn Buckley**

Right. Where I'm from in Alberta, I think we started with "two weeks to flatten the curve" in March. And I learned that my education was wrong in elementary school because I thought a week was seven days, but I'm wiser now. Do you recall, was a similar thing happening in Durham? Or you're not sure if there was a lockdown?

**Sean Mitchell**

There was a lockdown. I just don't know if the lockdown was on March 26. But yeah, around that time we were in lockdown as well.

**Shawn Buckley**

With the media reporting— I had gotten the impression from an earlier interview that really the media in the Durham region: they were painting kind of an extreme case, like there's case after case after case after case. Was the media reporting that you were seeing consistent with a .00005 per cent case rate?

**Sean Mitchell**

No.

**Shawn Buckley**

What was your impression of the media reporting at the time?

**Sean Mitchell**

At the time, my impression was that this was the deadliest virus that could hit humanity and we should all be afraid. Like I said before, I just was not seeing that in my profession and responding to patients.

**Shawn Buckley**

And then, for anyone who wants to view this, once it's up, it's going to be Exhibit T0-1GG [available on the NCI website as Exhibit T0-1e].

So we were talking about 2020. Now, in 2021, we had rollout of the COVID-19 vaccines. My understanding is it was released in January 2021. Did you see a change, let's say, in hospital use, into 2021?

**Sean Mitchell**

So the following cold and flu season—starting November of 2020 into early 2021—that's where I definitely started seeing kind of a return back to normal call volumes, where we were getting your typical calls for service and hospitals were starting to get busier. Offload delays were starting to increase into late 2020, early 2021.

**Shawn Buckley**

Right. Were they higher than normal prior to the vaccine release?

**Sean Mitchell**

Yeah, they were definitely higher than 2020, absolutely.

**Shawn Buckley**

Right, so that's into January, February of 2021?

**Sean Mitchell**

That's right.

**Shawn Buckley**

Was there a change in the type of call? Let's move into the spring of 2021. A year after the pandemic starts, are you starting to see a change in the type of call?

**Sean Mitchell**

Yeah. So along with the increased call volume, we were starting to see changes. A lot of mental health problems, starting to see more opioid and drug-related—kind of like social calls. I was starting to see some events that were concerning with younger people and medical events that way. We started getting correspondence in 2021 about—I don't want to say assaults, but aggression towards healthcare workers and paramedics.

**Shawn Buckley**

Can I just stop you? You were talking first of all about a change in calls in younger people. Can you give us the age range?

**Sean Mitchell**

Late 20s, early 30s, 40s, healthy individuals

[00:30:00]

that had no real medical history, that were feeling the need to call 911 for legitimate medical emergencies.

**Shawn Buckley**

And were you seeing a type of injuries that you hadn't seen before for this age group?

**Sean Mitchell**

I was seeing symptoms and I was seeing medical findings more often that I didn't see in those age demographics in years prior. There were a number of cases that come to mind. But I was seeing younger people my age—a little bit younger, a little bit older—that were having cardiac-like symptoms, having neurological-type symptoms that they'd never had any history of. They were young, healthy individuals.

**Shawn Buckley**

So as far as the neurological-type symptoms, can you share with us what you were seeing?

**Sean Mitchell**

I was seeing stroke-like symptoms, so unilateral paralysis, facial droop, slurred speech, muscle spasms on certain parts of their body. I've seen a number of narcolepsy-type things where patients were just falling asleep, like at a gas station, at a gas pump in their driver's seat of their car, or sitting with their son and daughter at the kitchen table and falling asleep and just not being able to stay awake. I've seen cardiac concerns—

**Shawn Buckley**

Just before we go to the cardiac, so you're talking about basically young to middle-aged people falling asleep at the gas pump in the driver's seat or falling asleep while they're eating a meal with the family. Had you ever seen anything like that before?

**Sean Mitchell**

Never in my career.

**Shawn Buckley**

So not only have you never seen that before, but now this isn't an atypical call. You're getting calls—plural—with this type of thing.

**Sean Mitchell**

Multiple calls. Like patterns of similar calls within similar demographics. And once history-gathering developed with those patients, finding a common denominator of recent vaccination.

**Shawn Buckley**

And then the stroke-like symptoms that you spoke about, like slurred speech and twitching muscles and the like: Had you been seeing those types of symptoms in this age group prior?

**Sean Mitchell**

I have, prior to this, seen those types of symptoms in younger age groups but not to the frequency and extent that I was seeing it at that time.

**Shawn Buckley**

Okay. You were also speaking about cardiac problems in this age group. Can you share with us what you were observing and also whether or not it was a change?

**Sean Mitchell**

I was observing younger individuals, athletic individuals that, when they would exert themselves— One that comes to mind was a hockey player that was 33 years old. Any time they would exert themselves, they would get crushing chest pain. It would last for two or three days. They couldn't be physical.

We were seeing pericarditis come up on our 12 electrocardiograms. We were seeing younger, like, ST-elevation MIs [myocardial infarctions]. Yeah—like a lot of concerning cardiac-type calls that were happening in a demographic that you wouldn't really expect to see it as frequent as I was.

**Shawn Buckley**

So it was a change from previous or pre-vaccination years?

**Sean Mitchell**

That's correct.

**Shawn Buckley**

What about— Were you having to respond to calls where people were not alive?

**Sean Mitchell**

Yes, yes, we were responding to VSA calls as well, which is vital signs absent.

**Shawn Buckley**

And was there a change in the calls where a person has already died by the time you've arrived?

**Sean Mitchell**

As far as numbers— I wouldn't say there was too much of a change, as far as the amount of VSAs that I responded to. I did notice that there were some younger VSAs, which isn't out of the ordinary. But there were some younger ones, a few more than I would expect. But as far, like, more or less: I would say it was pretty consistent with the years prior to the pandemic.

**Shawn Buckley**

And as far as the changes you've told us, so you've seen these neurological calls and these cardiac calls

[00:35:00]

in a younger age group than you had seen before. How were paramedics responding to this?

**Sean Mitchell**

Just like they do for any call. They get a call for service and they respond and give the best patient care that they can.

**Shawn Buckley**

Now, you became concerned about this, so you basically spoke to one of your supervisors.

**Sean Mitchell**

Yeah, after a number of patients that I kind of thought were attributed to vaccine injuries or having some sort of problem with the vaccine, I did contact a quality development co-worker of mine. And they're responsible for basically everything with gathering data, gathering information, educating paramedics on trends. They were the ones sending out the reports of COVID case numbers.

I reached out to him in order to just see, first off, if anybody else had reported concerning trends and if there was some way that we could capture just on our electronic call report when a person was vaccinated—like what date, time, with what vaccination. And that was it, just a checkbox, just to be able to collect data and drive data to see if maybe there's some sort of correlation between the two. He'd forwarded my concerns up to all of our managers, upper management, because at this time I wanted to kind of remain anonymous. Because that's just the way that I felt was the best way to go given the workplace environment. And there was no response from management. I think there was one road manager that got back saying something, but—

**Shawn Buckley**

I'll just shorten this a bit. My understanding is that over a period of maybe eight months, you followed up and you followed up and basically, there was no change to require reporting.

**Sean Mitchell**

That's right. There was no change, we were told.

**Shawn Buckley**

But just to make sure that I've understood your evidence correctly: you're seeing these changes and because of that, you're thinking, well, we should be documenting on a report we have to do anyway. Let's add a box for vaccination and just a few details so that we can see if the change is related to the vaccination.

**Sean Mitchell**

That's right.

**Shawn Buckley**

And you had approached management, made several efforts, and at the end of the day, there was no change. Paramedics were not requested to change their reporting at all.

**Sean Mitchell**

That's right.

**Shawn Buckley**

Now as 2021 went on, what happened to the call volumes?

**Sean Mitchell**

In 2021, call volume returned back to kind of what it was pre-pandemic. It was busy. We were having more down-staffed vehicles. We were having a lot longer times on offload delay. This was confirmed not just like, my experience, but this was confirmed in multiple emails from our managers—just acknowledging that, yeah, in fact, in 2021, offload delay time had doubled.

**Shawn Buckley**

What happened when— You call it the flu season. Into the winter, so October, November, maybe December, you're well into the flu season of 2021. What was basically the hospital situation at that time?

**Sean Mitchell**

At that time, it was busy. Yeah, people were coming to the hospital for all the things that they went to the hospital for prior to the pandemic. It was busy. It was chaotic, offload delays; the hospitals were busy.

**Shawn Buckley**

So there was no increase because of the vaccinations?

**Sean Mitchell**

I can't say why there was an increase. There was a definite increase from 2020 to 2021. I can't say for sure why.

**Shawn Buckley**

Okay. Now, were the paramedics in the Durham region required to get vaccinated?

**Sean Mitchell**

Yes. Yes, they were required. In September of 2021, a policy came out—a number of policies came out between September and December of 2021. But a policy came out that correlated with the Ministry of Health Directive Number 6. And it originally had stated that covered organizations had to have a vaccination or an immunization policy for COVID-19. And as that living document progressed,

[00:40:00]

the Region of Durham Paramedic Service, as well as the entirety of the Region of Durham staff, was required to either get vaccinated or lose their job.

**Shawn Buckley**

Basically then, in 2021, was your understanding that the majority of paramedics did get vaccinated?

**Sean Mitchell**

That's my understanding, yes.

**Shawn Buckley**

In 2021, after the paramedics start getting vaccinated, did that basically create a situation where they were less sick? There was less off time because they had been vaccinated and protected from COVID-19?

**Sean Mitchell**

I don't think so, no. I think that sick time was getting worse in 2021 compared to 2020.

**Shawn Buckley**

Okay, so was that your observation?

**Sean Mitchell**

That was my observation, yes. And like I said, management had confirmed, thanking paramedics for taking overtime shifts to cover vacancies. So our managers did acknowledge that in a December 2021 email.

**Shawn Buckley**

Now, I'm going to pull up for you another document. I've just got the first page here and I'll scroll down. I can advise people that the entire document is an exhibit [Exhibit TO-1f] but I am, just for brevity, reproducing what would be page 18 [Exhibit TO-1c].

This is the consolidated financial statements for the Regional Municipality of Durham for the year ending December 31st, 2021. So people can see that at the top in blue is number 6,

**Employee Benefits and Post-Employment Liabilities. And if we go down, there's a section at the top, Liability for WSI [Workplace Safety and Insurance] Benefits. Do you see where that is?**

**Sean Mitchell**

Yes.

**Shawn Buckley**

**And if we go down to where there's a line, the last line, there is benefit payments.**

**And when you go to the top of the document—and I apologize for those in the audience, I haven't scrolled up—this is in thousands of dollars.**

So if we look at the year 2020, benefit payments—so actual payouts to paramedics—that 5,986 is actually 5 million 986 dollars paid out to paramedics for WSI benefits. And WSI benefits are basically workplace injuries, right?

**Sean Mitchell**

That's right, work.

**Shawn Buckley**

If you are injured at work—in BC, where I practice, it's Workman's Compensation. But in Ontario, it's WSI.

**Sean Mitchell**

Yeah. And it's not necessarily like a physical injury. It could be, like, emotional or—

**Shawn Buckley**

Right, right.

But if we go to the year 2021— So 2020, that's where we're in the pandemic, there's no vaccine, there should be less natural immunity. We have \$5,986,000 paid out. But if we go to 2021, where we now have the vaccine rollout, we have \$9,202,000 payment. And if you do the math, that is exactly a 65 per cent increase in basically what would be the equivalent of off-time for workplace injury in the year 2021. Does that match with your experience?

**Sean Mitchell**

Yes, it matches. The year that vaccines were made mandatory, increased WSI benefits were paid out.

**Shawn Buckley**

I'll just ask. Because my understanding is— As you know, you were a little critical about they're not being reporting and then there being an imposition of a vaccine mandate. My understanding is that you actually lost your job because of that.

**Sean Mitchell**

That's correct.

**Shawn Buckley**

So would you have any recommendations on how we could do this better if we ever faced a similar situation?

**Sean Mitchell**

Yes. Early on in the pandemic, we were—it was frontline this and frontline that, frontline workers, essential workers.

[00:45:00]

Nobody listened to the frontline workers. I tried multiple times to bring concerns to management and facilitate it up through the chain of command. And nothing. It was either ignored or just nothing was done. So we need to listen to the workers and the people that are on the ground and doing the work and living it day-to-day, that have been experiencing this for years. And it wasn't being listened to at all. We weren't being listened to.

It was all— Our managers had an opportunity. All the statistics were there in our paramedic service. All the statistics are there in hospital corporations to show the call volumes, early on in the pandemic, the first year of the pandemic, were low. And all the statistics are there to show that in 2021 and 2022, it substantially increased. If we want to manage another event like this properly, we need to listen to the boots on the ground.

**Shawn Buckley**

Thank you. Those are all the questions I have. I'll open this up if the commissioners have any questions of you.

**Commissioner Massie**

Thank you very much, Mr. Mitchell, for your testimony. I have a question related to the last answer you provided about the recommendation that the management or administration should listen more to what you have to contribute. Is it something that was part of the culture before the pandemic? Or is it something that was in other words, lost during the pandemic management? Or is it just a trend that was there for a long time?

**Sean Mitchell**

I think it's kind of a trend that's been there for a long time. The public doesn't know anything about statistics and call volumes. There's been a significant lack of resources, in at least Durham Region, for a number of years that started long before the pandemic. And the statistics are there to show it. The report that I had given Mr. Buckley kind of outlines this systemic problem.

But I brought forth to my management, during, I guess, late 2020: Why aren't we using the statistics to try to bring calm to the public? Why aren't we saying, "We're not overrun, we have resources, we have proper protective equipment, the hospitals are in good shape?" Like, why aren't we using and being transparent with the data that we collect every day? And I just got a political answer to it and nothing was ever really done.

I think that had there been transparency with our service, and with our profession, and with the hospitals early on, we wouldn't be seeing problems that we're seeing today and that we were seeing in 2021—with violence towards paramedics, violence towards nurses, violence towards first responders. A lot of members in the public realized that they were being lied to during the pandemic. And there was nothing that my service did to try to reassure the public. And I think that's very unfortunate. So a systemic problem of our management system not reporting on anything.

**Commissioner Massie**

So is it your observation that now management starts to realize that and they have a plan to fix it?

**Sean Mitchell**

I haven't been at the workplace since January of 2022. I'm not really sure that they have a plan. The report that I submitted—the master plan—was the first step in kind of acknowledging the trends that were going on long before the pandemic, about staffing shortages, about down-staffed ambulances, about all that stuff. So they have done some things to try to at least support their effort towards council to obtain resources. But as far as being transparent to the public, I don't know if they're doing anything.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

Thank you for your testimony.

I'd like to just go back to the emails. Let's start with the March 7th email. This is coming from the Durham Region Health Department. I believe that that was the time that churches were being told that they had to close and that small businesses

[00:50:00]

could have a maximum of five people entering their business places. So you were being told at that time, just let me get this right: your supervisor wants to remind everyone PPE is only required on calls at a given meeting. The criteria are determined immediately upon your assessment to meet the criteria. And then if I jump to the last sentence of that paragraph: "The most important factor to consider is to ensure good hand washing with a minimum of 20 seconds or aggressive scrubbing with a good soap." And then on the March 20th email, going into long-term homes: "I would like to suggest to all that, in the event you are responding to any long-term care home, you take the opportunity to wear a mask, gloves, and eye protection on all calls to long-term care. Facilities accounts should only be required if you intend to perform—" and it continues on that.

From your experience as a paramedic, and just looking at the public policy that came down, would you think it was an unfair statement by the provincial government to actually close small businesses and churches, for example, when you're only being advised that a good strong hand washing is a good response?

**Sean Mitchell**

I think that, yeah. I don't want to get into public health stuff really, because that's not my area of expertise. But it was pretty obvious early on, from emails and from experiences that we had, that the severity of COVID-19 wasn't as severe as we were being made to believe. And we were responding to these long-term care facilities and it was sad at times. We were responding there, not always for serious medical calls, but, yeah, you'd see individuals locked in their rooms. What was going on at that time was not right.

And it just kind of goes along with— They didn't really know what to do, it seems. Because every week we were getting conflicting things from the week prior, like: Should we gown up? Should we be reusing our PPE? "Put them in this bin, so we can wash our single-use PPE." "No, don't do that." "We're going to use aerosolized procedures, like ventolin." "No, don't do that because you're at increased risk." "Don't intubate people when they need it because you're at increased risk."

Those weekly COVID reports not only gave the case counts but they also gave directions on what we were to do or not to do, and they were just— It was all over the place. So I don't know if locking down businesses was the right answer. I don't know if locking down long-term care facilities was the right answer. If things were going to get in there, they were going to get in there. And typically, like every other cold and flu season we've had, long-term care facilities are on "outbreak," they call it. So it's not unusual for long-term care facilities to be placed on outbreak or different floors on outbreak. That's just standard procedure. This one was just more extreme.

**Commissioner Kaikkonen**

I want to thank you for your honesty.

**Commissioner Drysdale**

We heard from previous testimony two weeks ago in Truro that the government in fact had a detailed influenza pandemic plan in place called, if I recall, the Canadian Influenza Pandemic Plan for the Health Sector.

Being a paramedic, I assume that means you're in the health sector.

**Sean Mitchell**

Yes, it does.

**Commissioner Drysdale**

Were you aware of this detailed report?

**Sean Mitchell**

No, I was not. Like I had said, we were getting correspondence through email in late 2019 about atypical pneumonia. But yeah, we were made aware of no such national plan.

**Commissioner Drysdale**

One question of curiosity for myself: When you were to wear PPE, what PPE were you wearing to protect yourself from the breathing in of the COVID virus?

**Sean Mitchell**

Like I said earlier, it kind of changed back and forth, what the requirements were. I utilized for the most part of the pandemic—it's called a P100 mask.

[00:55:00]

It's like a rubber thing that goes over your nose, mouth, and jaw. And it's got two pink filters, so that's kind of the best protection that we were issued. N95 masks were used. We were supposed to wear goggles and safety glasses at times. We were supposed to wear gowns and Tyvek suits at times. And then other times, they told us not to do that. So it was kind of all over the place. But as far as inhaling virus particles when doing patient care, with a suspected COVID-19 case, we were to use N95 or P100 masks, and then use surgical masks in the trucks and at stations.

**Commissioner Drysdale**

Right. And the one mask you described, I guess is what they described as a respirator. And I noticed that today you're sporting a very fashionable beard, like myself.

**Sean Mitchell**

Thank you.

**Commissioner Drysdale**

How are those masks sealed around someone with facial hair, beard, mustache, etc.?

**Sean Mitchell**

So they aren't, they aren't. So yeah, they don't seal properly. Every two years our service is required to undergo mask-fit testing, so physiological changes as people age or gain weight, lose weight, just to keep on top of that. And we have a policy that says you're to be clean-shaven. Now if you're a supervisor, clean-shaven means you can have a goatee around there. If you're a paramedic, that kind of depends. But proper PPE, you're supposed to be clean-shaven.

**Commissioner Drysdale**

Are you saying that even when they dictated a certain PPE, like a respirator, they weren't necessarily enforcing the correct way to use it?

**Sean Mitchell**

They had a big scramble for mask-fit testing as the pandemic rolled out, because they hadn't done it for longer than the two years they were supposed to. There is a policy in place that says you're supposed to be clean-shaven to maintain a proper seal. Some supervisors would enforce that and some wouldn't.

But for the most part during the pandemic, at the start of the pandemic— Like I said, people were afraid, so they were doing everything that they could protect themselves and protect their family.

**Commissioner Drysdale**

Thank you very much.

**Sean Mitchell**

You're welcome.

**Shawn Buckley**

There being no further questions, Mr. Mitchell, on behalf of the National Citizens Inquiry, I'd like to thank you for coming and testifying today.

**Sean Mitchell**

Thank you for the opportunity.

[00:57:50]



***Final Review and Approval:*** Jodi Bruhn, August 16, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 6: Natasha Petite**

Full Day 2 Timestamp: 05:21:14–05:37:07

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Natasha, I'd like to begin by asking you to state your full name for the record, spelling your first and last name for the record.

**Natasha Petite**

Sure, my name is Natasha Petite, N-A-T-A-S-H-A P-E-T-I-T-E.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth?

**Natasha Petite**

Yes, I do.

**Shawn Buckley**

Now, Natasha my understanding is that you have a disability, and you simply cannot wear a mask.

**Natasha Petite**

That is correct.

**Shawn Buckley**

Can you describe for us basically how that came about, because— I'll just back up. My understanding is you used to work in the oil patch in Alberta.

**Natasha Petite**

Yeah, I worked in the oil and gas industry in mainly Fort McMurray, Alberta, for ten years.

**Shawn Buckley**

And you worked in dangerous environments where you had to wear a mask.

**Natasha Petite**

Yeah, we had to wear, like—there's the half mask with a P100 filter respirator. And then there's the full face and sometimes we had to do full face and under Scott air-supplied breathing.

**Shawn Buckley**

Right. And the point I'm just trying to make is, it's not like you're mask averse or anything like that.

**Natasha Petite**

Exactly.

**Shawn Buckley**

You've professionally worn lots of masks. But something happened and now you truly have a disability and can't wear a mask.

**Natasha Petite**

That's correct.

**Shawn Buckley**

Can you share with us how that came about?

**Natasha Petite**

In 2018, I was living in Quebec and I was in a car accident—it was January 24th, 2018—in which I'm actually lucky to be alive today. I was trapped in the car for about 45 minutes. I had the air knocked out of me. Some of my teeth were smashed and pretty much from that day, I have lost feeling in several different parts of my left leg. I have memory loss issues, herniated discs in my neck and my back, major depressive disorder, anxiety, and ADHD recently diagnosed.

**Shawn Buckley**

Sorry, you haven't gotten into it, and I don't need you to. But is it fair to say also, you were in a prolonged situation where it was difficult to breathe?

**Natasha Petite**

Yes.

**Shawn Buckley**

It was enclosed, there was smoke all about—and that is part of the reason why you just simply cannot wear a mask?

**Natasha Petite**

Yeah, actually, I do have PTSD from the car accident and I have been in trauma therapy for the last five years before that. Basically, I cannot have anything on my face, around my face. If it's minus 40 outside, you will not see me with my face covered because it just sends me into panic because I can't breathe. My breathing feels so restricted that I just— I'll have an anxiety attack.

**Shawn Buckley**

And you had a medical exemption for this.

**Natasha Petite**

Yes.

**Shawn Buckley**

For a mask, a legitimate one.

**Natasha Petite**

Yes.

**Shawn Buckley**

During any masking mandate.

**Natasha Petite**

Mm-hmm.

**Shawn Buckley**

Okay. Now, my understanding is, you had been on a career path in law enforcement.

**Natasha Petite**

Mm-hmm.

**Shawn Buckley**

And I'll ask this, when you go mm-hmm, we're not sure if you're saying "yes" or "no," so please use words.

**Natasha Petite**

Yes, sorry.

**Shawn Buckley**

So you were a corrections officer?

**Natasha Petite**

Yes.

**Shawn Buckley**

And your plan was then to work from corrections into probation?

**Natasha Petite**

Yes.

**Shawn Buckley**

And then into parole?

**Natasha Petite**

Yes.

**Shawn Buckley**

And then segue into basically helping veterans and first responders who have PTSD and things like that, and help them cope. You had this all planned out, basically spending your entire career in law enforcement.

**Natasha Petite**

Yes. I wanted to be in law enforcement since I was ten years old.

**Shawn Buckley**

Yes, so a childhood dream for you.

**Natasha Petite**

Yeah, it was a dream.

**Shawn Buckley**

Yeah. Okay. Now, Christmas Eve 2021. Can you please tell us your story?

**Natasha Petite**

I was actually back in Cape Breton, Nova Scotia visiting my mother for Christmas, my family. And my mother and I went to Walmart at approximately 12:30, 1 o'clock in the afternoon to get some last-minute Christmas items.

And the lady at the door said, "Excuse me, you have to wear a mask." I told her I was exempt and she said, "I know," because she had seen me there actually two days prior. I was there on December 22nd and nobody said anything to me about it. So she said she had to call the manager and I said, "Okay, you call the manager, do what you have to do."

I was approached by the first manager, who told me, "You have to put a mask on or leave the store." I told him I was exempt and he said, "Where is your medical documentation?" I said, "Excuse me?" I said, "You can't ask me that. You're not my doctor. You're not a medical professional and you cannot ask me for my documentation." He made a comment of accusing me of lying or like, "How do we know you're not lying?"

Then he got the second manager who came and said the same thing: "You have to put a mask on or you have to leave." I said "I'm not going anywhere. I have a medical exemption." He also asked for my medical exemption letter,

[00:05:00]

and I told him the same thing, "You cannot ask me for that, you're not a medical professional." They told me they had called the non-emergency police. So I said, "You do what you have to do, and I'm going to do what I have to do, and I'm going to continue my Christmas shopping."

So about 15 minutes later I was in the water aisle and one officer showed up and she said, "You need to put a mask on or leave." And I said, "Well no, I have a medical exemption." She also asked to see it, in which I explained to her that she is also not a medical professional and she does not have authority to ask me for such documentation. From there she said I need to put a mask on, again, or leave.

I questioned her about her mask because she was wearing one of those— It's like a stretchy bandana that she just pulled over her face. I made a comment about her mask not actually being a mask. From there we were just arguing back and forth; she called for the second officer.

The second officer arrived and he said the same thing: "You need to put a mask on, or you need to leave." I told him the same thing. I said, "I have a medical exemption. and I can't wear a mask." He asked me for the note. I told him, "I don't carry something like that with me and you can't ask."

So we argued back and forth and he said, "You know, wearing a mask is a mandate and you need to wear it by law." And I said, "Well no, by law, I don't. I do not have to wear it because a mandate is not a law, it's a recommendation, and I was recommended by a doctor to not wear a mask." So he called for officer number three.

Officer three came and he basically came right in there and said, "You're coming with me." I said, "I'm not going anywhere with you." He said, "You need to put a mask on or you need to leave right now." I said, "I don't need to do anything and I'm not going anywhere. I didn't break any laws. I'm here shopping like everybody else, and I have the right to do that."

Again, there was a back and forth, arguing over mandates and laws and who was right, who was wrong. I had just turned to reach for my cell phone. I thought this might be a good time to turn my camera on. And as I did that, officer number three grabbed my arm; the second officer grabbed this arm; I went forward into the shelving, which essentially bruised my

ribs; and then we wrestled, probably, I don't know, for a good minute; and they threw me down to the floor—my face at the floor. I'm sorry—my face hit the floor.

**Shawn Buckley**

Take your time.

**Natasha Petite**

And I knew there was somebody trying to hold down my feet. And my mother was with me. My mother yelled out, "She's a trained corrections officer," just to give them a heads up. So someone was trying to hold my feet. And officer number two was to my right side. Officer three was on my left side.

And I did, like, what we would call "the turtle." It's where you tuck everything in. It makes it harder for them to detain you. So that's what I did. And officer number two had slipped his arm underneath me. And he placed me in the choke hold, which— The choke hold is illegal in Canada since 1979. And I couldn't breathe. I kept trying to say that I couldn't breathe.

I told him I couldn't breathe. And he said, "If you can scream, you can fucking breathe." I really couldn't breathe. And I was having an anxiety attack at the same time because I couldn't breathe. I was having an anxiety attack and I couldn't breathe. And I could see stars. I knew I was passing out. I knew I was going to pass out. I talked to myself and, as hard as I was fighting, I said, "Natasha, you need to either give in or you're going to pass out."

I struggled so hard I ended up urinating myself.

So I gave in. My mom told them—sorry. My mom told them that I have issues with my shoulders and stuff from the accident so they used two pairs of cuffs because I can't put my hands behind my back. They flipped me over. And I was sitting on the ground, struggling to breathe, they told me to get up.

[00:10:00]

And I'll be 100 per cent honest, I said, "You fucking took me down, you can fucking pick me up." And they picked me up and took me out to the police car.

**Shawn Buckley**

Can I just stop you? Were they told anything about your medical condition before they took you down?

**Natasha Petite**

Yes, because they were all asking to see my medical documentation and I wouldn't show it to them. I said, "It's none of your business, but if you must know, I said, I was in a car accident in 2018." And I said, "I have physical and mental disabilities."

**Shawn Buckley**

So they were told before they physically took you to the ground.

**Natasha Petite**

Yes.

**Shawn Buckley**

That you have both physical and mental disabilities—

**Natasha Petite**

Yes.

**Shawn Buckley**

That would complicate them taking you to the ground.

**Natasha Petite**

Yes.

**Shawn Buckley**

Okay, I'm sorry to interrupt. So you're telling us they'd now handcuffed you in front?

**Natasha Petite**

Yeah, they handcuffed me. One officer was on one side, one was holding my arm on the other side. And they took me out to the car. And I told the officer that had me in a choke hold, I told him that my cuffs were too tight; they were digging in my hands. And he didn't say anything. And I repeated myself and I said, "I know you heard me." And he didn't say anything. I said, "Well, why won't you loosen my cuffs?" And he was standing, like, right here, really, really close. I asked him why he wouldn't loosen my cuffs and he looked at me and he's like, "Because you're a fucking bitch."

**Shawn Buckley**

And what did you do in response to that?

**Natasha Petite**

I asked the girl that was with him, officer number one, I said, "Did you hear that, rookie?" Because I knew she was very new. I said, "Did you hear that rookie? What he said?" And she said, "Nope." I said, "Yeah, I thought so."

**Shawn Buckley**

Right, so basically you were confirming that the other officer, the young officer, was going to cover for the older one.

**Natasha Petite**

Yeah.

**Shawn Buckley**

So carry on. What happened after that?

**Natasha Petite**

After that, they placed me in the back of the police vehicle. Probably, I would say probably a good 20 minutes I waited. Then they took me to the police station, into lock up, and took all my belongings from me, and took my jacket off. They took the cuffs off. I asked for my cell phone right away to take pictures of my hands but I wasn't allowed to have access to it at that point.

And the senior officer, which would be officer number two, he said: "We're going to let you go today. There won't be any charges. You won't have anything on your record." And I said, "Well, I would hope not. Because I didn't break any laws and I'm not a fucking criminal."

So from there, my brother came and picked me up from the jail. And I didn't bother— I didn't go to the hospital or anything because I know they probably would have called the police again over a mask. So I just went home. But I do have pictures, I have photos. They busted my lip. I had a bruise here on my head, a bruise this side of my neck. I had lockjaw for about three days. I couldn't open my mouth because of the choke hold.

**Shawn Buckley**

Did you have a conversation, because my understanding is that you were taken to the police station by the first officer. Did you have a conversation with the first officer on the trip to the police station?

**Natasha Petite**

I did, yes.

**Shawn Buckley**

Can you tell us about that?

**Natasha Petite**

She told me that she had a three-year-old nephew who had asthma and even he wears a mask. And people like me were the reason why people were dying.

**Shawn Buckley**

Now, I'm curious. Because I'm just guessing that on Christmas Eve, Walmart is just packed with people. There must have been a whole bunch of people watching these three officers take you down after you explain to them that you have physical and mental disabilities. What can you tell us about— First of all, was there a crowd there, and what can you tell us about that?

**Natasha Petite**

Honestly, it was like I was a spectacle. There was people lined up from the beginning of the aisle right out to the door. And I was yelling when I was going out. I'm like, "How can you

people stand there and watch three police officers on one woman who has disabilities? How can you stand there and watch this and not say anything and not do anything?" And I asked them, "What happened to humanity? What happened to people's morals and values?" It was absolutely, just— I can't even really, like, explain the feeling. It was humiliating, degrading, embarrassing.

[00:15:00]

**Shawn Buckley**

And thank you for sharing. We can see that it's difficult. I don't have any further questions. And I'll just ask if the commissioners have any questions.

Natasha, it's very important that people like you tell us their stories. On behalf of the National Citizens Inquiry, I'd like to thank you for sharing your story with us.

**Natasha Petite**

Thank you for doing this.

[00:15:52]



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***Final Review and Approval:*** Jodi Bruhn, August 16, 2023.

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 7: Tamara Ugolini**

Full Day 2 Timestamp: 05:37:40–05:59:15

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

Could I ask you to state and spell your name for the record please?

**Tamara Ugolini**

Yes. It's Tamara, T-A-M-A-R-A, Ugolini, U-G-O-L-I-N-I. And before we proceed further, I just want to make a note of clarification here that I am a journalist who has been reporting on the National Citizens Inquiry and I plan to continue doing that work. However, I'm here this afternoon in my complete personal capacity.

**Geneviève Eliany**

Thank you. Do you promise to tell the truth today?

**Tamara Ugolini**

I do.

**Geneviève Eliany**

We'll start with an incident that happened on the beach with your family. Can you tell us what happened and how many of you were out?

**Tamara Ugolini**

So the first incident happened on the beach. There's a beach where I live called Pebble Beach. And in the end of March 2020, or perhaps even the very first few weeks of April 2020—I can't recall exactly when this happened but it was when we had restrictions on outdoor gatherings of five people or less.

I had taken my four children—we've since had another child but at the time I had four children; and myself, so that was five, including my youngest sister, who we lived with at

the time; so five children total plus myself, six people—to a beach to throw some rocks because there was literally nothing else to do. The playgrounds were closed. The schools were closed. The swimming lessons ended abruptly. The membership that we had just purchased a week prior to the local YMCA was null because that was also closed. There was literally, quite literally, nothing else to do. So we got to the beach to throw rocks in the water and we ran into some friends who also were doing the same. And the children hadn't seen each other for, at this point, it was three or four weeks because of the school closures. And so they ran over and they're like, "Hey, our friends," none of which we've seen for nearly a month. And we had a brief conversation. The mom was really nervous because she's like, "Oh, wait, we can't even be talking outside. We're going to get in trouble for this." And I thought, okay. I didn't really give it a second thought, but you're right. So she continued on, and my kids continued to throw rocks in the water.

I took up exercising on a log because, again, everything else was closed; there was no way to engage in any sort of physical activity, so I was doing some of that. An officer approached me from behind, tapped me on the shoulder—I didn't even see them coming, and wasn't obviously expecting that to happen—and asked me if the children who were in my care at the beach were all mine because we were over the five allotted people outside together. And I basically told the officer that was none of her business but that we all lived in a house together and was obviously very shocked as to what she was asking me. And I said, "And what brings you here?"

She alluded to the fact that someone in the apartment dwelling adjacent to where we were had seen that there was some sort of gathering happening and called the police. She was hoping at that time that the person who called would be satisfied that the police were responding to the call. She issued me, I suppose, some form of a warning and then she left. And we continued to stay at the beach.

### **Geneviève Eliany**

I understand that you'd looked into the property lines. Can you tell us about that?

### **Tamara Ugolini**

Yeah, so there was another incident: the culmination of events that led to my questioning some of the arbitrary closures that were happening in my local municipality, the Town of Cobourg.

My husband and I had lost a business very early on in the pandemic. Just to kind of give some context here, we had executed a five-year plan: We re-mortgaged our house, we consolidated all of our debt, we took out all of the equity that we had built up in our home. **And we started a business that took several months longer than we anticipated to get off the ground. It was a construction-type industry.**

**My husband had been operating a hydrovac excavator. The context here really lends to why I was engaging in the advocacy work that I was in this particular instance that you're asking me about. My husband had been working as a hydrovac excavator.**

[00:05:00]

And they use heavy pieces of equipment, large hydrovac trucks, to excavate and dig underground to expose things like utilities, gas lines, water mains. He was working in the utility industry, so they were doing installations for things like Rogers Communications and

**Bell Fibre Optics. We purchased this large piece of equipment, about half a million dollars, in November of 2019. And we didn't realize at the time that financing would take so long to go through because obviously construction—especially tunneling underground in December and January in Canada—is very tough. December and January were really a hard go for us with nearly \$20,000 worth of overhead on this particular endeavor, which would have been fine, because the money coming in would have easily offset that.**

**February was still a little bit tough, but March 2020 was his best month worked. We thought, "This is great. If this continues, we'll be able to pay off this vehicle a lot sooner than we had originally anticipated, get out of this one-year rent-to-own contract, bring our expenses way down, and the rest will be gravy." We planned this out. We rented our house out. We moved in with my father. We did all the things over a five-year plan to execute this business endeavor.**

And then April of 2020, the Ford government instituted further restrictions on construction. And the company that my husband's company was subcontracted to, which was Rogers Communication, shut down their construction across Ontario for one month. At that point we only had one month worth of overhead left. So that month, those four weeks, turned into six weeks. And then when things started to slowly come back a little bit in his industry in May, he was working one to maybe three days a week, not enough to give us that threshold of meeting that overhead expense. And so by June of 2020, we made the extremely difficult decision, with literally nothing left— We had nothing to fall back on, all of our savings were gone, the equity in our home was used. We made the very difficult decision at that point to give back this truck and end our contract there, which had a ripple effect for that company. But it was at that point that I decided we had nothing left to lose anymore.

I had been delegating at our town council meetings. I had been reaching out to our MPP and eventually even our MP. I had been petitioning the Town, who went above and beyond the provincial regulations and arbitrarily closed all of our green spaces. They restricted access to the Northumberland Forest, which is hundreds of acres worth of forest. They closed down our local public beach, arbitrarily above and beyond the provincial guidelines, without a bylaw, without any sort of legal check or balance put in place to do so. I had been petitioning them and delegating and asking questions and never receiving any answers. Either I was completely ignored or they were responding to me, "noted and received."

So by June, we had lost our business. Still these closures remained. My children had no access to any of the normal amenities that, you know, our tax dollars go toward funding; they were really suffering the effects of isolation, as were we all. And so I decided to engage in an act of civil disobedience. When the town continued to keep restricting access to this shore and the public beach—they weren't paying attention, they weren't answering my questions, no one was listening to any of my concerns and the concerns of other people who I had met along the way expressing the same—I decided to walk the shoreline in defiance of their arbitrary closure.

**Now for the lot lines, I want to mention that I had researched the roll call numbers and where the town's property ended and where it began. And I discovered that the town doesn't actually own a segment of the sand, and of course, they don't own the water. So there's riparian rights that are involved here when you're looking at a shoreline—a fluid moving thing that doesn't have a defined lot limit. So I strategically entered the water from the pier, which is on Crown land—the town does not own that property, they could never have restricted access to it. And I walked the beach shoreline. In doing so I think that there was calls put to bylaw and/or the local police. They met me on the opposite side of the**

shore and they proceeded to tell me that I would be hit with an \$880 COVID-related trespass fine, to which we bantered a little bit back and forth about the fact that

[00:10:00]

I was not on any Town of Cobourg property. I was not trespassing and I never actually entered any area of the sand, which they had—in my still-to-this-day opinion—unlawfully restricted access to. One thing led to another. I refused to identify myself to receive that fine and it resulted in me being arrested. I was handcuffed. I was detained. I was put in the back of a police car. And I was brought down to the local jail where I was held for about an hour and a half in a jail cell after being fingerprinted and mug-shotted for walking my local shore in defiance of arbitrary COVID restrictions—when no one could answer me whether or not outdoor viral spread was a documented scientific thing, which to this day we know it is not.

**Geneviève Eliany**

Did any of the officials seem to have an idea of the lot lines you were referring to?

**Tamara Ugolini**

I had been asking the town what justification they had to close this shoreline, where their lot lines ended, if they had the lawful authority to impose this sort of measure. Again, my communications, my questions, my delegations, were met with the response that it was “received and noted.”

**Geneviève Eliany**

Now, we’ll shift back to the business losses, which you’ve already explained a little bit. We heard that you surrendered the heavy equipment in June 2020, right?

**Tamara Ugolini**

Yes.

**Geneviève Eliany**

Can you comment on whether or not the company that you purchased the equipment from was at all flexible, and what kind of circumstances you could observe them to be in?

**Tamara Ugolini**

The company was primarily based out of the United States, which didn’t have at that time the same level of restrictions that we had. But they had a satellite office here in Ontario. And they gave us a little bit of flexibility in terms of making the payments because there were some months where we said, “We need a few extra days,” But there is an interest factor on a late payment like that and then, when you’re dealing with an overhead charge of \$13,500 and change, the interest adds up very quickly. So it wasn’t long that we could sustain something like that. And we also had to come up with the bulk of the purchase price by November of 2020 to meet that contract deadline of buying the rent-to-own vehicle outright, which we would have done easily and happily had that March 2020 same level of invoices been continuing on throughout the next six, seven months.

The company that we had been on this rent-to-own contract, the gentleman that we were dealing with directly here in Ontario: his job was commission-based. And so when he had these vehicles out on rent-to-own contracts, or on leases, what have you, he received a certain percentage of commission on those vehicles.

And it was very difficult for us to decide to give back this truck because the bulk of the financial fallout of that really fell on this particular gentleman. All of the trucks he had been receiving commission on were coming back to the lot. And he expressed to us privately that he was really concerned that he would be losing things like his home and his livelihood and other things to do with his personal life and his family. So we started to see, really, the ricochet effect. And we held on to the vehicle for longer than we probably should have because we didn't want to negatively affect this gentleman, who we'd developed rapport and a relationship with. So that was a really, really difficult part of the decision as well: was knowing that it would harm other people too.

**Geneviève Eliany**

Did you apply for any business grants from the government or elsewhere?

**Tamara Ugolini**

So that was— Another part of this puzzle is that in order to apply for the grants that were being rolled out at the time, you had to show one year of tax returns. We had just begun our business in November of 2019. We didn't have any form of record-keeping or paperwork to show at that point, nor did we really have any form of invoicing. November was a really tough month. We were just working out all the kinks of the business and of the vehicle. And December of course, with the nature of our country and winter and digging underground and Christmas, it was not fruitful for those two months. But regardless, you needed a full year's worth of tax returns to even apply to these business grants. And even if we were able to, I don't know how we'd ever repay those grants, given the situation that we were in,

[00:15:00]

with the rental of this vehicle and not having consistent work from April onward.

**Geneviève Eliany**

Ultimately, how did your family survive financially?

**Tamara Ugolini**

Well, I was primarily a stay-at-home mom at that point as well. And I ran a small graphic design business, which I had mostly shut because I was helping my husband do all his advertising work and I was doing the bookkeeping for him. And I also served on the side, evenings and weekends when my husband was at home. I was a server at a local restaurant and that was completely gone. I actually worked the St. Patrick's Day before the shutdown happened and I thought, "Wow, if there's this crazy viral threat, I really hope I didn't pick it up at the bar I just worked all weekend, touching people's cutlery and glasses and being in close contact with intoxicated people." But if it weren't for the fact that we rented our house out and moved in with a family member, we also would have lost our home. It was by the grace of God, really, that that didn't happen and we set ourselves up for the success of getting this business off the ground. No one would have ever foreseen that a mere six

months later we'd be facing unprecedented lockdowns and closures and economic sanctions by our own government.

But then my husband— It was really hard. It was obviously a dream of his, so it was really difficult for him, that drive back to take the vehicle back. He then went to work again in the industry for “the man,” not for himself anymore. And over the next 14 months he worked his way up in his company doing the same line of work. He was one of their most reliable workers. During this time, we had a baby also, a little surprise pandemic baby, who we love dearly. And so this company that he had been with since the time of our business loss even sent us—when we had our baby in March 2021—a small monetary congratulations with a little bib.

Then seven months later, when the COVID mandates came out in September of 2021, my husband was terminated from his job in October of 2021 for refusal to divulge and disclose his personal private medical information. He repeatedly inquired with his supervisors, the human resources people deploying this policy indiscriminately onto their workers. And I want to remind everyone that a hydrovac excavator works primarily outside and alone. He was not in close contact with anyone throughout any length of time, any day, and they were never able to ascertain the policy. They were never able to answer our questions on if this was reasonable, if it was justified, if there were any form of accommodations that could be exercised to ensure that he was keeping everyone else safe while still remaining gainfully employed. It even came down to the point where, in an email, one of the people involved in this situation told him that the policy was about vaccine uptake and not immunity.

Our family— At that point we had already moved back into our home and we were trying to regain some financial security. And at that point our loose plan was—because I was still on maternity leave with a seven-month-old at home in addition to our other children—our loose plan was that he would take the remainder of my maternity benefits and I would transition to work full-time. And it would get us through the winter months until the construction industry picked back up again in the spring and he would be in a better situation to get another job.

But then they put on his ROE [Record of Employment] that he had, I think it was Code M: that he was in noncompliance with a workplace safety policy and he would not be eligible for government assistance. So I immediately pivoted— And thank goodness for my line of work I was able to pivot and go to work full time, but we were down our main breadwinner's income. And to this day, in fact these past few weeks, we have been discussing the very real possibility that we will be selling our home and moving back in with our family member because we can no longer sustain ourselves and stay afloat.

**Geneviève Eliany**

Can you comment on ongoing childcare issues since you had to pull the kids from Montessori?

**Tamara Ugolini**

When my husband lost his job—our children had been attending a private Montessori school. And they had been attending there for the duration; we've been with the same provider for approximately 10 years. At the time, we had to obviously cut major financial commitments way back.

[00:20:00]

So we made the decision to remove our children from this facility. And since that time, we have been unable to secure any form of reliable, consistent childcare. Our two older children now go to conventional school, despite my convictions otherwise. And we struggle to this day, to this week, to have gainful, readily available, consistent, reliable childcare because we've since lost our space in that other school where the younger children would have been grandfathered in.

**Geneviève Eliany**

Do you expect that you'll both be able to return to full-time work unless you secure full-time childcare?

**Tamara Ugolini**

That's part of the piece we're trying to figure out currently. So for anyone who says that COVID is over and the worst is behind us, there are still people out there suffering the fallout of these misinformed policies.

**Geneviève Eliany**

Thank you. We'll see if the commissioners have any questions for you. No questions. Thank you so much for attending today and telling us your story.

**Tamara Ugolini**

Thank you.

[00:21:37]

*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 8: Michael Alexander**

Full Day 2 Timestamp: 05:59:46–06:46:51

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

Good afternoon. Could you tell us your full name and spell it for the record, please?

**Michael Alexander**

My full name is Michael Ian Beardall Alexander. I usually go by Michael Alexander and my last name is spelled A-L-E-X-A-N-D-E-R. And it's Michael M-I-C-H-A-E-L.

**Geneviève Eliany**

Thank you. Do you promise to tell the truth today?

**Michael Alexander**

I do.

**Geneviève Eliany**

Tell us a bit about the type of work you do. You're a lawyer, but specifically, what kind of cases have you been taking on recently?

**Michael Alexander**

Yes, I'm a lawyer. I'm trained in Canada and the United States. Recently, I've been representing doctors and nurses all across the country—primarily doctors, though—and have been defending them against charges that they have been spreading misinformation and harming the public by making comments that are contrary to the public narrative around COVID-19. Many of these doctors have already been suspended. Attempts are now being made to revoke their licences permanently. I am raising defences based on public law and the Charter of Rights and other basic principles in attempt to vindicate them and vindicate their right to speak freely about public matters.

**Geneviève Eliany**

And to be clear, these investigations and prosecutions are conducted by the regulatory colleges, is that right?

**Michael Alexander**

That's right. We have something called self-regulation in Canada. So there's legislation in each of the provinces that establishes a college, which is an administrative body that regulates the practice of medicine. These are not private bodies. They are in fact public bodies, since they are created in and through legislation. In Ontario in particular, the legislation is very clear that the Minister of Health is the boss of the various health colleges. So these are public bodies and they have two aims: they are to prevent patient harm and to establish standards of practice and competence for the profession.

**Geneviève Eliany**

And those two aims, is it fair to say, is ultimately to protect the public?

**Michael Alexander**

That's correct. In fact, the legislation here in Ontario says that the College is to act at all times in the public interest.

**Geneviève Eliany**

Let's talk about how the role of the colleges—in your view and certainly your legal arguments—has shifted through the pandemic. Can you give us some examples of investigations that were unusual and handled differently?

**Michael Alexander**

Well, that's a really nice question because, in some sense, the investigations have not been handled differently. What the investigations have done, they have highlighted existing problems and faults in the system and ways of exercising power that have been going on for three decades. We have in my opinion a chronic abuse of authority by the college system in Ontario and in other provinces. What has happened now is that they've just upped the level of abuse and lawlessness in pursuit of their objectives. So I can give you particular examples of what some of my clients are facing to illustrate that, unless you would like me to go somewhere else.

**Geneviève Eliany**

No. A couple examples would be great, just to illustrate what's happening.

**Michael Alexander**

All right. The College posted a statement here in Ontario. The College of Physicians [and Surgeons of Ontario] posted a statement to the effect that a doctor may not say anything contrary to public health policies and recommendations. A very clear restriction on freedom of expression, which is otherwise guaranteed to us under the Charter of Rights. And that's called a "statement" on the site. It's not a resolution passed by the College Council under the legislation— Every college has its own council of members of the profession and they have the right to vote on various things and establish policies.

So this is not a policy established by the College. It's not based on the legislation itself. There's no reference to the legislation. It's also, as far as we know, not a directive from the Ontario government. It's just a posting on the website, a statement endorsed by the registrar, Dr. Nancy Whitmore, to the effect that doctors may not say anything contrary to public health policies and recommendations. So all of my clients are being prosecuted for saying something contrary

[00:05:00]

to public health policies and recommendations.

But what's quite extraordinary about this is that the College can only order an investigation and proceed with a prosecution if it establishes "reasonable and probable grounds." That's the legal term. It's the criminal standard for conducting an investigation and a search and seizure. In Ontario, you cannot have an investigation, a search and seizure, and prosecution unless you have reasonable and probable grounds to believe that somebody has done something wrong, has actually committed an act of professional misconduct. So the problem here is that a statement—the decision not to follow a statement, which is merely a guideline—is not an act of professional misconduct. So to conduct an investigation because somebody didn't follow a guideline is quite extraordinary. It does not meet the standard of reasonable and probable grounds.

And what's even more extraordinary about this is that the College claims the right actually not to even make a reference to the guideline in the investigation order. So they write these orders in such a vague way—as we go further down the line in prosecution, they essentially can accuse the doctor of anything. And they can also conduct a search and seizure at the patient's office without any boundaries set by the order because it's so vague. So this is what is called a fishing expedition.

This all goes back to how the investigation is ordered and the reference that is made—or, in this case, not made—in the order. That's where the problem begins. The College of Physicians is acting without authority but yet somehow under the colour of authority.

#### **Geneviève Eliany**

I just want to pinpoint a few issues that you've raised before we move on to how the courts have dealt with judicial reviews of some of these complaints. You've highlighted that the difficulties with the colleges and some of the prosecutions have existed for decades now. When was this first detailed in a report and what were the main findings of that report?

#### **Michael Alexander**

Well, back in 1999, 2000, Michael Code, who at that time was recognized as a leading lawyer in the areas of constitutional law and criminal law, conducted an investigation that was commissioned by a group of doctors and patients. Michael Code by the way is now Justice Code and a professor at the University of Toronto Law School. So Mr. Code, as he then was, was given 10 patient files by this group of doctors and patients. Mr. Code had never practiced before in the area of regulatory law, had never represented doctors. So they asked him because they wanted a lawyer who would look at this with fresh eyes, without any preconceptions. And they provided 10 files from College prosecutions where they believed that doctors had been subject to the abuse of power and unjust prosecutions. And he drafted a report that's available online for anybody who would like to look. It's sort

of a riff on Boris Yeltsin and the idea of Glasnost. It's called, "Medicine in Ontario Needs Glasnost" [Exhibit T0-24e]. It Needs Openness.

And he concluded that none of these prosecutions were justified, that they all involved the abuse of power, and that many of them were conducted without establishing reasonable and probable grounds to initiate an investigation. All the problems that he highlighted in that report still exist today, 23 years later. I fought trying to vindicate the findings of his report for doctors back in the 2000s. I was not successful in that. But now I'm back at it. I'm taking a second run at the College and I'm still using the insights of the Glasnost Report. Because we now are going into three decades of, in my opinion, unlawful conduct and the abuse of power at the College of Physicians and at other colleges in the province.

### **Geneviève Eliany**

He also highlighted that many of these investigations were brought against individuals or professionals practicing at the cutting-edge branch—these are his words—of their field. Often difficult fields like pain management, where there aren't that many solutions. Have you observed the same thing with respect to physicians and protocols for COVID?

[00:10:00]

### **Michael Alexander**

There was a real hostility at that time to doctors who were attempting to innovate in medicine, who were addressing difficult problems such as the one you alluded to—pain management, where medicine had kind of come to the end of its rope. And so the College was very intolerant towards doctors who were attempting to establish new methods of treatment and experimenting with methods of treatment. Of course, with the consent of patients always in these cases. And they were actually hostile to innovation in medical science. And so that's partly what led to this report.

As to whether that's going on today, that's less of a problem today. Because, as a result of the Glasnost report, the Ontario government passed a new version of the *Medicine Act*. In 2000, they established a provision which allows doctors in Ontario to use non-traditional methods or modalities to treat patients as long as the risks of using non-traditional treatment are not greater than the risks of conventional treatment.

So that was a very big step forward for medicine in Ontario. But I can say, after this was established in 2000, I was representing doctors who were still being persecuted. And a whistleblower came to my group and said that there was a hit list within the College of doctors who they still wanted to eliminate because they were regarded as dangerous innovators somehow. Even though they were acting, in our view, consistent with the new legislative provision in the *Medicine Act*.

What's going on today has less to do with innovation in medicine than a turning back of traditional medicine. And for instance, it's always been the case. In fact, it's a fundamental right in Western medicine that, once a medication is approved by the government—in this case the federal government, Health Canada—once it approves a medication and puts it on our approved list of medications, any doctor in the country can prescribe that medication on an off-label basis. So in other words, you might have a medication that, I don't know, was for a certain kind of allergy. But doctors may determine through their own experience that it may be effective in treating other problems that people may have. The reason that you have an off-label right to prescribe medication is that with the authorization comes a

side effect profile. So if a doctor can see what the side effect profile is, then he or she is in a position to measure that profile against the needs and the conditions of a particular patient.

So let me bring this back to COVID-19. Health Canada issued a safety alert regarding ivermectin. It's still there on the site—and said that ivermectin was never authorized to treat COVID-19. And so the College here in Ontario took that to mean that this is no longer an authorized medication. And now you will be prosecuted if you prescribe ivermectin, or any other Health Canada approved medication, for the treatment of COVID-19. And what Health Canada doesn't tell you, and what the College doesn't tell you, is that Stromectol, which is the brand name for ivermectin as an approved medication, is still on the Health Canada database. The authorization has not been modified in any way. And so the safety alert is actually just an alert. It has nothing to do with the authorization. Any doctor in the country has the lawful right to prescribe ivermectin for the prevention and treatment of COVID-19. Again, it goes back to the fundamental right in Western medicine to prescribe on an off-label basis.

So the College is proceeding against my clients, some of whom have prescribed ivermectin, but they have done so completely in accordance with the law and the authorization around this medication. Yet the College is trying to take away their licences for doing so.

**Geneviève Eliany**

This is very much a continuation of the theme you have explained where policies, statements that are certainly not law or regulations, are being prosecuted as law.

**Michael Alexander**

Yes. And you know, we have to make a distinction here. We're supposed to be in a society that's governed by the rule of law. I've actually never been a straight rule-of-law guy, I'm kind of a justice guy.

[00:15:00]

Sometimes the law is just, sometimes it's not. But we do prefer the rule of law to the rule of tyrants and autocrats and people with very subjective ideas of how we should conduct ourselves. So the rule of law is very important.

But what the colleges have done is they have published statements and established policies and issued guidelines. Well, the Ontario Court of Appeal has said that a statement, a policy, or a guideline is not a law; it's just a recommendation. And yet, the colleges are treating these guidelines and recommendations which they post as if they have the force of law and as if they can be used as a basis for investigating and prosecuting doctors and other health care professionals. So it's a very troubling situation because essentially what we have—in particular with the College of Physicians—is bureaucrats simply inventing the law and then using it to prosecute doctors and rob thousands of patients of medical care.

**Geneviève Eliany**

So once someone has been found guilty or there's been a misconduct finding against a doctor or nurse or other health professional, they have the opportunity to bring a judicial review. And that's something that you've been involved in as well, correct?

**Michael Alexander**

Yes, that's right.

**Geneviève Eliany**

And how have the courts been treating these judicial reviews?

**Michael Alexander**

Well, what is going on in the courts is deeply troubling.

In Ontario, if a doctor, for instance, has been suspended—well, let me take a step back here. The courts will review the decisions of administrative tribunals. And all these colleges have tribunals and they make findings against doctors. They are discipline tribunals. They make findings as to whether a doctor, or another health care professional in other disciplines, has committed an act of professional misconduct. And they can revoke a license, or they can levy fines. The powers are very substantial.

The courts have taken the view that, "We prefer to see a final decision from a tribunal before we address an appeal of that decision and review it to determine whether it was properly decided." There is one exception, though: you can get into the system here in Ontario and have the Divisional Court review a decision if someone's licence has been suspended. And that's true in the case of my clients.

So I went to the Divisional Court with one of my clients, Dr. Luchkiw, who had her license suspended. Which robbed 1,700 patients of care, 20 per cent of whom were in palliative care. And all they had with Dr. Luchkiw was the mere suspicion that she may have written one medical exemption for COVID-19 exemptions. I brought this to the attention of the Divisional Court. Now, the Supreme Court of Canada made a very fundamental and important decision in public law in 2019, in a case called *Canada (Minister of Immigration and Citizenship) v. Vavilov*. It's referred to generally as the *Vavilov* decision [Exhibit TO-24h]. And in *Vavilov*, the Supreme Court says that when the courts are reviewing the decision of administrative tribunal, they must hold the tribunal to a very high standard of review when we're talking about basic statutory terms in the legislation that empowers the body in question, and if we're talking about well-understood legal concepts and terms. So you don't defer to the expertise of the body around things like that. They have to actually get the right answer in matters of law.

In this case, I am challenging whether the College had reasonable and probable grounds for actually initiating the investigation against Dr. Luchkiw—and by extension raising the question of whether they ever had the right to suspend her licence. If the Divisional Court were going to follow the ruling of the Supreme Court of Canada, then it would have to examine what "reasonable and probable grounds" means in our legal system. There are obviously criminal precedents for this. It's the term that's used in criminal law, as you know.

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It's a well-understood concept, a concept in Anglo-American law. And the Divisional Court essentially refused to do that and just deferred to the College's interpretation of reasonable and probable grounds. I found that shocking. So the court found against us, even though there is an Ontario case called *Cezanne*, which the Ontario Court of Appeal issued in 2012, which is quite clear. It made very clear that this term, "reasonable and probable grounds" is

the criminal standard and there are many precedents which would inform us as to what that means. That was pretty well ignored by the Divisional Court. In fact, it was simply ignored.

And so now I'm asking— I'm seeking a motion [Exhibit TO-24a]. I've issued a motion document to have the Ontario Court of Appeal grant us leave to have this whole issue of reasonable and probable grounds addressed at the level of the Supreme Court and the Ontario Court of Appeal's previous decisions. But the court has discretion on whether to grant us leave. And so I have no idea whether this problem is going to be addressed. It will be very troubling for us if the court refuses to address it, because then we would never have access to go to the Supreme Court of Canada to ask the court to enforce its ruling in *Vavilov* against tribunals in Ontario.

**Geneviève Eliany**

If there's no court enforcement, ultimately it will worsen the college behavior. Isn't that fair to say? They'll be able to continue applying suspicious or poor standards without effective judicial review.

**Michael Alexander**

Yeah, you're essentially letting the colleges off the leash. You're not going to come in. I mean, nothing could be more fundamental than that you must meet the standard of reasonable and probable grounds to initiate an investigation. If you're not going to police that then you're essentially saying, "You can do whatever you want." I mean, it's essentially a blank cheque to oppress, intimidate, and tyrannize members of the health professions.

**Geneviève Eliany**

You've mentioned one case and you've named this case. Would you say that this is a pattern in Divisional Court? Or is it an outlier that you're working on?

**Michael Alexander**

I have to be careful about what I say. Because, as a member of the bar, I must—particularly if I'm criticizing a court—I must make very clear reasoned arguments. But I think it would be fair to say that the Divisional Court has essentially given up on its mandate to review the decisions of administrative bodies in Ontario. It is true that specialized administrative bodies deserve a certain degree of deference in the way they make their decisions. For instance, if I brought a case to the Divisional Court and said, "I want you to review how the College made this decision about whether a doctor should prescribe a certain type of anesthetic for laparoscopic surgery for heart valve replacement." Right, so yeah—maybe the court should think twice about whether it has the expertise. And it perhaps should recognize that there are a number of different decisions that the College might make or maybe that they shouldn't even be reviewing the College on that point.

There is some role for deference when taking a look at what a specialized body does and how it makes decisions. But the Supreme Court has said there should be no deference, as I've said before, when it comes to well-understood legal concepts and terms. And the problem with the Divisional Court is not just that it seems to be ignoring the Supreme Court, but it has established a doctrine of deference that is so encompassing and so broad that really, its whole mandate to review the decisions of these tribunals is really just now non-existent. They're essentially just rubber-stamping whatever the colleges do in these

kinds of matters. And so I would never advise a client today that we should go to the Divisional Court to solve their problems. I would say, “Well, we have to go to the Divisional Court. And then we have to hope that then we can go to the Court of Appeal and get what I believe to be a more nuanced and responsible reading of the duties of the court in this situation.”

**Geneviève Eliany**

Let’s chat about *JN v. CG*. Why don’t you explain what kind of case that was?

**Michael Alexander**

This was a case decided by Justice Pazaratz in the family law courts [Exhibit TO-24f],

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over a year ago.

This involved a case where you had two parents: the mother had custody of two children, they were separated or divorced. And a dispute arose between the parents as to whether the children should receive the COVID-19 injections. The father wanted them to receive it, the mother did not. So this had to be dealt with in the context of the court under family law legislation.

Now, neither the mother nor the father introduced expert evidence. The father produced printouts from the Health Canada website, essentially provided government information about the injections. And the mother provided some reports and studies by people like Dr. Tess Lawrie, Dr. Robert Malone, the founder of the mRNA technology that’s been used in these injections. So she provided some kind of expert evidence, because they’re not bringing forth experts. Now as you know, in a case like this, if people are not providing expert witnesses, the court is limited to the information that the two parties put in front of it and must make a decision based on that.

Justice Pazaratz was quite influenced by the fact that the mother had read the Pfizer monograph that comes with the injection. And it listed over 24 possible side effects and could I just read what those were? So the mother brought that forward and said, “I have concerns that my kids might be subject to some of these side effects.” So this is in the case itself, this is quoting directly from the Pfizer monograph. These are the possible side effects: “difficulty breathing, swelling of your face and throat, a fast heartbeat, bad rashes all over your body, dizziness and weakness.” And then there’s a second list: “chest pain, shortness of breath, feelings of having a fast beating, fluttering, or pounding heart, severe allergic reactions, non-severe allergic reactions such as itching hives or swelling of the face, myocarditis, pericarditis, injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, swollen lymph nodes, diarrhea, vomiting, arm pain.”

I might mention in relation to myocarditis, when this is mentioned in the press, it’s kind of mentioned in passing. The doctors I represent have impressed upon me that if a child gets myocarditis, the inflammation in the heart actually destroys heart cells, which can never be replaced. It actually destroys nerve cells that are responsible for the beating of the heart. And 50 per cent of those children—and this would include adults as well—will die within five years of having myocarditis. So this is a very— This is essentially a death sentence for some people.

The judge was quite persuaded, just on the basis of the possible side effects, that the mother had legitimate concerns. And he actually decided this matter in favour of the mother and was not persuaded that the government printouts dealt in as much detail with these problems as the mother had in the materials that she addressed.

**Geneviève Eliany**

Unlike the Divisional Court cases that you've mentioned, would you agree that this case is an example of the judiciary pushing back? And even the language of the text is unusual? It made it to social media, which is unusual for case law. But the judge expressed frustration that people couldn't ask questions anymore.

**Michael Alexander**

Right. And right at the very beginning of the decision, he makes an extraordinary attack on the idea of misinformation. Perhaps I could read what he said here, because I've used it in my own cases. He says, "is 'misinformation' even a real word, or has it become a crass, self-serving tool to pre-empt scrutiny and discredit your opponent, to delegitimize questions, and strategically avoid giving answers? Blanket denials are almost never acceptable in our adversarial system. Each party always has the onus to prove their case, and yet 'misinformation' has crept into the court lexicon: a childish but sinister way of saying, 'you're so wrong, I don't even have to explain why you're wrong.'"

**Geneviève Eliany**

What happened with the JN case at the Court of Appeal level?

**Michael Alexander**

It was overturned by the Court of Appeal [Exhibit TO-24].

**Geneviève Eliany**

Did they have any commentary about it?

**Michael Alexander**

It's an extraordinary case, in particular because one of the judges presiding was the new Chief Justice of the Court of Appeal.

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Well, first of all, the Court of Appeal said that the mother's evidence about the side effects should not, essentially, have played a role in the decision. The Pfizer monograph should not have played a role in the decision. Because in drawing attention to those side effects, the mother was holding herself out as an expert witness, and she was not qualified to be an expert witness. Think about that for a moment: the Court of Appeal has said that you have to be an MD or have a PhD in science to understand words like vomiting and diarrhea, swelling of the face. So that's one way in which the decision was attacked.

It was also attacked on another ground. Essentially the court did something— Like, I've been reading cases since 1980, for 43 years. I entered law school in 1980. And the court

came up with a new principle I've never heard of before, which is that government should always be given the benefit of the doubt. So it said that the government—and not just in relation to COVID—but the government has experts and it does analysis. And so if you come to the court and you want to challenge a government decision—in this case one which supposedly comes from Health Canada and the Ministry and experts are involved and so on—the burden is on you to rebut the presumption that the government is right.

How is that possible? I mean, we're supposed to have equal justice in our system. There is supposed to be no bias in the system in favor of either party. There's nothing more fundamental to adjudication in our court system than that. But if you decide to challenge the government on a point now, the Court of Appeal is going to say, "No, we begin with the assumption that the government is right and you, the citizen, you are wrong."

There's no authority for this proposition. In fact, what the court does by way of authority is very troubling. It quotes a provision from the *Evidence Act* to the effect that if the government issues a decision or makes a statement and actually publishes it officially in a document, in the Gazette, where you find new legislation, or through a statement by a ministry, you can take that to be confirmation that the statement was made. And they take that rule and they transform it and interpret it to mean that if the government publishes a statement, you can also assume the veracity of the statement. So it's not just that the government's made the statement, but that the statement is true. That is not what the rule says. This is such a misapplication of this basic rule of evidence that— I mean, if you wrote this on a first-year law school exam, you would flunk.

#### **Geneviève Eliany**

That's very true. They've made hearsay admissible for the truth of its contents, which is contrary to very basic law.

#### **Michael Alexander**

There's just one other thing they did, which is quite extraordinary. Which is, you know, they did say that— Essentially, they took it as a matter of judicial notice that the vaccines are safe and effective. In other words, that is a fact which is beyond dispute just because that's what the government has said, right? So this is where the assumption in favour of government comes in.

But they cite a case for that authority, which has recently been cited in Saskatchewan—also a family law case. And in that case, the Saskatchewan Court of Appeal was very clear: they took the very opposite position. They said you can never assume that what the government has said regarding the safety and well— You do not have to take at face value the statement **by the government that the vaccines are safe and effective. For two reasons. First of all, that "safe and effective" conclusion is only made within certain parameters. And you, as a patient, may fall outside of those parameters or boundaries. So this kind of statement can never be treated as absolute. The second reason that they gave for not taking this as, so to speak, a judicial fact, is that we know that governments can get it wrong. And they pointed to the thalidomide disaster. So the government assured people that thalidomide was safe and effective until there were thousands of deformed babies. And so they took notice of the fact that you can never assume that government is right.**

So how the Court of Appeal can take this case from the Saskatchewan Court of Appeal,

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which is contrary to what the Court of Appeal here in Ontario is trying to prove, and use that as authority is to me astonishing. Absolutely astonishing.

**Geneviève Eliany**

Just to give the public, if you're able to answer, an idea of litigation costs. Let's say a parent, a regular citizen, wanted to litigate this sort of issue to rebut the benefit of the doubt that the government has about a vaccine issue, let's say. How much would it cost to get to the Supreme Court?

**Michael Alexander**

Hundreds of thousands of dollars. Just representing three clients of mine, who I'm representing on a pro bono basis. Mostly I've represented them using my own savings, but I have received some public donations. But in representing them over the past—well, let me say, representing them just since June 23rd, I mean, I did an invoice recently, just to give us some idea of what the actual costs have been. So billing at my normal rate since June 23rd, the cost for defending three doctors before the colleges would be \$1.2 million.

**Geneviève Eliany**

Do the doctors' insurance, the malpractice insurance and so on, not cover any of the legal fees?

**Michael Alexander**

Well, this is another story in itself. You see, all doctors in the country pay into an assurance fund, it's called the Canadian Medical Protective Fund. And so it's referred to as the CMPA, Canadian Medical Protective Association. You pay those annual fees and you have lawyers at your disposal at a number of very high-level firms across the country who will defend you on malpractice litigation and they will also represent you if you have problems with the College.

But the CMPA will not defend doctors vis-a-vis the colleges based on a defence of the doctors' Charter rights or based on the defence that the College is not acting within its jurisdiction. So if I could put that in layman terms: essentially the insurance lawyers for the doctors will not challenge the framework for decision-making that is given to it by the college. It won't use the Charter to challenge the framework; it won't use the legislation to challenge the framework. So it negotiates within a framework that is already unjust and abusive.

**Now, most doctors in this country don't know that. Some eventually find it out. But they cannot get a copy of the insurance policy where the CMPA has secretly decided that they will only provide a partial defense of doctors vis-a-vis the colleges. Okay. And so doctors can only get an adequate defence, with all of their rights fully pleaded before a college, if they hire an independent lawyer such as myself.**

Now, what's going on here is quite extraordinary, you see, because there's a kind of collusion going on here. Because if the CMPA does not solve the major legal problems around these College investigations of prosecutions, it can keep on billing. And the College likes that. In fact, they endorse the CMPA, and they refer you to the CMPA whenever you get into trouble because the College gets to build up its resources if no problems are solved. It

gets to hire more lawyers. It gets to go to the members and the government and ask for more money. So they both have their little fortresses and they do battle, but it's a faux battle. And it's good for everybody except doctors and patients.

**Geneviève Eliany**

And the insurance is mandatory, is it not? Much like it is for lawyers, I would think?

**Michael Alexander**

It's mandatory to carry. But in some provinces, you need not carry it with the CMPA. You can get an alternative policy, but most doctors don't know that.

**Geneviève Eliany**

Right, the College won't be telling them.

**Michael Alexander**

The College certainly will not be telling them.

**Geneviève Eliany**

All right. I'm sure the commissioners have a number of questions for you. I'll turn it over to them.

**Commissioner DiGregorio**

Thank you for coming today and sharing your testimony with us. We heard from a witness yesterday about some of the extraordinary deference the courts have been giving to the administrative state, which I think probably is along the lines of what we've been talking about today with the tribunal that the doctors are dealing with. And I'm just trying to think about it. I asked our witness yesterday what the recommendation was to deal with

[00:40:00]

the problem of courts paying too much deference— And what I heard was that it would be very difficult to deal with because the deference comes essentially from the common law and from the Supreme Court of Canada case of *Vavilov*, which you referred to today. Which, as you mentioned, gives a very high standard of review when you're dealing with questions of law but has a very high standard of deference actually to administrative tribunals, the standard of reasonableness, when they're dealing with their own matters of expertise. And so presumably—and you can correct me if I'm wrong here—they've been applying this reasonableness level of deference in your cases, where the doctors are being prosecuted.

**Michael Alexander**

Right.

**Commissioner DiGregorio**

So I guess, what would be a solution to getting the proper level of deference applied in this type of situation?

**Michael Alexander**

Right. Well, I think that the Divisional Court has willfully misinterpreted *Vavilov*. I mean, I find Ontario has not dealt with the full consequences of this decision. It's a very long, complicated decision. It's almost 100 pages. I spent quite a bit of time studying it with my junior. It takes a lot of study to get it right. But the problem is that there doesn't seem to be the will in Ontario to, in fact, apply what the Supreme Court has said about these important matters going to core legal issues or straight legal issues—which considerably reduces or eliminates this doctrine of deference in the review of administrative bodies. I think, properly understood, *Vavilov* gives the citizen and regulated persons a much greater opportunity and more power to have decisions reviewed on the standard of correctness. Which is to say it's got to be right or wrong—either way, right?

And another thing that *Vavilov* does, which very little notice has been taken of, is, if within your statutory scheme there's a statutory right of appeal into the court system from a tribunal decision, that court must decide—or must review—your case on the standard of correctness, not reasonableness. In other words, you have to get every issue right. And that's quite an extraordinary ruling because that means, if you're back here at the tribunal stage, you better try to get it right on the standard of correctness. You can't be sloppy about how you're making your decision because if you say, "Well, we can make this decision in a number of different ways on statutory right of appeal," the court will come in and say, "Hey, wait a minute, you can't do that." So this has thrown a wrench into the administrative state that has not been fully dealt with. And I would say that there's enormous denial about what it really means.

**Commissioner DiGregorio**

And so is it your view that, if these cases you currently have were able to be appealed up to the Supreme Court of Canada, that the *Vavilov* case would actually result in the standard of correctness being applied?

**Michael Alexander**

On these issues of law in which we're fighting, I absolutely believe that to be the case.

**Commissioner DiGregorio**

So it's not that there's an issue with *Vavilov*, it's just the misapplication of it by a lower court.

**Michael Alexander**

Yeah, I would say so. We should be in a better position than we are.

**Commissioner DiGregorio**

And, sorry, did I just hear you mention that if there was a provision in the legislation that applied the standard of correctness, that that would also perhaps have a different result?

**Michael Alexander**

No, I believe the Supreme Court in *Vavilov* has said that. So for instance, in the *Regulated Health Professions Act*, there's a statutory right of appeal into the court system. So in the

statute, it says, if you don't like the decision your tribunal is made, you can appeal into the Superior Court—or it's actually into Divisional Court—to have it reviewed. But what *Vavilov* says, in the statutory regimes where there is a statutory right of appeal, then when it goes into the court system, it's not a reasonableness review, it's not a deferential review, it is a correctness review.

Now, the issue to be decided there is whether there's any deference that can be accorded to, say, the example I gave earlier about the use of anaesthetic. Like, maybe there are some small cut-outs here where some deference will be shown. But the standard will be, on appeal, correctness. Which means the tribunal has to get it right. If they don't get it right, then the court will correct them. I mean, it's no different than a high school math test or a chemistry test. You've got to get the right answer and, if you don't, you will be corrected.

**Commissioner DiGregorio**

Thank you. And I was surprised to hear that you need leave to apply to the Court of Appeal in these cases and—

**Michael Alexander**

Right.

**Commissioner DiGregorio**

I'm not an Ontario lawyer,

[00:45:00]

I don't practice in this area. So maybe you can just explain that to me.

**Michael Alexander**

Yeah. So normally, for instance, if you have a trial, you're at the trial level in the court system on Ontario; and you lose, you have an automatic right of appeal to the Ontario Court of Appeal. And then if you don't like what the Court of Appeal says, you can apply to be heard by the Supreme Court of Canada—although it only takes 10 per cent of the applications it receives every year, so your chances aren't very good. But that's how the system works. But if you appeal into the system under the category of judicial review and you don't like the decision that the court made on that review, then you actually have to bring a separate motion to persuade the Court of Appeal that it should actually hear you on the issues. And then if you're successful there, then the Court will review the lower court's decision.

**Commissioner DiGregorio**

And does that come from the rules of court?

**Michael Alexander**

No, that's been around for a long time.

**Commissioner DiGregorio**  
That's common law?

**Michael Alexander**  
Yeah, it's in the rules of civil procedure.

**Commissioner DiGregorio**  
Okay. Thank you.

**Geneviève Eliany**  
Thank you very much, Mr. Alexander, for explaining some of the difficulties with the courts and legal decisions.

**Michael Alexander**  
Thank you. I apologize for being a bit halting in some of my comments. There are so many complications in how this has unfolded, it's just very difficult sometimes to just get it out clearly and cleanly. And particularly with people watching us, you know—get it out in a way that people can actually understand what these technical issues are about. So I hope I accomplished that today.

**Geneviève Eliany**  
You certainly did. It's difficult to simplify these issues.

**Michael Alexander**  
Thank you.

**Geneviève Eliany**  
For the benefit of the commissioners, I can advise that all the cases, including the Glasnost Report that was referred to, they're exhibits [Exhibits TO-24, TO-24b to TO-24h].

[00:47:05]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 2**

**March 31, 2023**

### EVIDENCE

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**Witness 9: Cindy Campbell**

**Full Day 2 Timestamp: 06:47:20–07:46:05**

**Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>**

[00:00:00]

**Geneviève Eliany**

Could you state and spell your name for the record please. Or should we wait for the fourth commissioner to return? No? Okay, very well. If you could state and spell your name, please.

**Cindy Campbell**

My name is Cindy Campbell and that is C-I-N-D-Y C-A-M-P-B-E-L-L.

**Geneviève Eliany**

Since you're in person, you may notice that I'm not always looking at you and it's because of the Zoom screen of course, so I hope it won't be too distracting for you.

**Cindy Cambell**

Don't worry.

**Geneviève Eliany**

I understand you were a nurse for a very long time, for 30 years, is that right?

**Cindy Campbell**

Correct. Twenty-eight years to be exact.

**Geneviève Eliany**

And you have an unusual balance of frontline skills and academia. Is that fair?

**Cindy Campbell**

Correct.

**Geneviève Eliany**

Okay. Why don't you tell us about some of your work in academia?

**Cindy Campbell**

Sure. So just to detail a bit about my education, I started as a Diploma Nurse from Mohawk College in Hamilton and then got my Bachelor of Science in Nursing from the University of Victoria. Then I went on to complete a Masters in Science in Health and Aging at Queen's University. I went on as well to do some—two actually—very competitive RNAO [Registered Nurses' Association of Ontario] Advanced Clinical Practice Fellowships. And on my first one, I published a paper: "Training of Endoscopy Nurses." And then in terms of my academic components at work, I did go on to be an educator; but prior to that I always very much prioritized my frontline contributions. I found that that was essential and often a lot of a disconnect with, let's call them the "higher-ups, is that they didn't really have that frontline long-term experience. That's sort of the engine of the hospital that I always probably found the most rewarding of my work.

**Geneviève Eliany**

By frontline you're referring to hospital work, that would be about the ER and in the operating rooms?

**Cindy Campbell**

Correct. Now, I was in perioperative services. I'm a certified operating room nurse and I also held certification from the Canadian Nurses Association in gastroenterology. And I was able to work across— I was the only nurse in my hospital actually that could work across all divisions of perioperative services, so I could work in the OR, our recovery room area, and also in our endoscopy unit.

**Geneviève Eliany**

Going back to your fellowships: You mentioned them very humbly, but these fellowships were through the Registered Nursing Union of Ontario?

**Cindy Campbell**

The Registered Nurses' Association of Ontario. The RNAO. Yes.

**Geneviève Eliany**

Thank you for that correction. And my understanding is that it's quite rare, or it's a privilege, to do these fellowships?

**Cindy Campbell**

They really are. They tend to be very, as we said, very competitive. And you really have to have a really well laid-out application package. And also, you really have to have the support of your hospital behind you, so the hospital has to really endorse what you're

doing. And you also have to be a respected employee to have established that rapport and trust to go ahead and be granted one of those. So it's a combination of the application and the hospital end.

**Geneviève Eliany**

One of the fellowships was with respect to the knowledge or the practice gap for new graduates. Is that correct?

**Cindy Campbell**

Correct.

**Geneviève Eliany**

Okay.

**Cindy Campbell**

My hospital was concerned. There's sort of a quite established body of evidence in the nursing profession of sort of a well-identified practice gap with recent grads. And this is that they are lacking—through no fault of their own—but they're lacking in a lot of the clinical skills and some of the coping mechanisms and that kind of thing, to endure when they get thrown into, so to speak, a full-time job. So this particular fellowship was to try to interview different levels—whether that be university profs, nurse educators, frontline nurses—and to try to devise ways that perhaps as the hospital we could move forward to better support our new grads transitioning to practice.

**Geneviève Eliany**

So that will eventually take us to some of our later discussion on the effects of the pandemic.

[00:05:00]

Let's set the stage with respect to the hospitals early on in the pandemic. What was happening both in the ER and in the operating rooms? How busy was the hospital?

**Cindy Campbell**

Now again, I can only speak to what I would have witnessed as an OR nurse at that time. I was actually casual at that period. It was just before I was doing some of the fellowships. I was casual in my ambulatory surgical unit. That unit was closed and we were told we were going to all be put into the main OR. And from my perspective of what I saw there— Now to be fair, I didn't come in that often during the pandemic, proper, at the beginning. That was because at the beginning I was told I would be needed to cover a lot of sick time and that I would be trained with all the other nurses to be redeployed potentially in need units across the hospital. But that never happened. I rarely came in to cover sick time. And in terms of going to the other units, I also was never redeployed there. And the majority of the staff I worked with, from what I'm understanding, were not either.

What I think people didn't understand about the pandemic is: let's say you were to take an area like the operating room. We had, let's call it, 16 rooms. When you start closing those

rooms down to, say, emergency rooms only, which is what they did— So let's say that was, I forget—let's call it five ORs functioned out of 16—you now have a surplus of staff. Because again, you can't just tell people not to come in when they have been booked or guaranteed work—part-time or full-time staff. So that had excess staff in the OR alone. And then the recovery room is also staffed to accommodate that number of patients, which was dramatically reduced. And then so on throughout the hospital. There's ambulatory clinics that were staffed with nurses that were also closed down.

So in actuality, from what I was seeing, there was a lot of excess nurses that were often being used to do quite menial jobs. Not menial, important—but jobs that wouldn't necessarily have conveyed what the nurses at that time were being depicted as being, quite stressed out and overworked. A lot of them were doing testing, surveillance of people coming into the hospital, that kind of thing. And I did note that the staff rooms were amply full of staff. And just, like when you see those videos of the staff dancing and doing the conga lines and the pillows in their pants and stuff and goofing around, that would have been a fantasy for me in my work, to be able to have that much time. Never in my history of work would we have been able to have danced around. Never.

That's not to say that a lot of nurses did not work very hard, but certainly I suggest that not all the nurses deserved the accolades of the heroes that they were getting at that time.

#### **Geneviève Eliany**

On the few times you were called in to work, how busy were the emergency rooms as far as you could observe? I know it wasn't your ward, but I understand you had to walk through there.

#### **Cindy Campbell**

Yeah, so what I observed of the ER— And again, to be fair I was not in there with any significant regularity, but all I can do is compare it to what I was used to. My unit used to be attached to the ER, so I would often go in there for supplies or to send samples, specimens, that kind of thing. And the ER prior to the pandemic resembled what I would call a war zone. It was beds in the hallways, every cubicle full, the nurses super busy. And in the times during the pandemic it was, compared to that picture, very calm: beds not full, cubicles not full, nurses sitting more and having a bit more time by all appearances. And again, nowhere nearly the pictures that I was expecting or what I was used to.

#### **Geneviève Eliany**

Now, of course, that changed as the pandemic advanced.

[00:10:00]

What happened with respect to staffing levels once the vaccinations became required?

#### **Cindy Campbell**

Well, again, that's kind of difficult to say, only because of what was happening during that time. Don't forget, unvaccinated and vaccinated nurses were working shoulder to shoulder and there was no issue. And they were hailed, as we said, as equal heroes—the vaccinated and unvaccinated were both hailed as heroes.

In terms of what happened to the staffing, those numbers really were not declared. The hospital did not announce their official numbers. And again, I think what a lot of people aren't understanding when they're told about losses in health care is they're not given an accurate picture. We hear people like Doris Grinspun from the RAO disqualifying and just dismissing this as a small, few number. Meanwhile, what they're not telling people is that the hospital at that time said to nurses and everyone, "Hey, if you want to leave right now, leave. And we won't put a black mark on your record and we won't report you to the College." Because it is process that every time a nurse is terminated, that report would go to the CNO [College of Nurses of Ontario]. And of course, justifiably, that worries and concerns a lot of nurses. So a lot of nurses resigned and possibly even—I can't say it was equal number or even more, I don't know—but let's just say that anyone younger-looking, to keep working in the profession for numerous reasons, would have much more taken the opportunity to have accepted the resignation route versus the termination route.

And there was another field, of course, of people who took early retirement that I've heard of. They did that way out as well. They'd had enough. And another group took leaves. And that's another segment that is also typically not captured in apparently these tiny numbers discussed in the press.

**Geneviève Eliany**

My understanding is that apparently at Hamilton Health Sciences—and that's a very large health network—the retirement rate was 30 per cent.

**Cindy Campbell**

Well, apparently, over 2022, it had a 30 per cent increase. And Hamilton Health Sciences is an interesting one, just to sort of give an example of potentially some numbers that were lost here. I'm not saying they were all lost to mandates but in September of 2021, Hamilton Health Services listed about 700 vacancies. Then that is when they started threatening the policy. They brought it in officially in January. And a recent report coming out of that same health network reports staff vacancy now of 1,500 staff—so that about doubled their vacancy rates since then plus potentially, they had the retirement rate go up as well.

**Geneviève Eliany**

We'll take a step back to some of the medical recommendations from Dr. Kieran Moore and what the hospitals did. Can you tell us what the official guideline from the Chief Medical Officer in Ontario was with respect to vaccine mandates for staff and what the hospitals ended up doing?

**Cindy Campbell**

Yeah. And that's kind of the puzzling part here. Our Chief Officer of Health, in a Directive 6 that he put out in August of 2021, had an accommodation for unvaccinated workers to keep patients safe and protected. And that was to do regular antigen testing.

And it was potentially at that time, to sort of give a bit of a timeframe: in July of 2021 you have the CDC [Centres for Disease Control and Prevention] acknowledging that there has been sufficient data to show that there has been vaccine breakthrough reinfection and that evidently the vaccinated, once sick, were carrying the same viral load as the unvaccinated. And that is why you saw the CDC's mask recommendations change.

[00:15:00]

For a little while it was, “Hey, the vaccinated don’t have to mask,” to suddenly, “They do have to mask.” So they knew something, as did Kieran Moore, as did the hospitals: that this vaccine was starting to show some inabilities or limitations to quite live up to the standards of a newly vaccinated individual. So as we said, the hospitals went ahead. And instead of listening to Moore’s accommodation, they followed the Ontario Science Table. And the Ontario Science Table allotted for no accommodations. It was either vaccinate or nothing. They took much more the militant stance versus the offering workers a choice.

**Geneviève Eliany**

Before we move on to the choice issue, while these policies and mandates were in place for staff, my understanding is that unvaccinated visitors were allowed into the hospital. Is that right?

**Cindy Campbell**

There was a time when, sadly, they were not, but the policies did change. And over the last, thankfully, several months, even longer, they did stop them. And there are certain hospitals like St. Joseph’s Hospital in Hamilton, where I believe that the unvaccinated visitors were allowed—in the process when they were firing people as well. So that was definitely an inconsistent application of the policy.

**Geneviève Eliany**

Yes, apparently, visitors somehow become more important than nurses, which is peculiar.

**Cindy Campbell**

Correct.

**Geneviève Eliany**

So going back to the choice. Often, people will say that immunizations, vaccinations are nothing new for staff in healthcare. Can you comment on how it’s true that there are policies and requirements, but on choices that exist for all the other vaccinations?

**Cindy Campbell**

Yeah. So again, that’s another bit of a massaged fact. There are in fact required vaccines to obtain jobs at hospitals. But when I hear Anthony Dale, CEO of the OHA [Ontario Hospital Association] speak, he mentions things like TB, hepatitis, and measles/mumps/rubella [MMR]. To clarify some of those: TB is not a vaccine requirement, that is done by a skin test that is taken. Hepatitis: the majority of hospitals that I know of, it’s a recommendation, not a requirement. And indeed, things like MMR and chickenpox often are requirements. However, they allot for natural immunity, so they allow staff to show proof of antibodies, proof of past infection. And that is not the case in COVID of course, even though now they have good evidence to show that natural immunity is indeed as strong as, if not possibly stronger than, two vaccines. But natural immunity is completely disqualified in this case.

Also in hospitals, they used to—when I say used to, they still claim to but their past behavior shows they are not—give religious or creed exemptions. An interesting case in my

hospital is that I had a colleague start working in the OR, I believe it was about six or eight months prior to the pandemic. She submitted a religious exemption for MMR vaccine and the hospital accepted it and had her working in the hospital. That same nurse was fired for the same religious exemption just that short window later. And hospitals also used to accommodate medical exemptions without a near threat of death, which now appears to be the standard for COVID. And time and time again, there's nurses who had to leave nursing because they've had quality medical concerns, that their doctors confirmed were indeed warranted an exemption. But every doctor said, "I cannot write this for you, I will lose my license." And that is unprecedented.

So again, it's this lack of choice that is concerning in a democracy and in Canada.

[00:20:00]

We have an interesting arbitration finding out of British Columbia. That was, the Health Services Union there put forward a— They challenged a mandatory mask or vaccinate policy. And this was where they offered the choice of, "You can take a vaccine or you can wear a mask—an influenza vaccine or a mask." That policy was won by the employer but the arbitrator had some pretty clear words about choice. Throughout his findings, it is consistent that he emphasizes the dignity of choice over receiving a medical procedure. He confirms that if the mask was being used for the sole purpose of increasing vaccination rates, he would be very concerned. And that would not be something that would be within the letter of the law. Again, he consistently speaks about policy that had to be not arbitrary but logical, reasonable, fair, and equitable of course. And interestingly enough, one of the expert witnesses for the hospital, Dr. Van Byunder, I believe his name is, said: "You know, we really want to give our people a choice. We have many valuable people with religious concerns that may not want this vaccine and we want to give them the choice of a mask."

In this case, with COVID vaccines, we had the choice of taking testing. And again, that would have been the humane, dignified way to do things, but that was rejected. And again, the Ontario Science Table put forth some very puzzling data. For example, in the height of being just about to begin their terminations at hospitals, they put out a report about the risk of burnout to the healthcare workforce, and how that burnout was getting to be to unsustainable levels, and that likely it would cause again an unsustainable hospital workforce. They also said that hospitals must take every measure they can to secure staff, to reduce turnover, and to reduce overtime, that kind of thing. So from this corner of their mouth, they're saying, "Stop burnout. It's dangerous. It's going to cause our system to collapse." And this corner of their mouth, they're telling the hospitals to terminate nurses.

If I could go on, I found it very again, shocking from the Ontario Science Table. Here, if you can read their letter to Ford in support of mandatory policy, it is a very—wow—shocking read. I wonder if all the people standing behind the Science Table actually even read this document. It begins by saying, "We know staff turnover is a problem and we don't want it, but we know that vaccinated [sic] staff are going to get really sick all the time and they're going to cause a lot of burn-out to the vaccinated that, of course, are never going to get sick and are going to stay there working. So you're better to fire them than let them have sick time." And that's very rich, because data from FOIs [Freedom of Information requests] submitted to these hospitals showed that staff illness rates in hospitals with mandatory policies in place went through the roof in January with Omicron. Also B.C. shows: at one point they were talking again about record-breaking staff illness; 28,000 staff was off in one week in B.C., a province with a mandatory policy. So this showed not only some of the limitations of the vaccine to control Omicron, but that the policies in fact had some pretty questionable outcomes, potentially.

**Geneviève Eliany**

It was so bad in B.C. based on what I've read—and I believe also in a few small towns in Ontario—that hospitals closed in rural areas.

**Cindy Campbell**

Yeah, that's very concerning.

[00:25:00]

And again, all of this speaks to the necessity of these hospitals to have done risk assessments, to have figured, "Okay, how is what we do to our staff going to impact public safety?" And we all know now that apparently our livelihoods, our children's education, and everything appears to now be tied to hospitals—sustaining hospitals, hospital resources. So to have hospitals fire trained, experienced staff and potentially lead to some pretty serious concerns that happened as a result: I mean, we have a *Toronto Star* article that speaks about an analysis that showed a staggering number of closures across the province. The nursing shortage by ER doctors was described as brutal. Some said that the healthcare networks were on the verge of collapse. And like we saw with that data from Hamilton Health Sciences, the vacancy rates went through the roof.

The more concerning part is that these hospitals—and maybe not even call them hospitals anymore, I think what we have to start doing is making the CEOs that did this accountable. These CEOs knew well that there were already significant vacancy rates at their hospitals when they put in these policies. And that subjects their patients potentially to some pretty serious quality and safe care concerns. And these CEOs also— Their responsibilities now, like we said before, with the functioning of healthcare to their community, they need to start realizing that their obligations extend beyond just their walls. They can no longer when they make decisions like that, just say, "Well, this just affects our patients and our staff." Now we know that we're intimately tied to hospitals and keeping hospitals going. As we said, I think that if they had been following proper, well-established standards around developing policy, that starts always with a risk analysis. And I would argue that these institutions likely did not do that. And that put the public at risk. It put their patients at risk.

And the risks from these kinds of policies are numerous. Another major risk that is never discussed is the risk of demoralization of staff that felt as if they were coerced to vaccinate. And what do you do to staff, or how does staff react, when they come back into a workplace setting where now they feel depersonalized, they feel detached from their employer, they've lost their support. You now have potentially higher absenteeism rates, staff that just are not invested any longer. Again, burnout and leaving the profession if they felt violated like that. I read a report out of New York state when they put in their mandate and it bragged that they had 55,000 workers fold in the last week. That's nothing to be proud of. That is shocking to do that when they had a choice. And no one is not honoring a nurse's responsibility to protect patients. Of course they have to and they have to play a role in that. But there are many non-pharmaceutical, reliable, safe, consistent ways that healthcare professionals can protect and it does not have to be a vaccine. And that was acknowledged by our Chief [Medical] Officer of Health.

The other major risk is financial risk. And that one should have stopped this immediately on that alone. You know, when you do a financial risk analysis, your first option is to look at the least costly ways to meet your objective. And the least costly way clearly would have been again to have offered antigen testing. What they're facing now is costs of retraining. And I was reading some material from human resource expert and to replace a mid-level

employee, you're talking about potentially around 150 per cent of their yearly salary to do that.

[00:30:00]

When you start getting into specialized knowledge, you're now looking at even upwards of sometimes 400 per cent of their yearly salary. And when you look at some of these nursing jobs or some of these, again, other skilled workers at our hospital: this is extremely specialized knowledge that they had. They fired ICU nurses with 30 years experience. They fired NICU nurses with tremendous experience. And that is criminal: what they have potentially done to patients that could have benefited from those nurses' care. Also, replacement costs: they have reports that they were hiring agency nurses at incredibly inflated rates, paying double time, time-and-a-half. And then they've got union arbitrations to manage. So to a universal healthcare system that was already in crisis long before the pandemic, this alone is a very reckless act on behalf of the CEOs—doing this without properly looking before they leapt.

And that's what I would argue that they did. They did not, in my opinion, look at the proper thresholds—particularly with a vaccine that has, what is now being revealed to be rather significant limitations, and the evolving nature of this pandemic.

**Geneviève Eliany**

For the staff members who were reluctant to accept a vaccine because they don't like the mRNA platform, were they offered what I'll describe as an old-school vaccination based on an inactivated virus? We know that both China and India have those vaccines. Was that ever an option?

**Cindy Campbell**

At our time, when our nurses were fired, that was not an option. To my understanding, it was just the mRNA at that time. There has been since a Novavax vaccine that has come out. I'm not sure quite of its platform that it uses. But at that time, we only had those options.

**Geneviève Eliany**

Thank you. The Novavax, I believe, is just a lab-made spike. It's not the full inactivated virus, but we won't get into that.

**Cindy Campbell**

Okay.

**Geneviève Eliany**

Now, let's get back to the realities of the staff shortages. What's the approximate average age range of the members that you've lost? You've commented on experience but what age range would you say?

**Cindy Campbell**

Well, you know that's kind of a significant thing that just I've sort of—I've just been talking to a lot of people and trying to get lots of qualitative, good, rich data from some of these

people who have been fired. And it tends to be that a lot of them were in kind of that sweet spot where the public could have probably got at least five, ten years out of some of these very experienced nurses, who just thought, “No, we’re not doing this anymore.” Our data shows us clearly that before the pandemic, we had an aging workforce. And already at that time it was a significant amount of the staff. They already knew these nurses were 50 and over and that we’d be facing a nursing crisis once we start losing these members. So to hold on to those old nurses, for lack of a better word, was imperative. But rather than hold on to them this would have pushed them aside. And lost them.

**Geneviève Eliany**

Can you give us a sense of the geographical origin, where the nurses came from, in cases of sort of more vocal nurses who resisted the mandates?

**Cindy Campbell**

When you say, “where they came from,” do you mean the hospitals or the—?

**Geneviève Eliany**

I didn’t word that very well. I apologize. So which countries did these nurses come from? The ones who protested the most?

**Cindy Campbell**

Well, again, hard to say. Generally, the U.K. seemed to have had quite a good pushback. The U.K. dropped their policy. And actually, it was interesting because the House of Lords in the U.K., they had a ruling that they rejected mandatory policy.

[00:35:00]

And the reasons were that “the potential benefits of the proposal were disproportionately small given the subsequent costs for recruitment and the disruption it would have to the health service.” And they stated they would have to be provided with very strong evidence to support this policy.

So again, in terms of nurses that were fighting back, I think it was consistent across many countries, so hard to say just one, but—

**Geneviève Eliany**

What about immigrant nurses here in Canada? Like the Chinese nurses? Like the ones from Eastern Europe?

**Cindy Campbell**

That’s a really good point. Because I think what I took issue with a lot with this was, as a nurse, I look at populations. And we’re all taught this: to always look at the lived experience of people and where they come from. And perhaps instead of the name-calling and hate-mongering, I’m just going to call it, that has been going on when someone declines a vaccine, to look at some of where they came from. And so you have to look at their backgrounds. Now, we know Canada is a country of immigrants. We welcome people who escape communism, authoritarianism, dictatorships, and they came to Canada for freedom.

Instead, they got told that they would have to take a vaccine against their will. And these kinds of populations, they stood up in my hospital. I had a nurse who had arrived from China just several years earlier and she just said, “You know, Cindy, this is not what I came to Canada for. I came here for freedom and now this is happening.”

I have a very sad story of a Serbian family from Hamilton. Both of them went through the Serbian War, they came to work in Hamilton Health Sciences, and both of them lost their jobs. And they were literally in PTSD from this. And people can mock as they will on the other side but these are really painful experiences as to why people decline vaccination. And you know, we also have demographics that have generational trauma—well-earned mistrust of the pharmaceutical industry and of health authorities. Black populations and non-Caucasian populations that were experimented upon and those kinds of scars do not go. So to suddenly again name-call them and cast them out and fire them—that is again completely unethical and nothing you would want to see from a health care professional. We also forget about the lived experiences of people who suffered from abuse as children, and they have a very visceral reaction to having someone take away their freedoms. And they are not misogynists; they are not racist; they are not white supremacists. These are real people with genuine psychological reactions here. Very many stood up. A lot of the nurses in my hospital were from Eastern Europe. Again, they know what communism looked like; they know what that looks like and that’s how they interpreted it.

They were a large majority of the group that was terminated.

**Geneviève Eliany**

It is my understanding that you’re no longer working in the nursing profession. Is that correct?

**Cindy Campbell**

I am not. I was terminated along with my other colleagues. I have religious beliefs and creed that did not allow me to take a COVID vaccine. But of course, just like every other nurse, my exemption I put in was denied.

I think a particularly troubling fact with my hospital, that’s Mount Sinai Hospital— They put in the mandate, the firing date was November 11th. And I think that that was extra shameful. That was a day that commemorates our country’s freedom, what our soldiers died for. And for a hospital to do that just shows another level of insincerity, inhumanity, and disrespect.

**Geneviève Eliany**

You’ve mentioned that there was a lack of transparency across the system with respect to the number of staffing losses.

**Cindy Campbell**

Correct.

**Geneviève Eliany**

What do you see as a solution to bring about accountability to get that data?

**Cindy Campbell**

Well, you know, it's interesting.

[00:40:00]

FOIs have been filed to various hospitals and many are refusing to give that data. So I'm not sure if we ever will get transparent numbers on that. But when you look at—I think UHN [University Health Network] admits to saying, "We lost about 1 per cent of our staff." And when they say that they would likely mean 1 per cent, again, were terminated, not all the other things we talked about: the resigned, the leaves, the retiring, the cascade from there. But when you read again, human resources material: when you lose specialized talent and specialized knowledge like that, even 1 per cent is enough to send a system that's already depleted, already has staffing issues, into chaos. And I would argue the numbers are much higher than that.

The Ontario Science Table, again, in the letter that they wrote and that I found had lots of gaps, they said, "Don't worry. Hospitals around the country and the world haven't had any problems. They all say they're going to lose a lot of staff, but they haven't had problems." Meanwhile, they cited an article that was in *The BMJ* from Italy. And Italy reported with their nationwide mandate, which they have since dropped, that they lost between 10 to 15 per cent of their staff, medical staff. And that is crushing losses. And the Science Table published that as though that was okay. That tells me that either they've never worked the front line in decades and they have no idea what losing 10 per cent of an already depleted, stressed unit would do, or they simply didn't even read their evidence. They then also cited, again, an American hospital that lost 2 per cent; but we know that 2 per cent would be, again, a serious blow on its own. New York state, when you look into their numbers a little more: their home health care division lost 8 per cent of their health care staff—it wouldn't be nursing, it would be a bunch of health care workers under that—but that's 8 per cent in that area. And it's interesting because the *Wall Street Journal* had an article on March 6th that lamented that New York citizens are now at risk because of staffing shortages and because many of the New York divisions are not meeting their performance targets. And meanwhile, I would argue that likely the home health care that lost 8 per cent of their staff is one of those that are not meeting their targets and putting the citizens at risk.

So certainly, as we talked about, the numbers are important to know. And I think we need transparency and accountability from CEOs that decided to go with the Ontario Science Table over Kieran Moore. Kieran Moore, on March 11th, was at Queen's University and had made another statement to reinforce his beliefs. And he said that his intention was to never have a mandatory vaccine but instead a mandatory policy—and that he did endorse accommodations. Those of course, as we know, were not done—despite that Ford made a public statement. At the time that all of the NDP party and Liberal Party, et cetera were trying to get him to put in a provincial policy. He stated that he would not risk the loss of tens of thousands of health care workers of Ontario because it would put the citizens at such risk. And the interesting part is, back to my thing about risk-benefit, the Ontario government did a risk-benefit assessment. And Christine Elliott admitted that they did a risk assessment and that they found that the risk of losses of health care workers would have been what she quoted as "very significant." And Dubé from Quebec also canceled their program of mandatory policy provincially, saying that the effects would be devastating. I suggest that—as we said, what we are seeing—they were likely correct. And their numbers very well could have been correct. And it did in fact have a devastating effect on our ERs, our wait times.

[00:45:00]

It's just going to make more and more cancelled, potential cancelled surgeries, more delays to diagnostics. Any time you lose valuable staff in an area that is so vital, you are putting citizens at risk.

**Geneviève Eliany**

Before I turn it over to the commissioners, I was supposed to ask you this in the beginning. Do you promise that everything you testify to today is the truth?

**Cindy Campbell**

I do.

**Geneviève Eliany**

Thank you. We'll see if the commissioners have any questions.

**Cindy Campbell**

Thank you.

**Commissioner Drysdale**

I believe I heard you say a number of times that some nurses were seeking religious exemptions to this vaccine.

**Cindy Campbell**

Correct.

**Commissioner Drysdale**

My question to you is: Is it not true that most of these nurses had previous vaccines? And what was special about this particular one that would have made a religious exemption, or the consideration of a religious exemption?

**Cindy Campbell**

Sure. Well, you know again, not all of them did have these vaccines—like the one I talked about. I had a woman who had, again, refused it on the exact same grounds. And often people too—just because they may have started without a religious belief, doesn't mean over the years that those religious beliefs do not form, and that they do not come to their God or their belief system in another way. I don't think it was meaning that for just this particular vaccine, potentially, but that may have applied for other ones; I don't think that we know that. I think that what was wrong, though, is to follow the direction only of a mere mortal man that may run a church and say that this is not acceptable for vaccines.

I think that in Ontario the standard is "creed," and creed can extend to all kinds of facets of your belief systems. It doesn't necessarily even have to be religious per se; it doesn't have to be tied to a religion. You could have had people with a lot of underlying creed—genuinely strongly, sincerely-held beliefs—that did extend into other areas beyond religion. And again, if there was a safe accommodation, that should have been afforded to

them, I would say. No one's denying, as we said, the obligation to keep the public safe. And there are reliable ways to do that, as Kieren Moore did confirm.

**Commissioner Drysdale**

I want to be clear—at least, maybe I misunderstood—but when exactly did the dismissals happen?

**Cindy Campbell**

Oh, interesting. I found that they really followed a pattern. They started around, let's call it, October 2021. And they were still actively going on until the end of April 2022, across different hospitals across Ontario. And the interesting part of that is that Kieran Moore, on February 3rd, declared that two vaccines weren't cutting it; it wasn't doing enough. And that you were starting to need boosters. But the interesting part is that none of these hospitals—and I'm not going to say none, the ones I know of—have not as yet put in a booster mandate. To me, the policy objective has to be consistent with the measures applied. So if their policy objective is indeed patient protection and they have not yet put in boosters, that to me looks like a glaring inconsistency. You also have the Ontario Science Table, on December 15th, declaring that this is a three-dose vaccine. And all the hospitals that apparently followed the Science Table with such diligence did not follow them any longer on that one.

In terms of the timing of the policy, it is important, because some hospitals were putting these in as—clearly, two vaccines were no longer giving the protection that was needed. So it would appear more to me that the policy objective was not patient protection but rather it was 100 per cent vaccination rates. That seems what their policy was. And when you talk about patient protection, you've got some interesting gaps there: at the end of January, hospitals bringing back COVID-positive staff to work before they'd finished their isolation periods.

[00:50:00]

So that looks like another inconsistency to me of the commitment to protection. And the fact that they knew the vaccines were—some people had vaccines on board for well over a year, even a year and a half, and they hadn't had boosters. Those people technically would have been safer testing if protection was truly their objective. They would have been probably safer doing antigen testing, arguably.

So yeah, there's some—

**Commissioner Drysdale**

Part of my reason for that question is I also think I heard you say— And it may have been some other witnesses because we've had a long line of witnesses. I thought I heard you say that of course, the vaccines came out in Canada end of December, beginning of January 2021. If I understood this testimony correctly, they were already becoming aware of what you call breakouts in early or mid-part of 2021, three or four months after. A breakout means that you got the vaccine but you still got sick.

**Cindy Campbell**

Correct.

**Commissioner Drysdale**

So they knew that the vaccine at that time wasn't providing protection, but they were still firing people for almost a full year after that.

**Cindy Campbell**

Yes, this is the concerning part. It appears that and as we said: the vaccine has I'm sure helped many populations. But the concern is that it is not of the caliber of this sure-fire, sterilizing vaccine that you would expect to justify this degree of heavy-handed mandate. Especially with what was going on in the community and what was going on with some of the evidence. Especially in light of Omicron. Omicron really brought down its very short-lived, it appears, protection from that one—that likely waned within several months. And again, should have been doing testing then or implementing boosters. And when they don't, that's when it starts to look a little suspect.

**Commissioner Drysdale**

Also I thought I heard you say that the requirement for hospital stays or people coming to hospitals was seen to be going down because— And they were closing down ORs and they were doing all kinds of other things. And of course, they were letting staff go and there were some COVID infections coming in, I'm guessing. So there was a devastating effect on the hospitals, not only because of the disease but also because of the actions or policies taken here. If you're letting go— I can't remember if you gave a percentage, but if you're letting go your most experienced staff, that's going to have a very long-term effect.

And my question to you, after all that, is: Has our medical system, have our hospitals, recovered from this?

**Cindy Campbell**

You know, it doesn't appear— If you were to look at vacancy rates alone, just that data that I said out of Hamilton Health Sciences where they're now at 1,500 vacancies, that would still indicate— I would think that they are still at quite a serious gap, a serious deficit there. And nursing shortages are well-established in Canada well prior to the pandemic. Canada has one of the lowest, let's call them "per capita nurse" of the world and Ontario has some of the lowest there. And they know that nursing staffing levels are consistent with less medical error, better patient outcomes; adequate staff is associated with all of those good things. As soon as you start to deplete staff, you start to get into problems and patient threats to their—again, their health and well-being, when you start depleting those numbers.

So to me, they knew that already well before. They knew there was vacancy rates. They knew this was still in an ongoing pandemic and they still chose to deplete those nursing rates and staff rates even less.

**Commissioner Drysdale**

Thank you.

**Cindy Campbell**

Okay.

**Commissioner Massie**

Thank you very much for your very detailed presentation. I hear you say that for some of the vaccines that are required to work in medical institutions,

[00:55:00]

natural immunity can be recognized if you haven't been vaccinated but you can show that you've been exposed. So I'm wondering—given that in COVID, natural immunity somehow has been put on holiday or something; it is no longer on the table—I'm wondering about what was the specific recommendation or scientific rationale for the Science Table to dismiss the validity of natural immunity for COVID?

**Cindy Campbell**

Yeah, that again is another one of these head-scratchers. We know that as we said, they've recognized it up till now. Now that's not saying that they won't recognize it in the future. But at this point, yes, they are still actively firing. I even heard of a nurse still getting fired last week from Trillium Hospital in Mississauga. And these are, again—more than likely, most citizens of Ontario have been infected and have a degree of natural immunity. But it's utterly, it appears, disqualified on this one. It's either get a vaccine or don't have a job.

That's the thing when I talk about choice. In some sick, perverse way, these people that argue, "Well, you still have a choice: you can get a vaccine or don't work." That's not a choice. And we know—and they know—that economic stability is a social determinant of health. And they also know that there is a high correlation with unemployment and all-cause mortality. There's a systematic review that found there was a 63 per cent increase of death associated with unemployment. So they know all of these things. And yet they see it fit to tell someone they have to choose between their job or their livelihood, or their job or feed their family, or their job or pay their bills. And I find that— Again, all of these things all just seem to lack humanity. Tremendously.

**Commissioner Massie**

You also mentioned that there were a few hospitals in rural areas that were closed.

**Cindy Campbell**

Correct.

**Commissioner Massie**

Do you know whether they were closed? Most likely because they were short-staffed, but was it due to the fact that in these in these areas where maybe the number is not as high, the level of people that would no longer be available because they didn't take the vaccine was somewhat higher? Is it a reason why it happened?

**Cindy Campbell**

The only thing I have heard of is closure due to staffing levels. So again, we don't know—I'm not suggesting that every staffing issue is to do with the mandate. But I am suggesting that it played a role—and an unnecessary role. I can't comment on the other facts of what closed some of those ERs, but the only thing I consistently keep hearing is staffing, staffing, staffing.

**Commissioner Massie**

Thank you.

**Geneviève Eliany**

Thank you so much for your testimony today and for your time today.

**Cindy Campbell**

You're welcome.

Thank you guys. Thank you everybody.

[00:58:45]



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***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Witness 10: Dr. Heather Church

Full Day 2 Timestamp: 07:46:10–08:05:21

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[0:00:00]

**Geneviève Eliany**

The next witness is definitely virtual. I see that she's being queued up here. Heather, are you with us?

**Dr. Heather Church**

Yes, I'm here. Sorry.

**Geneviève Eliany**

Great. I know we're running a bit late so let us know if you're having any difficulties. Could you spell and state your name for the record please?

**Dr. Heather Church**

My name is Heather Church, H-E-A-T-H-E-R C-H-U-R-C-H.

**Geneviève Eliany**

Do you promise to tell the truth today?

**Dr. Heather Church**

I do, yes.

**Geneviève Eliany**

Now, you are a health sciences professor, and you taught Pandemics and Society. Is that right?

**Dr. Heather Church**

Correct.

**Geneviève Eliany**

That was the name of the course?

**Dr. Heather Church**

Yeah. Pandemics and their Impacts on Society.

**Geneviève Eliany**

Great. And you also completed a PhD dissertation about health equity impacts of public policy?

**Dr. Heather Church**

Correct, yeah.

**Geneviève Eliany**

And until the COVID mandates came along, you were teaching at a university, right?

**Dr. Heather Church**

Yeah, I submitted against my will to the vaccine mandates and did teach until I went on sick leave in August 2022. And I've been off since then. And I just received confirmation of a diagnosis a couple of weeks ago, that it was vaccination-related.

**Geneviève Eliany**

So let's discuss that vaccine injury. Your main reason for being reluctant, as I understand it, was that you already had a mild traumatic brain injury, right?

**Dr. Heather Church**

Correct. And that puts me at higher likelihood of neurodegenerative disorders—but also earlier age of onset thereof. I also have a family history of neurodegenerative disorder, so that's two strikes against me. And my concern was the cumulative effects of strikes against me earlier. I don't have any more room to add injury to my neurological system. And so I was afraid because these have not been tested for neurological effects. And at the time that the mandates were implemented, they were only in Phase II of the four-phase clinical trial process. So I just felt that there wasn't enough known about the risks. And since I was at low risk for COVID, it didn't strike me as necessary. But also at that time too, there was already evidence demonstrating that the vaccines wouldn't prevent transmission, so it really was just a personal choice.

**Geneviève Eliany**

We won't dwell on this point, but can you confirm that you tried to have both a religious and medical exemption approved by your employer and you were unsuccessful?

**Dr. Heather Church**

Yes, that's correct. I submitted a religious request for exemption and with that I had to sign a sworn affidavit and it was rejected. And I was told that it was—that my position was politicized. And when I asked my union for assistance, they upheld the decision.

So then I also sought assistance getting a medical exemption. I went to my family doctor and I took in a stack of peer-reviewed journal articles to support my point. And he wouldn't even look at them. He told me that the College had banned them from providing exemptions for anything but anaphylaxis, myocarditis, and pericarditis—wouldn't consider it, wouldn't hear me out, and yeah, frankly, behaved very unprofessionally. Then, when I explained this to my union again, they told me that they didn't believe that doctors had been banned and to try again.

**Geneviève Eliany**

You've since been diagnosed with an auditory processing disorder. And we've heard that you've been on sick leave since August 2022. Can you describe the everyday effects of the injury?

**Dr. Heather Church**

Okay, so for clarification, the Auditory Processing Disorder, that was with a neuropsychological assessment that was conducted where she identified a few impairments: some fine motor coordination, auditory processing, and some memory issues.

[00:05:00]

All came out as impaired. She couldn't tie it to the traumatic brain injury because those symptoms would have shown up at that time. But that was three and a half years before getting the vaccine. And I didn't have those problems until the day after getting the vaccines.

For the auditory processing piece, the issue is that I don't filter out sounds naturally. So people who don't have impaired auditory processing are able to filter out environmental sounds. For instance, if you're at a restaurant, someone's laughing in the background, you hear a fork drop on the floor, it doesn't impede your ability to communicate or to continue doing what you're doing because your brain's naturally filtering those noises out. So you're attending to only the sounds that you need to hear. And my auditory processing now is impaired.

In addition to that, since getting the doses, I also had what's described as bounding heart rate. So it would be where—just intermittently and unpredictably—I could see my pulse just bonking out of my neck. And it was really hard and really scary. So I gave up exercise. I used to be a very active person and I gave it up because I was afraid. And I've since been diagnosed with what's called postural orthostatic tachycardia syndrome, or POTS. And what that is is basically, when you change positions from reclining or sitting to standing up, you get a clinically significant elevation in your heart rate. So it's a 30 per cent increase in your heart rate.

I've also been diagnosed— It's a separate diagnosis by a neurologist as well and it's called, it's a big one: distal chronic-acquired demyelinating polyradiculoneuropathy. I don't really understand that one yet. I had to go to the States to get that diagnosis because I've been on

a waitlist since September to see a neurologist here in Canada. And the earliest appointment I can get is August 28th, 2023.

**Geneviève Eliany**

And what will happen if you are unable to get a Canadian confirmation of the American diagnoses?

**Dr. Heather Church**

Well, currently I switched from short-term disability in November, so I'm now considered long-term disability. But my long-term disability provider rejected my claim, stating that they didn't see that there were limitations that would impede me from doing 60 per cent or more of my workload. And WSIB [the Workplace Safety & Insurance Board] would also need a Canadian-confirmed diagnosis and recognition of vaccination causation for it to be considered a workplace injury.

And my contract ends in June but I'm not employable at the moment. I'm injured. And I'm going to have lifelong issues, including the distal chronic-acquired demyelinating polyradiculoneuropathy. If not treated early, it has a one in three chance of ending up being wheelchair bound. And I don't even know what early treatment means because I can't access anyone who has that knowledge.

**Geneviève Eliany**

Can you describe your average day now? How do you feel and what kind of symptoms do you have?

**Dr. Heather Church**

Tired, sad, chronic headache, chronic pain. I have incessant tinnitus that just is all through my head. Dizziness, nausea. My limbs feel heavy. I'm tripping over things; I'm fumbling things with my hands. I feel incompetent.

**Geneviève Eliany**

When you participated in a one-day training about a week ago—and take your time—how did you manage that day and how did you feel afterwards?

**Dr. Heather Church**

I didn't do well. I tried it. I wanted to see if I could work a full workday. I couldn't sit still. I couldn't pay attention. It was awful. It was really well done. The people were lovely.

[00:10:00]

But I crashed. And this is the problem. Even just going to church or going out with my parents to a restaurant, I get so tired and so withdrawn that I cannot function. I can't communicate because I'm just so busy trying to focus and pay attention to what's important and not pay attention to everything else. I can't keep up.

My parents actually did notice that I withdrew into myself. And they thought that I was unhappy with the meal or unhappy with the setting. It wasn't that at all. It was, just, I was overwhelmed. I couldn't handle it.

**Geneviève Eliany**

What kind of treatments, if any, have you tried?

**Dr. Heather Church**

Well, I started out seeing a psychologist and I initiated that in July last year and started seeing her in August. But she's also—I did the neuropsychological assessment with her and maxed out my benefits at that point using that. And then had to pay an additional \$2,500 on top of that. So I haven't been able to access anything.

But now I do have benefits. But since I don't have any disposable income, my parents have loaned me money so I can start paying for things like physiotherapy. I have made a referral to a neurological rehab clinic in Burlington, so hopefully that will help. And I'm resuming my psychology appointments next week.

**Geneviève Eliany**

I understand that you filed some complaints, both against the College of Pharmacists and against your doctor. Have you seen any lights at the end of the tunnel with respect to those complaints?

**Dr. Heather Church**

No, no. I filed a complaint against the doctor for his unprofessional behavior, which I frankly think is malpractice. But I don't know that for sure. And the College contacted me and asked me to indicate dates when I could have a phone meeting. At that point, I just didn't have the wherewithal. And so I asked them to just provide the information because they just wanted to have a meeting to explain the process. I said, "Well, just provide me with a write up of what it is, because surely you do that for people who are nonverbal and can't participate in a telephone meeting." And I never heard from them again.

So then two months later, I emailed them and asked what was going on. And they said that the registrar had closed the file.

Then, with the College of Pharmacists of Ontario, I filed a complaint. Because on the consent form there were only two options: if you wanted to receive your confirmation of vaccination by text or by email. And so I created another box and checked it and wrote beside it, "I do not consent to digital communication of my private and confidential health information. Please send it by mail only." And I ended up getting text messages from the pharmacy notifying me when it was time to get my second dose, notifying me when it was time to get boosters, notifying me of sales they were having. So it was even promotional content; they didn't separate out promotions from health information.

So I filed a complaint against them. I filed a complaint with the Information and Privacy Commissioner of Ontario, who has noted that they were in their right to do so. But I still challenge that because there's no reason that I should be getting text messages about sales that they're having. And I'm still awaiting a decision by the College.

**Geneviève Eliany**

Thank you. I'll turn it over to the commissioners to see if they have any questions.

**Commissioner Drysdale**

First, thank you for coming out and talking to us about this most intimate issue that you have and having the courage to stand up in front of us, in front of all of Canada. My first question has to do with— I believe that prior to this, you were a professor teaching a course in pandemics and the effect of pandemics on society?

**Dr. Heather Church**

Correct.

**Commissioner Drysdale**

In your class, or in your studies preparing for your class, were you aware of any nationwide pandemic plan or reviews of different options that may have been contained in that plan?

**Dr. Heather Church**

Yes, so I did look at the SARS response and that sort of thing. But we also covered historical pandemics as well.

[00:15:00]

And I was trying to sort of avoid—initially, the first couple years I taught it I wanted to avoid getting too deep into COVID because I felt that there was a lot of hysteria around it and I didn't want to drive that fearful narrative. But then in the second year of teaching it I had a day where we were just talking and the students were hungry for the other side of the story. So we started talking about the other side of the story. After that, the students really opened up to me about their own experiences and about—you know, thanking me for being a safe place to talk. So we discussed science and it was all science-based that we were discussing.

But yeah, sorry, I've gone off track. Sorry, what was the question?

**Commissioner Drysdale**

Don't worry, I'm always off track. Really, specifically, what I meant to ask you was: Were you aware of the Canadian Influenza Pandemic Plan that was in place? And I believe one of the authors was Theresa Tam.

**Dr. Heather Church**

Yes, I am aware of it. Yeah. We didn't cover it in that class though.

**Commissioner Drysdale**

Okay. Do you know whether or not your adverse reaction has been registered in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance] System in Canada?

**Dr. Heather Church**

I'm still in the process. I need to get that Canadian confirmation of diagnosis before I can submit it. I've started the paperwork for the AEFI [adverse event following immunization]. And so Public Health is awaiting my diagnosis and the paperwork for that before they will process.

**Commissioner Drysdale**

So that's been in process now for a year or better? How long has that been in process?

**Dr. Heather Church**

I think I initiated it—I don't remember when I initiated that. I guess it would have been November or December 2022.

**Commissioner Drysdale**

You talked a little bit about your experience in getting the vaccine. And if I understood you correctly, you got it in a pharmacy.

**Dr. Heather Church**

Correct.

**Commissioner Drysdale**

Do you feel that the pharmacist, or whoever administered the vaccine, had given you all of the information about the risks and benefits of this vaccine so that you could form an informed consent when you received it?

**Dr. Heather Church**

No. I got the provincial little write-up, but a) they're still experimental, so there's not enough information to make an informed decision. But b) on the consent form, another thing was the pharmacist had already digitally checked off the null box in the adverse reaction section of the consent form, which I thought was weird. But there's also no information about what to do if there is an adverse reaction and what those adverse reactions will be.

**Commissioner Drysdale**

Normally, when you purchase a drug in the restaurant— Or sorry, it's the pharmacy. Sorry. Normally, when you receive a prescription drug, there's an insert in that prescription drug that describes to you— Even whether or not the pharmacist goes through it with you, there is an insert that tells you all of the risks and issues concerning that drug. Were you given access to any kind of an insert or information bulletin directly from the manufacturer of the vaccine prior to taking it?

**Dr. Heather Church**

No.

**Commissioner Drysdale**

Thank you very much.

**Geneviève Eliany**

Thank you very much for sharing your story today with the National Citizens Inquiry. It's very much appreciated and I hope that you find some treatments that will help you.

**Dr. Heather Church**

Yes, thank you very much. And thank you for this opportunity.

[00:19:11]



*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Witness 11: Dr. Wesley Mack

Full Day 2 Timestamp: 08:05:38–08:41:50

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Dr. Mack, can you hear me?

**Dr. Wesley Mack**

Yes, I can, thank you.

**Shawn Buckley**

Can you turn your video on? There we go. And then maybe tilt your screen a little better.

**Dr. Wesley Mack**

Very good. Thank you.

**Shawn Buckley**

I'd like to begin by asking you to state your full name for the record and spell your first and last name for the record.

**Dr. Wesley Mack**

Sure. Wesley, W-E-S-L-E-Y. Mack, M-A-C-K.

**Shawn Buckley**

Then, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Dr. Wesley Mack**

I do.

**Shawn Buckley**

Now, my understanding is you have a Master's of Education in Administration.

**Dr. Wesley Mack**

Yes, that's right. A B.A. for my undergrad, basically in music education, and a Master's of Education in administration.

**Shawn Buckley**

And you also have an honorary doctorate degree.

**Dr. Wesley Mack**

I do.

**Shawn Buckley**

Now, you've got, basically, a career that is church-related, as I understand it.

**Dr. Wesley Mack**

Primarily, yes. In a variety of capacities, actually. But yes, primarily interrelated with church and what we would refer to as parachurch and national media. There are several different elements combined with that. But it relates to what we would refer to as the ecclesia, the community of believers or the church at large.

**Shawn Buckley**

Right, indeed. And one of your achievements is you spent quite a bit of time developing a Christian school system in Hong Kong, both primary and then secondary.

**Dr. Wesley Mack**

Yes, right. My wife and I both have educational backgrounds, a background in education administration. I was asked to go to Hong Kong to basically take over a system that had a number of elementary students—3,500 elementary students—coalesce that into a school system. And then to develop and build a school for them to progress to. It culminated in a school for 1,200 students. It was called United Christian College, with two other organizations in Hong Kong.

**Shawn Buckley**

And we don't need a whole lot of detail there. I'm just trying to establish that you are really plugged into the church system. And then I was going to move you to— You've been living in the Toronto area now for quite some time. But instead of being involved in one church, you actually had, prior to COVID, been heavily involved in three churches. Am I right about that?

**Dr. Wesley Mack**

Yes. I should expand that little bit. I've been involved with the national church scene for a number of years, ever since coming to Toronto from Hong Kong. And that includes media, it

includes having actually been present in meeting pastors, speaking in over a thousand churches nationwide, literally from coast to coast.

So yes, I have a comprehensive view— fairly comprehensive view of the national church scene.

**Shawn Buckley**  
Right.

**Dr. Wesley Mack**

I do have fairly close connection with three churches in the metropolitan Toronto area. They'd be described as what we'd refer to— One of them in particular is a megachurch; the other two are large facilities, which previously have had full capacity in the range of 1,500 to 2,000. The megachurch would have a weekly attendance of somewhere between four to five thousand.

**Shawn Buckley**

And you are actually friends with the pastors in all three churches and would have what in the Christian world would be known as an elder role for those pastors.

**Dr. Wesley Mack**

Yes, that would be that would be a good description. Being able to spend time with these three individuals on a personal level. Being able to share with them their ministry objectives.

[00:05:00]

Being able to provide some counselling perhaps from time to time, that kind of thing.

**Shawn Buckley**

Okay. And these were three churches that were very important to you and they were important for you and your wife to attend.

**Dr. Wesley Mack**  
Exactly.

**Shawn Buckley**

Okay. So now COVID comes along. We're in the year 2020. Can you tell us what happened to churches in Ontario, and those three churches in particular?

**Dr. Wesley Mack**

Yes. Let's back up just a little bit to begin with. What is a church? A church is a fellowship of believers that come together under common cause. Those causes are generally born out of fellowship; it's born out of the desire for teaching and for learning from their scriptural backgrounds. Also, the desire for spiritual nourishment on the part of interaction with co-

worshippers as well as from the pastoral community. And then, as an outgrowth of that, obviously a community outreach into the communities, whether it's community support, providing support systems for the community, and so on.

So it historically in Canada, as in other countries, has played a significant role in the communities that they have been developed in. Our personal opportunity here in Canada has been really involved in all of those aspects. And we have seen, as a result of the lockdown that took place, a drastic decline in all of those aspects of fellowship, of—

**Shawn Buckley**

Well, let me just back you up if I may.

**Dr. Wesley Mack**

Sure.

**Shawn Buckley**

My understanding is that churches in 2020 were shut down for a period of time in Ontario. Is that correct?

**Dr. Wesley Mack**

Yes. Perhaps just a brief—I was going to give you a rather lengthy, but we'll combine this. March the 16th, 2020, the provincial government closed all of the churches, schools, day cares, recreational facilities, bars, restaurants, et cetera. The interesting thing there is that they allowed big-box stores to remain open. Facilities like the local liquor board, the LCBO in Ontario, abortion clinics, a variety of special interest groups that were allowed to continue to remain open. But churches were closed on March 16th of 2020. March the 18th, the federal government closed all the borders for Canada. So that shut down all kinds of things. It also affected us because our children live abroad.

Then, moving quickly, in December of— Well, on occasion, they would allow a bit of flexibility. They would allow 10 people to meet in September of 2020. Ten people to meet in small groups: obviously that was ridiculous in terms of church attendance. Then in November of 2020, this provincial government established a five-tiered colour system where they would allow certain groups to open in different capacities based on the colour of their zone. Toronto, the GTA area, was designated a red zone. And so the entire GTA, including the churches I have described, were under the red zone restrictions and in total lockdown.

December the 26th, 2020, the provincial government again reverted to a complete total lockdown of everything.

In January of 2021, there began to be some resistance to that. Some pastors rebelled, started to allow small group meetings in their churches. A couple of pastors were arrested and fined.

[00:10:00]

In fact, it has resulted in hundreds of thousands of dollars worth of fines that have been placed on a couple of these pastors.

Interestingly, March 7th, 2021—so that's almost exactly one year from the beginning of the church lockdown—the Archbishop of Toronto issued a letter to Premier Ford personally, and it was published widely, making a strong appeal for the church to be allowed to open, especially for the Easter services. The response to that was that on April the 7th, 2021, Premier Ford and the Province issued another complete lockdown. And everything went back to the original state.

Then over the next year, they did allow a progressive opening. At first, it was 15 per cent of your capacity. Obviously, if you have a 1,500-seat auditorium, a 2,000-seat auditorium, that makes no sense at all. Then they allowed only vaxxed people to come in—

**Shawn Buckley**

Can I just stop you?

**Dr. Wesley Mack**

Sure.

**Shawn Buckley**

Was that actually a government requirement or was that just a recommendation?

**Dr. Wesley Mack**

It was a requirement.

**Shawn Buckley**

So an actual government requirement that to go to church in Ontario, you had to be vaccinated.

**Dr. Wesley Mack**

Exactly. Yes. And you had to wear a mask as well. Everyone. And you had to be seated six feet apart in the auditorium. And there was a pew— You had to have a vacant pew between each of the occupants as well.

Then they began to allow a percentage based on your size of your auditorium. And they began then to allow non-vaxxed people to attend. But they had to sit in a secluded section of the auditorium. They could not be in with the general vaxxed populace. So for example, in one of the churches we attend, the large 2,000 seat auditorium, we would go for the services. We are unvaxxed.

We made the decision not to be vaccinated for a variety of reasons. We had done extensive research into the mRNA vaccination, in particular, and made a decision that we would not. Earlier we had contracted COVID and got excellent care in our local health facility. We were hospitalized for two weeks. And then, as a result of that, even our doctors recommended that we did not have to be vaxxed because of the natural immunity that we had coming out of the COVID experience.

However, again, back to the church, we would be able to attend but we would have to sit in a secluded area that was designated for non-vaxxed.

**Shawn Buckley**

I just want to make clear. So that was one church. But was that a government recommendation that they be segregated or was that a decision of the church?

**Dr. Wesley Mack**

It was a strong recommendation. Whether or not it was actually a written mandate, I'm not sure, but it was strongly recommended by the provincial government.

**Shawn Buckley**

And then am I correct that two of the other churches excluded non-vaccinated persons for a period of time when it was not a government requirement?

**Dr. Wesley Mack**

Exactly. Yes, that is true.

**Shawn Buckley**

Okay.

**Dr. Wesley Mack**

I continue with the progression. April 15th, 2022, Easter services: this was the first time when the provincial government then did allow churches to open to the general public. Some of the churches still at that point maintained the six-foot separation between parishioners and the vacant pew between the people within the auditorium.

[00:15:00]

However, the provincial government did allow for full Easter services to be held April the 15th, 2022. And that was exactly two years and one month from the total lockdown.

So in effect the churches were, for all intents and purposes, shut down for over two years. Let me just state, this was widely broadcast internationally. We got a lot of international attention from Canada to the international world as a result of that. To the point— And of course, that also included the arrest of a number of well-known pastors in Canada; the confinement of these pastors, some of them actually in solitary confinement.

**Shawn Buckley**

Now, Dr. Mack, I want to focus you a little bit off of the history and more on your personal experience.

**Dr. Wesley Mack**

Let me just make one statement.

It got to the point where the state of Ohio, which is a conservative state— But the state of Ohio actually drafted a bill that they took before the state senate as a result of the publicity that came out of the experience of the churches in Canada. And they voted on this petition, which was sent to the international court. As of that petition, which was overwhelmingly

voted in the positive by the state senate of Ohio, Canada is now on the international freedom of religion list as being a country that does not adhere to freedom of religion for their Christian community. That is how serious it became internationally: the exposé of everything that was taking place within the church community.

**Shawn Buckley**

I want to turn now to kind of your personal experience and then your thoughts on the effects of others.

**Dr. Wesley Mack**

Sure.

**Shawn Buckley**

For a period of time, once the churches were allowed to open, but the government was strongly recommending that only vaccinated persons be allowed, two of the three churches that you had been a vibrant part of basically excluded you and your wife.

**Dr. Wesley Mack**

Yes, yes. The regulations were such that we were not able to attend any of those churches.

**Shawn Buckley**

Right, but it wasn't government regulations. Because they were allowing people back in churches, but they were recommending that only vaccinated people be allowed. Right?

**Dr. Wesley Mack**

That's right.

**Shawn Buckley**

Okay. So two of the churches chose to exclude unvaccinated people.

**Dr. Wesley Mack**

That's right.

**Shawn Buckley**

And I'm wondering— I'm asking you, what the effect of that was on you and your wife?

**Dr. Wesley Mack**

Thank you. Obviously, it excluded us from the fellowship with fellow believers. It did not allow us to participate in the normal function of a church community. We had to revert, as many hundreds of thousands of people did, to receiving our inspiration from church services online or through television.

Subsequently, there are many friends that we haven't been in touch with for several years. As a result of that, we have felt that we have not been able to contribute to the church community. And within our own family experience, we maintain a regular—what would I call it?—a worship experience ourselves. We have devotions together. But we obviously miss that opportunity of interaction with the fellow believers, interaction with the church communities, the opportunity of contributing to the church communities. And one of the real detriments is the decline of the church. And this really affects me in particular because I know the church well, nation-wide.

[00:20:00]

I know the churches in the Greater Toronto Area very well.

**Shawn Buckley**

And what's happened to them?

**Dr. Wesley Mack**

Well, to be very honest, there are some who have had to close their doors. And there are actually— Some of the churches have had to sell their buildings because they simply could not maintain the expense of maintaining their buildings without the natural flow of income.

The pastors have gone through a great turmoil personally and their families. There are a number of pastors that I know of who have left the ministry as a result of that: because they felt like they no longer had the opportunity of ministry to their people.

Attendance has been greatly reduced, even since the opening of churches. Entire denominations that I'm in touch with have publicly stated that their attendance is less than 50 per cent of what it was prior to the lockdowns. The national average actually is— They are saying it is between 30 and 35 per cent in many of the denominations across Canada. Now, there are some very special and unique opportunities that independent churches in particular have been able to increase their attendance. And we're grateful for that. But, by and large, the average church has lost at least 50 per cent of their regular attendance during this lockdown period of time—some of them as much as reducing it to 30 to 35 per cent.

**Shawn Buckley**

So what do you think the long-term effects are going to be, then, on these churches being able to stay afloat and continue on?

**Dr. Wesley Mack**

Very good question. And a difficult one to answer because it depends largely on the leadership within the local church. It does depend somewhat as well on the denominational leadership and the vision that they have maintained. The more independent churches seemingly have been able— Many of them have been able to survive this fairly well and are progressing. Whether this is a movement away from the traditional church into a more independent church, that is a possibility.

But there's no question that the lockdown had a serious deleterious effect on the entire church community across Canada with, as I said, many churches having to close. They have

suffered financially. Whether or not they are going to be able to recoup that and move on and progress from here is a very, very serious question, particularly in the financial climate that we're in. With all of the effects of the federal regulations and so on, people do not have the kind of money that they once had to be able to contribute to charitable organizations.

**Shawn Buckley**

And I'm just going to cut you a little short because I think you've made the point that they're struggling financially.

Those are all the questions that I have for you, Dr. Mack. I mean, I have actually a whole bunch of more questions, but we don't have time for them. I'm just going to ask the commissioners if they have any questions of you. And they do, so just sit tight.

**Dr. Wesley Mack**

Sure.

**Commissioner Kaikkonen**

Hi, my question is around the church organization. You mentioned a cross-section of three churches. Who exactly made the decision to follow the mandates? Was it the board? Was it the leadership within the church? I'm just wondering whether it's maybe the minister and the elders. Who decided that—when the Ford government said that we had to follow these mandates—we simply had to follow the mandates, that we didn't have a choice?

**Dr. Wesley Mack**

Thank you. A good question. The churches that I'm familiar with, they actually set up a separate commission within the church structure

[00:25:00]

that was designated as those responsible for the response to the COVID lockdown and to make judgment as to whether to open, when to open, according to the provincial regulations. So it did not fall primarily on the pastor themselves in the three churches that I am more closely associated with. And again, prior to this, they were very large churches. In fact, all three of them are considered to be the largest of their denomination and independent churches. All three of them are considered to be the largest churches in Canada. The pastors did appoint, or select, a group who were responsible for making those decisions. And they're the ones who got all of the regulations, maintained the church response to those regulations, and followed through with advising the congregation as to what those regulations were and how they would work with them.

**Commissioner Kaikkonen**

So just to continue on that thought. Was there any point where somebody within the congregation, whether it be the committee or somebody outside of the committee, decided that the mandates were not constitutionally accurate? Was there anybody who said, "No, I think we're just going to stay open." And how would that appear in terms of the congregation?

**Dr. Wesley Mack**

Not in those three churches. There were churches in the Toronto area that made that decision. The Province moved in with force and closed those churches down. There is video of literally police forces moving into those churches during their worship service and shutting down the service and actually manhandling the people out of the congregation. Particularly the pastors and taking them away, as being arrested.

So yes, there were churches—there was actually police presence that moved in, took charge of the church, shut the church down, and arrested the pastors.

**Commissioner Kaikkonen**

So in essence then the pastors were considered like criminals in the performance of their duties?

**Dr. Wesley Mack**

Yes, exactly. In fact, if I may divert just for a moment, one pastor that I have had communication with, actually he and his family came to Canada from a communist-controlled country in order to get away from the dictates of the communist country. He was put in prison, confined in solitary confinement for 40 days. He has publicly stated that the treatment that he received at the hands of the police in this situation is worse than what he experienced under communism. Now, that's his personal experience; it certainly isn't across the board, but it did degenerate to that degree.

**Commissioner Kaikkonen**

So then, when the mandates changed from being full closure to five in attendance, did the church push back and have five in attendance? Or did they just remain closed, each of these churches?

**Dr. Wesley Mack**

No. The three churches remained closed.

**Commissioner Kaikkonen**

And the communication that came from government: Was there a response from each of these churches back to government to advocate for their constitutional freedom and right to practice religion or their faith, in whatever form that looks like?

**Dr. Wesley Mack**

Yeah, that's an exceptionally wise and astute question. The response to the government, very honestly, has been less than biblical—if I may say so. The only public response that I know of that there has been, that was made public, is the response a year after lockdown

[00:30:00]

by the Archbishop of the Catholic Diocese here in Toronto, who wrote a public letter condemning the Province's lockdown of the churches and making a personal appeal. The archbishop himself made a personal public appeal to the Premier to please open the churches—particularly for the Easter services—and to allow people to return to their

congregations. As a result, as I indicated, a month later the response was the province initiated, again, a complete lockdown of everything across the board.

**Commissioner Kaikkonen**

I have one final question. When it came to the Ford government and the Health Minister deciding that we were going to cancel Christmas, did the churches respond at that point to the Ford government and say that Christmas should continue?

**Dr. Wesley Mack**

Not officially. No, I am not aware of any official response from the church community. The churches basically went along with the mandate. And that's regrettable. But that is the case.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

Actually, Dr. Mack, I have a question that came up during that questioning. My understanding and—where I'm going to go is, just to ask if you can comment on basically, the effect this would have on Christian believers, by just emphasizing some things that are important for them for assembly. But tell me, my understanding is that corporate worship is just so essential in the Christian church. So actually, Christians coming together, being together to worship. Is that a fair statement?

**Dr. Wesley Mack**

That is one of the primary reasons for church. The very name church, *ecclesia*, indicates a coming together of the community in fellowship and worship and being together for a time of fellowship. I mean, that's the term. Not being together is totally contrary to Christian doctrine. It's totally contrary to biblical instruction. It's totally contrary to historic practice. And if I may add, it's totally contrary to the rights and privileges of the Canadian populace as outlined in the *Charter of Rights and Freedom*.

**Shawn Buckley**

Right, but just avoiding the legal thing, it's important for Christians to get together and worship. It's important for them to fellowship. It's important for them to pray for each other and actually help each other.

Isn't the church—the Christian church is meant to be a community where, basically, they love each other in a way that follows Christ's example.

**Dr. Wesley Mack**

That is the primary function of the church. Absolutely. Without that fellowship, without that community, without that ability to be able to pray together, to worship together, to sing together, to hear the Word together, to fellowship together, to share their burdens, their heartaches, their joys, whatever. That is the function of church. Without that—

**Shawn Buckley**

Right. So do you have any insight, then, to the impact on then those Christians in Ontario that were not able to participate as a church for largely a two-year period?

**Dr. Wesley Mack**

Yes. It's been devastating. People, well—have gone through all kinds of experiences. We have friends who have gone into deep depression as a result. They have lost their sense of community. They've lost their sense of being part of a meaningful relationship with others. Pastors who have literally just given up their life's goal, their mission in life as a result of it. But yes, it has had a devastating effect on the entire— And that's reflected in the response since the lockdown has been lifted to people going back. People have just, in many cases, given up on the whole concept of community and being together and have drifted into other areas of interest.

[00:35:00]

But no, it's been devastating on the community at large and on the individuals to—to a serious degree, in many cases.

**Shawn Buckley**

And I'll stop you there, just because we're really short on time, unless there's any further council questions. So Dr. Mack, on behalf of the National Citizens Inquiry, I sincerely thank you for giving us this insight and testifying today and sharing with us your thoughts on the effect on the church.

**Dr. Wesley Mack**

Thank you so much. And may I just take a moment to congratulate the National Council on doing this inquiry.

We applaud you for your efforts in making this a national response to this. And thank you for allowing us to express our individual personal situations. This is very meaningful to us personally, but also to everyone nationally. Thank you for doing this.

**Shawn Buckley**

Thank you, Dr. Mack.

[00:36:12]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Witness 12: Randy Banks

Full Day 2 Timestamp: 08:42:12–08:48:40

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

Good afternoon, Randy. Thanks so much for your patience. I'll ask you to state and spell your name for the record.

**Randy Banks**

It's Randy Banks, R-A-N-D-Y B-A-N-K-S.

**Geneviève Eliany**

Do you promise to tell the truth today?

**Randy Banks**

I do.

**Geneviève Eliany**

We're going to focus on only one aspect of your testimony. Could you tell us about how difficult it was to do your job and the poor service you felt you were giving, especially when you were ministering dying people?

**Randy Banks**

Okay, so likewise, I'm a pastor in a small midwestern Ontario rural church. And I was able to make quite a bit of identification with the previous speaker. However, we experienced this, I think, a little differently perhaps than in the city.

The main thing for me is I'm a pastoral caregiver. It's probably the strength of my ministry. And that was the ministry that suffered the most. And by pastoral ministry, I mean hospital visitation, long-term care visitation, home visits for people who are housebound. So that's what I mean by pastoral care and that's a strength area for me.

And essentially, for the longest time, I wasn't able to do it. I wasn't able to go in hospitals, wasn't able to go in retirement homes, long-term care facilities. And certainly, would go into very few homes unless I was absolutely invited to go into them because people were afraid to have anyone in their house, even their minister. So I really felt that that was the area that really suffered the most; and it really showed up especially in terms of dying and death.

I was allowed in for a couple of palliative patients for a very short time. But I certainly felt like I was an intruder—kind of in the way, it wasn't really necessary for me to be there. And then it also showed up especially at funerals. Funerals were also struck by capacity limits, whether they were inside or outside. As few as three at one funeral—outside. And at one point, 10 was the number the funerals were capped at no matter where they were being held.

And I just felt like there was no way I could minister to the quality that I had been used to as a pastoral caregiver in those situations. Some of them still haunt me very much. I feel like I couldn't do for the families what I wanted and needed to do for them. They got short-changed. And I don't know who cared that this was happening, but certainly I did. And there's no going back there, none of these things can be righted.

Some of these people were going to have celebration for life services afterwards, but it's stretched out for so long that most of them have given up on that now. It's been so long. So that's the main area that really hit me.

**Geneviève Eliany**

Can you tell the story of trying to minister the man—a dying man—through a window of a nursing home?

**Randy Banks**

Oh, yes. That was in June, thank goodness, because it was good weather—hot weather, but it was certainly not bitter cold and snowing. But at that particular home at that time, that was the only way that I could visit with this dying man, who was by that time unconscious. He wasn't conscious, but his wife was present in the room. And the window was open, so you could talk through the screen. And I think there was a couple of family members there as well. And I was trying to talk to her and pray through the screen. And I couldn't see him, only his feet at the end of the bed. And she was hard of hearing, so she wasn't really getting what I was saying. And I just felt like it was just an awful situation to be in and minister; I never envisaged anything being like that.

And he did die. And his funeral was one of those that only 10 people were allowed to be at.

**Geneviève Eliany**

In terms of a shift in attitude, you mentioned that your services are less prioritized now. How long could you spend in the hospital or in a care facility with a person before the pandemic? And how did that change during the pandemic?

**Randy Banks**

Oh, what an interesting question.

[00:05:00]

Because I've been saying to people lately— Now that I am allowed back in hospitals and retirement homes with testing and mask-wearing and so on, I've been saying to people, "I remember when I used to be able to walk up to this retirement home door or this hospital door"—well, not so much the hospital but retirement home—"and walk in like I owned the place." You could go there and talk to anyone, go from room to room, spend as long as I needed to or wanted to, as long as people wanted me to be there. Felt very welcome and not in the way.

And hospitals— Of course, I didn't quite have that attitude towards hospitals; I couldn't just walk in like I owned the place. But certainly, there was no limit of time in hospital and retirement home visits for me to be there. Because it was valued. The visit of a pastor was something that was valued and cared about.

**Geneviève Eliany**

Thank you so much. I'll turn it over to the commissioners to see if they have any questions. There are no questions.

Thank you so much for your patience today and for telling us about your experiences.

**Randy Banks**

You're welcome. Thank you.

[00:06:28]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Witness 13: Meredith Klitzke

Full Day 2 Timestamp: 08:49:35–09:02:24

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

Could you state and spell your name for the record, please?

**Meredith Klitzke**

My name is Meredith Klitzke, M-E-R-E-D-I-T-H K-L-I-T-Z-K-E.

**Geneviève Eliany**

Do you promise to tell the truth today?

**Meredith Klitzke**

I do.

**Geneviève Eliany**

I understand that you're suffering from a vaccine injury. Can you tell us about why you ultimately decided to accept the vaccine?

**Meredith Klitzke**

My initial thoughts on this were, "Absolutely not." My gut instinct told me not to do this. However, I was faced with a health concern at the time. I was faced with a possible diagnosis of multiple sclerosis. I had had an MRI and they found lesions on my brain.

So unfortunately, I was still watching mainstream media and listening to the press conferences. And having it drilled into my head on a day-to-day basis, if you're immunocompromised, you're at such great risk. And of course, my thinking was going that way at that time. I reached out to my local health unit, I reached out to the MS Society, both of whom stressed beyond belief the importance that I go and do this.

I still wasn't convinced. And one day in June of 2021, I went to meet a woman who I had known since I was a teenager. I actually referred to her as my little mom. I met her for lunch on a patio and probably the second question out of her mouth was, "Have you got your second shot yet?" And I said to her, "I haven't got my first." You would have sworn I had told her I had the plague. She proceeded to berate me. She stated she couldn't believe that she was there with me, if her husband knew that she was there with me, that she wouldn't be able to see the grandkids. It was horrible. I asked her if she needed to leave. She said no. The lunch continued. The conversation mellowed. I ended up confiding in her what I was dealing with. And she proceeded to lay into me again how irresponsible it was. She stated that her son was a doctor, her sister was an ICU nurse. That doing this was so detrimental. I mean, this was a woman that I trusted and I knew for a very long time and ultimately, it made me question my own judgement.

So I made the appointment and I went. And I sent her a text message saying it was done. She asked me when the next appointment was. I told her it was scheduled for two months later. She said, "Oh, you can cancel that, they've made it so you can do it even quicker now." And I said, "No, thank you." I still at this point was not comfortable with the decision that I had made. I had even said to my husband on numerous occasions, "I don't think I'm going to go back."

And then I kept seeing the news and reading the tickers and just waiting— Because it was going to be months and months for a neurology appointment. And so I went. Ironically, it was on Friday the 13th of August of '21. I took the second shot and within two weeks everything changed.

In hindsight, I actually had problems after my first one, but I didn't put two and two together. I started to deal with the corners of my mouth cracking and pain in my hip. But it was the mouth that was bothersome. And I mean, I had to cut food into tiny little pieces because I couldn't open it. I thought, "Oh, we're just— We're outside in the sun and the wind and—" you know, dry, whatever. I made excuses. But then after the second shot, within two weeks, my lips swelled right up. They just started shedding layers of skin. I developed tremors on my left side and muscle spasms on my left side.

The inoculation essentially put me into menopause. And I'm now dealing with that—having to see a gynecologist on a regular basis. Because I went for a year being tested, had my hormones tested, stating I was post-menopausal, going from completely normal schedules, and now I'm also having breakthrough bleeding after 13 months. They don't know what's going on. I'm passing all sorts of bizarre clots and nobody can seem to tell me what's happening.

I still have to go for a nerve conduction test. That's been a four-month referral that I still haven't even got the appointment for yet.

[00:05:00]

**Geneviève Eliany**

How much weight did you lose as a result of the swelling in your mouth?

**Meredith Klitzke**

With the mouth, between my dentist and my family doctor, they're referring to it as Burning Mouth Syndrome. So it's like— Everything that I ate, it was like I was drinking

Tabasco sauce. Even yogurt. All I could do was suck on ice cubes in that first month. I lost 25 pounds. It was a few months before I could really ingest anything. It was awful. It still is.

**Geneviève Eliany**

How much have you spent approximately on treatment costs?

**Meredith Klitzke**

I am probably myself close to \$10,000. And sadly, that's low compared to what some people have had to spend. I'm in a course— Sorry.

**Geneviève Eliany**

Oh no, that was just the chair moving. Please finish.

**Meredith Klitzke**

I'm in a course. One of the girls just stated the other day, she's close to \$25,000. I know people who have had to sell their homes to try and care for themselves. So we get no assistance and the Vaccine Injury Support Program, which I've applied for, I heard from finally in January. And that's going to be a 12- to 18-month process, when and if you get approved.

**Geneviève Eliany**

What happened on the work front? Are you able to work?

**Meredith Klitzke**

I could probably do some part-time work. It's hard—I would probably be limited to home or something in very, very short shifts because the tremors and the spasms— You don't quite know when they're going to come, when they're going to happen. I also have periods of extreme exhaustion. They seem to be narrowed down to later in the afternoon but it varies.

**Geneviève Eliany**

You had a store, didn't you, that you closed? Can you tell us about the specialty store and when you closed it?

**Meredith Klitzke**

I had a boutique for 16 years. We mainly did bras and shapewear and swimwear. We did proper fittings. I actually carried a size range of 28 to 56, double A to N. And I'm also a certified mastectomy fitter.

I had decided prior to the pandemic— My husband had a really bad accident a number of years ago and it was very much of a struggle. And we decided we wanted to do something together. So I just decided in February of 2020 that it was going to be time to move on and I made the announcement that I was going to close the store. Then, of course, March 17th, I believe it was, we got shut down. And of course, that makes it very difficult to liquidate

inventory. So I'm still sitting on boxes of merchandise that I can't get rid of. I have it online; but, you know, you sell little bits and pieces here and there.

My husband and I had planned on getting into real estate and flipping homes. He's a contractor. And then the market went crazy and you're shut down. And then this happened and I don't know where I go from here.

**Geneviève Eliany**

Did you have any success filing an adverse event form?

**Meredith Klitzke**

I was able to get an AEFI [Adverse Event Following Immunization] form filled out. I have been one of the luckier ones, in that I'm maybe shooting at about 50 percent with doctors being— No, probably less than 50 percent, maybe 40 per cent of physicians that I'm dealing with that have been supportive.

My family doctor did fill out the AEFI form. It was submitted to Public Health. What I didn't realize was that just because your doctor fills out the Adverse Event from Immunization form does not necessarily mean that it's accepted. So even people that have had them filled out doesn't necessarily mean that they're reflected in Health Canada data. What happens is your AEFI form goes to your local medical officer of health. That medical officer of health then assesses your form and decides whether it is legitimate and whether it gets forwarded on to Ontario Public Health.

So a physician who has never met you, has never examined you, probably wouldn't know you to pass you on the street, is the one who decides your fate. I was able to confirm when I found that out because I wanted to know.

[00:10:00]

So I reached out to the Health Unit and the health nurse contacted me back. She said "Yes, it did get forwarded on." I said, "I would like written confirmation of that, please." So I did get an email stating the date on which it was received and the date that it was forwarded to Public Health [Exhibit TO-19a]. So it should be recorded in the government data. However, things appear to be removed periodically. So I have not followed up on that any further.

It's been hard. I mean, I know because I run in circles where I have met a number—and I would say into the hundreds—of injured people. I only know of one other person that has been able to successfully get one of these filled out. The Harvard Pilgrim study that ran in the early 2000s—that stated that only, on average, 1 per cent of vaccine adverse events are actually reported—I would say is very true. That's in my experience.

**Geneviève Eliany**

Thank you. That completes my questions. We'll see if the commissioners have any questions.

**Commissioner DiGregorio**

Thank you so much for sharing with us today. I just had one question about— When your AEFI form, I think you said, gets assessed by a local health officer before being forwarded on, were you spoken to by that officer as part of that process?

**Meredith Klitzke**

No, they have no contact with you whatsoever.

**Commissioner DiGregorio**

And you didn't receive any update on what the processing status was or when it was forwarded?

**Meredith Klitzke**

I have the email that states: "the AEFI report was received on the 5th of May 2022, reviewed by the Medical Officer of Health, completed, and filed with Public Health Ontario on the 9th of May 2022." I guess it was a four-day process. But no, they have not been in contact with me. The Health Unit has not been, the Medical Officer of Health has not been. As I said, I'm now dealing with the Vaccine Injury Support Program. They're in the process of gathering my medical records from what I understand, but it will be a 12- to 18-month process.

**Commissioner DiGregorio**

Thank you.

**Geneviève Eliany**

On behalf of the National Citizens Inquiry, thank you so much for sharing your story.

**Meredith Klitzke**

Thank you.

[00:12:48]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Witness 14: Kimberly Snow

Full Day 2 Timestamp: 09:02:50–09:10:50

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

Kimberly, can you hear us?

**Kimberly Snow**

I can.

**Geneviève Eliany**

Great. Could you turn your video on, please?

**Kimberly Snow**

Oh, okay. There we are.

**Geneviève Eliany**

Thank you so much. Could you state and spell your name for the record, please?

**Kimberly Snow**

My name is Kimberly Snow, K-I-M-B-E-R-L-Y S-N-O-W.

**Geneviève Eliany**

Do you promise to tell the truth today?

**Kimberly Snow**

I do.

**Geneviève Eliany**

Thank you so much for your patience, I know we're quite behind. You worked at the management level of retail. Correct?

**Kimberly Snow**

That is correct

**Geneviève Eliany**

And can you tell us a little bit about your role at the corporate offices?

**Kimberly Snow**

I worked for TJX Canada. I held a director-level position overseeing the workplace services department for their head office in Canada.

**Geneviève Eliany**

Can you tell us about their vaccine mandate?

**Kimberly Snow**

Yes. So we, at the corporate office— I was working from home over a two-year period. And when the pandemic hit, everybody went home and we had to learn to work in a new way.

And it wasn't until, I would say, late 2021 that the U.S.—the corporate headquarters in Boston—started considering putting some kind of vaccine mandate in place. And in fact, they did by September of that year. And they were discussing whether they were going to do this in Canada. Based on the culture that TJX embodied— And that was one of the things I absolutely loved about this company, was the values that they held, the respect, the kindness and respect that they promoted. The education on diversity and inclusion in that company was, you know, something I'd never experienced in any other company before. And on the committees that I was sitting on and participating in, I started seeing that this was something that Canada was considering as well. They started discussing this at the leadership level. And I could see that it was heading in the same direction for Canada, that they were going to probably implement the vaccine mandate as well.

And, you know, they started taking surveys. I think they were trying to get a pulse from the employees to understand whether or not people were already vaccinated; if they were to put a mandate in place, how many people would actually get vaccinated; and then how many people, what percentage would be left that they would have to deal with as far as paying some kind of severance out.

It wasn't until a week before Christmas—in December 2021, I think it was—that they finally announced that they were putting this in place. And anyone that did not comply with the vaccine mandate by February 28, 2022 would be terminated. So there was time for us to look for jobs. But you still had that time period to make a decision and become vaccinated and you could still keep your job.

**Geneviève Eliany**

Can you tell us about your experience with your attempt to get a conscious belief exemption?

**Kimberly Snow**

Yeah. So, you know, they did allow us the opportunity to provide an exemption. For me, it was a conscious belief exemption that I wanted to apply for. I had been working with the people in HR for many years—for the six years that I had been there. And then all of a sudden, I had to sit through questioning from my colleagues based on criteria that this company had set to determine whether the beliefs that I had in place fell in line with the criteria that they had identified to satisfy the requirements to remain at the company to keep my job—you know, whether my beliefs fell in line.

And I had conversations; I had emails back and forth. I was very open in communicating that I was not in agreement with what they were doing. And I had to go back and give them some kind of background on my beliefs and sort of prove that I was not in agreement with vaccinations.

I had stopped vaccinating my daughter when she was younger. I had to get exemptions for her to go to school.

[00:05:00]

And I had to provide all of this evidence to them. And it didn't help, they didn't—I was still denied. I'm not aware of anyone that submitted any kind of exemption, whether it was for medical or conscious belief or religious or anything. There was no one in that I was aware of that was approved for the exemption at all.

**Geneviève Eliany**

And to make matters worse, it was people that you worked closely with who questioned you, right?

**Kimberly Snow**

It was humiliating. You know, you're working with these people in a professional manner. And they're questioning the validity of your beliefs. And you're trying to explain to them something very personal about what you believe, things that I hadn't shared with these people. And of course, it wasn't necessary. But I had to come forward and try to justify that the beliefs that I had were valid and should qualify for this exemption, of which they did not approve. But it was a very humiliating process.

**Geneviève Eliany**

Were you ever called back after your termination once the mandate ended?

**Kimberly Snow**

No. No, I was not.

**Geneviève Eliany**

It's curious because retail of course didn't have the shopping passes, or the vaccine passports to enter the store to shop. So the office—the corporate staff, as you're explaining it—had to be vaccinated. But unvaccinated shoppers were welcome to attend the stores.

**Kimberly Snow**

And in fact, when they did put the mandate in place for the corporate office, it was a requirement for the corporate office and management level only. There was no requirement for store employees. In the 500-plus stores we had across Canada, there was no requirement for the store employees, unless you were in management, to be vaccinated. The vaccine mandate did not apply to them, nor did it apply to the distribution centres that handled the merchandise and processed the merchandise—except for management. There were thousands and thousands of employees that worked at these distribution centres. It did not apply to them. I mean, that was so illogical.

**Geneviève Eliany**

Yeah, it makes no sense. That completes my questions. We'll see if the commissioners have any questions for you.

**Kimberly Snow**

Thank you.

**Geneviève Eliany**

They're shaking their heads. Thank you so much for sharing your story with the National Citizens Inquiry.

**Kimberly Snow**

Thank you so much.

[00:08:00]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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**Witness 15: Greg Hill**

Full Day 2 Timestamp: 09:10:58–09:33:37

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Geneviève Eliany**

The next witness is Greg Hill. Great. Thank you for joining us and for your patience today. Could you state and spell your name for the record please?

**Greg Hill**

Greg Hill. G-R-E-G H-I-L-L

**Geneviève Eliany**

Do you promise to tell the truth today?

**Greg Hill**

I do.

**Geneviève Eliany**

Can you tell us a bit about your career, your profession, and explain what Free to Fly is?

**Greg Hill**

Sure, well thanks for having me on. It's an honour to be here with so many other courageous Canadians that have stepped up over the past couple of years.

I started my flying career in the military. I spent 20 years in the regular force and then roughly another 12 years in the reserves. That enabled me to see all sorts of parts of the world, oftentimes not at its best. But I did get deployed all over the place, including several tours to Afghanistan. And then I started with the airlines back in 2006. And I've been there ever since, aside from a year where I did not work due to the vaccine mandate. I assumed that would probably be the end of my career. But since the mandate was suspended last June, I've been back working since roughly September of last year.

So Free to Fly, I won't get into too much detail with it. But as we saw, the government started to talk—make noise about a vaccine mandate. I assumed it would probably be coming for aviation first of all, just given the nature of our travels about the world and otherwise. So it started with a handful of pilots and then morphed into— Now it's over 40,000 aviation professionals and passengers. Many of those are disaffected passengers that were unable to travel during the period of that vaccine passport.

And so we continue our work advocating for both the freedom to fly, of course, but also the freedoms more broadly of every Canadian coast to coast, as well as for safety within the aviation sector.

### **Geneviève Eliany**

Can you tell us a bit about the health standards and the safety obsession of airlines before COVID?

### **Greg Hill**

Sure. Aviation went through a difficult period, I would say, back in the '70s primarily. I won't get into all the nitty-gritty of it. Those of you who are familiar with aviation will know some of the details. But it went through a spate of crashes and otherwise—a lot of that coming out of just the way that we were operating. People in multi-crew aircraft acting like single pilots; single pilot commanders ignoring others in the flight deck. Things like attention-tunnelling, excessive professional courtesy, something we talk about where there's so much deference to those in authority—being the captain, typically—that people won't even speak up when things are going sideways. Overconfidence, et cetera, et cetera.

So the sector completely changed the way they did business through things like crew resource management, communication, enabling an environment where you could ask questions, where you could speak up when things were going sideways.

So that evolved and expanded into things like what we call SMS, which is safety management system. And that's become really a gold standard globally. And in their own words, it ensures the effectiveness of safety risk control. So it's an environment where you can identify hazard; you can report on that. It encourages input and response from those in positions of authority.

So even here in this country, we've got statements from some of our major airlines, one of which states: "For over 25 years, our culture has put safety at the forefront of every decision we make, and we're proud to continue that legacy." Another airline: "Safety first, always. In partnership with our employees, we'll conduct business in a manner that ensures the health and safety of employees, customers, the general public," on and on, "meeting our obligations under all applicable regulations."

So that's the industry as a whole. And then when we bring it down kind of to the grassroots—as far as pilots go, there's numerous things that have been in place, really, for decades. So when it comes to things like medicine: As pilots, when we fly in a crew environment, just to give you maybe some context, we're not even supposed to consume the same meal in flight for fear of—if the fish is bad—ending up incapacitated in flight. Or even over-the-counter medication when it comes to things like cold and flu and otherwise, we're supposed to check with a doctor before we do that.

Or on Transport Canada's website, there's been a statement that's been there for a very long time that said, "Medical trials are not compatible with aviation medical certification." So that's been there.

[00:05:00]

And as far as our health on an ongoing basis, for decades, it has been in the Canadian Air Regulations section 404 that pilots are required annually to have a medical, or, if you're over a certain age—it used to be 40, now it's 60—every six months an in-person medical, which includes an ECG [electrocardiogram]. So that's a little bit of context. Obviously, it's not the full picture, but that gives you a baseline of where I would say we used to be.

**Geneviève Eliany**

What happened during the pandemic? Let's start with the medicals. How did the frequency of those medicals change?

**Greg Hill**

Well as far as the medicals go, when COVID hit, initially you had people that were starting to expire on their medicals. So initially, it was that they would extend the expiry date. Which, it's the cliché that we all say, "Well, you know, it made sense at the time. It was a confusing environment. We weren't too sure what to do." So that was the way it went for much of 2020.

And then as we moved into 2021, they brought about telemedicals, essentially. And so they exempted pilots from that section of the Canadian Air Regulations, enabling them to do two telemedicals in a row. So that means that you've got an ability for people to go 36 months without doing an in-person medical at all, including an ECG or otherwise.

There's been a fair bit of noise made about some of the things that are happening in the States with ECGs and the parameters widening. But I like to point out—well I don't like to point out, but I do point out—that here in Canada, unfortunately, during this COVID era, we pushed it to a worse scenario where we're not even required. And this was during the season when much of the nation had gone back to at least some semblance of normalcy, where you could go and sit and watch a Leafs game with 20,000 people—which I think is fantastic—but you weren't able to go and sit in a clean and quiet airline office with your doctor and make sure you're healthy. So I don't want to go on and on about that point. That's certainly one piece of it and I can speak to where we're at with that now, which I think is important as well.

But during the actual—I would call it during the "mandate era," we saw all sorts of things happen that were of great concern. And we tried to approach that as the calm professionals that we like to be as pilots, where we mainly are looking to mitigate risk and get people from point A to point B in a safe and calm manner.

**Geneviève Eliany**

How were your concerns received by Transport Canada and unions and airline management?

**Greg Hill**

Right. Well, stepping back to what I just said, we tried to approach this as professionally as possible. We wanted to ask good questions. We wanted to think ahead. We wanted to seek to mitigate risk. So we partnered at one point with the Canadian COVID Care Alliance, because I know as much about medicine and vaccines as some of these scientists would know about flying an instrument approach in an airline. And so we sought to bring in their expertise. So they very kindly prepared a document. We sat down and talked to them. And they said very clearly, "Of any profession in the country, flight crew are probably the ones we're concerned about the most. Because you fly in a unique environment. You sit for long, long periods of time, which elevates some of these vascular and cardio type of risks."

So we put together a document so that we weren't just sitting down and talking to our managers or otherwise from what we gleaned ourselves on the internet, although I think there's plenty of good information out there. But we presented this document to a couple of the largest pilot unions in the nation, a couple of the largest airlines in the nation. And here we are a couple years later, and I still haven't heard anything back as far as this goes.

It really— And I'm sure you've heard this repeatedly as you've done all sorts of conversations along these lines: there wasn't a willingness to listen. But the concern within the aviation environment is— One of the analogies I like to use is, we try to approach it the same way that we fly airplanes. So we queried, for instance, Transport Canada. We started talking about, "What happens if I lose my license?" Because if a pilot loses his ability to fly with his medical, it's essentially the end of his career. So myself and a couple others started asking, "What happens?" And the answer, to make a long story short was, "Well, you're at risk of COVID far more than you are from these vaccines." To which I said, "Well, based on what long-term studies?" Because it's been very clear—and this is from the manufacturer's own FDA [Food and Drug Administration] briefings—that there was no proof of any help as far as transmission.

[00:10:00]

That the long-term studies had not been done. And then people started asking about this line that I'd mentioned, about not participating in medical trials.

When we asked these questions, which was during the week of the 13th of July 2021, that statement had been on the internet for years and years. The very next week, if you use the Wayback Machine, it simply disappeared. There was a ton of activity on that particular page. And that inconvenient truth, to summon a little Al Gore, was simply removed. Which is greatly concerning. We have never in aviation simply ignored difficult circumstance.

This was when I pushed back with my managers and said, "If I was flying an airplane and I was running a little bit late, and I ran up to the aircraft, and I said, 'Listen, the risk of a catastrophic engine failure on takeoff is sub, sub, sub 1 per cent'"—because it is—"so I'm not going to do a walk around; I'm not going to check the maintenance records; I'm not going to program the aircraft or brief. I've done this a bunch of times; I'm quite confident that we're safe,' and I just took off, it would very quickly be the end of my career."

And yet those within the aviation community— And it's not just my managers, I push this all the way back up to Transport Canada because these were the questions that were being asked. The statement was, basically, "It's safe and effective. Just get it." And the option was you either get it or you lose your job, similar to many others.

Stepping back to what I was talking about in the '70s, where we were crashing airplanes planes for operating in ways that were reckless and not really investigating, this was even some of the same sort of concerns. There's sort of a radical statement in aviation that if you start querying the guy you're flying with and things are starting to go sideways, it just seems like he's not listening, you say, "This is stupid!" to try and get their attention. And this was really what we were trying to do. But at the end of the day, it wasn't listened to.

And the part that I think was particularly frustrating for many of my colleagues as well is that, throughout this era, the airlines had put in writing, "Testing is an excellent option to keep you and your colleagues safe." Some of our guys and gals were flying back and forth to China and other places picking up PPE and otherwise. And they were told—along with the travelling public—and I do think it's true: "The risk of transmission is exceedingly low. It's very rare to contract COVID while flying. Keep flying, there's no need to quarantine or otherwise." And then, when the mandate came out, suddenly we were such a dire risk to our colleagues that when we had to turn back in our passes and our iPads and otherwise, when we were put out of work and expecting to be terminated, we weren't even allowed to walk in the building to truck them off. We had to leave them either curbside or mail them in. So there's a level of hypocrisy as well as just a complete decoupling of common sense from policy.

#### **Geneviève Eliany**

I understand that you've had a number of calls with pilots who are likely vaccine-injured. Can you tell us a bit about those calls?

#### **Greg Hill**

Right. So I guess this is where we are at this point. We're in what I would call the "post-mandate era." Some of us are back to work, there's others who did not get their job back. But as you mentioned, I personally first-hand spent hours on the phone with vaccine-injured Canadian airline pilots. Just based on my role, they feel comfortable calling and talking to me. They don't feel so comfortable raising their hand in other means because, again, that medical is the tenuous thread that keeps you in an airplane.

Some of these are more minor on the spectrum. Again, I'm not a doctor to speak to where they fall on the spectrum exactly, but things from issues with vision to hearing, you know, to feelings of paralysis in different parts of your body, to what seem to be symptomatic of something like myocarditis, chest pains, and otherwise.

And so we've tried to be very vocal with this but we've tried to do it in a way that's collaborative as well. And I brokered a coalition with a number of other groups similar to **Free to Fly in the U.S., Australia, the U.K., Germany, Switzerland, various spots in Europe.** And we put our signatures on a letter we sent to Transport Canada. We just said, "Listen, we want the safety of the travelling public. We want to collaborate with you." So we asked questions as far as: What was done to determine the safety and efficacy of these prior to rolling out the mandate? Are you tracking things like adverse reactions amongst crew? Are you tracking how many planes were flying around single-pilot versus multi-crew?

We sent that letter. We waited maybe a month. I think a month and a half. We sent a follow-up.

[00:15:00]

It was over three months before Mr. Algahabra finally responded with a collection of speaking points, essentially saying, "Health Canada has approved these vaccines. They're safe and effective." And that was really as far as it went. So concerning for sure because the role of an organization like Transport Canada is to ensure the safety of the travelling public. And it does not appear that this is where we're at.

When we talk about things like vaccine injury amongst flight crew, and this is pilots as well as flight attendants. You can go online and look this up in something called the CADORS: the Civil Aviation Daily Occurrence Reporting System. So it's not me that's picking it off the internet or otherwise, you can go and read the reports yourself. And pilot incapacitation has been an issue for years and years, but of course we're concerned about where we're going with these jobs.

So I like to be solution-focused. And then the concern here, stepping back to what you'd asked earlier, is: What can we do about this? What we can do? And the only backstop is properly screening pilots before they go flying or as part of their annual medicals. And I think this should go further, as far as things like D-dimer tests or even cardiac MRIs, which may be a pipe dream here in Canada. But instead, where we're at now is Transport Canada just recently, March the 1st, unbelievably—and we're the only nation I know of (and I've checked) globally that's doing this—has now allowed telemedical to continue until 2025. A pilot can go—again—up to 36 months, the third medical they do have to do in-person, without doing an in-person medical.

And sadly, two weeks after they did that the Transportation Safety Board, which is an independent organization, put out an accident report that happened in late 2021. A gentleman flying a private aircraft sadly crashed in Alberta. And it was determined that he'd had a heart attack as part of that crash. Now, the interesting and tragic part of all of that is the fact that he was an airline transport pilot, he was a commercial pilot. And he had attested his health earlier in the year.

And this is the thing: the justification now is flexibility. But we have never in aviation set flexibility on top of safety. We have preached against it for years and years. You're told not to do things like "get-home-it is," which is a word for, "it's the last leg of being on the road for four days and you start rushing and forgetting things." Safety always is paramount. And yet here we are permitting this telemedical business to continue.

So I feel it's important— Not to keep hammering the same point over and over again but in order to be solution-focused, I think we've got to figure out, what do we do about it? We've got to screen people properly. And yet here we are with this past three years. And you and I have just discussed a trajectory of sorts where we started with one thing, and you would have thought, by 2023, when we're at least ostensibly trying to get society back to some sense of normalcy—

**We're continuing with policies that are antithetical to everything we stand for in aviation. And so you have to ask yourself: What is really going on at the policy level with a lot of this?**

**Geneviève Eliany**

Thank you. That completes my questions and I'll see if the commissioners have any questions for you. There is one.

**Commissioner Massie**

Well, thank you very much for your very interesting testimony. I was wondering about the testing of the pilots. I think it makes sense that you would want to do in-person medical exams. What would be the consequences for pilots that undergo such an exam, would have conditions that would prevent them from further working as pilots because of disability that would disqualify them? What would be the consequence for them and for the— I guess, the vaccine mandate that actually put them in that situation?

**Greg Hill**

Well thanks for the question. The issue with all of this, and it's not unique to aviation of course, is trying to prove causality. And unless you baseline your health before taking the job, which I know a few people have done, it's difficult to prove that causality. Now, I know that sounds a little bit—

[00:20:00]

I mean, we're all seeing massive amounts of things happening that we have not seen in the past. So it's very difficult with a straight face to try and claim that this is just a normal circumstance.

The unique thing, again like I said, with a pilot, is that— And pre-COVID, typically if you'd gone into your annual medical and said, "You know, Doc, I'm getting chest pains once or twice a week during the evenings," you'd be grounded pretty quickly while they at least investigated that. But folks that I've talked to have raised some concerns and they've really had to push to go and do things, like stress tests to try and— And when you've got a pilot that's essentially seeking to ground himself, you're living in an upside-down world, at least as far as aviation goes. Because it's very difficult to keep men and women who are passionate about flying out of an airplane. And particularly when their ability to pay their mortgage or otherwise is attached to it.

I'm not sure if that answers your question. But the long and short of it is— And if you go and read something like the civil aviation medical examiners' handbook, there's guidance there for the Transport Canada doctors. It says quite clearly that it's difficult sometimes to get pilots to be honest about their health. It's kind of laughable to read it because it says very clearly, "you're the last line of defence here with making sure these men and women are safe getting in an airplane." Because they're oftentimes not going to be super honest because they want to keep flying. Which again is an argument for ensuring that they are in an office and not doing a subjective, "I feel fine."

We have to go in a simulator at least two or three times a year to essentially make sure we're competent to fly an aircraft. And I said to managers and otherwise, "Why are we allowing what we're allowing with telemedicine?" I can't just phone in and say, "I'm a great pilot. If I lose an engine on takeoff, I can assure you 100 per cent it's going to go super well." I have to get in a simulator and prove that with my hands and my feet. And when it comes to the health aspect, I don't think we should be attesting to how we feel either. I think we should be ensuring that we've got that backstop for safety.

**Commissioner Massie**

Thank you very much.

**Geneviève Eliany**

Thank you so much for your testimony and all the work that you're doing with Free to Fly Canada. Have a great evening.

**Greg Hill**

Thanks so much for having me.

[00:22.39]



*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

### EVIDENCE

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Witness 16: Ksenia Usenko

Full Day 2 Timestamp: 09:33:58–09:50:47

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

**Shawn Buckley**

Hello, Ksenia, how are you?

**Ksenia Usenko**

I'm good. How are you?

**Shawn Buckley**

I am well. Can I ask you to please state your full name for the record, spelling your first and last name for the record.

**Ksenia Usenko**

My name is Ksenia Usenko. First name is spelled K-S-E-N-I-A. Last name U-S-E-N-K-O.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Ksenia Usenko**

Yes, I do.

**Shawn Buckley**

Now, you have been basically, a nurse for 15 years.

**Ksenia Usenko**

Yes, yes. I've been a nurse for 15 years.

**Shawn Buckley**

And you worked on a rehabilitation unit?

**Ksenia Usenko**

Yes.

**Shawn Buckley**

Now, when we started introducing the vaccines, I think that was in January of 2021, did you see any changes in the rehabilitation unit?

**Ksenia Usenko**

Not right away. But a little bit later I started seeing some trends in patient population and their conditions. They were somewhat— If you look back on when they got their vaccines, it seemed that it was pretty recent for some of the patients.

**Shawn Buckley**

And what were some of the changes that you were seeing?

**Ksenia Usenko**

I have seen some families, actually one family who within, I believe it was three to four weeks after their second vaccination, both of them were septic. And I know it could be coincidental. The major one that I've noticed was thrombocytopenia, which is low platelet count on the majority of patients that have been vaccinated that I've seen.

**Shawn Buckley**

Right. So just so I understand. So when you say a lot of patients, how many patients would you—are we talking about?

**Ksenia Usenko**

So normally we would have four to five patients during the day shift and about six patients—six to seven depending how many staff members are present—in the evening. And at night it would be eight—

**Shawn Buckley**

Right. But I guess I'm trying to find out, when you're talking about a low platelet count, how many patients are we talking about?

**Ksenia Usenko**

Altogether?

**Shawn Buckley**

Yes.

**Ksenia Usenko**

I have not counted. But I think the majority of my patients that I had during that period, their platelets were low. And for people who had surgeries, could be related to that. But a lot of them were significantly lower than what I've normally seen.

**Shawn Buckley**

Okay. And when you say a low platelet count, that's a low white blood cell count?

**Ksenia Usenko**

Yes. That's responsible for coagulation, one of the cells.

**Shawn Buckley**

Now, you came across an unusual blood clot in a couple of patients. Can you tell us about that?

**Ksenia Usenko**

This was significant for me because I've never seen that before. Out of five patients that I had, two of them had blood clots. One person had a blood clot in her arm, the other person in his foot. And none of them had—normally you would see it, well, it's a rare appearance. Even in surgical patients. But both of those patients did not have any surgeries prior, so they were more medical patients.

**Shawn Buckley**

Okay. And were you aware of their vaccination status?

**Ksenia Usenko**

Both of them were recently vaccinated.

**Shawn Buckley**

Okay. And you had never seen that before.

**Ksenia Usenko**

No. The only time I've seen somebody getting the clots spontaneously—well, somewhat spontaneously—is a person who was a smoker and was on birth control at the same time. And I've only seen it once.

**Shawn Buckley**

Now, you made a decision about vaccination.

**Ksenia Usenko**

Mm-hmm.

**Shawn Buckley**  
And what was that decision?

**Ksenia Usenko**  
I wanted to wait and see. And then after seeing all of these health concerns, I decided not to get it.

**Shawn Buckley**  
Now, were you treated differently at the hospital?

**Ksenia Usenko**  
If I would bring up what I'm seeing with my eyes in the conversation, some of my colleagues would just leave the conversation. They didn't want to hear it.

**Shawn Buckley**  
They'd literally leave the conversation.

**Ksenia Usenko**  
Sometimes, yes.

**Shawn Buckley**  
Okay. Did you have to do any different testing or were there any other requirements for you to continue working?

**Ksenia Usenko**  
Yes, I had to do the antigen test once a week. And I can't remember exactly when I started, I want to say it was September 2021, until I was terminated.

[00:05:00]

**Shawn Buckley**  
Okay. And that termination, when did that happen?

**Ksenia Usenko**  
On November 3rd, 2021.

**Shawn Buckley**  
Okay. Now before that, did you have to go through some mandatory education on vaccination?

**Ksenia Usenko**

We had an online sort of video with information to make an informed decision about vaccines for ourselves. And this was for all the healthcare professionals who were either not showing their status of vaccination or people who already showed their status. And I actually brought a picture of it. And on one of the slides, it stated that it's 100 per cent effective at preventing hospitalization and death from COVID-19.

**Shawn Buckley**

So just wait a second. I want that to sink in for people. So you're telling us this is the hospital requiring you to go through an education program.

**Ksenia Usenko**

Yes.

**Shawn Buckley**

And the object is to help you make a decision on whether or not you want to get vaccinated.

**Ksenia Usenko**

Yes.

**Shawn Buckley**

And one of the slides—and you brought a picture—says that the vaccine is 100 per cent protective, basically preventing death and hospitalization.

**Ksenia Usenko**

Yes. That's what it states.

**Shawn Buckley**

And you can leave that with us, so that we can enter it as part of the record today?

**Ksenia Usenko**

Sure [Exhibit TO-25].

**Shawn Buckley**

Okay, thank you. And I'm sorry to interrupt you, but I just found that so important. Did you also have to sign something when you were taking that course?

**Ksenia Usenko**

At the end of it, I had to sign—it's kind of like a declaration of your vaccine status. So to show that even though you got the information, maybe you changed your mind to go and get the vaccine. Or if you didn't change your mind, you just declared that you, at this point, still declined it.

**Shawn Buckley**

Now, did the hospital also communicate to you by way of email concerning whether or not you should be vaccinated?

**Ksenia Usenko**

There was multiple emails. And I'm not sure if it went to everybody who worked in the hospital or just targeting the people who have not specified their status. But I received multiple emails from the director of occupational health in the hospital, asking to show them what your status is. I just didn't reply.

**Shawn Buckley**

Now, you've already told us you were terminated. But can you tell us basically how that came about? How did they go about doing this?

**Ksenia Usenko**

Well, there was emails stating that if you don't declare your status or if you decline the vaccine or unless you have an exemption, you would have to—you would be terminated. So there's been multiple emails warning you about it. And I just couldn't believe that it's actually possible, that they actually are going to go this far to do it. In my heart, I just thought it can't be possible. Number one, we don't know enough about this product. What I'm seeing— From what I observed, there's clearly problems. I also couldn't believe that, knowing what biomedical ethics state about informed consent, this would be a decision-maker for your employment. And to this day, it still haunts me that they actually went ahead and did it.

**Shawn Buckley**

Now when they terminated you, what were the reasons that they gave for your termination?

**Ksenia Usenko**

The reasons for termination was— There was three. But the one that really kind of put into perspective of who I was as a nurse, the word, "disobedience."

**Shawn Buckley**

I'm sorry?

**Ksenia Usenko**

The word "disobedience." That's stated on my termination letter.

**Shawn Buckley**

Right. Did they also indicate something about whether or not it was professional misconduct?

**Ksenia Usenko**

Yes, they put that there as well.

**Shawn Buckley**

Okay, so I just want to understand. Here you had worked actually for that employer for 14 years, am I correct?

**Ksenia Usenko**

Yes.

**Shawn Buckley**

And the only issue is you chose not to take a vaccine.

**Ksenia Usenko**

Correct.

**Shawn Buckley**

And on your termination letter, they called you disobedient.

**Ksenia Usenko**

Correct.

**Shawn Buckley**

And they stated explicitly that you were guilty of professional misconduct.

**Ksenia Usenko**

Yeah. That's correct.

[00:10:00]

**Shawn Buckley**

So whether or not you take a medical treatment is now an issue of professional misconduct for nurses?

**Ksenia Usenko**

It appears so, yeah.

**Shawn Buckley**

Okay. How did this make you feel? And I'm sorry that—

**Ksenia Usenko**

I feel—and I stated that on my termination meeting—I feel dehumanized.

You know, I immigrated to Canada for a better life. And I wanted to help people and I still do, with all my heart. And to have somebody tell me that I'm just disobedient because I refuse something that is still under research? At the time, when I received this education, I actually had a patient who had two vaccines, went to ICU for COVID-19, and was recovering after being at ICU and had multitude of different problems in his health. He would probably never be the same. And he was fully vaccinated.

So to state that it's 100 per cent effective, I just couldn't believe it. I saw it with my eyes that it's not true.

**Shawn Buckley**

Now you were telling us about some changes that happened after vaccination. Would it be fair to say that you were having concerns that there were adverse reactions occurring, that were showing up at the hospital?

**Ksenia Usenko**

In my opinion, yes.

**Shawn Buckley**

And did the hospital know how to report adverse vaccine effects?

**Ksenia Usenko**

Well, I made sure that on that floor, we had those forms. At the time, I was a safety rep. But during my meeting of termination, I asked them how come there was no education on those forms: the Adverse Event Following Immunization Forms. And I had to repeat that question three times. Because the panel that was terminating me, they didn't know what I was talking about.

**Shawn Buckley**

They weren't even aware that there was a form to report adverse vaccine effects.

**Ksenia Usenko**

Correct.

**Shawn Buckley**

And who was on that panel, like, what were their qualifications or positions?

**Ksenia Usenko**

One person was human resources; the second person was my manager, who was an occupational therapist; and the third person was a union representative.

**Shawn Buckley**

Now, having had this experience—so seeing things at the hospital and having to go through this course and be getting emails and being treated differently and then being fired—what was the effect on you of these actions?

**Ksenia Usenko**

It's still affecting me, as you can see. It breaks my heart that it's possible in—in any country. It affected my relationships, even with some family members.

It's just sad. It's heartbreaking to know that this is possible in such a developed country, and for a product that we still don't know enough about.

**Shawn Buckley**

If this ever happened again, what do you think we should do differently?

**Ksenia Usenko**

I think we should do what we did with the flu. We opened extra units. We had extra staff, and we, you know, tested people and made sure that they got the help they needed with all the resources that are available. And I don't— Maybe take more precautions around more vulnerable people who are susceptible to this particular illness.

[00:15:00]

I don't know. There's many things that could have been prevented. And hearing all the people speaking here today and I've been watching the ones you did in the Maritimes. And, you know, all this harm and suffering would have been avoided. Well, maybe not all, but at least some. So yeah.

**Shawn Buckley**

Well, Ksenia, I don't have any further questions for you. I'll ask if the commissioners do. And they do.

**Commissioner Drysdale**

I just wanted a little clarification on a point. When you said they terminated you and they put on your termination notice, professional misconduct was one of the items?

**Ksenia Usenko**

Yeah.

**Commissioner Drysdale**

Did the nursing association not approach you and ask you anything about that?

**Ksenia Usenko**

Not yet.

**Commissioner Drysdale**

Sorry?

**Ksenia Usenko**

Not yet.

**Commissioner Drysdale**

Do you expect them to?

**Ksenia Usenko**

We'll see. Time will show.

**Commissioner Drysdale**

Thank you.

**Shawn Buckley**

Thank you, Ksenia. We don't have any further questions. But on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming to testify. And if you can leave me that document you have where you basically have a photo of them claiming that the vaccine was 100 per cent effective in preventing deaths and hospitalizations, we'd like to make that part of our record.

**Ksenia Usenko**

Yep. Thank you. And thank you all for doing what you're doing.

[00:16:49]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
TORONTO HEARINGS**

**NCI | CeNC**

**Toronto, Ontario, Canada  
March 30 to April 1, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 01:11:21–01:35:11

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

#### **Shawn Buckley**

Welcome back to the National Citizens Inquiry. For those watching us live online, we apologize that we're a little behind today. We had some exhibits that we had to get arranged for one of our early witnesses.

We welcome everyone back to the final day of our Toronto hearings. Commissioners, my name is Buckley, initial S. I am attending this morning as agent for the Commission Administrator, the Honourable Ches Crosbie.

Before I give my opening remarks I'd just like, for those online, just to share quickly about the National Citizens Inquiry: We are a citizen-organized, a citizen-run, a citizen-funded initiative. We don't have a single large donor. We're doing this all on our own, almost exclusively by volunteers that are attending and participating to make this happen.

And what we want is to start a national dialogue. We want basically the entire nation to share with us in this experience of hearing each other's stories and, through hearing each other and understanding each other, coming together again. Because we've become a very divided nation. We also want to learn from this—learn what happened in a fair and impartial way. And we want to know how to do things better. We anticipate that this will be a tremendously useful experience for us as a nation going forward and we're very proud of **what we're doing**.

**I will ask that you go to our website, National Citizens Inquiry. We have a petition. Please sign it so that you become part of the group that is endorsing this project. And we also ask that you please donate. As I say, we don't have a single large donor. This is all done by donations from people like yourself. And to keep this important initiative going, we need your donations. Now, I'll switch to my opening comments before we start calling witnesses.**

Yesterday, I had spoken a little bit about some tactics that are used to influence and control us. And I cautioned you that if you ever start feeling very strong emotions on any topic, that you need to be careful, that likely your mind is closed, which only affects you. It means

**you're totally captured if your mind is not open to new information and new ideas so that you can reconsider your position—not necessarily change your position.**

**Today, I want to talk about perhaps the most important way that populations are manipulated and controlled. And that is when we are manipulated into giving up our personal responsibility for our actions. Now, everyone has a sense of right and wrong: every single person in this room, every single person watching. When I was preparing this morning for this address, I was thinking of C.S. Lewis's book *Mere Christianity*, where at the beginning, he's making the case for the existence of God. One of his points is that every single religion, every single culture, has a moral code. And when you compare them, they are strikingly similar or identical, which is a curious thing. With all the different cultures and all the different religions that, in effect, we have the same moral code. We know right from wrong. Now, that can be used against us.**

For instance, we are social creatures. One of the things we fear the most is being excluded from our tribe. I mean, in my age cohort—it might have been different for younger generations—

[00:05:00]

we all remember in gym class when they were picking the teams. You didn't want to be picked last because you would feel shameful. We want to have a nice car, a nice house, so that we appear successful and worthy to our peers. This need for social approval is one of the strongest drivers in our lives.

So one of the most terrible things we can do to a person is to shame them publicly. I consider that in most cases to be an act of violence, although you're not actually hitting people. And so right now, especially online, we live in a culture of social shaming. We have this cancel culture where we're so willing to viciously attack people online. But understand we do that because of our sense of right and wrong being turned against us. We will attack somebody because they're wrong. They're morally wrong.

Do you recall the testimony of Tom Marazzo yesterday? So he gets this email from the dean to about 200-plus faculty members informing him and everyone else that these vaccine mandates are coming down. And he responds to this email. And we have it as an exhibit where he's basically explaining, you know, there's some legal problems with this and some other considerations. And perhaps, you know, others should join with me in a conversation about this. And then, one by one, people started, "reply all," "please take me off your email list." And after this went on for a little bit of time, one person piped in and said, "Can you guys just reply directly to Tom so that I don't have to get all of your emails? You're filling up my email box." And somebody else chimed in and said, "No, we need to do this publicly to shame him." **And then, one by one, they're all asking him to take them off his email list.**

**That was an act of social shaming because these people believed they were doing right. Now you're never doing right when you're committing an act of hatred. This is done out of hatred and spite. And I view that as a violent act. And those of us listening to Mr. Marazzo yesterday would agree. But I'm using it as an example of how this sense of right and wrong can be turned against us. And we are capable of being manipulated into doing unspeakable evil.**

**And again, I just prepared this this morning after I woke up. But the examples that came to mind were Rwanda—the genocide in Rwanda. And I mean, that happened in our lifetime. And it is unspeakably evil what happened. Nazi Germany is one that easily comes to mind.**

**It was unspeakably evil what happened. What about Stalinist Russia, these terror states? Or East Germany at its worst, where once the Stasi files were opened, people were shocked at which friends and family members were reporting them to the secret police. And these people were all manipulated into believing they were doing right.**

**Now understand that the terror states, the police states, the unspeakable evil that happens: it all depends on your cooperation. The leaders are few. The leaders can't do this. The leaders cannot conduct a police state. It all depends on your cooperation.**

**Now I'm going to say something really important, and you need to remember it if you're going to have any chance of being free going forward. And what that is, is that you need to understand that you—you are the police state. Let me say that again. You are the police state.**

[00:10:00]

There can be no police state without your cooperation. And we become the police state because individually, we give up responsibility. We give up our personal responsibility for what we do, for our actions. And it's a well-known concept for those that want to manipulate us.

When I was trying to think of examples this morning, Dostoyevsky came to mind. In his novel, *The Brothers Karamazov*, there's a section with the Grand Inquisitor where Jesus has come back during the time of the Spanish Inquisition and he's having a conversation with the Grand Inquisitor. And the concept comes up that if you can take away from citizens their personal responsibility, you can get them to do anything for you.

A really good example of that is— There's a well-known lecture given by Himmler, the head of the SS. I believe it was before the Night of the Long Knives, to encourage the troops to go and do what he wanted them to do, which was to murder a whole bunch of people. And he literally said to them, "It's not you pulling the trigger, it's me." He was taking away their personal responsibility for the acts that they were being asked to go and commit. And you see, he understood. If he took the responsibility for what they were doing, they would do unspeakable acts that they would not do if they were taking personal responsibility.

It's why in the Nuremberg trials, we had to establish the legal principle that following orders is not an excuse for torture and murder, because we are psychologically wired to do unspeakable things if we are not personally responsible for what we are doing. So if they can take away your personal responsibility, you are controlled.

And we are. In Canada, we are doing unspeakable things. I've already brought up Tom Marazzo in this email shaming that we heard yesterday. **What about the video that he showed us about the police pulling veterans? Wounded and decorated veterans, who are telling the police, "We are not acting violently, but we're standing here." As they were legally entitled to do. And we watched one of them basically being pushed to the ground and kicked by the police. And we're allowing this to happen.**

**What about Mr. Palmer, who testified about the media? He basically told us that the CBC is engaged in propaganda. That the CBC is engaged in deliberately manipulating us to accept vaccines, to basically take a medical treatment that is turning out to be tremendously dangerous. Is that not an act of violence? And yet it is happening even now.**

**What about Natasha, the person who is mentally traumatized, PTSD, and is physically disabled? Cannot wear masks, she legitimately cannot wear a mask. And this is a lady that used to wear the big masks on the oil fields all the time. And she's taken to the ground by three police officers in Walmart, knowing that she's disabled, while a crowd watches and does nothing. The crowd was the police state. The crowd, you: You are the police state, participating in this social pressure and shaming.**

**How many people have told us that they've taken the vaccine out of social pressure? How many people have told us that their families and friendships are divided because of social pressure?**

**What about the evidence that we're hearing? In Truro, where we heard a doctor, he submitted 10 adverse reaction reports as he's required to by law. And instead of those reports being submitted, he's professionally disciplined. And we're hearing at these hearings how adverse reaction reports, which are meant to be an early warning system—They should be bending over backwards to send those to Health Canada and have the media report them so that we can determine whether we need to look into things.**

[00:15:00]

But they are being deliberately suppressed by several groups: the media, the medical establishment, the government. This is happening today.

What about vaccinating kids? Anyone looking into this even on a cursory basis, you don't need to look at Dr. Deanna McCloud's presentation to know that there's hardly been any testing. And to say that they're safe and effective is just a very difficult thing for anyone to credibly try to assert. And there is zero risk to children. Zero risk. We've heard that evidence. But we're already experiencing significant harm.

Now, I ask you, if that is true—and everyone in this room believes it to be true—how is it that this is not criminal negligence? Our parents now, they should be asking themselves the questions: Are we committing criminal negligence? Should we be criminally charged and jailed if we vaccinate our children? Doctors and pharmacists should be asking themselves: Are we committing criminal negligence if we vaccinate anyone, but definitely a child, and if we encourage and pressure some parent or caregiver to vaccinate a child? What about the media that is pushing vaccinations on children? Didn't our public health officer, Miss Tam, have a little Christmas call with Santa Claus or Mrs. Claus? Basically, you know, don't get on the naughty list; get vaccinated.

How can this be happening in Canada at this time with what we know? How can public health in every province still be vaccinating children? You know, if it looks like a police state, if it smells like a police state, if it tastes like a police state, maybe it's a police state.

**We have just gone through mandatory masking. We have gone through lockdowns. We have gone through social shaming and division like we have never seen before in this country. We have treated unvaccinated people as if they were lepers. We restricted their rights. We shamed them. There was talk about not even allowing them to go for essential services. There were talks in some provinces of criminalizing it so there would actually be penalties on them. There was talk of putting unvaccinated people in camps. And I see people nodding their heads. They heard that, too—in Canada.**

**But what shames me most about being Canadian is that we have undertaken these actions with more gusto and more support than any other police state that I am aware of. In a lot of**

police states—don't tell me in Stalinist Russia or East Germany that the citizens were enthusiastic and supported what was going on. It was quite the contrary. But here we are, doing it with gusto and still in full deception mode.

**Our government is not sharing with us the truth. The medical establishment is not sharing with us the truth and the media is not. And this is happening today because we are not taking personal responsibility for our actions. It is happening because we, right now—you—are the police state. You are the ones participating in the actions. It's not the leaders doing this. You are doing this. Media, you are doing this. Journalists, editors, you are doing this. Doctors, pharmacists, every citizen that's shaming and shunning and closing your mind, you are doing this.**

And the tactics to get you to do this is to put you in a state of fear, which they've done. And to convince you that this is for the greater good. You see, if you're doing things because it's necessary for the greater good, you're not taking personal responsibility for your actions: "We don't have any choice. This is for the greater good."

[00:20:00]

Do you understand what I just said? The greatest danger to us as a society, to a free and democratic nation— Our greatest danger is you not taking personal responsibility for your actions. And if you are convinced that you should be taking actions for the greater good, you have just committed the greatest act of treason that you can because you have abrogated your personal responsibility to the government. It is the tactic that is being used. You are being told, "You are not pulling the trigger; I am pulling the trigger. You do what we tell you to do because it's necessary for the greater good." We cannot succeed as a free nation unless, as citizens, we take personal responsibility for everything we do.

When I was probably about 12, I attended at the public library in Saskatoon and I saw a World War II film that changed my life. It was somewhere in Eastern Europe. It was filmed by a German soldier just filming what that soldier's unit was doing. And what that soldier's unit was doing was, they rounded up a bunch of town folk, lined them up against the wall, and shot them in a firing squad in retribution for partisan attacks. So this was murder of civilian population. There's no sound. And you know on these old black and white movies you got the lines, the whole thing.

And so we see basically these town people being lined up against a wall—like, literally a wall. It wasn't a field; it was a wall. And the soldiers all lined up. You can't hear anything, but you know the order is "raise your rifles." And all the rifles get raised except one. One German soldier did not raise his rifle. And again, there's no sound, but you see the officer walk up and have a conversation with this soldier that refused to raise his rifle. And then I **saw something that changed my life. The soldier laid down his rifle and walked to the wall with the villagers. And then the order was given, and the rifles were raised again. And everyone along that wall, including that soldier, was shot.**

**Now we all know that our nation is changing. We all know that things have now gotten out of our control, and we have a decision to make. You can't avoid it any longer. You can't say, "Oh, I'm going to stick my head in the sand and the world's going to be okay next week, next month, next year." It's decision time. And so the decision you have to make is: Which type of soldier are you going to be? Are you going to be one of the many soldiers that raised their guns and fired because they were ordered to do so? Or, are you going to be that soldier that laid his gun down and walked to the wall?**

And I'm sorry that I got emotional, but we are dealing with very serious matters. And this inquiry is dealing with very serious matters. And I guess we've seen a whole bunch of witnesses get emotional, so we have to forgive ourselves also.

We are going to have another day today that changes our lives. We're going to have another day where we have brave Canadians risking retribution for speaking to us. We're going to have some experts give us insight that we didn't have. And so unless the commissioners have any questions or anything to say, I will introduce one of our volunteer lawyers and we'll commence.

[00:24:20]



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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 3**

**April 1, 2023**

### EVIDENCE

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**Witness 1: Jay McCurdy**

**Full Day 3 Timestamp: 01:35:45–02:40:52**

**Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>**

[00:00:00]

**Allan Rouben**

Mr. Jay McCurdy, I believe, is going to be appearing virtually.

**Jay McCurdy**

Hi there.

**Allan Rouben**

Mr. McCurdy, how are you?

**Jay McCurdy**

Good, how are you, Allan?

**Allan Rouben**

Very good. So tell us a little bit about yourself. How old are you, what do you do, what's your educational background?

**Jay McCurdy**

I am an elementary school teacher completing my 24th year in education based in London, Ontario at the Thames Valley District School Board. Forty-eight years old. Third generation educator. Grandmother was a kindergarten teacher; mother was a high school English teacher for 30 years. Brother's a teacher, so it's kind of a family trade, if you will.

**Allan Rouben**

And what grades do you teach?

**Jay McCurdy**

I teach grades 7 and 8 predominantly. Outside of one year of 24, I taught high school. I trained for high school with my intermediate senior qualifications but ended up landing in a grade eight position and I haven't turned back since.

**Allan Rouben**

And in a nutshell, what's the subject matter you want to talk about today?

**Jay McCurdy**

Well, you know, in large part with this whole inquiry and the whole COVID conversation—and I appreciate every aspect of it and I agree with 95 to 99 per cent of all of the testimony that I've seen and in large part, all the conversations that are dissenting conversations—I just really feel like something's missing from the conversation, and that's a child-centered conversation.

It's egregious to me that we're— Even myself at times, I feel like I'm being selfish in talking about how has COVID has affected me, how has COVID has affected my parents, who are close to 80. Nobody is emphasizing the children. And it's— To me, it's egregious that we're not having a conversation about the impacts on children. Children are the future, they're the primary resource. If we don't have children then I don't think we have a future as a country, as a nation, as a planet.

And I would like to emphasize that portion of the conversation: How important children are to the future. And it's just mind-blowing to me. I mean, my career has been spent— I mean, I love children. I have a son and a stepson and, watching them go through COVID, there's a level of selfishness to this that really bothers me in terms of the adults having the conversation about themselves. And I guess I'm being extremely selfish. If I sound holier than thou that some people are not talking about the children, then forgive me, but I'm very passionate about this.

**Allan Rouben**

I think you're referring to the impacts on children from the steps that were taken with respect to schools.

**Jay McCurdy**

Yes. The schools primarily, I can speak as a sort of frontline worker on the ground. But also, just the greater impacts of the COVID restrictions: the lockdowns, for example, and then the aftermath of COVID, violence in schools and such.

**Allan Rouben**

And stopping extracurricular activities and social interactions—correct?

**Jay McCurdy**

Oh, a hundred per cent. A thousand per cent. I'm heavily researched on this. I mean, when I come across an article or come across any sort of literature on this, it perpetuates and sort of validates everything I've been experiencing. My observations, my understandings of the

impacts, the negative impacts on children. And I live it day-to-day as a teacher; I see those as corroborated with umpteen articles, research evidence, and so forth, right? So I have sort of two perspectives: sort of a top-down one and a sort of an on-the-ground, face-first.

**Allan Rouben**

All right. And so in your specific school board, we know the lockdowns started in March of 2020. Give us a little bit of the chronology there in terms of what was happening.

**Jay McCurdy**

Well, the lockdowns started in March of 2020; I think it was March break. And the Ford government sent us out for the duration of the school year. So we had a— You know, that was when COVID first hit and everybody was sort of wondering what the level of severity of the threat was. And understandably so. We got sent online. And there was a whole thing with that, how difficult that is in terms of logistics.

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But that happened in the spring of 2020. And there's all sorts of challenges with that. Some of the literature, if I can just reference, I've got a few pieces. I don't have screen-sharing capability but I would like to share a few items that corroborate. As I said, it's what I perceived as the challenges of remote teaching at the time.

As I was sitting in front of a computer trying to remotely teach for the first time, it was a new skill set that we were being asked to administer. This first document here, I'll just hold it up quickly, is the Science Table. It was the advisory panel that Doug Ford had sponsored, published on June 4th of 2021. I guess this would be reflective of the challenges of remote learning. So there's a passage here. And ironically, the Science Table if you're familiar, did recommend— Ontario was one of the highest; in terms of jurisdictions, the province of Ontario was locked down four times in total. More than I believe, any jurisdiction in the world. So this is where it becomes a problem for Ontario-centric conversations. And that's why I've experienced such impacts from this.

I'll just read quickly from the Science Table Advisory Panel, comprised of many researchers and such. Impact on educators:

These policy changes had direct and indirect effect on students' classroom context and their teachers. In general, the strongest in-school influence on teachers' learning is their teacher. Teacher effectiveness is deeply shaped by **the context in which they work. COVID-19 has radically disrupted these contexts with considerable impacts on teachers' work, as well as their own health and wellbeing. Teachers have needed to dramatically change how they teach with limited time or specific training. They're supporting students, many of whom themselves are under exceptional stress. Furthermore, they assume responsibilities associated with ensuring safety in their school under conditions that were considered by many to be unsafe.**

This is not a teacher— I'm not trying to, but this is sounding like a teacher-centric conversation. I'll just jump to my other passage quickly here:

As well as learning to teach remotely, all teachers had to shift much of their teaching to a virtual environment, at least during the worst periods of the pandemic. This meant having to acquire or increase their own digital proficiency, which ranged from mastering technical tools to developing pedagogy, such as managing group work, assessments online. It also meant developing digital proficiency with learning among their students and trying to cultivate capacities for self-education, self-determination among these learners, so they could work independently at home while their teachers were working with other students, or while teachers, students themselves were working on asynchronous tasks.

That comes from the *RSC Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity* publication 2021. So yeah, that was the challenges.

**Allan Rouben**

All right, that was from the teacher's perspective as to the challenges that were faced by the teachers. Let's look at the—

**Jay McCurdy**

Yeah. And I'm going to leave that quickly. I just want to say: that was a very disruptive thing. For the government to pretend that online remote learning was effective—the efficiency and effectiveness of that was awful.

And so that's the beginning of it: pretending that it was okay.

**Allan Rouben**

All right and so we were talking about the spring of 2020. Just give us the overview from spring of 2020 until today, let's say. What time period were the children actually in school for that, let's say, three-year period?

**Jay McCurdy**

So we were off for the remainder of the school year in 2020. In the school year 2021, we had a delayed entry in the fall. We did come in, I think, in late September. We were off twice that year in the school year. We had a delayed Christmas break. So we were in school with strict COVID measures for the fall, heading up to the Christmas break. And then they extended the Christmas break, if you will. I have my stats here. I mean, in total, I can tell you that Ontario students were out for 28 weeks, which is an incredible number. We had a **four-week extension after the Christmas break—that would be in 2021. And then later that year, they delayed the spring break, the March break. We had a large break until April. I don't know the exact date, but they delayed the March break until April.**

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And we were off again for the balance of that year.

And then the fourth and final lockdown came in the following school year. So 2021/22, they extended the Christmas break by, I think it was eight days. So in total—over the span of COVID, spring '20, and two school years subsequent to that—you're looking at 28 weeks of

remote learning. And that's remote learning, you know the challenges of that. And then I can also speak to what I call pandemic teaching, which is at school.

So 28 weeks in Ontario, the damage from that remote learning is— I mean, the stories that came from colleagues, the challenges with remote learning, the impact on families trying to manage their children at home. As a teacher myself, with a son who was in grade six, seven, eight at the time, and trying to help him with his work. Again, I coped. I'm competent, I coped. But families that were disadvantaged: the literature says that in large part, the communities with low access to internet, low-income communities, had virtually no experience with online. I mean, it's egregious to think that everyone is sitting here with internet connection and access to computers and laptops, and in a large portion of the inner-city schools, Toronto and so forth, it was virtually non-existent.

So again, to pretend that remote learning was at all—

And again, I'm just going to jump ahead for a second here. Later on I was hoping to talk about Sweden, for example: school age children were not locked down at all, not once. There were different approaches with this around the world. North America, Canada specifically and the United States, it seemed like the Western approach was a bit over the top. And if you look back over to Sweden: Sweden recently had a commission that reflected on the formalization of the government lockdowns in Western countries versus Sweden. Sweden's was more informal: Mask if you want to mask, distance if you want to distance, don't go to work if you're sick versus the mandated directions from our governments. They didn't close schools down in Sweden. It did not happen at elementary schools.

So you have very extreme in Ontario versus at the other end of the spectrum in Sweden. And if we look at the data— The commission from Sweden, I'll hold this up right here [Exhibit TO-9b]: "Sweden's no-lockdown COVID strategy was broadly correct, commission suggests." So they reflected on whether their approach was okay or not. And essentially, they're saying it was just fine. I mean, the stats on their deaths originally—they didn't lock down—might be a bit higher. But if we talk about even the stats after the fact—we can talk about excess deaths and that whole conversation—are really low in Sweden. So there's a whole other conversation there.

This other research paper here, the *International Journal of Educational Research* talks about learning loss. No learning loss in Sweden during the pandemic versus the literature that talks about the learning loss because of the lockdown in Ontario. So there's sort of two ends of the spectrum. And I mean, we can argue where that perfect, that sweet spot would have been for locking down the children and not locking them down and so forth.

**Allan Rouben**

**Well, let's get to the learning consequences insofar as the remote learning was concerned and the closing of schools. So tell us, from your personal perspective, what were you seeing with your students?**

**Jay McCurdy**

**A large proportion of disengagement. For example, as a grade eight teacher, I would have close to 30 students in my class. And I saw a participation rate of 50 per cent maximum, even stooping to—**

**Allan Rouben**

Sorry, when you say participation rate, are you talking about showing up or participating in the events in the classroom, remotely?

**Jay McCurdy**

Well, both, I suppose. Showing up means, you know, if you have a Meet like we're having right now, a Google Meet where I'm instructing, you might have 50 to 60 per cent in terms of showing up for attendance in that class. In terms of submitting assignments, if I had posted an assignment, you're down to a third, somewhere in the third range, 30 per cent that would hand in something.

There was a difference in 2020. There was a messaging that the children found out about that it didn't matter. The direction from the Board is that—and this is problematic for this to get out maybe into the public—assessments didn't matter. The philosophy was do no harm. For example, if students didn't participate, didn't submit their assignments, their marks could not go down. They caught wind of this. Students were choosing to go outside and play instead of doing schoolwork and knew their marks wouldn't go down.

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So when that messaging got out, participation in 2020 was low. Later in the pandemic, when we understood that we might be going back online and doing remote learning, assessments evaluation would count a little bit higher. But in 2021—I spoke to the spring and the summer—participation rates were still 50 [per cent], maximum 50 in terms of handing assignments in. And sorry, at that time the messaging was, "Assignments will count towards your mark and your mark can go down." So very low participation rate overall for all sorts of reasons I can imagine.

**Allan Rouben**

And what about the actual learning from the fact that this was being done remotely? How did that impact on it from your perspective?

**Jay McCurdy**

The quality of learning was atrocious, I can imagine. The importance of in-school learning is—I mean, the data suggests how important it is, how important the teacher is, how important social interaction is at school. It's pretty much, it's everything. It's critical: extracurricular activities, the socialization of children.

**I was talking to a colleague the other day. We had a reflection on this. If an adult— university- or college-age students are taking online courses— I took online courses to further my education. We have learned to be learners through the school system leading up to a point. The social interaction that children receive from school, you can't underscore how important it is. It's critical. It's fundamental. It's how they learn to interact socially.**

**The outcome of this I see on a daily basis, in terms of what was taken away, the opportunities. Imagine 28 weeks. We're talking about 28 weeks removed with remote learning. What about pandemic learning when the students were forced to, in the school year 2021, distance during the whole year? It was distancing their desks apart. They were in cohorts on the schoolyard where they couldn't play with their friends. You would have two classes, for example, partnered up on our schoolyard. And this is a large schoolyard.**

**Some schools, I can imagine, have zero capacity for this; I'm not sure how they managed this restriction. Two classrooms would partner up and play on one part of the yard and two other classrooms would partner up and play on the other part of the yard and they could not interact. It was a strict rule that students— So imagine your best friend is in cohort B and you're in cohort A and you can't walk over across a line to go talk to your best friend, who's been cohort-ed and they've been segregated from you. Just little things like that. I mean, the psychological damage. And some of the students being far too young to understand, "Why can't I go talk to my friend?"**

**Inside the classroom. you've got limits on how you can teach during the pandemic, what you can use as materials. I can't run science experiments. Computers had to be covered with cellophane and wiped down with spray after use. In gym class you could only play the games where the kids were distanced apart. They couldn't actually come in contact. I could go on all day long with just those. Like I said, as a teacher, you're experiencing the children: how they were being asked to learn, the conditions of which were atrocious for learning. Wearing masks the whole time. It's a whole other thing, right? It's sometimes arbitrary.**

I can tell you a quick story about masking. Masking was enforced incredibly for the two school years— 2021 and 2022, was enforced strictly for three quarters of that time. It was in the spring of 2022 where the students could, we could de-mask and the regulations were lessened. I'd often see staff members yell at students for not having their mask on, "Get your mask on." Masks would slip down so they're constantly being told, "Get your mask up." During the eating time, of course, masks can come off and they can eat, but they can't talk. If they were talking, they would get yelled at by the supervisor. You can't talk. You're either eating or you're talking. If you're talking, your mask is on.

That's, for almost two years, a hard thing for a little kid to navigate, you can imagine. Stressful for the teachers to feel like they had to enforce that the whole time. And those are just sort of minor things, but very major things. The outcome of that, I feel, has been deeply felt by the students and their age of development. Not understanding what was going on, why, and being so fearful the whole time. As we all know right now, the case fatality rate for children is incredibly low. They were never at risk. I think after two years in the pandemic, there were 20 Canadians under the age of 20 that had died from COVID. To this day, it's under a hundred and some of those cases,

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we know, were "died with COVID" and "died from COVID." Whatever that means, anyway.

#### **Allan Rouben**

**So as you're seeing the students coming up now into your grades, what are you observing in terms of their skill levels, their learning levels? Are they where you would expect them to be for that grade level?**

#### **Jay McCurdy**

**Far behind. Far behind where they're supposed to be. And this is where, in my 24 years of teaching, if you were running an experiment, if you were controlling variables— I've only taught grade seven and eight for 23 years, so for 23 years I've taught this age group. If you're running a controlled experiment, I can speak to: What are the differences you see, and are they causal or correlational or coincidence? This is where I would say the anecdotal**

data backed up with the research says that the lag in the skill sets is there—in terms of academic lags, of course.

**We're trying to catch young children up with just learning how to read and write at a basic level. At an intermediate level, where I'm at, it's learning skills in large part, what I'm seeing. I'm seeing a lack of resiliency, problem-solving, coping, levels of confidence. Their ability to, if I were to give them a mundane task, persist with it and work through it. The learning skills lag and deficit is immense. I struggle with it every day; I'm looking to still give accommodations. The help that I have to give to children, the extra help that I have to give to them to move through a given task, the extra time that I have to give to them, and just their ability.**

I'm just finishing up a unit on— For example, right now we're doing angles; we're doing angle relationships. I teach, let's say it's a two-week unit on that. And then I'm pretty old-school, I give a quiz. And the acquisition of the information, the knowledge, how to learn would be— I mean, it's just a certain sort of expectation that I have versus— I teach for two weeks and I administer a quiz and it's just not there. They're not acquiring the knowledge at the same rate. They're struggling. Even with test-taking there's anxiety, massive amounts of anxiety with test-taking—so many things that I'm seeing in terms of that.

And then on a social level, you can imagine, the violence is up in schools. That was another aspect I was going to speak to: their ability to relate to each other or the lack thereof will equate to conflicts, of course. And as a teacher, there's all sorts of fights going on in the schoolyards every year. Kids are kids and that's how they learn too; they learn through conflicts, right? So it's important to know how, if you got into a fight, why you got into a fight. You learn from that. You learn what mistakes you made as an individual, how to reconcile that. And make up and move on, sort of thing.

I'm seeing a higher prevalence of interactions that come from nowhere. A basketball game on the yard breaks into a fight. I teach grade eight, straight grade eight this year. And I tell my boys— I'm a basketball coach, we actually had a very successful season. We won our West region with first place gold medal, so very proud of that. But on the yard when they're playing ball, the slightest things turn into a conflict or a fight. I'm just constantly dealing with that. And I say, pre-COVID, that instance of two boys posturing one another after a basket is made wouldn't have turned into a perhaps a fight or something like that. On a grander scale, especially in the Toronto board, they're dealing with high levels of extreme violence in the school board.

Anyway, I'll stop there, Allan, and let you continue.

### **Allan Rouben**

**In terms of the learning deficits, what in your view is the primary reason for that?**

### **Jay McCurdy**

**Without a doubt, just all of the closures of schools. I can speak to Ontario. Like I said, 28 weeks of remote learning comparative to three years in the pandemic. Collectively, I'm looking at everything compressed into three years of the education system being affected and altered as deeply as it was.**

**The evidence is in front of my face every day. And I talk to colleagues and they're talking about the problems at school that we're seeing and everything. And my response is, "Well,**

**what do you think is going to happen if you enact these measures? We're living through this for the first time. So you can either correlate this—you can say there's a causal connection, that the students are suffering and lagging and violence is up because of COVID—or, no, it's some other variables at play here."**

**[00:25:00]**

**I think it's clearer than clear. I mean, to me it's clear: the disruption in the system and the disruption of learning and the disruption of social gatherings and the normal life that children were expecting to experience. You don't have to be a rocket scientist. You don't have to be a research scientist to see that, of course this disruption in their social lives, primarily even in their academic life, was incredibly damaging.**

My son had his 13th birthday turning into a teenager. What was the gatherings? You couldn't gather at that point. I mean, you're having a special birthday for my son and it's a COVID birthday. It's no one; he can't have a birthday party. And that's fine, he had lots of birthday parties leading up to that. But imagine the young children: their first birthday party, their fifth birthday party, how important that is.

Watching the little kindergartners around the school. We had an assembly yesterday. We're having assemblies for the first time in the last year, where the school gathers in one area. I was up in front of the school presenting. And down in front, you have the young kindergartners and they don't have their masks on and they're looking up all bright-eyed and wonderful and they're just so happy to be there. And it's just amazing. That experience was stripped from them for two full years, pretty much. How can you argue that wouldn't be problematic or detrimental to their growth and development? It's pretty clear, actually.

#### **Allan Rouben**

You were obviously concerned about this as it was going on. What about your colleagues? What was the talk within the teacher community as opposed to the administrators? What was the feeling amongst the teachers so far as you're concerned?

#### **Jay McCurdy**

I would suggest that it was sort of— I mean, we're kind of like frontline workers. I don't know if there was on a day-to-day basis much reflection, it was just "get through the day." It was a lot of stress. COVID teaching was very stressful, especially in the school year 2021 and even the fall of 2021, the next school year. Getting through the day was just like a triage. It was just, "Get through the school day; we all know just how challenging it is to teach under COVID conditions and restrictions and limitations in the school setting."

**What you're used to being able to do versus what you're being coerced to do—just such a challenge. I mean, we were all thinking it. We were all living it. I don't think there was much discussion. It's not even close in terms of equating it to healthcare, what it would have been like to work in a hospital, during the heavy waves perhaps, where the stress level on the nurses and such and the system is collapsing because there isn't enough staff, right?**

And another thing that happened, basically, was that during COVID, the stress levels of teachers went up and a lot of teachers retired early. They went up on stress leaves and such. So we were living it and we weren't discussing it too much, but it's almost like you wink and nod to your colleague and say, "Here's another COVID day." We have a board in our office where there's an absentee board. And you can walk in on any given day and see

which staff are off and who's filling in for them. Something that became sort of very patterned during COVID is that the board would be full. It would be long, full, and you would have multiple staff off during any given day because of various reasons. Maybe they had COVID, maybe they were sick, but other parts where stress leaves were high. It was basically triage in the school system for a better part of two years.

And we're just coming out of that now. In terms of, like, the system not collapsing. And this is just one school and one school board. I'm in London: I can't imagine what it was like in other jurisdictions like Toronto. There were just two references here in my papers that I wanted to find quickly in that regard too. There's one reference quickly in terms of, I call it the "system damage.: This is, again—this is coming again from the Science Table COVID-19 Advisory Panel. By the way, this was something the Ford government had their hands on prior to the final and fourth lockdown in 2022.

And in this document, they were advising the Ford government not to lock us down for the fourth time. This panel, this paper basically was the proof in the pudding that we should avoid lockdowns at all costs with children. And we've already had three. But he disregarded that and locked us down for the fourth time.

So back to the system damage, this is from page eight in that paper. This would be probably, I think, an elementary perspective, where there is a higher proportion of female teachers.

A highly feminized workforce, educators as a group were particularly affected by carrying responsibilities for their own children at home while continuing to work.

[00:30:00]

A national survey suggests that teachers have experienced considerable stress and burnout during COVID-19. There are further reports of teacher shortages resulting from leaves and attrition from the profession in light of COVID-19 context. As a result of these shortages, exceptional measures, such as allowing student teachers temporarily teaching certificates and, in some cases, hiring non-teachers were undertaken. There may be long-term effects on the profession in terms of the teacher supply.

And I've got a quick story for you. One other reference very quickly from an article in the *National Post*, author Paul Bennett, speaking to violence in schools, February 27th, 2023. I'm just going into the fourth page. I admit this is U.S. perspective: "Amid fears of a national U.S. teachers' shortage, the National Education Association now claims that half of all **American teachers have reported considering or actively planning to quit because of deteriorating school climate and safety.**" It says, "So far, this has not reached that crisis point in Canada's systems." But I would argue that it has.

One quick story. I think it was a couple of months ago, I had a supply teacher come in. And this is how bad it is right now. Teachers' colleges are now a two-year program. They're pulling teacher candidates from the programs, either first or second year, and employing them as supply teachers. And even worse than that, we've got— I know in Toronto, my brother teaches in Toronto, and it happens to be that they have pre-teachers' college candidates. So you've got someone just in an undergrad degree, let's say third or fourth year with an undergrad. I don't know who comes in the room and I don't know who asks the question, "Would you like to go teach in a school, tomorrow?" And so this wonderful

young lady came in and gave it her best, but had no business being in front of the kids that day. You can imagine. Just— They're trying to close the gaps there. Healthcare is even worse. Teaching is right behind, probably.

**Allan Rouben**

Sounds like it's a vicious circle.

**Jay McCurdy**

Absolutely.

**Allan Rouben**

What are some of the other system impacts that you're seeing and have observed?

**Jay McCurdy**

System impacts: the two just are the resources, like I had mentioned, just maintaining the school's integrity, the school system integrity with having enough quality staff and teachers in front of the children. That's still very prevalent and pervasive. The only other—well, the other system damage, like I spoke of, was the violence in schools where the stress on the system right now is difficult.

Administrators are really struggling to balance the proceedings of their school in terms of administering education every day. And it's managing the building with just the prevalence of misbehavior. In an elementary school, we might not use the word— I mean, we can use the word "violence," but we're talking about children having temper tantrums and throwing chairs. And there are staff getting hit with chairs; there is staff getting hit with items. And some of these special needs' scenarios are sort of extreme but administrators are having a heck of a time trying to sort of navigate and mitigate the outcome in terms of how the children are coming out of COVID.

I just think that the system damage is that there's just pressure to keep the school healthy, the school systems healthy, so that learning can happen. I mean learning is critical. And learning is being compromised right now with the collective stress of the children and the collective stress of the adults combined with, sort of this misbehavior. It is just making teaching and learning challenging on a day-to-day basis. And it's very challenging. Like I said, I'm very experienced at my job and I'm seeing younger teachers not equipped to cope with this. And younger and younger administrators not equipped to cope with managing it as well in terms of the higher level of misbehavior and violence in the schools.

**Allan Rouben**

Have you heard of or been party to any discussions from officials in the Ministry of Education where there is some sort of recognition or acknowledgment that locking down the schools, closing them down and moving to remote learning, was a problem—was something that shouldn't have been done? Is there any sort of talk like that?

**Jay McCurdy**

Yeah, we're not seeing anything. I'm not seeing anything from our jurisdiction in Ontario on a board level or provincial level. The only thing I was able to— I was curious myself about

this, was from the United States. There's an article here I can show from the *Wall Street Journal*. It's from the union.

[00:35:00]

It's written from the *Wall Street Journal*. Author, sorry—

**Allan Rouben**

Right. I've given that to the commissioners. One of them is an editorial in the *Wall Street Journal* from November 2nd, 2022 [Exhibit TO-9a]. And I'll just read the opening sentence. "Believe it or not, American Federation of Teachers Chief Randy Weingarten, on Monday, tacitly acknowledged that keeping schools closed during the pandemic was a mistake. Miracles happen apparently."

But what is being mentioned here is that Ms. Weingarten and her colleagues, and needless to say, the same is true in Canada: they were the ones who were pushing for this with the greatest enthusiasm from day one, right?

**Jay McCurdy**

From the union perspective— There's a whole another can of worms there, where they're trying to protect their members. I would imagine many teachers wanting the schools closed down permanently, just in fear of COVID.

Some of the research says that in large part, COVID wasn't transmitted in schools, it was transmitted through community. Meaning that children who picked up COVID got it from their homes. They didn't get it at school. So the union perspective, the union approach in terms of their messaging would have been, "Let's protect our members. And the best way to protect our members is to not be at school at all."

But now, that article you referenced there, I have that article. Sorry— There was another article referenced in *The Atlantic* by Emily Oster. Oster cites school closures as one example. "There's an emerging, if not universal, consensus that schools in the U.S. were closed for too long. The health risks in school spread were relatively low, whereas the cost to students' well-being and educational progress were high." That's pretty much the snapshot right there.

**Allan Rouben**

It seems to me that the thinking that went into this is quite similar to the thinking that went into COVID policies generally, which was: there wasn't any real assessment of the costs versus the benefits. Is that a fair statement?

**Jay McCurdy**

That's absolutely my mantra. My mantra has been cost-benefit analysis from day one. The cost-benefit analysis in terms of the perspective of the child. In the context of learning, they spend a lot of time at school, so it's important that that experience is on the table for them, but just generally on a societal level as well.

The cost that we ask students to do through the pandemic: like I said, case fatality rate, COVID infection rate was low with children. It has been proven that they lack the ACE2

receptor in the nasal cavities for COVID to even sort of stick. And when they got sick, they didn't get that sick at all. In fact, post-COVID, the RSV [respiratory syncytial virus], that respiratory illness— I mean, my anecdotal evidence says it took down a lot of kids with a lot more severity than COVID did during COVID.

But yeah, like, in terms of the greater societal level, the damage is there over that time. Cost-benefit: it's just unbelievable what we asked the kids to do. And what we took from them. From a child's perspective, you should be working as a society to protect your children. I mean, we should think about that, right?

One evidence piece I wanted to reference here that speaks to that. There was— Some of you Commissioners might be familiar with the Great Barrington Declaration, co-authored by three significant doctors. One of them, Dr. Jay Bhattacharya, was a professor at Stanford. He's got a PhD in economics and focuses on health economics. I watched a podcast with him recently where he referenced a— Not sure if he was an author, a researcher, last name Christakis, in a pediatric journal. This is citing data: "From the spring 2020 closure, it is estimated that 5.5 million life years have been taken from children."

From that particular time frame is a very staggering stat: you're taking life years away from children. My father, who's 79 years old, had a stroke about six months ago. My father lived a long, full life. It's tragic when anyone's life ends and it's sad. But you know, he's now 79. And Pops has lived a long, amazing life.

[00:40:00]

And it's difficult watching him in the aftermath of his stroke. But, you know, he's lived his life. These children haven't lived their lives yet. It's just mind-blowing to me what we've done, the damage that we've potentially done.

Without that calculation, Allan, what you said about that cost-benefit? In my opinion there was zero cost-benefit done. Absolutely none.

#### **Allan Rouben**

What's really troubling about this, it seems to me, is that the children can't advocate for themselves. Collectively, adults are the decision makers. And it's hard not to reach the conclusion that we've failed our younger generation here. What do you say?

#### **Jay McCurdy**

I think we've failed them in every way possible. I can't imagine failing them any more than we have. I don't know. It sounds very pessimistic and extremist to say this, but we have a struggle in front of us right now. I'm not making this up, I'm watching it. I'm just wondering what that long-term impact's going to be. Longitudinal studies and such that are going to be able to even correlate this and say, "How are we going to be able to look back in 10 or 20 years in terms of economic activity in the GDP and say it was because of COVID?"

Of course, this is happening. There would be no admission of that anyway. It's going to be blamed on other variables and factors 10, 20 years down the road. But I just really have a gut suspicion. I have lots of papers sitting around me right now that are studies and professionals that say this is going to be a problem. Very smart people that are acknowledging it as opposed to not acknowledging it. I think that's important, that if we could—

**My takeaway with this is not make this mistake again. We might be paying a large price for this down the road. It's inevitable. It's going to come at us and we'll just have to manage it. But we better not do this again the same way. There needs to be a cost-benefit analysis at the very least and a conversation where all stakeholders are allowed into the conversation. It's not just the government dictating. It's everyone having a voice. And that's why I really appreciated being able to testify here: It's giving the average citizen that voice. There are a lot of us that are highly intelligent that are in this room today that have a lot of perspectives and a lot of stories. We don't need to do [inaudible] research papers to understand this has been impactful in a negative way across all sectors, across the economy.**

**I have a friend who lost his job from COVID. I have watched small businesses close during COVID.** You don't have to look at papers to see it. You just look out on your front stoop and look outside and see the damage in your neighbourhood, your community.

#### **Allan Rouben**

There were some personal perspectives that you wanted to share. Is there anything else that you wanted to say on that? Tell us about the impacts of— You talked about the impacts of remote learning but what about the masking when the kids were even in the classroom? What do you see as the impact of that?

#### **Jay McCurdy**

Well, the masking was a symbol of fear, so there's a psychological impact. We sort of sent this message, "We're going to go to school and we're going to wear masks. And be careful, if you catch COVID, it's very dangerous. Something can happen to you." When the data came in—like I said, in 2020—and then a lot of the research, medical research scientists started collecting the data and the hospital data came in, it became evident that COVID wasn't directly a threat to children.

But the masking at schools when it's a room full of children: if I'm not sick, if I'm not symptomatic—and this whole nonsense about carrying COVID asymptotically, I don't buy it—if you're not symptomatic, I'm pretty sure you're not going to get it. But that's my personal perspective. But the symbolism of the masking was pervasive because of, I think, the fear. Children are like, "Why are we wearing masks? What's going on here?" It's just— Outside of trying to teach with the masks on. Listening to children talk and trying to teach with a mask on and the limited sort of sonic experience, we'll call it, was challenging. But when masks came down, I watched staff actually berate children: "Get your mask back up!" Right? That's a whole other component. But the damage of the masks, I don't know. It was a symbol of fear.

**[00:45:00]**

**Here's sort of an anecdotal observation. After the mask restrictions were lifted, children still continued to wear masks, in large part, in the school setting. Still fearful of— I can imagine their parents may have said, "you need to wear a mask," but a lot of children chose to wear one. Higher grade students—grade 7, 8—were still wearing them for some time. I was of the mantra, "It's time to take them off. It's time to breathe. It's time to see your face. It's important. So take them off, take them off." I mean, I wasn't pushing it, I was just sort of advocating for it and sending subtle messages that it was important.**

I'll just read a quick excerpt from this article, it's from the American Institute of Economic Research. I've got page 5 of 11, just a quote about masking that I sort of highlighted:

**Concerns are being raised regarding psychological damage and why a mask is not just a mask. There's tremendous psychological damage to infants and children with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs: those within the autism spectrum who need to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms, so much so that Dr. Blalock states, 'the bottom line is that, if you are not sick, you should not wear a mask.' Furthermore, Dr. Blalock writes, 'by wearing a mask, the exhaled viruses...'**

Okay, we won't get into that part.

But the psychological damage: I have a stepson who has special needs, diagnosed with autism disorder, who basically stopped going to school because of mask-wearing. He was unable to attend school and wear a mask. It wasn't possible for him to do that; he couldn't wear a mask. It's a sensory issue, it's, you know. So school was taken away from him because of a mask and that's factual.

#### **Allan Rouben**

I wonder if there's any questions from the panel.

#### **Commissioner Massie**

Thank you, thank you very much for your testimony. I have two questions. First one is: In your experience as a frontline teacher, can we get out of all of the damage that was done on the kids unless the institution is willing to admit that this was wrong? How can you convince kids that wearing masks is not "no longer necessary," but was never necessary in the first place? Is that something that you think is possible within our current school system?

#### **Jay McCurdy**

I think it involves conversations. I think it involves information and there's a lot of information flying around. You know, information can come from studies like this. Information can come from various sources. It's a conversation, an acknowledgement of—maybe going back to the cost–benefit, I'm not sure. Like Allan had mentioned, the adults **that are in charge have an obligation. The students themselves are going to take a lead on the adults. So it's a reflection. It's a cost–benefit that needs to be reflected upon and in the future needs to be done.**

**For example, in the future, if something comes along: Remember what masking did to children before. Do we really want to do it again? We can't go back in time and change what happened. But one of my things moving forward is ensuring that these sorts of things don't happen again unless they're absolutely necessary and we can prove it. And not—it's just messaging, it's like a top-down, "Thou shalt mask."**

**My information tells me that even in jurisdictions like Sweden, masking was optional. Just let citizens decide to wear a mask. People can wear a mask if they want to wear a mask but,**

you know, the forcefulness of it is damaging, right? So just a reflection, just an honest reflection and conversation. There's lots of studies out there that say masking is ineffective. So let's just grab onto those studies and perpetuate the information as not disinformation, but actual studies. So just keep studies. Be open, be mindful to competing studies and be open and mindful to the conversation. That authoritarian sort of approach is not really a pleasant approach at the end of the day.

**Commissioner Massie**

My other question is: I think I heard you say that the damage, if you wanted the learning, was probably more profound for students that had more difficulty of learning or because they could not access as readily good internet or other technology or support from family or community. So these children are probably more at risk to suffer the long-term consequences of the lockdowns and all of the measures.

[00:50:00]

So is there a plan that is put in place right now by the institution in order to address this need that was created by the lockdowns and all of the measures that probably affected even more this population of students that have issues with learning?

**Jay McCurdy**

Well, because we're in a crisis of funding— I think, in large part, money can solve a lot of problems. If you have the resources. Human resources have to be in place I guess, first. And right now, there's a lack of human resources, right? There's decline in the— People are leaving the profession, teachers are leaving. So are we going to be able to replace the workforce? Right now, it's not looking so good. Like I said, we're bringing in the university students that may or may not even become teachers and throwing them in the classroom to basically, perhaps try their best, but in large part maybe babysit for the day.

My wife actually works with special needs. She's an educational assistant, and they're highly trained professionals who have different sorts of degrees. They can have PSW [patterns of strengths and weaknesses], they can have child psychology, for example. There're all sorts of different educational sort of skill sets they bring, and highly trained and skilled professionals.

So my wife for example works with high-needs children. And so with being off a few times and watching the replacements that are coming in: they call them "paid volunteers," which doesn't make sense. I know they're volunteering, but they're getting paid. Our board has brought in basically, people off the street that want to make some money and work with **children that—you know, may provide a background criminal check and maybe they love children and want to help out. And that's fine. But these workers are coming in and they're replacing the professionals who have the credentials and experience and education with zero credentials, experience, and education. And have no business working with those children. It basically becomes a babysitting role.**

**And it becomes a safety issue. Because in large part the training of an educational assistant deals with high behavior and mitigating damage when special needs children are having, let's say, you know, a bad day. So the damage can be confounded when you have people that don't know what they're doing trying to manage a situation that's problematic. And now you have two problems on hand, right? Instead of one.**

So I don't see the human resources right now. I'm not sure how we— With the baby boomers, we can get into a demographic conversation about our aging population. But I'm not sure we're going to be able to find the human resources in terms of education and even health care and other sectors. I'm not sure. Look outside in the community, all the help wanted, all the unemployment signs. Help here, help everywhere, right? So it's not being fulfilled. And then from a money standpoint, I mean, you can—

**Allan Rouben**

Let me stop you, Mr. McCurdy, because I think we're running out of time and some of the other commissioners might have some questions. So if you don't mind, let's get to those.

**Jay McCurdy**

Not a problem.

**Commissioner Drysdale**

Good morning, Mr. McCurdy. Thank you for coming and appearing before us. I have a few questions and some of them are related to testimony we heard from previous witnesses. We heard testimony from witnesses that were attacked. There was one yesterday who was shopping in Walmart, and she reported how she was attacked and people stood by. There was one in Truro, where a gentleman went into a Canadian Tire and was attacked.

I wonder: You talk about fear in the children. To my mind, these attacks—these reactions by people, including our officials and police, were due to what I would call "terror." You talked about fear in the children but, in my mind, there's a difference between fear and terror.

And the adults were experiencing terror in the way they acted towards their neighbors, to their families. But adults have certain capacities and certain experiences that would allow them to hopefully temper those emotions. So what levels of terror or fear did you see in these children who did not have the capacity to temper that?

**Jay McCurdy**

Well, that's a very interesting observation you've made there. I haven't thought of that. It sounds very valid to me. That's certainly possible, what you said, the capacity to handle your emotions. We've learned, as we were all in development, how to handle our emotions and cope. So maybe you're seeing a lag in a sort of, I don't want to say, ability or skillset, but yeah— Reacting and having that emotional overlay of being, living in constant fear.

[00:55:00]

So perhaps you're seeing inability to cope and that's just playing out in real time in terms of excess incidents of violence in the school setting. Just maybe they're exercising this and it's just coming out—everything's coming out right now. Whether they're contemplating, "I'm doing something bad" or not. It could just be pure energy coming; it was contained and now the energy's coming out. It's not good energy.

**Commissioner Drysdale**

In your class or in your school or with colleagues that you have discussed, have you noticed any perceptible increase in suicide, self-harm, with the kids following the lockdowns and return to school—or during the lockdowns?

**Jay McCurdy**

I can't speak to that data. On a personal level, I do see a larger proportion of what I would consider despondent children, who look like they're struggling in terms of depression. And that translates into absenteeism rates as well. So I'm seeing a higher-than-average absenteeism rate. Children that are still sort of disengaged from school and despondent when at school. So there's certainly a larger proportion of those children that are struggling on a day-to-day basis and struggling to be at school, to get to school. So as I said, there are some stats there that are coming out of the pandemic. They're still certainly struggling on an emotional level. Absolutely.

**Commissioner Drysdale**

Were vax mandates imposed on teachers?

**Jay McCurdy**

Not in my jurisdiction. With Thames Valley, they were not. And I think the only jurisdiction in Ontario was Toronto, teachers were mandated.

**Commissioner Drysdale**

Okay. Did the administration or the government, to your knowledge, come to the teachers themselves or teacher's organizations and review with them what they were considering as mandates prior to implementing them? In other words, did you have a say?

**Jay McCurdy**

Well, no. Of course, I just think that was one of my biggest concerns, was having a voice. No, it was directed. It was all top-down direction, "Thou shalt." And a lot of pressure. I mean, there's peer pressure. There's also pressure from your employment, messaging from your employers about "This all needs to be followed and strictly followed" and so on and so forth. So that's a lot of psychological pressure in and of itself, to be told, "This is how this is all going to play out." All the restrictions, all of the COVID sort of overlays like I was talking about. The hand sanitizing, for example, and the mask wearing, the keyboard covering, the keyboard wiping down, and all those sorts of things. It's just sort of like a memo: "This is the memo and we're all to follow it." From a managerial level, you're looking at risking probably disciplinary if you walked outside of those expectations.

**Commissioner Drysdale**

My last question: I have two sons who are teachers and I know that on a regular basis, they go for additional training. They don't call them this anymore but they're in-service days and they go to take courses. Prior to 2020 pandemic, did any of the teachers receive any training with regard to potential pandemics and what should be done to reduce spread? And were you made aware of any pandemic planning that was in place prior to 2020?

**Jay McCurdy**

Absolutely not. That would have been virtually impossible, right? I think on many fronts. It was almost like this was all after the fact, right? The pandemic is in place and let's figure out how we're going to— Yeah, I mean, moving forward maybe it's something where we should reflect on this and say, "Hey listen, next time, here's again what we do what we don't do."

No, it was just thrown at teachers like: "This is what we're doing, we're walking into school, and we're"—I'm spray-painting dots on the ground with a spray paint can out front of my portable so the students can stand on these dots and be two meters apart. And when they get inside the desks are supposed to be two meters apart and masks will be on. It was all just real time, figured out on the fly, which for teachers was stressful.

Yeah, you probably heard stories, considering your children are teachers. It's like, "you need to just figure this out, teachers, and you need to just make it happen." And I'm not a health care professional. My skill set is limited to what I have. But just enacting and following through and trying to make sure all of these requests, I will call them, were followed—was challenging in and of itself right. So very stressful, for sure.

**Commissioner Drysdale**

Thank you.

**Commissioner Kaikkonen**

Good morning. I have so many questions I'm not really sure where to begin. But the line that we hear from the school boards in Ontario is that, "Well, we've lost two years of learning to COVID."

[01:00:00]

I'm just wondering: As a teacher, do you believe that we will ever recapture those two years of learning that these children have lost?

**Jay McCurdy**

My perspective and answer to that is that I don't think it will be recovered wholly. I think there's going to be a gap, always be a gap. I don't know how you can close that. I think that this is why I'm so passionate. I think that the formational years of a child, let's say they say the most important years in the life of a human is between zero and five, for example. I'm not a psychologist. I can only venture to say that the damage that was done, the COVID babies and such, I don't think you can recover that wholly. I just— It's my gut feeling.

From an adolescent standpoint, there was one study that I read that said that the most damage to the adolescent age group was age 15 to 18, somewhere in that range. Where the psychological damage on them was greater than other age cohorts. And you could probably make an argument that every single kid, no matter their age, experienced that. I don't know. I mean, people can say, "Yeah, we'll close the gaps. Everything will work out. They'll be fine." "Kids are resilient," is the one I hear all the time. You know, "Kids are resilient. You know, they'll get through it, we'll be okay." So you can downplay all of this and say, "They'll be fine. It'll all just work out in the end." But the problem with that is that you can't project into the future and then look back and then change it. If you find results you don't like and

agree that we messed up, you can't go back in time and fix it. That's the problem, is that it's a catch 22 or something like this.

**Commissioner Kaikkonen**

And in terms of going forward, we have school boards at this point in Ontario who have decided that the last set of standardized tests that were given to the students will be the new bar, the new standard for education going forward. Do you see some serious issues with that mindset? That we're just going to take the bar that comes after COVID as opposed to standardized test results that came before COVID? In terms of our long-term research into how our children are faring and how their reading and writing skills are being projected going forward?

**Jay McCurdy**

Well, we have to absolutely maintain the pre-COVID bar. We have to. I mean, we can't lower the bar, we have to put it back up. And that's what I've been trying to do in my classroom. I've slowly been— So the analogy would be like high jump or, moving into track and field season, would be to lower the bar down so that everyone can have success. But as they build their skills, because we've lost our practice with skill building, you've got to raise the bar back up slowly. What I've been trying to do is raise it up incrementally. But my goal is to have that bar back up to where it was before.

I mean, if I can talk 10 years from now and say, "Do I have that bar back up to where the bar was pre-COVID?" Will it be 20 years? How long will it take me to have that bar back up where it can be that high and the kids can attain success? So right now, the bar has to be lowered for all sorts of reasons, but there needs to be a concerted effort to decide that bar has to be back up to pre-COVID standards for all sorts of reasons.

**Commissioner Kaikkonen**

And my final question is: Do you think you'll get an apology from Education Minister Lecce or your school board or school boards collectively or the Ministry of Education for what they have done to these children?

**Jay McCurdy**

Well, I don't think there will be an apology. Of course, I don't expect that. I would like a "thank-you" in some form. Some sort of thank-you for helping to weather the storm. I'm just one frontline worker. A thank-you to everyone for keeping up with the effort and not giving up on the children in the system. A large thank-you would be in order, I think. That would go a long way. Apology won't happen.

**Commissioner Kaikkonen**

Thank you.

**Allan Rouben**

Mr. McCurdy, we had asked witnesses who gave evidence to swear in. So if you don't mind, I'm just going to swear you in. So do you swear that the evidence you've given is the truth, the whole truth, and nothing but the truth, so help you God?

**Jay McCurdy**  
Absolutely.

**Allan Rouben**  
Thank you very much, and thank you for coming today.

**Jay McCurdy**  
Thank you, Allan. And thank you for allowing me to speak. I really want to thank the Commission also and the whole Inquiry for what they're doing. They're giving voices to the average citizen. I think that's critical. I think it's imperative that the more people that can talk and we can have just a large conversation. And I guess the healing can start and we can move forward in a more productive fashion instead of being so divisive and contemptible. So thank you very much for running this Inquiry, and thank you for allowing me to testify. I greatly appreciate it.

**Allan Rouben**  
Thank you.

[01:05:07]



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*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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**Witness 2: Julie Pinder**

Full Day 3 Timestamp: 02:40:55–03:03:18

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Shawn Buckley**

So our next witness is Julie Pinder, who will be attending virtually.

**Julie Pinder**

Hello?

**Shawn Buckley**

Yes, Julie, can you turn your camera on please?

**Julie Pinder**

Yeah, I can. There we go. Hi there.

**Shawn Buckley**

Thank you. We can see you. I'd like to start by asking you to state your full name for the record, spelling your first and last name for the record.

**Julie Pinder**

Sure, it's Julie Pinder, J-U-L-I-E P-I-N-D-E-R.

**Shawn Buckley**

And Julie, do you promised to tell the truth, the whole truth, and nothing but the truth?

**Julie Pinder**

Yes.

**Shawn Buckley**

Now your screen is shaking. Can you set your camera down. That's a little better. And I understand that that's—

**Julie Pinder**

How's that?

**Shawn Buckley**

That's much better. Thank you.

**Julie Pinder**

Okay, sorry.

**Shawn Buckley**

Now, I understand that you have received two doses of the vaccine?

**Julie Pinder**

Yes.

**Shawn Buckley**

And I'm going to ask you what led you to make the decision to become vaccinated.

**Julie Pinder**

The first vaccine, I wanted it because I was scared of COVID and I wanted to do my part. So yeah, I went on ahead and I did the first vaccine. I didn't expect it to hit me the way it did, really. Second vaccine I feel like I was coerced into taking it.

**Shawn Buckley**

Okay, now— And I'm just going to stop. Your screen is still shaking. I don't know if your hand is on the table or if there's something else that we can do. You're using a cell phone, I presume.

**Julie Pinder**

Yeah. Here, let me see what I can do here. Try to lean it up, I'm sorry. Okay, is that better?

**Shawn Buckley**

That is that is much better, thank you. So the first shot—you basically were afraid of COVID.

**Julie Pinder**

Right.

**Shawn Buckley**

Could you tell us who was it that was making you afraid of COVID? I mean, what were you seeing and hearing that gave you that fear?

**Julie Pinder**

The media. It was all over the place. I pretty much believed that, you know, this miracle vaccine was coming and it was going to save us all and we'd be fine. And I kept hearing that the vaccine was safe and effective. So at that point, I wanted to do my part. I was scared of getting COVID.

**Shawn Buckley**

Okay, and then my understanding is you had your first shot on March 1st of 2021.

**Julie Pinder**

Yes.

**Shawn Buckley**

So you were fairly early on in the queue. Can you tell us what happened?

**Julie Pinder**

So my first shot, I came home and I was really extremely tired but it kind of felt like an anesthetic type of tired. My eyelids swelled up. I had a rash from my neck down to my feet, pretty much. I was itchy everywhere. And it just knocked me out. I want to say the rash lasted quite a while, it just kind of slowly went away.

But then I started noticing that my heart rate was elevated. I used to wear a Fitbit and I was tracking my steps. I'd look at my heart rate and it'd be up as high as 140 beats a minute and then it would drop back down again. And that was kind of continuous. So at one point I just thought my Fitbit was broken and I stopped wearing it.

I also developed weakness behind my ankle bones and I assumed I needed new work boots. So I did that and then I started wearing ankle braces at one point. I never connected the heart rate and the ankle weakness with the vaccine.

**Shawn Buckley**

Right. Did you seek medical attention for these effects?

**Julie Pinder**

Between the first and the second one, I think I did a few times because I was also experiencing cramping in my lower calves. Nobody put two and two together at that point.

**Shawn Buckley**

Okay. Now, my understanding is: because of these complications you were reluctant to have a second shot.

**Julie Pinder**

I was, yeah.

**Shawn Buckley**

But you did attend at the pharmacy to get a second shot. And I'm curious why you were kind of willing to do that again after what you had already experienced.

**Julie Pinder**

Well, I had a brief conversation with my head of health and safety at work. The place where I worked at is extremely hot.

[00:05:00]

And we had to wear face masks all day. I had asked him, "Once we're fully vaccinated, are we going to have to wear these masks?" And he said, "No, no, not once you're vaccinated." And I said to him, "Well, what about the people who don't want to get vaccinated?" Because there are a lot of people there. And he said, "Well it's going to be mandated, so they're not going to have a choice, we won't have to worry about it."

And also, I was hoping that I could travel. I had booked a trip to the Bahamas that just obviously didn't happen. So for those reasons. At that point, I was scared to take it, I'm not going to lie. I still at that point thought I was doing what was needed of me.

**Shawn Buckley**

You mean kind of the societal expectation that you do your part?

**Julie Pinder**

I saw a shift in the attitudes of Canadians towards people who were unvaccinated. People were turning their backs on the unvaccinated. I mean, I—people had really horrible, not-so-nice things to say. Everybody that was hesitant to get a vaccine became treated like an anti-vaxxer. And apparently. Sorry, I'm trying to—

**Shawn Buckley**

Just carry on. I'm sorry, I didn't mean to interrupt.

**Julie Pinder**

You didn't want to be—you just didn't want to be associated with somebody who didn't have a vaccine back then because of some not-so-nice things that were said, as far as I'm concerned, by our Prime Minister.

**Shawn Buckley**

Right. And I just want to make sure that I understand, basically, what was pressuring you because you clearly didn't want to be vaccinated. So basically, there was social pressure from Canadians and there was—

**Julie Pinder**

There was social pressure. When I went in and talked to the pharmacist and I told him how things had went down, he didn't want to give me the second dose. What he did was he had me tell him what my reaction was. So I told him what my reaction was. And at that time, I didn't even tell him about the elevated heart rate or the ankle weakness because I still hadn't put two and two together there. And so he decided that he didn't want to give it to me without a doctor's note from an immunologist.

I had taken that letter to my local hospital thinking that, you know, maybe there's an immunologist there and they can book me the appointment. We can find out if I'm allergic to anything in it. And instead, the nurse set up a consultation with an ER doctor. So the ER doctor came in and the first thing he said to me is, "I am not giving you an exemption if that's what you're here for." And I said, "No, I just want to make sure—"

**Shawn Buckley**

I just want to stop you there. So you hadn't even explained to him why you were there or any reasons for or against an exemption. And the doctor tells you, before you guys have any conversation, that he's not going to give you an exemption.

**Julie Pinder**

That's right.

**Shawn Buckley**

What was kind of the demeanour and attitude of this doctor and how you were treated?

**Julie Pinder**

You know, oddly enough, he was really soft-spoken. I think he was trying to come off as kind. But to me it was arrogant. Yeah—I mean, that's all I can say about that. He right away just, you know: "I'm not giving you an exemption." I started to express concern and he told me I should do my part, be a good citizen. Then he said to me, "Do you have any children or elderly people in your family?" And I said, "I have a new grand baby." And he said, "You don't want to be responsible for killing your grand baby."

And so obviously at that point—I think that was probably the only thing that could have been said to me to go back and get the second vaccine. When I saw the pharmacist again, it was the same pharmacist. He said to me, "Are you sure you're okay with this?" And I said, "No, but the doctor made it sound like I'm going to kill my grand baby if I don't do it." And so he gave me the second vaccine. But I feel like he was uncomfortable with it and he didn't want to. And you know, I kind of wish he had've stuck to his guns.

[00:10:00]

**Shawn Buckley**

And so what happened?

**Julie Pinder**

I was fine for the 15 minutes that I sat with him. Then on the way home, I could taste metal in my mouth. My right arm felt really heavy. I kind of wondered if maybe I was having a heart attack, so I pulled over, I drank some water, and I thought, “No, you know what, I’m just paranoid. I’m having a panic attack.” Because, you know, I was scared to have the second vaccine.

Another thing the doctor had told me was to take a Benadryl and I’d be fine—I forgot about that. I bought Benadryl from the pharmacist. I came home. I started to get that really, really deep feeling of tiredness again. I took the Benadryl and I went to bed.

I woke up at some point to use the washroom. And I knew I needed water. My head was pounding and I had lost the vision in my right eye. But I was so tired I didn’t even care. I just went back to bed. I want to say the migraine probably lasted another day. And then I woke up at one point and the headache was going away, my vision was restored. And I thought, “thank God, that’s over and done with.”

Then, I want to say, within a week after that, I started dropping things. And it just progressed from there. My hands, when I started this, looked normal. So they went from normal to skeletal looking within a matter of, I want to say, two or three months. I started dropping things. My sense of perception was off. I’d go to open a door and I’d completely miss the door.

I continued to try to work. The cramps in my calf muscles got really, really bad. It felt like all the muscles over top of my kneecaps had bunched up and in my upper thighs. And I remember doing reports at work and I’m holding a pen; I’m trying to make numbers and it’s like my brain just wouldn’t connect. I just couldn’t do it. At that time, I had a week off work and I thought, “Okay, well, I have a week to get better.” I just assumed I would get better.

Instead, things just progressively got worse. I started to be able to feel where I was losing the muscles in my body. To me, it felt like it went from my ankles up into my knees, my thighs, my trunk, my back, my neck, down my arms, and into my hands. And so I went to my local hospital and I spoke with a doctor there. And he told me that sometimes people are getting something called Guillain-Barré syndrome and that he would test me for it. He did blood work. He came back. He told me I was fine. I later found out that’s not even how you test for it, you have to do a spinal tap. So I feel like I was deceived just to get me out of the hospital.

I then started having issues with swallowing—

**Shawn Buckley**

Can I just stop you? When you’re presenting at the hospital— And this is in St. Thomas, am I correct?

**Julie Pinder**

Yep.

**Shawn Buckley**

You’re telling them basically what you’ve just told us, all of these symptoms.

**Julie Pinder**

Yes.

**Shawn Buckley**

And so they do a test for one thing. It's not that and so they just send you home without anything further?

**Julie Pinder**

Yes. I told that doctor that I was losing my muscles. And that was it, he'll do blood work. From there, like I said, things were starting to progress. I started having issues swallowing. I started having issues with my thought process. I knew I was losing my muscles rapidly. And so my husband took me to London Health Science Centre because we knew there were neurologists there. And I was seen by a neurologist in the ER. And he took a look at my hands and he said, "Yeah, something's going on here." And he admitted me. The next day, a neuromuscular doctor came in. And she basically argued with me and told me what I was experiencing wasn't happening. I couldn't walk a straight line, I had no balance, they saw that. I'm assuming my blood pressure was low because I had a nurse ask me twice if I was dizzy. And she had me do a genetic spit test. She also told me that I should protect the muscles in my arms by wearing hockey equipment to bed.

[00:15:00]

And I think at that point I had asked to see a different doctor, who was no longer at that hospital. And of course, that took a little bit of time. But yeah, I was sent home like that in active muscle atrophy.

**Shawn Buckley**

So did they do any follow-up with you? Because they basically told you that you're not experiencing what you're experiencing.

**Julie Pinder**

No. I was passed off to a different doctor, who has done nerve conduction studies. And has said, "Yeah, you're getting weaker." I've had several blood works done, I've had the genetics testing done, I've had an MRI, I've had CAT scans. And I feel like they just keep looking for autoimmune diseases that I don't have.

**Shawn Buckley**

Are any of them considering that it's a vaccine injury?

**Julie Pinder**

I did have an appointment with a rheumatologist who said, "I don't know what the big deal is." She believes it's a vaccine injury. I also saw a spine surgeon who looked at my MRIs and she said there's nothing that she can see that's wrong with my spine except for the normal aging stuff. I think she had said that she agrees that it was a spine injury. I know she said that she can't think of anything that can make your muscles waste that quickly.

**Shawn Buckley**

Now, you said she thinks it's a spine injury. Did you misspeak there?

**Julie Pinder**

Oh, yes, I misspoke. She did not think it was a spine injury. Sorry.

**Shawn Buckley**

Now, you applied for long-term disability. What happened?

**Julie Pinder**

Yep. I have in the past reacted neurologically to nitrofurantoin. And I think, once I got better, they just left it there. I also had issues back then, like, not nearly this severe. But because of that, they say "pre-existing," and that's just what insurance companies are like. So even though they have the rheumatology report, that's just what they're like.

**Shawn Buckley**

Right. So how has this affected you financially?

**Julie Pinder**

My husband also has— He was one of the unlucky people who got a specific batch number of AstraZeneca from the Baltimore plant. He has heart damage and now he's working two jobs. And it's impossible to get compensation from the Vaccine Injury Support Program, from what I understand. Even to get my paperwork, I had to get my MP involved. I kept repeatedly phoning them, sending emails; they didn't even send me the paperwork. And now, I'm just hesitant to do it because I feel like they're going to just be like the insurance company. Well, they're going to just try to disprove it.

I mean, it takes almost a year in Canada just to get an MRI, right? So how are people supposed to function like this? I was told I could apply for my CPP disability but that takes up to eight months. And I mean, quite often, I've heard they deny you the first time.

So—yeah, there's nothing really set up for people who are injured instantly.

**Shawn Buckley**

If you could share one thing with your fellow Canadians, what would your message be?

**Julie Pinder**

**Don't get it. Because there's nothing— It would be different if they were doing studies or if they cared. I was told by my MP I'm just somebody who happened to fall through the cracks. You know, I mean, I've lost my job.**

[00:20:00]

**I'm trying to gain back my health.**

Don't do it. Until this government is willing to step up and help people and stop trying to divide us, I'd stay the hell away from it. I guess my big concern now is you have a whole bunch of people who have been injured by this vaccine. We're being censored online. If I put anything on, for example my Facebook, I get a warning for false or misleading information. Even if it's pictures of my own vax injury. We've been called liars by people who had it and had no issues with it. The people who were anti-vaxx or against it telling us that we deserve what we got because we didn't listen to them. We can't get treatment by doctors and this government isn't supporting us.

**Shawn Buckley**

Okay, I'm just going to ask the commissioners if they have any questions of you.

**Julie Pinder**

Sure.

**Shawn Buckley**

And the commissioners don't.

**Julie Pinder**

Okay.

**Shawn Buckley**

Julie, on behalf of the National Citizens Inquiry, I truly thank you for sharing your story. It's so important that people like you let everyone know what's happened and what your experience is.

**Julie Pinder**

Can I just say one more thing quickly?

**Shawn Buckley**

You certainly can.

**Julie Pinder**

So my concern is: if this vaccination can do this to adults, I can't even begin to imagine what it can do to a child. You have children who are getting myocarditis— I don't understand, you know. If given the choice between getting COVID or getting myocarditis, I'd take my chance with COVID. It doesn't make sense to give children this vaccine to keep an 80-year-old, say, off a ventilator. It makes absolutely no sense to me.

And that's where I better leave it, because I get from upset to angry.

**Shawn Buckley**

Thank you again, Julie, for sharing with us.

**Julie Pinder**  
Great, thanks.

[00:22:23]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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For further information on the transcription process, method, and team, see the NCI website:  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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**Witness 3: Catarina Burguete**

Full Day 3 Timestamp: 03:17:40–03:35:07

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Allan Rouben**

Can we get your name, please?

**Catarina Burguete**

Catarina Duarte Burguete.

**Allan Rouben**

And we've been swearing in witnesses, so Ms. Burguete, you swear that the evidence you're going to give will be the truth, the whole truth, and nothing but the truth, so help you God?

**Catarina Burguete**

I swear, so help me God.

**Allan Rouben**

Thank you very much. Tell us a little bit about yourself.

**Catarina Burguete**

I am 51, I am a mother of four: three girls and a boy ranging in age from 21 to 13. My husband and I own a business in the hospitality industry. I am a retired healthcare professional. I retired to raise my children a long time ago. During the pandemic, when they were short of PSWs [personal support workers]: because of my background we could quickly train, and I went to work in long term care.

**Allan Rouben**

What is it that brings you here today?

**Catarina Burguete**

Today, like everyone else, I just feel it's important that our stories get told. And I would like people who maybe aren't aware of the consequences, of what some of us went through, to listen.

**Allan Rouben**

And so you mentioned about your children. What are the impacts of the last few years? What has that been on your children?

**Catarina Burguete**

Well, all four of them have felt the impacts in very different ways. So early on—my husband is a retired scientist and with my background in health care too—we questioned everything. We've always been like that anyway.

So for the kids, if I start with my oldest, who was in third-year biology at Queen's University, we made her aware that the vaccine had no long-term safety data and that we did not want her to take it. We showed her the information and we held our breaths and we let her decide for herself what she wanted to do. There was a very real threat that she'd be kicked out of school. And she was. We are grateful that she decided she wasn't going to take it but it was very difficult.

**Allan Rouben**

What happened to her, exactly?

**Catarina Burguete**

So ironically, the January before she was dismissed from university, she got COVID from a fully-vaxxed friend. And we tried to say, "Well, what difference does it make? This friend is allowed to return after the Christmas break. She is not. They've both had COVID. She's fully recovered now." Anyways. So nope, there was none of that. She had to come home.

She went through a very difficult time with, maybe not depression, but feeling very low, being ostracized by friends who were afraid. Her roommates made her life very difficult. Somebody who'd always been popular just couldn't believe that her friends would turn their backs. These kids were ruled by fear, total fear.

**Allan Rouben**

Did your daughter know if she was going to be going back to school?

**Catarina Burguete**

She had no idea if she would ever be able to go back and she was devastated.

**Allan Rouben**

What ended up happening?

**Catarina Burguete**

So she came home, she worked, and then the mandates were dropped. And she was allowed to return in September of—this previous September. Of course, now she's a semester behind, so she's going to have to go back and finish to get her degree.

**Allan Rouben**

And your other children, what grades are they in?

**Catarina Burguete**

So my middle two were in high school throughout, and then my youngest is now in grade seven.

**Allan Rouben**

What did you see in terms of the impacts on them?

**Catarina Burguete**

Oh, mentally, huge. We've heard this morning about all the crazy school requirements and the cohorts and not being able to socialize,

[00:05:00]

and the fear that was instilled in all these children. And of course, they felt they had no social lives. It was depressing: they didn't leave their rooms, they had no sports, they had no outlet, no clubs, no nothing.

**Allan Rouben**

In your school district was it mostly remote learning over the last three years?

**Catarina Burguete**

Remote learning, yep. Luckily a very good friend of mine is a retired high school teacher, so she was able to help my teens. And my son, I said, "No, you're not logging in; we're going to homeschool for the time that you're meant to be online."

**Allan Rouben**

From your personal viewpoint, what did you see in terms of the effects of remote learning?

**Catarina Burguete**

Well, if I focus on my youngest son, there's no socialization, there's nobody to play with. He had a diagnosed speech impediment and luckily, we were fortunate enough that his speech therapy could continue online. When he did return to work and they were meant to be masked, I said no. I mean, show me the data that a masked child with a speech impediment isn't going to be adversely affected. And it didn't exist. So we were given an exemption. He was the only one in the school of 250—he's got a spine of steel—he was unmasked.

The following year, I was no longer able to just say as a parent, “My child will not be masked all day.” And that we had to use his speech impediment as the reason for them to tick that box.

**Allan Rouben**

I’m guessing that was a bit of a struggle to get that exemption.

**Catarina Burguete**

I think they knew we weren’t going to back down as parents and they were happy to have the out. I felt for other parents who I’d heard from who didn’t have that excuse, and I hated to use it as an excuse. No child should be masked six hours a day, never mind an hour a day. Yeah, I hated to use his disability as an excuse but in the end, I had to.

**Allan Rouben**

And tell us a little bit about the impacts of mandates and COVID policies generally on you.

**Catarina Burguete**

Well, on me, because I was working in long-term care, we were being tested every day. And it came through the pipeline—even though I had started, I had trained as a PSW through the pandemic because they needed us—it was coming through that you were going to have to be vaxxed. And by then, my husband and I were pretty sure; well, we knew right away that we were not going to do that.

He’s a retired scientist and I’ve worked in healthcare. And it was just insane to me that a rushed product, for which we now know there was ample evidence that didn’t even stop transmission, and that carries huge risk, could be mandated for anyone. So I said I wasn’t going to do that. And I tried to find ways around it. I said, “I will submit to testing before every shift.” I said, “You know, there’s evidence of a really good prophylaxis coming out of South America.” No, it was just, it was a non-starter. There was no way. It’s the vaccine or you’re out. And the irony is, all of my colleagues in long-term care are tested every single shift.

**Allan Rouben**

So you lost your job?

**Catarina Burguete**

I lost my job.

**Allan Rouben**

When was that?

**Catarina Burguete**

October of 2021.

**Allan Rouben**  
Have you gone back?

**Catarina Burguete**  
No, it is a county-owned facility, and our county still has a COVID vaccine mandate.

[00:10:00]

**Allan Rouben**  
And I understand you're a churchgoer.

**Catarina Burguete**  
Yes, I am a singer too. And I sing in a few different choirs and I sing in our church choir. I also worked very part-time in our church office.

But through COVID, choirs were devastated. We weren't allowed to sing as a group. And they asked for volunteers to maintain the music in ministry, which I did. Nobody else volunteered, everyone was too afraid. I said I'd do it.

And then when choirs were allowed to resume, there was a catch. And you had to be vaxxed. So the people I had stood beside for ten years, twice a week, every week, said nothing. They watched me walk away.

**Allan Rouben**  
So you couldn't sing either?

**Catarina Burguete**  
No.

**Allan Rouben**  
Today?

**Catarina Burguete**  
Today, it's okay. I can sing, but only in selected choirs, because some choirs require more protection, I guess. And so it's okay to sing in my church choir every Sunday, just like it is in, I assume, every church in the diocese.

However, for some years, I had sung in a diocesan choir, which brought together people from all over. And we did some big events. And in that particular choir, you must be vaxxed.

**Allan Rouben**  
You mentioned about a business that you and your husband own?

**Catarina Burguete**

Yep, we own a business, we own a brewery. And so early on— My husband is a retired scientist. He actually happens to be a yeast specialist and RTQ [Real-Time Quantitative] PCR specialist. He performed PCR tests hundreds of thousands of times in his postdoctoral research.

But in the beginning of the pandemic, we thought, well, you know, we have to do our bit. We're going to help. We have to do our bit. And he ended up making hand sanitizer when there was a huge shortage. We donated about \$30,000 worth of materials and he made the hand sanitizer and donated it all to local— There was a charity set up that was trying to get PPE and supplies to local hospitals, doctors' offices, and businesses.

**Allan Rouben**

So this was in the early days of the pandemic?

**Catarina Burguete**

Yes, yes.

**Allan Rouben**

And was your business—did that remain open?

**Catarina Burguete**

Well, because alcohol was essential, we were allowed to keep the bottle shop open, so people could come in and they could buy. But we couldn't operate the bar. You couldn't come in and sit and have a beer. You could come buy it and take it home. So I mean—and the other thing is, the pubs and restaurants are closed. So we had nobody to sell to. So our business suffered like everybody else, pretty much.

**Allan Rouben**

And from a social perspective in your community, how would you say you and your family had been impacted?

**Catarina Burguete**

We've lost a lot of friends, but we've made so many more friends. We discovered—at our lowest and like many people, feeling so low, just like a cloud over your head constantly— **we discovered an underground of people who were suffering in all sorts of ways. And we started to meet. I mean, this was during lockdown, too. It was all secret.**

**It's just crazy to think about it now, but I found a lifeline. And I still remember showing up to that first meeting and I couldn't believe it. I couldn't believe I wasn't alone. We all told our stories. And we all had to park, like, far away, so that neighbors wouldn't report you. And those people are some of my best friends now.**

[00:15:00]

Yeah. A really dark time, really dark time.

**Allan Rouben**

Do you feel like you're coming out of it now?

**Catarina Burguete**

Yes. Yes, things are somewhat back to normal. But like many people, I struggle with the idea of forgiveness. Because forgiveness does not happen in a vacuum. It requires an apology. It requires a sense of what was done wrong, an acknowledgement of what was done. And reparations, whatever they may be. And a system put in place so that it won't happen again.

**Allan Rouben**

We talked in the education sector earlier with Mr. McCurdy about acknowledgements by officials and it doesn't seem like that's occurred. What have you seen, if anything?

**Catarina Burguete**

Nothing. Nothing. No one's apologized. No one. Not on a personal level. Actually, that's not true: I've had one or two people on a personal level apologize. And I am so ready to forgive on any other level, though no one's apologized. No one.

It needs to start from the top down, from the politicians. Public health needs to be gutted. Reprehensible. And they need to apologize. They need to pay for what they've done. But I'll take an apology, any day.

**Allan Rouben**

I wonder if any of the commissioners have any questions?

Thank you very much for coming.

**Catarina Burguete**

Thank you. Thank you so much.

[00:17:27]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 3**

**April 1, 2023**

### EVIDENCE

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**Witness 4: Dr. Eric Payne**

**Full Day 3 Timestamp: 03:36:15-04:32:36**

**Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>**

[00:00:00]

**Allan Rouben**

Good morning, Dr. Payne.

**Dr. Eric Payne**

Morning. Can you hear me?

**Allan Rouben**

Yes, we can, and we are seeing some of your slides coming up.

**Dr. Eric Payne**

That's perfect.

**Allan Rouben**

Before we get to that, can I swear you in, which we've been doing with the various witnesses. So do you swear that the evidence you give will be the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Eric Payne**

I do.

**Allan Rouben**

Thank you. And you're joining us from Alberta, I believe, right?

**Dr. Eric Payne**

That's correct. I'm in Calgary.

**Allan Rouben**

And tell us a little bit about yourself.

**Dr. Eric Payne**

Well, I've got a summary of my academic background up here on the right. I am a child neurologist, Canadian-trained, worked in the States as well at Mayo Clinic for six years before being recruited back to the Children's Hospital to help build a neuro-inflammatory program, as well as my epilepsy surgery and ICU-EEG experience. We returned— We being my family, I have three small children as well, eight, six and four. We moved back to Calgary from Rochester, Minnesota a month before the pandemic started.

**Allan Rouben**

It says there that you were a pediatric neurologist at the Mayo Clinic for six years before you came back.

**Dr. Eric Payne**

That's correct.

**Allan Rouben**

What did that involve?

**Dr. Eric Payne**

Yeah, that was an outstanding experience. There's not a better healthcare delivery model system in the world, in my opinion, than Mayo Clinic. I had the ability to just focus almost entirely on epilepsy, both adult and pediatric, and I was very involved in helping to develop and run their ICU-EEG [electroencephalogram] monitoring program. So we hooked patients up who are critically ill in the ICU to EEG to look for seizures and prognosticate outcomes.

And so you know, my youngest two were actually born in the States. They're American. We had a really, really good experience and really only decided to move home to Canada when University of Calgary and the Alberta Children's Hospital came soliciting once again—you know, about six months or a year before I came—to sort of say that they had an open job coming up. And they wanted to write that job based on my credentials, which they did.

And as a result of a three-year starter package that was very generous with funding, as well as protected research time, which was going to be 50 per cent of my time, we made the **decision to move to the family at that moment.**

**Allan Rouben**

And that was in the spring of 2020.

**Dr. Eric Payne**

That was in February 2020.

**Allan Rouben**

February. Okay. All right. So what happened next, from your perspective?

**Dr. Eric Payne**

Well, with respect to the COVID stuff—I have a slide here on ethics—really where I got involved with this was a letter that I wrote on September 15, 2021 to the College of Physicians and Surgeons in Alberta. Because they were openly contemplating whether or not to tie our medical licences in the province to the COVID vaccination.

And at that same time, Alberta Health Services [AHS], who was my employer—or one of them anyways, University of Calgary as well—had made the decision late August that they were going to implement a COVID-19 vaccine policy. And that if you were not going to capitulate, that you were going to get locked out and lose your job.

So I wrote a letter, you know, 18 pages with about 80 references, every bullet point backed by a fact, a data point. And that letter ended up going viral, I guess. I put a copy of it, as you can see up here, on the JCCF website because people were manipulating versions of it when it first got out.

**Allan Rouben**

Sorry. What is JCCF? Apologies.

**Dr. Eric Payne**

JCCF is the Justice Centre for Constitutional Freedoms. So they were one of the only lawyers or law firms that were willing to talk to someone like myself, who was looking to fight back against these, what I felt to be, very unconstitutional mandates.

But more than that, the science at the time in the fall was incontrovertible. We knew that these things didn't stop transmission. We had all these long-term concerns. They failed to show us the bio-distribution data about where this thing goes when it travels in the body. There were a lot of concerns. And we also knew who was at risk. And as somebody who is a healthy 40-year-old, I was not in that high-risk category. So we wrote this letter and these are the main bullet points that I argued in that letter.

[00:05:00]

And then a few weeks later, I got onto a podcast, a Shaun Newman podcast. Mainly because, one, this version of the letter was never meant to be distributed; this was written specifically to 15 physicians on the Council of the College and I felt that it was a little bit too complicated for layman interpretation.

So I got on the podcast to explain it. I also wanted to explain to my colleagues where my head was at. Why, all of a sudden, someone who they had gotten to know for a very long time, because I trained here for eight years— They knew they were getting somebody who cared a lot about their patients and was going to work hard. So I tried to explain to them where I was coming from. But very quickly after this, things went sideways. I've still not received a response from the College. So that letter that I wrote to the College has never received a response.

I sent it to the CEO of Alberta Health Services at the time, Dr. Verna Yiu. She forwarded it to Dr. Mark Joffe. Dr. Joffe is now the Chief Medical Officer of Health appointed by Premier Smith. And he wrote back to me thanking me for my letter and concerns, that they were going to continue to go with the international community. And suggested that if I had concerns about the mRNA vaccines, that I consider taking one of the DNA vector vaccines like the AstraZeneca. And of course, the AstraZeneca got removed from the shelves a few months later because of an increased incidence of clots and bleeding.

After my letter sort of went around, there was another pediatrician at the Alberta Children's Hospital who wrote a letter as well. And so this article in the *Calgary Herald* was sort of slandering what we had talked about—misrepresenting, of course, what we talked about. And one of their go-to individuals for misinformation here in Canada is an individual by the name of Timothy Caulfield, who just won the Governor General's Award for fighting COVID misinformation as a matter of fact. He's also a member of the Pierre Elliott Trudeau Foundation. And so he made this comment that calling into question the safety and efficacy of the vaccine was like "denying the pull of gravity."

But since that time, experts such as Dr. Byram Bridle as well as Dr. Steven Pelech have tried to sit down and just have a discussion about the science. And these articles here speak to those efforts to try to have a debate and discussion. But Mr. Caulfield, who is apparently an expert on COVID misinformation, refuses to sit down even two or three years out on this, which I think tells us quite a bit. And as a result, moving forward, AHS moved to take immediate action. So these are the actual cut-outs from the letters.

They took immediate action on December 13th at 12 o'clock. They let us know. That deadline got pushed back a few times, but I think at 11 p.m. that night, we got the email that we were officially being locked out the next morning. And then the very next morning, December 14th at 8 a.m., the College sent in two investigators to go through my records in front of my colleagues, looking for vaccine exemption letters.

They had, I guess, received a complaint or had concern that I might be writing vaccine exemption letters. So as you can see here, they went through letters from September on. They went through 82 patient records. They found a handful of vaccine exemption letters that I had written for select patients. And they ended up concluding that these were well-documented and valid and that there was, as they say, insufficient evidence found to suggest that I wasn't compliant.

And at the time, the College was telling physicians—I've got this on video—that the only exemption that you can write is if somebody has an allergic reaction or myocarditis after the first. There were no exemptions before the first. However, if you went to their website, there were exceptional circumstances. You had to document them properly. So that's what I did. But that's why everybody had such hard times getting these letters. And the reality was, even once the letters were written, I had colleagues here who had two exemption letters from physicians, and they were still fired from AHS.

On January 6th, the University of Calgary sent me a letter stating that they were not going to renew my contract. I had a signed three-year letter of offer, including three years of start-up funding for the 50 per cent, 45 per cent protected research time. And they specifically said in the letter, you can see that in quotes: "removed from my education activities by the Cumming School of Medicine due to non-compliance with the University of Calgary's vaccination directive."

And so that was January 6th. And then February 28th, they dropped the policy. So I was officially non-compliant with the University of Calgary's policy for two months. And then Alberta Health Services dropped the mandate in July. I was allowed back into the hospital six weeks after they locked me out. Because at that point, they finally decided that they were going to allow testing.

[00:10:00]

And so before I went to the hospital every day, I had to go to the pharmacy and pay for a test so I could go into work. But fortunately, I was right guessing that was going to be very temporary. And that lasted just a few months and I was back without testing. What's gone on since that time was, as a result of removing my quite lucrative salary contract, they've allowed me to continue on a fee-for-service basis in the hospital while I continue to diminish my clinical time. I've started to see patients in the community.

But just before Christmas, I was made aware that they were advertising for the job that they had removed from me. And so I decided to put my name back in the application. And I just found out a couple of weeks ago that they're not going to consider my application to move forward with that application; they're going to interview four other individuals. All excellent, I know three of the four of them, three of them are still in fellowship training. So they're not even consultants. And the other one is a general neurologist. So you know, not the same skill level or research background or experience.

And I still have two complaints against me outstanding with the College with respect to misinformation. One is related to the original letter itself. The one that I wrote to the Council, I've never received a response for. They have informed me a year and a half out that they have hired an expert third opinion. They can't find, I guess, anything scientifically wrong, so they've asked for a third opinion. And then, from what I understand from other doctors in Alberta who have gone through this with the College already: first of all, getting an outside contractor to look into this is very abnormal for them. But there's a company that they've hired for a couple of physicians. And it's a group of ex-RCMP officers who are now investigating whether or not I spread scientific misinformation when I wrote a letter to my college seeking discussion and debate about something I was very concerned about safety-wise.

The other complaint came from a colleague at my hospital, who I've known for a very long time—someone who showed the intestinal fortitude and the character of courage to just write the complaint behind my back and never actually approached me with any of these concerns. I just, all of a sudden, have a complaint from them. So that one's still open for misinformation as well.

**Allan Rouben**

So if I can just stop you there and summarize where we are at: you were effectively recruited by the Alberta health officials because of your expertise, recruited away from a job you loved at the Mayo Clinic. And then were promptly let go because for a period of six to eight weeks, you were not in compliance with the vaccine mandate. Is that it?

**Dr. Eric Payne**

That is correct.

**Allan Rouben**

Okay, you can continue.

**Dr. Eric Payne**

I thought at this point I would sort of focus on the four main points of my letter, just showing very briefly. I got a lot of slides but I'm going to go through them—not to explain everything but people can take screenshots and it's going to be there for posterity.

But the first point was that September 1st, so 15 days before my letter, the CDC [Centers for Disease Control and Prevention] decided to change the definition of a vaccine. Because these genetic jabs were not vaccines and so they had to change the definition. They weren't preventing disease. They weren't providing immunity, so they changed it to providing some temporary protection.

We also knew at that time—this is CDC data here—I mean, you know, age was an incredible predictor of who was going to get injured. So here I am within the 20- to 49-year-old group and I've got a 99.98 per cent chance of survival. We knew this within three months before it even sort of arrived on our shores officially.

And if you look at the Canadian data—this is on the Canadian publicly-available data—you can see down here: This is age and this is the number of cases of COVID over time, deaths “with” or “from” COVID. Keep in mind that at least 50 per cent of these are going to be with and they didn't actually die from COVID. This has been acknowledged by multiple public health officials many times. But as of May 13th, 2022, there were a total of 40,000 deaths in Canada in three years. And half of those were with and not from.

So we've had 20,000 deaths in Canada in three years from COVID, and 97.1 per cent of those have occurred in those over 50. If you look at the breakdown in Alberta, just focus on the summary here: Albertans over 50 years have comprised of 70 per cent of all COVID related hospitalizations, 70 per cent of all COVID related ICU admissions, and 96 per cent of all COVID-related deaths.

If you look at it divided by pediatric data, fortunately this thing has not been affecting kids. We didn't have any deaths in Alberta until the fall of 2021. So this was a full year and a bit, after the pandemic,

[00:15:00]

just as the vaccines were starting to roll out. We have five cases of death. I know three of them died for sure with and not from COVID. I don't know all five of them, but this is the **total number. This is the number of kids that got hospitalized out of all of this, total on the ICU and five deaths.**

**In one of those, the very first death as a matter of fact, our former Chief Medical Officer of Health, Dr. Deena Hinshaw, got on and held a press conference to indicate to families that we had just lost the first child from COVID and then promptly sort of encouraging families. That was right at the time they were both to push the vaccines in the 5- to 11-year-olds and then had to retract because a family member pointed out that the teenage boy had been suffering from stage four brain cancer and had died with and not from COVID. So she apologized and retracted that.**

**And this is not surprising. This is October 26, 2021, right at the time my letter went out. This was Pfizer's own modeling data that they submitted to the FDA. And they predicted that if you vaccinate one million children, so two shots fully vaccinated, you're going to save maybe one life. But you're going to cause somewhere between 34 and 17 cases of excess myocarditis in the ICU. And we know that probably 15 to 20, maybe up to 50 per cent—depending on the study of people who have ICU myocarditis—die within five years.**

**So based on their own modeling, before this thing rolled out in kids, before the Canadian government approved this, this table showed you that they were going to kill more children because of ICU myocarditis than save from the vaccine. And this doesn't include any of the other side effects. We were told, as you guys all remember:**

[The witness plays inaudible video clip of Dr. Rochelle Walensky]

**Allan Rouben**

We can't hear.

**Dr. Eric Payne**

Oh, you guys can't hear that.

**Allan Rouben**

We can't hear that clip from Ms. Walensky.

**Dr. Eric Payne**

Okay, so that's—

**Allan Rouben**

The gist of it is that we were told that the vaccine would prevent you from getting Covid, yes?

**Dr. Eric Payne**

Yeah, that's right. I'll have to figure this out because I've got other short videos too. But she was telling us that you're not going to get it. If you get it, you're not going to spread it to other people. And then we had— And hopefully, let's see if you guys are— If I just do this, you guys may be able to hear this now.

[The witness plays an inaudible video clip of Dr. Anthony Fauci.]

**No, that's not going to work. So this was Fauci saying the same thing. And these are all the people that said that.**

**But the key to what was taking place here was that in the official trials that were done—and they came back telling us that this was 95 per cent effective or 100 per cent effective in the teenagers—what they were providing was the relative risk. They were not providing us with the absolute risk. The absolute risk from these trials actually showed that if you had 100 per cent chance of getting COVID, these things reduced it by 1 per cent. So the number**

needed to vaccinate based on these numbers showed that you needed to vaccinate 125 people or 200 people just to prevent one case.

So there was no chance that vaccinating everybody was ever going to solve this endemic virus. And this is a quote from a document from the FDA [Food and Drug Administration] itself, saying that it is actually unprofessional to just provide the relative risk and not provide the absolute risk.

This is a document that was pushed around in Canada, including the children's hospital that I worked at back in June in 2021, stating here that the vaccine was 100 per cent safe and effective based on the relative risk in those children. But they also suggested that we had no concerns for long-term risks. And I was able to confirm via email with the pediatric infectious disease doctor who was helping push these things: At the time that they were sending this to families, they only had eight weeks long-term data in adults. They didn't even have eight weeks in kids at that point.

The major integrity issues with respect to the Pfizer original trials as well, there's a whistleblower who is currently suing them. And it's incredible what they were getting away with.

Hopefully, you guys are able to hear. You guys can't hear that, can you?

[The witness plays an inaudible video clip of Bill Gates.]

**Allan Rouben**

No, we can't.

**Dr. Eric Payne**

Okay, so that's Bill telling us that these vaccines are not good at infection-blocking and preventing the disease. So he, right after making this statement, sold off a whole bunch of his Moderna shares with a pretty good upside to them.

Here is the Alberta public health data, and this is the kind of figure that I have in some of my expert opinions that are before the court with respect to COVID.

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But this is the Alberta data over time, COVID cases. Two doses is in the green, three doses is in the red, one dose blue. And so what you can see: May 2021, September '21, here we are **at the Omicron, right during the truckers, in Ottawa in January of 2022. And if you had had two doses, you were twice as likely to get Omicron. And that is relative to 100,000. So this is not the absolute numbers, this is relative numbers.**

**This continued. And you can see here, as of March 13th, the three doses were most likely to be getting COVID by the Alberta data. And it was at this time that Alberta took this number off the website. Now certainly, there is more uptake on the third shot among elderly people, so that for sure is a part of this, but it does not account for all of it.**

**Here's the Ontario data: same thing, fully vaccinated, absolute risk right around January '22, more likely to get COVID if you had two shots. Relative to vaccine status per 100,000, the double-vaxxed were more likely to get Omicron last Christmas.**

**This is the U.S. data, looking specifically against Omicron coming out this fall: zero per cent effectiveness is here. And you can see that over time, across all age groups, this became negative effectiveness over time.**

**This was a prospective study just done at the Cleveland Clinic in the fall, where they looked at the bivalent effectiveness in 50,000 of their own healthcare workers. Note that they didn't even force their healthcare workers to all take the shot because they had some people with zero doses to study. But what this showed very effectively was a dose-response curve. The most likely person to get COVID Omicron this last fall was four doses, then three doses, then two doses, then one dose, then zero doses.**

**This video, I think many people have seen this one as well: an E.U. parliamentarian asking a Pfizer executive if they had had any evidence that the vaccine stopped transmission before they rolled this out. Which, I think, most people thought that of course they have evidence that this had. She chuckles and says, "No, we didn't have any evidence to show that this stopped transmission. We had to move at the speed of science." Whatever that is.**

So right around that time, the naysayers here will say, "Well, it still does something against serious illness and disease." But in March 2022, this was the data available publicly in the U.K. And nine out of 10 COVID deaths were in the fully vaccinated. So U.K. and Israel were about three to four months ahead of us on this, so you could just look to see what was going on there to predict what was coming in Canada, which was why, when I wrote my letter in the fall, I already had Israeli data that showed that two doses comprised 60 per cent of the ICU admissions in September. So there was no way even against serious illness and death that this was going to do what they were saying it was going to do.

Here's B.C. data showing the same thing. Ninety-three per cent of the COVID-related deaths in March were in the vaccinated—85 per cent, 82 per cent of hospitalizations. And this is despite the fact that only 50 per cent of people in B.C. had taken three shots. Proportionally speaking, the triple vaccinated are most likely to die from COVID. That's in B.C.

This is the Alberta data, same thing. Three doses, 50 percent—this is hospitalizations. So you can see 81 per cent of the hospitalizations were in the vaccinated. And then in deaths, this is July 4th, 2022. Seventy-three per cent of the deaths in Alberta occurred in those who were with two or more shots. And this data is important, especially in the context that we only had 39 per cent uptake on three shots.

So this is right here at the Omicron, when it came out at Christmas time in 2022. And right when everybody who had taken two and three shots got COVID anyways, a lot of them decided that they weren't going to take three shots. So we haven't gone past 40 per cent uptake. It's plateaued since January of 2022. And in response to those numbers, AHS has **taken— The Alberta government has taken the cases by vaccine outcome, death, hospitalization, and cases itself. You can no longer get that anywhere in Canada, basically.**

**This is Paul Offit. And he's a member of the FDA that consistently— He's a pediatric infectious disease doctor who consistently voted "yes" for the vaccines. And he's saying that he would have voted "Hell, no" if he could have said, "Hell, no," instead of just "No" to the Omicron boosters, because of the complete lack of data associated with that.**

**And then what we've seen here in the last six months is that because of the efficacy data and lack thereof, multiple jurisdictions are taking this from their shelves. France just removed this. Denmark stopped recommending these back in March, a long time ago—**

sorry, September 2022. England. Here's Florida removing these from those under the age of 40.

[00:25:00]

**Here is the Danish health minister saying it was a mistake to recommend COVID-19 vaccines for children. Here is a health official from Quebec recently stating that they're not going to recommend boosters, only for the vulnerable, specifically drawing attention to the fact that natural-acquired immunity with respect to COVID actually exists. And those who have had it—given that about 95 per cent probably of us, based on serology studies have had it—there's no reason to boost everybody with it.**

And then just this week the World Health Organization, of all people, is now no longer recommending this for those who are not at risk. You know this clip. If you haven't seen it—it's really too bad that the voicing is not working here—this is Anthony Fauci years and years ago being asked specifically on camera about a woman who just got influenza, just got the flu, and whether or not the person who just got the flu should also get vaccinated against the flu. And he says, "If she has really had the flu, then she does not need to be vaccinated."

The best vaccine is in fact being infected with the virus. So that was pre-COVID, that was the brain on pre-COVID. And then all of a sudden, right as these vaccines were coming in, we know by serology, by the summer of 2021, that probably 50 per cent of the population had been exposed to COVID. The idea that you would expose 50 per cent of your population to an experimental genetic jab if they had protection from already getting it didn't make any sense. So they had to tarnish that long-held medical established fact that, yeah, 2,000, 4,000, 6,000 years of human existence and we're here because of our immune systems.

Dr. Paul Alexander put together 160 research studies over the last few years showing a superiority of natural-acquired immunity post-COVID infection to the vaccine.

And here's a recent paper that just came out earlier in February. I'm not going go through it but basically, it was a meta-analysis of all the best data. And as a result, showing for sure that there is better robust protection. Even if you get reinfected—like with Omicron if you got, say, the original virus or alpha or something like that—you are protected against serious illness still with these numbers. And that led to actually the mainstream picking this up recently. So you know, what was actually interesting about this study was it was funded by the Gates Foundation. So they really have to acknowledge this now for that to come out that way.

But nonetheless, here is, "Three Years Late, *The Lancet* Recognizes Natural Immunity." And **this is one of the points that I was apparently spreading misinformation for when I wrote that letter in September. Here's the *New York Post* stating the same thing.**

**These are two short videos talking about vaccine-induced enhancement. The idea that being vaccinated against certain viruses: with subsequent exposure to that virus, you can get increased infection, or you can get enhanced infection as a result of that. And it's well known.**

I had written about this because we had about a dozen papers where animal models had gotten respiratory viruses. And subsequent to getting the vaccine, subsequent exposures, the animals all died due to antibody-dependent enhancement. And this is Dr. Fauci explaining exactly that: that there is this issue with vaccine-induced enhancement. The FDA

knew that it was a risk with the COVID vaccines. So they were watching for it apparently, but they haven't really been documenting any of this.

**And we can get this through antibody-dependent enhancement: immune imprinting, where your immune system gets biased towards the first version of what it sees. And then it can get exhausted by all these subsequent boosters. And Peter Hotez has been one of the most vocal pro-COVID vaccine people on CNN, everywhere. But this is a testimony from him. This is really remarkable testimony as a matter of fact, back in March 2020. He himself had done vaccine research with the coronavirus and had found that vaccine-induced enhancement was an issue. And he specifically talks about an RSV [respiratory syncytial virus] vaccine where children died as a result of vaccine-induced enhancement.**

And so it is an absolute concern. It was a concern. Everybody knew that it was a concern. And if you look across here now, we've got clear evidence in the peer-reviewed literature that that has taken place. That antibody-dependent enhancement has happened with Omicron, the antibodies that are being generated are not neutralizing, meaning not cancelling, the virus itself. We knew this at the time I wrote my letter.

This is the paper with respect to the Delta variant that was present in Fall 2021. Again, showing there is infection-enhancing antibodies that's been detected. And this is one of the things that I know; this was quoted as well. But look at the date that this was submitted, November 2019. So pre- this rolling into our shores, as far as we've been led to believe. Although now it's been even recognized by the former CDC director and in peer-reviewed literature. The virus was in circulation in the fall, for sure in Europe.

But anyways, here is the woman, Zhengli Shi, who's colloquially known as the Bat Lady. In their lab, they actually induced enhancement of coronaviruses.

[00:30:00]

Before this thing got out and infected everybody, there were people playing with antibody-dependent enhancement of the coronavirus itself. And now it's widely acknowledged. What was previously conspiracy theory with respect to this thing having been generated in the lab. now I think everybody has acknowledged that it was definitely created.

The COVID genetic jabs and distribution, it's a huge issue. Because there isn't a single drug that we get that I can't look up what happens to it in your body, how long it takes for that thing to get metabolized, where it gets metabolized. And for whatever reason, that was not present with these vaccines, these genetic jabs.

And we knew that they were being housed in a fat ball, the mRNA ones were. So because of **that, my thought was that this could get everywhere. We were specifically told that this produces a spike protein, but that spike protein gets tethered to a cell membrane and as a result, can't circulate in the body. And then gets recognized, destroyed; you build up an immune response and then it's gone.**

**Now the Canadian government is recognizing on their website. It was a conspiracy to suggest it could circulate in the fall, when I wrote this. But now the Canadian website is acknowledging that this can exist for days to weeks. It can actually exist for many, many months. There's evidence that it can even exist beyond a year.**

And this point about, "This does not get into the cell nucleus," and whatever—that may not be totally true. We've got this paper by Alden et al in a cell model of HUH7, which is a liver

cancer cell model, showing that it activated a reverse transcriptase, meaning the mRNA became DNA. And then they found the spike protein inside the cell nucleus. So we need to know more about this, but this idea that this doesn't get in and it's been debunked—that's also nonsense.

**This was the only data that I had in September that was really— This was obtained through access to information and this was in rats. We knew that very quickly, 0.25 hours, one hour, 48 hours, that this circulated everywhere. It was in brain, eyes, heart, kidneys, reproductive organs. That was back— Japanese Pfizer data. We've also got the data that was submitted to Australian authorities from Pfizer, showing, once again, this also gets into the bone marrow. I mean, it goes all over the place. And the uptake in the reproductive organs as well as the brain: it's very, very important.**

Now, it's also been found in the breast milk. So whether that's meaningful or not, they fact check this and denigrate it, but the reality is they're finding it in people's breast milk. So to suggest that this thing doesn't travel would be misinformation itself right now. Another study showing that it circulates for at least 15 days.

Here's an adult who got the vaccine and then developed encephalitis and status epilepticus. And they found the spike protein—not the virus and envelope protein but just the spike protein—in the cerebral spinal fluid. So it has the ability to get into the spinal fluid. And it can get in and affect myocarditis. So here it is where the patients who have clinically-evident myocarditis are more likely to have detected spike protein in their body.

Here's an autopsy series where patients who had undiagnosed myocarditis— All these patients dying in their sleep, it's apparently rude to ask if they were vaccinated. Having said that, we all know that myocarditis and one of the presenting symptoms for myocarditis can be death. This has been identified. On pathology, they found spike protein in the heart.

And here's just the two studies I mentioned. One about the breast milk, but two, we also know that it can impair temporarily semen concentration and motile count. And they say temporarily because they only look for a couple of months and they stop looking. So we don't know how long that actually affects things.

Just sort of wrapping up here. Getting into the severe side effects and death, this was a tour by Dr. Hoffe and Dr. Malthouse. These are all people who were injured by the vaccine who showed up to this tour. These are not rare.

The Vaccine Adverse Event Reporting System, which is a self-reporting system by physicians and patients in the U.S. and internationally, it's now got over 2.5 million adverse events reported with respect to these vaccines, including 44,000 deaths. And this is likely **an under-representation of at least a factor of 10 to 40.**

**Here is all the Vaccine Adverse Event Reporting System over decades. So here is all vaccines all put together. And this is the adverse events. And then, here's the COVID vaccine. So the COVID vaccine in the first 18 months accumulated more vaccine adverse events in the reporting system than all vaccines put together in 40 years. And juxtapose that with, you know, previously these things being removed from the market after just 15 cases of a bowel obstruction.**

**The European Union has got a database as well. They've documented 46,000 associated deaths and 4.6 million injuries. The World Health Organization has got a database as well. This also shows the same thing.**

[00:35:00]

So as of November 12th, 2021, there were 2.5 million adverse events in the World Health Organization's VigiAccess database, compared to under a million adverse events for all vaccines put together in 40 years.

This is an interesting safety database that's housed by the CDC. And for whatever reason, the CDC went to court to try to prevent its release. It's supposed to be publicly available data. They prospectively enroll patients getting vaccinated and they're supposed to report what their symptoms are on a prospective basis over the next few days. And this system showed that 7.7 per cent of everybody who took a shot—this is everybody; this is not just self-selection bias; everybody who took a shot regardless of symptoms had to add this thing in—almost 10 per cent had to go get medical attention and one of the four were missing work or school. And as I say, the CDC tried to hide this data.

The FDA tried to hide Pfizer's data. This is three-month data that we have now by Access to Information. In the first three months of the vaccine rollout—this is before it came to Canada—they had already documented 1,223 associated deaths. And the six-month Pfizer data, which if you haven't looked at the Canadian Covid Care Alliance's video, "More Harm than Good," I highly recommend it because it's extremely well done. But this is probably our best data at six months. It's actually the trial data, so they're actively followed to find the side effects. And they tried to hide this for six months. And when we got access to it, we found that injuries short-term were higher. And there were actually six more deaths in the vaccine arm at six months than there were in the placebo arm. And so there has absolutely never been any peer-reviewed, any quality phase three trial data showing that these things prevent serious illness and death. Even the original Pfizer trials, we're just looking at the presence of illness.

**Allan Rouben**

Sorry, Dr. Payne, we're running out of time. I'm wondering if I can just stop you and turn things over to the commissioners and see if they have any questions, if you don't mind.

**Dr. Eric Payne**

No problem. Yeah.

**Commissioner Massie**

Well, thank you very much, Dr. Payne, for your very nice overview of the COVID vaccine science over the past three years. I'll have two questions. First question is, knowing that the vaccine is not sterilizing the propagation of the virus, and also knowing that coronaviruses mutate, is it your expert opinion that the mass vaccination was contributing to the extension of the wave of new variant as we saw over the years? Also given the fact that when you look at countries where vaccination rate is fairly low, it seems that the pandemic had subsided much, much earlier than in other countries.

**Dr. Eric Payne**

Yeah, thanks for the question. There's no doubt in my mind that that's the case and it's not just my expert opinion on this. I was able to cite a paper from immunology and virology experts in the *New England Journal of Medicine* back in the fall of 2021, where in that well-respected journal they were warning about aggressively vaccinating in the middle of a

pandemic using a non-sterilizing vaccine, that you were going to put evolutionary pressure on the virus to mutate into something that we weren't going to be able to deal with. And so this was warned by some very smart people like a year and two years prior, and the evidence as it came out showed this. And the antibody-dependent enhancement papers I showed you show specifically that there are facilitating or enhancing antibodies that are circulating with respect to the Delta and Omicron variants. So I don't think there's any doubt that that's happened.

**Commissioner Massie**

My other question is relating to a sort of confirmation in the real world that the vaccine does or does not prevent hospitalization or death. It seems that it's very challenging to get the data in any jurisdiction about the actual vaccine status of people that were hospitalized for COVID or died from COVID. Do you have any sort of hope that this will happen somewhere, sometime?

**Dr. Eric Payne**

Yeah. So you're right. Given the limits—I thought I had a full hour to talk, so I'm sorry I went over. But the reality with respect to the death data is that they were playing with the numbers in different ways using time denominators that reflected one year of acquisition when we didn't even have the vaccine for six months of those, putting all the deaths in the unvaxxed category.

[00:40:00]

There are ways that they manipulated it. But as I pointed out, by the time we got to Christmas 2022 last year, every single provincial database—I only showed you a few and I only showed you a few of the studies. But multiple countries all pointed out the same thing, that you were more likely to get Omicron if you had more shots. And this has continued to be the case over the last eight months, with more studies like I showed. To the point where, as you're suggesting, they've taken that data off, right? Because it's so terrible. And I think frankly, with the evidence that they're sitting on, it's beyond terrible. You know, there's a criminality to sort of hiding this data. You're not providing informed consent anymore.

Do I have hope that we're going to see? I think we have more than enough information already to pull these things off the shelves across the board. Any positive benefit from serious illness and death was temporary, and it was against the earlier variants. That is completely flipped now. You're more likely to be sick with COVID if you've had more shots. That's already the case.

**And so I understand why they put that away. But I don't feel like we need more. What we do absolutely need with respect to the long-term data is that we need to be counting the beans in terms of who's been vaccinated and gets ill and who doesn't.**

**Recently, just two weeks ago, the German health minister who oversaw COVID acknowledged that there was at least a one in 10,000 risk of serious adverse illness and injury after the vaccine. He knew this even when he said that these things were safe and effective. He acknowledged that he lied about that in order to avoid vaccine hesitancy. But he also acknowledged that the injuries that they're seeing are not the same as those post-COVID. And I'm seeing these people in my clinic now as well. A lot of them, like 25 per cent it seems, have got permanent injury from this. And it's a different injury.**

By not talking about it, we're not looking at, one, acknowledging people that are suffering—people who went along with what they were told to do. But we're not looking for solutions to try to help the people that have been injured. I have colleagues who literally, even though the Canadian government has paid out for Guillain-Barré syndrome, still do not put the vaccine on their differential for Guillain-Barré syndrome. You know, despite that data.

So we absolutely need to be following this prospectively to sort of figure out what's going on. In terms of my hope for it, I won't hold my breath.

### **Commissioner Drysdale**

Dr. Payne, thank you very much for your testimony. A lot of information you provided us with. And I sometimes find in these technical discussions that meaningful points are missed by folks like myself who aren't medically trained.

But one item that you mentioned and I wanted to ask you for a little clarification on, is: you had one slide where you talked about the vaccines. And you said—I believe you said—that they had reported the efficacy in the 90, 95, 97, whatever it was, percent range. And you called that relative efficacy. You also talked about— You compared it to another number, which I believe you called absolute efficacy. And I'm curious if you can explain to me and the audience exactly what the difference is between relative efficacy that was used in promoting it and the concept of absolute efficacy.

### **Dr. Eric Payne**

Yeah, sure. So we're talking specifically about the relative risk reduction about an intervention versus the absolute risk reduction from an intervention. So the relative risk in the trials, I'll round the numbers in the original trials. There were, like, 40,000 participants in the original trials—20,000 received placebo, 20,000 received vaccine.

In the Pfizer data, the numbers were something like: Among those who received the shot— And keep in mind, you're not fully vaccinated until you're two weeks post your second shot and I've got data showing they are actually increased risk of getting COVID before your two shots. But nonetheless, it's not just saying that definition. They showed that there were about 183 patients in the placebo arm during that 40,000-patient trial who got COVID. Positive test, mild symptoms.

There wasn't anybody in that 40,000-patient trial who ended up going to emerge. even, let alone needed to be admitted to the hospital. When they compared that to— Say there was about three or five patients in the vax group who got it, they compare relative to that. You know, 183 in the placebo arm got the virus.

[00:45:00]

But only five in the vaccine arm did. So they compare those two and the relative number to 183 versus five. Here you get that 95 per cent.

But if you actually look at it in terms of the trial itself, which was 40,000 people, and you look at it that way, then you get your absolute risk reduction, which is one per cent. Right? And this is a very common way that pharmaceutical companies are known to play with the numbers when they're advertising to us. It's because we know that this is misrepresenting the actual numbers and the risk that people like the FDA here put in manuals that it's unprofessional to not provide the absolute risk reduction.

Once you have the absolute risk reduction number, you can calculate something called the “number needed to vaccinate.” Which is, how many people do I need to vaccinate in order to avoid one case of COVID? And based on these absolute risk numbers, you were looking at somewhere between a hundred and 200 people to prevent one case, for something that had already affected 50 per cent of the population in the summer.

So there was no chance that this was ever going to stop or lock things down. We had somebody under oath in our case against AHS. One of their experts suggested we could just get everybody vaccinated and we’ll stop the pandemic. It’s a complete lie. It’s been shown to be completely not true as well, but it’s because of these types of things.

**Commissioner Drysdale**

So that when they talked about then and they gave a relative number, an ordinary person like myself who’s reading that, who feels that then I’ve only got a 3 per cent chance—or sorry, I’ve got a 97 per cent protection—is really being misled, I believe is what you’re telling me.

**Dr. Eric Payne**

You’re being enormously misled. I mean, the proof is in the pudding. So while all these people here on the left told you that there’s no way that you’re going to get it, you’re not going to spread it to anybody else. And then when that proved wrong, they told you, “Well, you’re not going to get seriously ill.” And when that proved wrong, they just took the data down. The reality is it was only lowering your risk of getting the disease by one per cent.

**Commissioner Drysdale**

You know, I’m an engineer, so I think of things in hard terms. And if I think of this in a hard term and I’m trying to evaluate two cars driving down the road and they’re driving side by side at 300 kilometers an hour, their relative speed is zero. So if I give you the relative speed of those two cars driving side by side at 300 kilometers an hour, you have no idea of what risk they have and what speed they’re actually driving. Is that correct?

**Dr. Eric Payne**

Yeah, that’s a great analogy. That’s exactly it. And they purposely pumped that. I mean, I showed you the one-page poster that was posted in the Emergency Department at our children’s hospital and throughout Canada, where they were telling the 12- to 18-year-olds that there was 100 per cent effectiveness with this shot, when we already knew it wasn’t a **100 per cent effective in the adults.**

**So this has been misinformation from the start. And these absolute numbers, that was available; I wrote that in my letter. This was clear to people who wanted to pay attention to it at that time.**

**Commissioner Drysdale**

**Dr. Payne, we heard from another witness in Truro, Nova Scotia. And that witness talked about the vaccine itself and the technology of the vaccine. And they talked about many of the things you talked about, about the spike protein showing up in different things and penetrating the cells.**

But they also talked about a study with regard to the purity of the vaccines that are actually utilized. And they talked about the fact that the vaccines were supposed to be injected in such a way that they never went into the vascular system or the circulatory system. And what that other witness talked about was that they were supposed to aspirate on the injections. And they stopped doing that.

So my question to you on that is: are you aware of those other issues—the manufacturing issues, the actual injection issues—and do you have any comments with regard to that?

**Dr. Eric Payne**

Yeah, that's, I think, one of the things that blows this wide open. Because right now the vaccine companies have got immunity. We're not even allowed to look at the contracts that they've signed with the countries. However, if there was fraud involved then they don't get immunity. So with respect to what you're saying, the production: not only did they ramp this thing up fast but they had to produce it in high quality substances quickly. And that didn't happen. And there's a huge amount of literature to show that.

[00:50:00]

But just to give you the basics on this thing: the vaccine is supposed to carry the genetic information to produce the spike protein. And what they had to prove, the companies, is that it actually produced the spike protein. And it had to produce the spike protein at a certain length. And you can measure how long proteins are in something called a Western blot. You can see how these things are actually being produced. And there were limits. At least 50 per cent of what was being produced had to be normal-sized spike protein.

I have looked into this pretty carefully and I used to do Western blots when I was a grad. When I was back in high school even, I was doing Western blots. But it looks like they cut and paste the Western blots, Pfizer did. Meaning that there's not actually any proof that they're consistently able to produce reliable spike protein. And proof of that is in the Vaccine Adverse Event Reporting System that I suggested.

So not only did people put in their adverse events but they also had to put in the drug identification number, what the actual batch number was of their vaccine. And there are studies right now out there in the peer-reviewed literature showing that there are some batches that were associated with much higher injury than others.

You can go to a website called "How Bad is my Batch," type in your batch and see. Some of those were much higher. Does it mean that some of them were maliciously formed? I mean, my impression, from what I understand from the people who know this manufacturing **stuff the best, is that a lot of people got lucky and got a vaccine that just wasn't potent as a result of the fact that you're not consistently generating enough spike protein.**

**What you said about the injection part—and I'll leave it at that—is that, yeah, if you give this as an intramuscular injection, hopefully most of it does stay—a large part of it stays in the arm. However, if by some chance you get this into a vein, you get this into a blood vessel by accident, you could be injecting this right into the venous system. And that's why people pull back on the needle, to make sure that they don't, and make sure that they're not blowing it into a vessel when you do that.**

Has that happened? Does that account for maybe why some people had really fast anaphylactic reactions or other things? Maybe. Most people would not have had that

injected by mistake into their vein. But the bigger issue is the quality of reproduction generated from this genetic recipe for the spike protein. And that quality doesn't seem to be there. And there's pretty convincing evidence that there's some fraud involved in terms of producing Western blots that met the FDA standard to allow this to get into the U.S. as Emergency Use Authorization, that were, in fact, copy and pasted.

**Commissioner Drysdale**

Thank you, doctor. I have a thousand other questions for you but I can't ask you a thousand other questions.

**Allan Rouben**

Dr. Payne, I know you didn't get to all of your slides. Is there anything in your slides that you didn't get to that is really important, that you wanted to highlight? Or did we cover off most of it?

**Dr. Eric Payne**

Well, we got through everything almost. I was specifically asked to make some comments about masking. And if I can just say two words about masking, I would like to.

Sorry, as you go through all these here. But in November 2022, I wrote an article for Brownstone called, "Time to Unmask the Truth" with Dr. Paul Alexander. And it's a short article, but there's, like, 60 references in it, all showing that there is not a single policy-grade level data randomized control trial meta-analysis to show that masks actually do anything to prevent transmission of influenza or COVID.

I sent this copy of this letter on November 25th to our Chief Medical Officer and health authorities in Alberta at that time. I followed up with a letter in December because there was new evidence showing that, once again, these masks don't work. And now we've got a meta-analysis that was in the *Cochrane Review*, here, looking at all this. And they've tried to attack this. But nonetheless, the summary point that they can't state is misinformation is that there is zero policy-grade data to support masking—especially our children. Here's Fauci talking about how masks don't work, "might catch some big droplet if," but that's not there.

And then you've got someone like Dr. Kieran Moore in Ontario, who on video is telling parents that if their child, a two-year-old, wakes up sick in the house, they should put a mask on them. And meanwhile he's out partying at the Top 50 Most Influential without masks at a time that he's telling everybody else. So the hypocrisy that we've seen has been **difficult on the masking. It's been varied across the board about what these masking rules are from one jurisdiction to the other. And as a result of the pressure he got, I think, from being caught, he ended up changing his tune.**

[00:55:00]

**And now he actually acknowledged that there can be negative effects of the masks themselves.**

**As a pediatric neurologist, what I want to say is: this is intrinsic. Kids need to look at your face when they're learning to speak. You can almost see them mimicking that as they're forming words. There's lots of studies to show that that's the case. And the CDC, for the first**

time in over 20 years, decreased how many words a child should know at a certain age. You know, you're supposed to know so many words, a couple of words together by age two, so on and so forth.

Kids were falling behind so much so as a result of what's gone on with the lockdowns and masking that first year that the CDC is now allowing for kids to know much less words—six months as a matter of fact. And so, there's no doubt that these things can cause harm.

We know that these things get disgusting and kids have got their hands on these things all the time. And now we've got, many, many policy-grade studies all showing minimal to no effect of masking. So it's time to move on. And when and if ever we get another pandemic around, the idea that we should mask again is nonsense.

That's all I want to say about masking.

**Allan Rouben**

Thank you very much for your evidence. Thank you.

**Dr. Eric Payne**

Thank you.

[00:56:21]

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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 3**

**April 1, 2023**

### EVIDENCE

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**Witness 5: Colleen Brandse**

**Full Day 3 Timestamp: 04:32:45–04:46:58**

**Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>**

[00:00:00]

**Shawn Buckley**

So our next witness is Colleen Brandse. Colleen, can you start by stating your full name for the record, spelling your first and last name?

**Colleen Brandse**

Colleen Brandse, C-O-L-L-E-E-N B-R-A-N-D-S-E.

**Shawn Buckley**

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

**Colleen Brandse**

I do.

**Shawn Buckley**

Now, my understanding is that for 28 years you worked as a registered nurse in the province of Ontario.

**Colleen Brandse**

Yes.

**Shawn Buckley**

And when the COVID-19 vaccines came along you were hesitant. Am I right about that?

**Colleen Brandse**

Yes, I was.

**Shawn Buckley**

Can you share with us the steps you took because you were hesitant?

**Colleen Brandse**

Well, I was diagnosed with T-cell lymphoma in February, 2021. And I knew as a nurse that that's my immune system. And I knew enough—my gut had told me and I knew enough—that I didn't really feel comfortable taking something that wasn't tested and proven and that was new.

So I thought— Well, my GP had mentioned that I should take it and I said, "I'd prefer to wait to talk to the oncologist." I waited and I spoke with her in June and she said, "I'm telling everybody to get it." And I said, "So you don't think that I'm going to have any adverse reactions? That's my immune system." She said, "No, you'll be fine." And she recommended I take them three weeks apart.

**Shawn Buckley**

Okay, so armed with that information, what did you do?

**Colleen Brandse**

I did what she said. I trusted her. So I took my first on June 7, 2021. And three weeks exactly later, I took my second.

**Shawn Buckley**

And what was the result of that?

**Colleen Brandse**

Well, my first injection, I had some tingling in the face and weird sensations, but it went away. So I thought, "Okay, well, that's just anxiety, you're nervous." And it resolved within a half hour or so. I thought okay, I'm fine; it's just anxiety. I'll get the second shot in three weeks. So I did.

Initially, I was fine. And then two weeks exactly to the day I started developing shooting pains in my feet, which eventually led to numbness and foot drop, numbness up my legs. And a month or so later, I was still questioning. I had a CT of the spine to make sure that I didn't have any issues with my spine that was causing it. I had seen a foot clinic. They kind of didn't feel that it was related to my spine and explained it and I agreed. So my eyebrows were starting to get raised at that point. Then about four weeks, five weeks later, my vision went in my right eye. And then my cousin had the exact same thing. And I knew at that point: okay, this is definitely the vaccine.

Then come December I had a lot of different things. There's way too many to even list because every system has been affected. I ended up with mottled legs, they're still mottled; pericarditis; increased shortness of breath; worsened vocal cord paralysis, where I almost

had to have a trach done. I have double-brain aneurysms that were unable to be surgically repaired that needed urgent surgery because I've been gaslit and nobody will help me.

I guess that's probably what I found the most difficult about this whole experience, is not only the physical, the isolation, loss of family, friends, people telling me I'm nuts but as a nurse, to go to hospital after hospital or specialist and plead with them to help me so I can get my brain surgery done and have nobody help. It's just been— There's no words.

**Shawn Buckley**

Can I just, and I don't mean to interrupt, but you worked in the hospital system for 28 years.

[00:05:00]

Had you ever seen patients being turned away that needed surgery like you needed?

**Colleen Brandse**

No. As a matter of fact, I've used that as an example. I've said, "People used to go to the ER for a bladder infection." And how is it— One thing that raised a red flag to me initially was when they were telling people, "If you have symptoms, go home. Don't come back with your symptoms until you can't breathe." Well, by then you're dead almost. And that just didn't, I just couldn't understand. So I don't know, I think that the gaslighting and the amount of lives that have been lost and that will be lost—mine possibly and pretty much will be—is absolutely devastating when a lot of them could have been helped.

**Shawn Buckley**

Can I ask? You've used the term "gaslighting" a couple of times, and can you explain for us what exactly you're referring to? Give us some examples?

**Colleen Brandse**

Yeah. Well, I've been to the ER a few times. And when I presented my neurological issues, symptoms of having TIAs, which is a warning to stroke, of course they rushed me right to the back. They were going to do everything. When I showed them my mottled legs and voiced concern about blood clotting, as soon as the doctor asked me when it all started and I mentioned the vaccine, I was done and out of there within a half hour.

**Shawn Buckley**

So I just want to make sure I understand. I've got two questions, but the first one is, can you explain for us what you mean when you say mottled legs?

**Colleen Brandse**

Typically, before somebody passes away, within hours to maybe a day or two, you'll notice that their legs—quite often it starts in the knees—will get like a veiny look. But not just like a varicose vein, it's everywhere.

**Shawn Buckley**

Okay, so you were seeing that on your legs. That's what you mean when you say you had mottled legs.

**Colleen Brandse**

Yes.

**Shawn Buckley**

Now, I just want to make sure I understand what you're saying. So you attended at the hospital, you were just telling of this time and they're taking you very seriously. You've indicated to them you may be having a stroke. You've gone to the back. There's this concern about mottled legs. But as soon as you mention that you think that it's connected to the vaccine, the treatment changed?

**Colleen Brandse**

It absolutely did. I was sent home within a half an hour when a CT should have been done. They should have ran way more tests to find out if I had what was called anti-phospholipid syndrome, because you're high risk with clot issues. Plus, I had had a pulmonary embolism when I was 29. So that should have automatically been a, "Whoa, let's check this girl."

**Shawn Buckley**

Right. You had the misfortune actually, because of your career as a nurse, to understand that you were not being treated properly.

**Colleen Brandse**

Absolutely. And I thought that might carry a little weight, but apparently it didn't.

**Shawn Buckley**

Now, my understanding is also your family has been affected by the vaccine. Can you share that with us?

**Colleen Brandse**

Sorry—

**Shawn Buckley**

No, take your time, please.

**Colleen Brandse**

Excuse me. In July of 2021, my husband was diagnosed with bowel cancer. He had surgery. They said they got it all. They were pretty sure. July 2022, he had his one-year follow-up. They said he was clear: no cancer, bloodwork was good, CT was good.

Around the same time, I get a call from my son that he's at the hospital and he's had chest pain and that they told him that it was probably anxiety. I said, "Do not leave the hospital,

Connor, without a CT and a D-dimer.” So they did that. And it ended up he had a pulmonary embolism. He’s 23. Around the same time, two weeks give-or-take—I can’t recall right now, I’m too nervous—my husband had the same with multiple blood clots.

[00:10:00]

And that was the same month that he was roughly cleared of his cancer. It was, give-or-take, a few weeks either way. Then within five months, my husband—at Christmas, December 20th, 2022—was told that he had stage four liver cancer that had metastasized from the colon.

**Shawn Buckley**

And both your husband and your son are fully vaccinated with the Pfizer vaccine?

**Colleen Brandse**

Yeah, my son has two and my husband had three.

**Shawn Buckley**

I’m sorry that this is so difficult and we so appreciate you sharing with us. Can you tell us the impact that these vaccinations have had on you and your family?

**Colleen Brandse**

There’s not enough time. There really isn’t. There’s so much that I could go on and on about. I mean, I worry about getting a call that my son, who’s 23, he thinks he’s invincible. He’s at that age. He’s working out, he’s playing hockey. I keep waiting for the phone call. Because he’s not totally compliant with his meds. Now my husband’s getting chemo and now will have to have chemo for the rest of his life, which, by the looks of how he’s doing right now, it’s not looking good. I’ve got him on other stuff and I’m doing what I can to try and reverse and have a miracle come. I live in fear of what my future is going to be. Because, I mean, I might lose my home.

There’s so much, but I am just devastated. I’m devastated how our government knew that there was issues and still allowed the people— And to now even continue after they know what’s come out. I could see if, you know, Pfizer or Moderna had produced a product that it was an emergency and they had to get it out and they weren’t quite sure. But I mean, it has been known now for well over a year that there’s people dying—and in way higher numbers than are ever reported.

I’ve reported myself. And I was told by the health unit nurse that they determined all of my issues were pre-existing. I said, “Well, I figured that’s what would come back.” It’s criminal.

And I can’t even get a doctor that can diagnose anything. I just got an appointment for a neurologist to do my EMG testing, which is your nerve testing, to diagnose me with small fibre neuropathy. And that’s not for two years. I mean, I’ll be dead by then. Or could be—I shouldn’t say that.

**Shawn Buckley**

Thank you, Colleen. I don't have any further questions for you. I'll ask if the commissioners have any questions. The commissioners don't have any questions.

Colleen, on behalf of the National Citizens Inquiry, we sincerely thank you.

**Colleen Brandse**

Thank you. And I thank you for coming and listening.

[00:14:13]



*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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**Witness 6: Jason Kurz**

Full Day 3 Timestamp: 05:38:50–05:59:18

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Geneviève Eliany**

Good afternoon, Mr. Kurz. I will ask you to state and spell your name for the record, please.

**Jason Kurz**

My name is Jason Kurz, K-U-R-Z.

**Geneviève Eliany**

Do you swear to tell the truth today?

**Jason Kurz**

I do.

**Geneviève Eliany**

You're before the inquiry to tell us about your termination with Ontario Power Generation, OPG. Can you tell us first what your role was with them?

**Jason Kurz**

I began working in the nuclear industry back in around 2002. I was a Certified Red Seal 309A Construction & Maintenance Electrician. I joined OPG through the building trade unions and performed work as an electrician under the BTU [Building Trade Union]. After some time and achieving some radiation qualifications, I was more eligible to apply for some full-time postings, and I was hired in 2005 as an instrumentation and control technician at Darlington Nuclear Generation Station in Bowmanville, Ontario.

I spent a number of years as an instrumentation and control technician, and my career saw me move through a few different areas inside the corporation. After a number of years working in the fuel handling department, I became what some people would call an expert

in the fuel handling processes and systems and the maintenance involved in keeping the reactor fuel handling systems operational as a control technician. And then I moved into assessing, which was planning the work, making sure that the parts were ordered, making sure that the pertinent drawings were assembled into a package that was clear and comprehensible for the maintenance workers.

After that, I moved into writing procedures for the organization as a fuel-handling control technician. After some time, I felt that my career growth was being stunted, so I started to look for opportunities outside of the union I had belonged to at that time, which was the Power Workers' Union. I began looking for opportunities to experience some personal growth and career development. And I started to apply for positions that were in a separate union in the house under OPG. That union was called the Society of the United Professionals.

**Geneviève Eliany**

I'm going to interrupt you for a moment. Could you tell us what your most recent role was? I'm trying to zero in on that.

**Jason Kurz**

Understood. The position that I was terminated from, the title of the position is Work Control Team Leader. I was specifically under the Projects and Modifications Organization for Ontario Power Generation, and that was essentially a coordinator role for a team of between 50 to 80 project managers.

**Geneviève Eliany**

My understanding, from what you previously described to me, is that you coordinated the installation and the safety of the installations made when the reactors are running. Is that correct?

**Jason Kurz**

The position that I held was referred to as IPG work control. So what that means is that the projects that I was helping monitor for milestone adherence were projects that were going to be installed as the reactor was still at power and still generating electricity.

**Geneviève Eliany**

It's fair to say that this role you had is quite specialized, is it not?

**Jason Kurz**

Extremely specialized, yes, that is correct.

**Geneviève Eliany**

So once the pandemic started, you were working remotely from home?

**Jason Kurz**

Yeah, that's correct. When I entered the role, I had just come out of a previous rotation in which I was with the Radiation Department in an oversight capacity. That rotation had ended. I went back to my home position, which was a nuclear refurbishment training. And I had applied previously for this position with the Work Control Organization, with the Projects and Modifications Team, and I was interviewed and accepted into that role on a temporary basis, what they call a rotation. And the rotation was due to be 18 months, but they hired me before my rotation was up on a full-time basis because they were pleased with my efforts.

**Geneviève Eliany**

Okay.

Ultimately, OPG of course, like most government institutions, instituted a number of COVID mandates, correct?

**Jason Kurz**

Correct.

**Geneviève Eliany**

And you were required to both mask and be vaccinated, is that right?

**Jason Kurz**

Initially, what they did was they took the workforce that was able to work remotely and they actually accommodated and made every concession that they needed to in order to minimize the amount of people that they had working on-site at the beginning.

[00:05:00]

And so when I took the job, I actually started the position from home in my kitchen. I learned the entire role from the comfort of my own home and functioned that way accordingly until they started to call people back into the office.

When they decided it was time to start bringing the workforce back onto OPG's site, what they did was they had written up a policy, a COVID policy, that in my opinion was overreaching and discriminatory. And they tried to force everybody into compliance with that. The policy included vaccination as an expectation. If you were not comfortable with getting vaccinated, then you were expected to— I'm sorry, the COVID policy stated that their expectation was that all employees were vaccinated and that the employees would reveal their vaccination status in the OPG database, which is private medical information. And if you were not willing to disclose your vaccination status, or if you did disclose your vaccination status but you were not vaccinated, then OPG's policy was then that you would have to be undergoing testing. And yes, that was the policy.

**Geneviève Eliany**

Again, to be clear, you were working from home. But once 50 per cent of the staff was being called back, this is when the masking and the testing and of course the vaccination requirements were in place, is that correct?

**Jason Kurz**

I believe so, yeah.

**Geneviève Eliany**

Okay. Now, you refused to be vaccinated and ultimately you were terminated. When were you terminated?

**Jason Kurz**

December, I believe, 29th of 2021.

**Geneviève Eliany**

So end of 2021. And can you comment on what was happening with the policies at the end of 2021? Were they still as strict at the time of your termination as when they were instituted?

**Jason Kurz**

Well, okay, so there's a lot to cover there, right? I was placed on six weeks' unpaid leave prior to my dismissal. They were attempting to force me to comply with the policy. And they put it in writing essentially that if I would just comply with the testing requirement, then all of this could go away. My position was that Ontario Power Generation does not have the authority to mandate that I undergo any medical procedure of any kind as a condition of my employment if it's not part of my original work contract, which I agreed to when I agreed to work with Ontario Power Generation.

And so during the course of the time where I was placed on six weeks' unpaid leave, they started to back off on some of the policies and procedures. I wasn't onsite anymore. They had deleted my corporate account. I had no access to any inside information with respect to what their timelines were, only through some friends and some co-workers who were keeping in touch with me. And they started to step back on the requirements for disclosing vaccination status and wearing masks. In the end, I was terminated and lost my career and now, it's like nothing ever happened. Now, it's like the pandemic never happened. People don't have to declare their vaccination status, to my knowledge. I don't think they wear masks anymore.

**Geneviève Eliany**

So let's back up a little bit. It's clear that you didn't want to be vaccinated. You were **terminated because of your non-compliance but the way you were treated was different than perhaps others. My understanding is that the company or OPG found out that you were involved in freedom efforts. Is that fair to say?**

**Jason Kurz**

It's fair to say that, yes.

**Geneviève Eliany**

And you feel that you were singled out because of their knowledge?

**Jason Kurz**

I do. I do feel singled out. When I started the role, I had one particular section manager whose name began with an L. He took me into the office. At this time, they were starting to integrate the workforce back onto site. We were working onsite 50 per cent of the time and 50 per cent from home. And he took me into his office with a union representative and he stated that I had been spotted on television at a freedom rally,

[00:10:00]

and that I was not social distancing, and that I was a potential superspreader, and essentially directed me to no longer attend these types of events.

I told my section manager at that time that while I was on site, working in the industry and on the job, I would maintain the utmost professionalism as a nuclear professional. But when I was outside of work, I would conduct myself as I see fit. And I felt that the Freedom Movement was very important for our children because I didn't want to place my children in a situation where an employer is allowed to dictate to them that they must undergo any type of medical procedure. So I was very involved in the Freedom Movement. I was spotted on the news. And then from that meeting, I was directed to work from home 100 per cent of the time until further notice.

**Geneviève Eliany**

But despite your ability to work from home, your employer was still unwilling to make any COVID accommodations for you?

**Jason Kurz**

That is correct, yeah. They refused to accommodate in any way. And even when there was a bit of a wave with the way that the corporation had treated the supposed pandemic— There was a time where they brought the workforce back, and then when Omicron came out, they started sending people home again. And at that time, there was one gentleman from the union, Joe, who had sent an email to the upper echelons of management stating that since OPG saw fit to send remote workers back home to work remotely again, why don't we let Jason come back and continue performing the role that he had been providing previously? No response.

**Geneviève Eliany**

Let's discuss your termination letter [Exhibit TO-20]. It's an unusual termination letter. I am a criminal lawyer but it still strikes me as unusual. Of course, you were terminated. And **OPG, as you indicated, wasn't willing to have you back. But the letter also states that you're now ineligible to perform work either directly with OPG or indirectly through any contractor that carries out work for OPG.**

Tell us about the impact on your career given this paragraph.

**Jason Kurz**

It's hard to quantify the impact on my career. I've been in the workforce since I was 16 and worked very hard to get where I am, where I was, constantly seeking self-improvement and development. And I had finally landed the job that I truly felt I was built for. I was helping in a meaningful way. The projects that I was helping to navigate through the scheduling

system that's in place in that nuclear station: people have to understand that every one of these projects was in response essentially to the disaster that happened in Fukushima. And they were all highly vetted, multi-million-dollar projects, extremely important for public safety, plant safety, equipment safety. I felt like I was doing something that I was built for.

I was an award-winning employee and then the only thing I refused to do was concede my medical autonomy over to the company. And when I got fired and they put that letter out, they essentially stated in black and white—and they put it in writing—that their intention is to sabotage my entire career in the nuclear industry by stating that no longer would I be allowed to enter any OPG site or property. But they also said I would not be, as you read, eligible for employment by any vendor or subcontractor that provides work for Ontario Power Generation.

And I wonder what gives them the authority to tell Black & McDonald or Ken Adam or BWXT or Cameco or any of these other wonderful companies that I cannot be hired by them when I have almost 16 years of CANDU nuclear experience. And I've been a single point of contact during outages in the OCC, you know.

Sorry, I'm getting emotional.

**Geneviève Eliany**

That's okay. You'll have to get some legal advice on it. But another point in the termination letter is that you've also been given a trespass notice. You can't even attend the building, can you?

**Jason Kurz**

That's correct.

**Geneviève Eliany**

Do you know anyone else who is terminated in the same way from OPG?

**Jason Kurz**

To my knowledge, I am the only person who is terminated by Ontario Power Generation under the circumstances of refusing to recognize the authority of their COVID policy.

**Geneviève Eliany**

Let's touch on the financial impacts on your family.

[00:15:00]

**Jason Kurz**

The thing that made the people concede and give up— In the beginning, there was a fight. In the beginning there was a lot of people— There were hundreds of people that belonged to a group and we would discuss and share ideas and share our own legal research with each other. And in the end, the company has a pretty big carrot to dangle. The position that I held, just like almost any other position with Ontario Power Generation, was very well-paying. It included one of the best benefits packages that you could get in Canada. The

pension was top-notch. It's basically a dream job, especially for somebody such as myself who came from blue-collar construction trades and was just seeking a way to develop myself. And so because the people around who worked for that corporation saw what happened to me when I dug in my heels and I said that OPG does not have the authority to mandate a medical procedure as a condition of employment, a lot of people conceded—some quickly and some not so quickly. But in the end, they've got that: they'll take away your lifestyle.

You asked me about the financial implications. I went from making a certain amount of money that my family had grown accustomed to and lived accordingly with. And I'm not going to cry the blues about that. But I will say that now, here I am two weeks away from turning 50 years old, I am back on the tools as an electrician. I am making less than one third of the money that I used to make. I have no vacation. Every penny that we spend is hard fought for, strictly counted, and impactful on our family's finances. And no pension and no benefits.

#### **Geneviève Eliany**

I understand that your children wanted to follow in your footsteps. How are they thinking of their future now with respect to employment?

#### **Jason Kurz**

My kids were always inspired by the career that I had developed and the lifestyle that my wife and I were able to provide. And so they trusted me to direct them and help them navigate and make life choices that would set them up for success. So their intention was to essentially follow in my footsteps as intelligent young women. They were both considering entering the nuclear industry as nuclear instrumentation and control technicians.

My oldest daughter actually started the first year of college for that course. And during that time, COVID was in full swing. And my children were not interested in learning the trade from the kitchen table. It's not something you can learn from a kitchen table. You know, they've been sending kids home and they're trying to teach them this stuff off of a computer. And it's sort of like learning how to be an automotive mechanic over the computer at your kitchen. So she placed her college on hold until the restrictions had let up. And then shortly after that time, my children and my wife got to witness how OPG treats employees that fail to concede their medical autonomy over to the company.

#### **Geneviève Eliany**

And one final question: I understand that you've had some contact with former colleagues. **And what did they report back to you about how your role or position has been filled?**

#### **Jason Kurz**

**When I was in that role as a work control team leader, I absolutely loved that job. I just felt like I had meaning. The job had meaning. And it was a lot—and I took on more than I should have. In addition to the responsibilities that I was doing, I also was asked to speak at senior work management meetings to present the status of the projects that were on the plan. This is a nuclear station. I mean, these things are planned out 52 weeks in advance. Every penny is accounted for. Every document has to be signed on time. Every single one of these milestones, it was my job to make sure that they were all being met. And when they weren't being met, we had to make sure that they were going to be met, and that there**

were forms to go along with that. It was a lot to keep track of. It was very high pressure. It was very, very stressful for some people, but I was built for it, and I loved it.

And since I have left, I've heard that they've not recovered, but I can't say that that's a fact. I've heard that things are certainly worse off than they were when I was doing all the things that were expected from me, plus the extra things I was doing that were asked of me.

**Geneviève Eliany**

Thank you. I'll see if the commissioners have any questions. No questions from the commissioners.

Thank you so much on behalf of the National Citizens Inquiry for your testimony today.

**Jason Kurz**

Thank you.

[00:20:28]



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*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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Moderator Statements: Shawn Buckley (Parts I and II)

Full Day 3 Timestamps: 05:33:53–05:38:50/05:59:20–06:09:23

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

#### PART I

[00:00:00]

##### **Shawn Buckley**

Commissioner, as best I can answer that question for you, I am aware that the NCI has sent out summonses. So if you examine the rules, the Council Administrator, who is the Honourable Ches Crosbie, has the right to issue summonses to witnesses. Now, because we are not a government inquiry, we are not a creature of statute, we cannot compel witnesses to attend. A regular inquiry can issue summonses and if witnesses don't attend, they can be arrested and brought. We don't have the ability to do that. So we've modified a regular summons so it indicates that they are being summonsed. But we have to be fair to the witnesses and indicate that there are no civil or criminal liabilities if they fail to attend.

Now, my understanding is that both the Maritime ministers of health and public health officers and those for Ontario have been sent summonses: I believe the Nova Scotia or the Maritime ones by registered mail and email where we had emails. I believe also by registered mail for Ontario. I can't say for the rest of Canada, but we're not there yet. I can say that the summonses also are very flexible. So it's not like we're inviting them to attend for three days in Nova Scotia or these three days in Toronto. We make it very clear that we are going across the country for two months and that they're free to attend virtually at any **of the hearings. And the summons also indicates that we can schedule just a time for them to have a virtual attendance, in front of the commissioners virtually.**

**To my understanding, we have not received a single response.**

**Now, the NCI has tried to get the mainstream media to cover us. And we actually have had at least two mainstream media pieces attacking two of the three people that are identifiable as involved with the National Citizens Inquiry, because they are named directors for the non-profit that handles our funds. But there's no such thing as bad publicity because that signals to the governments, both provincial governments and the federal government, that we exist. And we know that they know. I am aware that the Council Administrator has been in contact with several politicians federally and provincially to discuss us.**

I also know that slightly before the Truro hearings and since, we have exploded on social media. And we are being throttled on TikTok and hampered on Facebook. And I think YouTube took us down. But my understanding is, and I could be corrected: I know that right after the Truro hearings, for the four weeks prior to that, we had 1.18 million hits on Twitter. And I think in the last 10 to 14 days, we've had a million hits on Twitter. So surely to goodness the governments are aware of us, the public health officers are aware of us, and the ministers of health are aware of us. And so Commissioner, I sincerely apologize that we have failed to secure the attendance of a single public official, but it's not for want of trying. And we do intend on publishing on our website the summonses, or a list of who summonses have been sent to, so that the public can be aware that we are doing our best to be an open and fair inquiry where all sides can be heard. Because our object is to get to the truth.

And that's the only way I can answer that, Commissioners: I apologize.

**Commissioner Drysdale**

I would like to request from the Commission to make those lists available and submitted of the people that we have approached and asked to attend, to make them available to the commissioners and to be entered into the testimony.

**Shawn Buckley**

I will ask those that would be tasked with that, which would be the Council Administrator, to ensure that that occurs. And perhaps maybe what we'll try to do is, maybe on a two-week or monthly basis, update that list as part of the record.

**Commissioner Drysdale**

Thank you very much, Mr. Buckley.

[00:04:57]

PART II

[00:00:00]

**Shawn Buckley**

Commissioners, before we start with the next witness, I've been advised that the question that you asked me prior to this witness—because we had this power outage—was not being recorded properly. So I've been requested, just so that we have a record of your question and answer, and that people that are viewing online understand that a question and answer was asked. I'd ask if you could re-ask the question, and I will attempt to answer it in a similar fashion.

**Commissioner Drysdale**

The commissioners and I have had a number of concerns and we just wanted to recap what that was. And that is that the NCI, the National Citizens Inquiry, has scheduled to hold nine hearings across Canada, which are located from coast to coast. And in each one of those

hearings, as it has been this week in Toronto, there's three days of testimony. We've completed the initial hearing in Truro, Nova Scotia a few weeks ago. And now we're in Toronto on the third day of the hearings. And we've heard extraordinary Canadians telling us their incredible stories. And we've heard from a wide variety of Canadians from across the spectrum: from doctors, lawyers, working people, working fathers, mothers, grandmothers, nurses. But the one group that we have not heard anything—

[loud microphone noise]

**Shawn Buckley**

Sorry. I was turning that off, by the way.

**Commissioner Drysdale**

As I said— You know, there's one group that we have not yet heard from. And that is a group of people who actually planned, formulated, carried out these directives and mandates that have affected every single aspect of Canadian society.

And my question is, Mr. Buckley, what efforts have the National Citizens Inquiry taken in order to bring these people here and testify in front of Canadians?

**Shawn Buckley**

Commissioners, I'll do my best to answer that question. My understanding is, first of all, the National Citizens Inquiry has done its utmost to try and become visible to Canadians and to the government and to basically all of the political parties by holding press conferences and the like. We modelled the rules of this Commission. We hired a lawyer, an independent lawyer, to draft the rules, which were modelled on the rules of other commissions that are statutory-based commissions, where the government basically creates a commission. And those commissions have the power to force witnesses to attend. And there can be criminal and civil sanctions if witnesses don't attend. So by law, they have to.

We are not a government inquiry. We are a citizen's initiative and we lack the ability to compel witnesses to attend. So we have amended our summons so that it's clear that there is no civil or criminal liability to the person who we send a summons to, to attend.

My understanding is that for the Maritime provinces, for the Truro hearings, we sent summonses out to the public health officers and the ministers of health for the Maritime provinces by way of registered mail. And I believe, where we have e-mail contacts, we try to do that and that the same has occurred for Ontario. I cannot speak for the rest of Canada **because this Commission is marching across— I can say that there had been an internal discussion. There was a concern that if we sent a summons, let's say, to a health official to attend in Truro or Toronto and we only have three days of hearings, that they might not attend and say that we did not give them enough notice, that they have busy schedules. So our summons is specifically drafted to inform every recipient that we are marching across the country until the end of May and that they are free to attend virtually at any of our hearings. And also, that we would make accommodation just to basically set up a virtual time for them to attend in front of you, if that was necessary. So those efforts have been undertaken.**

[00:05:00]

**My understanding is that there have been discussions with various volunteers within the NCI and different politicians or political parties. My understanding is that a major federal political party has basically unofficially told their members not to have anything to do with us, which tells us that we are at the attention of elected officials. And although the mainstream media is not favourably covering, or covering at all, things like our press conferences or these hearings— Which I'll just editorially add is quite fantastic. Because I don't know of any other time, in any other country, where citizens got together, banded together to have such a comprehensive inquiry or an inquiry at all, anything like this. Even the fact that this is happening should be a major story, let alone the witnesses that are being called.**

**But the mainstream media has run two hit pieces on two of the three individuals that are publicly identifiable as involved with the NCI because they're directors of the non-profit company that handles finances for the NCI.**

So from a social media perspective, we've been really hurt with Facebook censoring us and YouTube, and throttled on TikTok and the like. But Twitter isn't censoring groups like this right now. I know after the Truro hearings, on the Monday following, there was an internal meeting. And it was reported back to us by our social media team that in the 30 days prior, we had had 1.18 million interactions on Twitter. My understanding is in the last, I think it is, 14 days, we've had a million interactions on Twitter.

We're doing absolutely everything we can to be in the government's awareness. And we're doing that because we don't want this to be a biased inquiry. We want to hear both sides. We want them to attend. And I apologize that we have not been successful in getting any public officials to attend.

**Commissioner Drysdale**

But just so that I'm clear, we're holding 27 days of hearings in Canada, from coast to coast. And we've offered these officials that we've invited to attend an opportunity to attend on any one of those 27 days. Is that correct? In any one of the locations across Canada, virtually or in person?

**Shawn Buckley**

Yes, definitely. The summons is part of the rules. Anyone can go online. Our rules are public. My memory is that we make it clear that we're marching across the country, that they can attend virtually at any of the hearings. But in addition, that we would be open to scheduling a time available to them where we don't have a scheduled hearing, where you would also be attending virtually. So the object is to make it as easy as possible for a public official to attend because we recognize the importance to the commissioners.

**Commissioner Drysdale**

**The commissioners would like to request that the list of those folks who have been invited to attend be entered into the public record.**

**Shawn Buckley**

**What I can do— Although I am a volunteer at the NCI, I can't say they do this or do that. But I will make efforts to try and have a list of people whom summonses have been sent to**

entered as part of the record, perhaps every two weeks. If that would be agreeable to the commissioners.

And then my understanding also is, for the public—first of all, everything is entered as an exhibit unless it is confidential. So for example, if a witness is going to submit an autopsy report for a child, they might not want the public reading that. So it would be listed that we have it as an exhibit but that would be for the commissioners only to see. But providing something isn't marked "in camera," the public is free to access all of the exhibits we refer to. And so that would form part of the exhibits. And our intention in any event was to publish on the website the names of people to whom we have sent summonses.

**Commissioner Drysdale**

Thank you, Mr. Buckley.

[00:09:55]



*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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**Witness 7: Scarlett Martyn**

Full Day 3 Timestamp: 06:09:23–06:37:14

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Shawn Buckley**

The next witness is Scarlett Martyn, and I will indicate that Scarlett is a person that has done some volunteering at the NCI. And I just bring that up because we don't want anyone indicating bias, and so we want that out in the open that she has done some volunteering.

What she's going to testify about today, she has testified in the past, which is videoed and available online before the NCI even existed, so I'm not concerned about her not being truthful in any way. And she's testifying about her personal experience and we're confident that the commissioners will find this to be helpful. Now, Scarlett, before we begin, can I ask you to state your full name for the record, spelling your first and last name.

**Scarlett Martyn**

Yes, it's Scarlett Martyn, S-C-A-R-L-E-T-T M-A-R-T-Y-N.

**Shawn Buckley**

And Scarlett, you promise to tell the truth, the whole truth, and nothing but the truth, so help you God.

**Scarlett Martyn**

I do.

**Shawn Buckley**

Now, you had—and I'm using the past tense—but up till the COVID adventure, you had worked for 24 years as a paramedic.

**Scarlett Martyn**

That's correct.

**Shawn Buckley**

And for part of that time, you worked as an advanced care paramedic, which enables you to deal with more critical procedures than a regular paramedic.

**Scarlett Martyn**

Yes.

**Shawn Buckley**

And in fact, advanced care paramedics are rare. I mean, a generous figure would be 10 per cent of the paramedics.

**Scarlett Martyn**

Yes.

**Shawn Buckley**

And so if there's a 911 call involving something like a cardiac arrest, something very serious, they will try and have somebody like you attend instead of a regular paramedic.

**Scarlett Martyn**

That's correct.

**Shawn Buckley**

And you were also on a special roster for dealing with disasters in the Greater Toronto Area. So if a big building collapsed or something like that, you were on a list to be called in.

**Scarlett Martyn**

Yes, I was on a heavy urban search and rescue team.

**Shawn Buckley**

And then when COVID hit, Orange asked if some advanced care paramedics would be willing to join their critical care paramedics to do high-level transfers, including COVID patient transfers.

**Scarlett Martyn**

Yes, as part of their surge capacity.

**Shawn Buckley**

And you volunteered for that.

**Scarlett Martyn**

Yes.

**Shawn Buckley**

And then there was a volunteer program where frontline responders were asked to participate in what was called CORSIP [COVID-10 Occupational Risks, Seroprevalance and Immunity among Paramedics], where your blood is taken on regular intervals to basically test for exposure to COVID.

**Scarlett Martyn**

Yes, I entered that study.

**Shawn Buckley**

And through that, you learned that you had natural immunity to COVID.

**Scarlett Martyn**

Correct.

**Shawn Buckley**

Which meant that you had caught COVID, and you had recovered from COVID, and you had antibodies to COVID.

**Scarlett Martyn**

Correct.

**Shawn Buckley**

Okay, and I'm going to stop leading you in a second. So you eventually got suspended for eight weeks, and then that was extended to ten weeks, and then a termination came. And I want, if you can share with the Commission, the reasons for your termination and also the process of your termination.

**Scarlett Martyn**

Sure. The reason for my termination was willful misconduct and for jeopardizing workplace health and safety. Previous to that, I had wrote a letter expressing my concerns to my commander, the city manager and the mayor, just expressing my reluctance to be vaccinated when I had concerns. Those concerns were met just with a couple-sentence reply, "Follow the policy." I was suspended and then terminated.

**The termination was just done through the mail. My suspension was in person and the process was quite humiliating. At one minute, you're a valued resource, volunteering and working, volunteering to step up into a role. And the next minute, you're being terminated. And the letter was quite vicious. I didn't understand how it was insubordination and misconduct to ask questions, and I just wanted an accommodation. I offered to do testing or whatever it was to satisfy the safety needs. And this was at a time that we understood that vaccinated or unvaccinated could carry COVID, and I expressed my concerns.**

**In that meeting, I was suspended. My ambulance keys that I had drove to the meeting with were taken. My Ministry of Health ID was taken and I was drove back to the station by a supervisor to collect my belongings.**

[00:05:00]

**Shawn Buckley**

And I just want to make sure that I understand. Because I expect that you would have shared with them that their own testing of you showed that you had natural immunity to COVID.

**Scarlett Martyn**

Well, it wasn't their testing. Paramedics were offered a lot of inter-medical studies or this or that, so it wasn't their own. But yes, I had expressed that it wasn't unsafe for me to work, and it wasn't protective to me with natural immunity.

**Shawn Buckley**

So notwithstanding that you had natural immunity you were terminated for not taking the vaccine for which you already were immune.

**Scarlett Martyn**

Correct.

**Shawn Buckley**

Now, I'm wondering if you can share with us what the culture was within the healthcare system at the beginning of the pandemic. So we would be talking about early 2020 and onwards.

**Scarlett Martyn**

At the very beginning of the pandemic— And I feel that I can really speak to this because paramedics don't just go to one hospital, we go to many. And then I was on a team that was going to hospitals kind of all over southern Ontario. At the very beginning of the pandemic, when it was announced, the hospitals were empty. Nobody was going to the hospital; they were all too scared. That's how people had time to do TikTok videos and such, because we weren't working.

I was doing call after call of sudden death, which is normal for my profession. But the stories were heart-wrenching because they were people that had chest pain or stroke-like symptoms or something serious for days but they were too afraid to go to the hospital for treatment because of the pandemic. I really feel, if these patients had've went for treatment **that they might be alive today. The public was so scared they did not want to call an ambulance.**

**Shawn Buckley**

Right. What was the attitude within the healthcare system at the beginning, so before the vaccine is out, about whether or not it was necessary to take the vaccine? Because we all heard it was coming.

**Scarlett Martyn**

Yeah, it was really socially acceptable at that time in my profession to say, “Oh, I don’t think I’m going to take anything that’s rushed to market,” because we see a lot of medication recalls that were once safe, then pulled, once safe, then pulled. So yeah, it was completely within our culture accepted to say, “Oh, I don’t think I’ll take it. I don’t think I need it. I’m low-risk. I’m not in the age bracket.”

**Shawn Buckley**

Now, once the vaccine was rolled out, did that culture within the healthcare system change?

**Scarlett Martyn**

Yes. It was like a switch and it wasn’t gradual. It was just like somebody flipped a switch. All of a sudden people were jockeying in line to get vaccinated. It wasn’t acceptable anymore to say, “Well, I think I’ll wait. I don’t think this is a good idea.” As healthcare workers, we could get it before everybody else, especially those working in the frontlines, and people flooded to do so. It was hard to find people that were still reluctant to get vaccinated.

**Shawn Buckley**

And did you observe any change within the healthcare system after the vaccines were rolled out towards patients?

**Scarlett Martyn**

The changes I saw were so profound that it’s disturbing to talk to about. But I think people need to understand. I saw colleagues that I respected, that are brilliant, turn into bullies. I worked up in the ICU transferring patients. And I would hear the chatter about, “Get this one out of here. I heard they were at a rally. So look at them now. I guess it serves them right. Maybe they’ll die.” And I heard these things day in and day out. I heard them talk about— We’re in every area of the hospital, right? So there’s the acute setting and all the different settings. I would know who in those 10 beds wasn’t vaccinated because they would be sitting talking about it.

And the care they received, the part that is most disturbing is not tangible. When you care about somebody, the way you interact with them, you put your hand on their shoulder, you move them gently. When you have hostility towards them, your chart still looks fine. You’ve still given them all the things you were supposed to do. But the way they were handled was different. It was rougher. You could feel the aggression.

[00:10:00]

And it was completely acceptable for them to sit around and talk about the anti-vaxxers that should just all die. “I don’t want anti-vaxxers getting health care.” “Why would the anti-vaxxers come up to the ICU?” “If the anti-vaxxers don’t want to take the vaccine, maybe we shouldn’t give them morphine for their broken leg.” It just went on and on. I witnessed my own colleagues on 911 calls badgering elderly patients that weren’t vaccinated. It had nothing to do with why we were there.

We’re called on people’s worst moments in their life, so we have to be mindful of that. But I’ve seen them standing there instead of treating what was needed to be treated— And not

always life threatening, they just needed something. They would say, “Well, what do you mean you’re not vaccinated? It’s been available. What would your reason be for not being vaccinated?” And if we can picture a towering person in a uniform in a position of authority talking this way to an 86-year-old lady lying on her couch with her stomach hurting, badgering her, it was absolutely appalling.

**Shawn Buckley**

You had given me an example when we were talking about a call that seemed to you to be a vaccine adverse reaction, where a lady had a shot and then she developed tachycardia and chest pain. Can you tell us about that call? Because I think it speaks to the change in culture.

**Scarlett Martyn**

Absolutely. I don’t know if I remember that specific one but there’s many. So in the field our job is to report what you tell us and then ask you more questions if we need to know them. Take a medical history. So it’s not our job to judge what we really think you’re telling the truth on. We just report it. When we would take these patients to the hospital and I would talk to the triage nurse for intake and I’d say, “This patient had chest pain after the vaccination. They’re quite worried that it’s a reaction. They’re tachycardic,” which is high heart rate, and being high as in 140 beats a minute—like, not just a little elevated with chest pain. The nurses would roll their eyes and huff and puff and go, “Oh great, we got another one,” you know, “Great, yeah, add that to the list.”

I can watch them because I stand behind where they’re reporting. It never gets typed in. What we say never got typed in for those patients. I never saw a single one say, “following vaccination.” And these patients were wrote off many times with anxiety. Sadly, as paramedics, because of the health protection laws, we don’t have an ability to follow patients beyond the emerge. So if they get admitted up to a medicine floor, we can’t call them up and go up and see them. So I don’t know the long-term outcome of these patients.

**Shawn Buckley**

Now, you were telling us earlier that when the pandemic started, it was slower. Can you give us some more details about that?

**Scarlett Martyn**

Yeah. I’ve worked in a busy city, so we don’t get a lot of downtime. It’s rare to have a lunch break. We do a lot of end-to-shift overtime. So it’s really, really rare for us to spend time in our station socializing or cooking. But at the pandemic, that was right at the beginning, it was just like everything got shut off. We were in the stations; we were watching movies; we were hardly doing any calls. And sadly, when we did get called out, it was usually a person that really should have called much earlier.

I remember feeling embarrassed when you’d get a knock on the ambulance door and it would be a restaurant owner delivering food to the health care heroes. And at seven o’clock at night in Toronto, people would come out and bang pots and pans. And we’re not heroes, right? We signed up to do a job. And pandemics are always part of health care. We’re all trained in it, right? We have PPE.

**Shawn Buckley**

Right. And you're describing to us—in any event at the beginning, it was slower than usual.

**Scarlett Martyn**

So much slower. Like, I was watching movies at work—series of movies.

**Shawn Buckley**

And had that ever happened before?

**Scarlett Martyn**

It had happened once before. With SARS. That was the only other time. And that only lasted—

[00:15:00]

The call-volume drop didn't last long.

**Shawn Buckley**

Now, I want to switch to a different topic. Because my understanding is, at the beginning of the pandemic, when we're all for the first time seeing all these numbers on TV of how many cases we have, that actually these cases at the beginning were not being based on things like PCR tests – in large part because they just weren't available yet. The system was having to gear up and get testing kits to the hospital. So can you share with us basically how would they classify somebody as a COVID case at the beginning?

**Scarlett Martyn**

Yeah. At the very beginning there wasn't the ability to do a swab, send it, have it back. There was no rapid tests readily available. So we would do a screening on a patient, which was just a sheet with 10 or 15 checkboxes. And those would be the inclusion criteria for suspected COVID—so just suspected. And these things would be like, abdominal pain, recent travel, and they changed almost every day. So you would have a checkbox: Have they traveled recently? Do they have vomiting, diarrhea, fever? Do they feel more tired than usual? Do they have pink eye? Many, many, many. And the list kept getting longer.

It's hard to find a patient that isn't more tired than usual, doesn't have any of this long list, so they would fail. So the fail would put them in a suspected COVID positive category. One patient I had had been in an assault and he had been whacked over the head with, I think, a bottle. Well, he had a headache naturally. We brought him in for assessment for a headache, and the nurse was filling it out. Once they screen positive, they have to try to find isolation. And I said, "We don't need isolation for this. This guy's headache started from the hit on the head." "Well, I know, but we can't override it." There's no professional opinion, so they couldn't override. So you had massive amounts of patients being categorized as probable COVID patients.

**Shawn Buckley**

And those patients then would also end up in COVID wards, which would be reported as full.

**Scarlett Martyn**

Some of them were just in-and-out emerge. patients and we lack the ability to really follow where they went.

**Shawn Buckley**

So just so I understand, let's say somebody's at the bar and they get in a fight and they get hit in the head. And they go to the hospital and say their head hurts. The screening nurse or person would have no discretion; that person would be listed as a suspected COVID case.

**Scarlett Martyn**

Yeah, because it's not on pen and paper anymore. It's an input into a computer. And I argued—well, not rudely—but I said, "This is silly. Like, this is—how could we possibly? Like, he didn't have a headache before; the headache started now. He's well. He has no other symptoms." "No, I know, but it won't let me check. And there's no field to add in professional opinion." So they just got all filtered.

I mean, it was really hard to find a patient that called an ambulance that would pass a screening.

**Shawn Buckley**

So are you saying that early on in the pandemic then, before they had rapid testing, almost every single patient brought in by ambulance likely would be screened as a potential positive?

**Scarlett Martyn**

Oh, yeah. It was a joke that maybe you could stub your toe and pass. If you only called for a stubbed toe, you could maybe pass the screening.

**Shawn Buckley**

Now you had a troubling experience where an inmate was admitted because of a headache. Can you share with us that story?

**Scarlett Martyn**

Yeah. All of these new procedures caused massive delays in patient care. And sometimes these delays cost people their life. Every hospital had a slightly different procedure for screening. I remember transferring a young gentleman and he had an arterial brain bleed. Time is never as valuable as it is when you're bleeding inside your brain from an artery and we were rushing him to one of the neurosurgery centers.

His condition started to deteriorate before we arrived, so the emerge. had sedated him and intubated him for transport. This was a gentleman that walked into the hospital with a severe headache. He passed the screening at the hospital, that would have been before a headache was added. So these screenings changed constantly, right? They would add in.

[00:20:00]

So he passed the hospital screening. And at the receiving hospital where he was to get treatment, he didn't pass the screening anymore because he couldn't answer questions.

**Shawn Buckley**

So I'm just going to stop you so people aren't confused. He goes to hospital number one with a headache. He's admitted at hospital number one, they determine that he's bleeding in his brain.

**Scarlett Martyn**

Yeah.

**Shawn Buckley**

And that's a life and death emergency surgery situation.

**Scarlett Martyn**

Yes.

**Shawn Buckley**

But that hospital doesn't do that emergency surgery, so it's arranged for you guys to transport him quickly to hospital number two.

**Scarlett Martyn**

Yes.

**Shawn Buckley**

But because time is so sensitive, hospital number one sedates him and intubates him so that the second hospital doesn't have to waste time doing that. It's an emergency.

**Scarlett Martyn**

Yeah, it is that. It's hard for us to do in the field. We can, but he was deteriorating so it was for airway protection if he deteriorates. Yeah.

**Shawn Buckley**

So now he's sedated by hospital number one and can't answer questions. And he arrives at hospital number two. And tell us again, what happened in hospital number two?

**Scarlett Martyn**

We have his screening from hospital number one in the charts. We have all the information we need and they stop us because, well, he fails the screening. And they're not really sure what to do now because they had him as a "passed screening" and now he fails. You know how things work: Nobody knows. Calls are made. Calls go up the chain, down the chain. We need another room. We need this. We need that.

**And the clock is running and we're desperately trying to advocate for this patient to just go in. Let's just get the show on the road! And that delay continued on for a half an hour if not 40 minutes.**

**Shawn Buckley**

**And in your experience, what is the likely prognosis following a delay at screening for up to 40 minutes when somebody's brain is bleeding?**

**Scarlett Martyn**

**It's a very poor prognosis. It's not likely survivable with any quality of life.**

**Shawn Buckley**

**And do you think it's possible that could have then also been classed as a COVID death?**

**Scarlett Martyn**

**We did witness in the field strange things with classifications of COVID death, so it absolutely would not surprise me.**

**Shawn Buckley**

**Can you share with us some types of things that you saw being classed as COVID deaths?**

**Scarlett Martyn**

**Yes, I'll try to keep it— We were doing shift change one morning, so the night crew goes off, the day crew comes on. We take a report from the night crew. They had just come from a jumper and we said, "Well, we'll help you clean things up." It was just around the corner. It was from an eight-story building and they had told us about the call. There really wasn't anything left to transport.**

**Later that day, my partner and I received a call from Public Health that the patient, early that morning from that address, had been swabbed for COVID and tested positive. We looked back and I said, "Oh, that was the night crew that had the jumper." And I said, "I don't understand. What would you swab? Like, did you bring a spatula? This doesn't make any sense. That patient wasn't in a condition to swab." But they assured me that that was a COVID-positive case. You certainly don't have to have medical training to understand the cause of death from jumping out an eight-story building.**

**Shawn Buckley**

**Now, switching the gears again. After your experience of being terminated, you helped form a group called the United Health Care Workers of Ontario?**

**Scarlett Martyn**

**Yes.**

**Shawn Buckley**

And my understanding is that group has over 3,000 healthcare workers as members.

**Scarlett Martyn**

Yes, just in Ontario.

**Shawn Buckley**

Oh, I guess it is the Healthcare Workers of Ontario. Do you have members from other provinces?

**Scarlett Martyn**

No.

**Shawn Buckley**

Okay. So you guys had taken various initiatives with the provincial government. But I'm wanting to share with us an initiative that was taken by the United Health Care Workers of Ontario concerning the federal government. You guys sent a letter to the Minister of Health.

**Scarlett Martyn**

Yes, we did.

**Shawn Buckley**

Can you just share with us why you guys sent that and what happened in response to that?

[00:25:00]

**Scarlett Martyn**

We had concerns on the frontlines with many, many things. One of our issues, biggest concerns, were around informed consent. And we believed that the public wasn't getting informed consent. They weren't getting informed consent about the risk of the COVID virus. We think that there is misrepresented data. We believe that there is a lot of fear, which led to people rushing out to get vaccinated and not understanding the new platform, the mRNA platform. We don't believe that anybody sat down and talked about the risk-benefits. And every medical procedure given is always, 100 per cent of the time, based on risk-benefit. **And this was just a very one-size-all approach.**

**We approached them in our letter. And we had several questions, specific questions, that we wanted answered. And we even petitioned them in a letter. We had some of the top scientists across Canada help us form a vaccine safety-risk statement. So just like with any new pharmaceutical, a risk statement: "Might cause this, might cause that. We don't know about mutagenicity." Because there's nothing like that currently on the COVID vaccination. And we felt that that was important, not just for health cares, but for all Canadians to understand.**

**Shawn Buckley**

And is it fair to say that you thought that such a letter and a safety-risk statement written by professionals and backed by 3,000 healthcare providers would warrant a response from the federal Minister of Health and Ms. Tam?

**Scarlett Martyn**

Absolutely. And we also got signatories of other public interest groups, so that we could present it. This isn't a small group of Canadians that want these answers. This isn't just healthcare. This is Canadians.

**Shawn Buckley**

And did you get a response?

**Scarlett Martyn**

No.

**Shawn Buckley**

And Commissioners, I'll advise you that that letter will be entered as an exhibit and available to you for your consideration [Exhibit TO-21]. And Ms. Martyn, I'll just ask the commissioners now if they have any questions for you.

No questions. Scarlett, on behalf of the National Citizens Inquiry, I'd like to thank you sincerely for testifying today.

**Scarlett Martyn**

Thank you.

[00:27:51]

*Final Review and Approval: Jodi Bruhn, August 16, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

April 1, 2023

Day 3

### EVIDENCE

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**Witness 8: Dan Hartman**

Full Day 3 Timestamp: 06:37:35–06:46:35

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Allan Rouben**

Afternoon, can we get your full name please?

**Dan Hartman**

Dan Hartman, D-A-N H-A-R-T-M-A-N.

**Allan Rouben**

And you swear that the evidence you will be giving will be the truth, the whole truth and nothing but the truth, so help you God?

**Dan Hartman**

I can't hear you very well.

**Allan Rouben**

Do you swear that the evidence you'll be giving will be the truth, the whole truth, and nothing but the truth, so help you God?

**Dan Hartman**

Yes.

**Allan Rouben**

So tell us a little bit about yourself.

**Dan Hartman**

My son Sean played hockey his whole life. It was his love, it was his passion, it was his favorite thing in the world. And to continue to play hockey in 2021, he had to be vaccinated.

Sean's biggest fear in the world was needles. He was terrified of them. It was his biggest fear. But he wanted to play the game he loved, so he took the vaccine. Four days after that he went to the hospital, to emergency. He had brown circles around his eyes. He was vomiting. He had a rash and an extremely sore shoulder opposite to his injection shoulder.

The doctor failed to do any blood work, he didn't do a D-dimer, he didn't do a troponin test. He gave him Advil and sent him home. On September 26, 2021, Sean went to play hockey that night, and everything seemed okay. He came home and went to bed. And on the morning of September 27, Sean was found dead on the floor beside his bed.

**Allan Rouben**

How old was he?

**Dan Hartman**

He was 17.

**Allan Rouben**

Tell us a little bit about your son.

**Dan Hartman**

The most beautiful boy I ever met, not just because he was my son. He was very polite. He was very respectable. He never back-talked me once. I never heard him swear once. He never had a drop of alcohol in his life, never had a cigarette. He loved watching movies. He loved music. He used to love wrestling so much when he was a little kid. He was just such a great kid, almost like an angel that's how special he was.

**Allan Rouben**

Did he have some idea as to what he wanted to do?

**Dan Hartman**

Well, he wanted to make the NHL hopefully someday, but he also knew that's a long shot. So he actually considered being an NHL referee just so he could be around the game.

**Allan Rouben**

What happened after he passed away?

**Dan Hartman**

I had to wait three long months for autopsy results. They did a complete autopsy with genetic testing and toxicology. And the cause of death is unascertained. They can't tell me why he died. They have no explanation why he died.

**Allan Rouben**

And what did you do next? What did you do next after that in that regard?

**Dan Hartman**

What did I do next?

**Allan Rouben**

Yeah, insofar as that conclusion was concerned.

**Dan Hartman**

I started a Twitter page to get support because I was completely lost and didn't know where to turn. And I've met some of the nicest people I've ever met in my life who support me and help me get through this. It's really hard though, every day is so hard. The hardest part for me is sleeping. I wake up every hour. I cry multiple times a day. I'm a truck driver, so I'm alone with my thoughts all day and I think about Sean so much. I can't listen to songs on the radio anymore. There's a whole list of songs I can't hear. And I'm taking anti-depressants and I'm in grief counselling now with other parents who have lost their children.

I will never do Christmas ever again. Christmas means nothing to me now. I will never see Sean get married. I will never meet what would have been his beautiful wife. I won't have any grandkids, ever. I can't live with the cause of death being unascertained because, in my opinion, the vaccine killed my son.

[00:05:00]

There's no other logical explanation. He was a perfectly healthy boy with no underlying conditions. And now I have to live without the most important person of my life. And every day is pure hell. Every hour, the only time I'm not in pain is when I go to sleep.

**Allan Rouben**

Tell us a little bit about the community of other parents that you have joined up with.

**Dan Hartman**

I speak with five other sets of parents around the world, who all lost their child after this vaccine. And all have cause of death unascertained, same as me. And some people think we're lying and they don't believe us and they think it can't be the vaccine.

Well, Dr. Ryan Cole from America has agreed to help me. He has Sean's tissue samples and he's one of only a handful of pathologists in this world who can prove vaccine death. And he's going to prove it for me. And I can't wait to tell all the people who doubted me that I was right. My gut feeling about Sean is right. I know it is.

**Allan Rouben**

And how did you get introduced to Dr. Cole?

**Dan Hartman**

Through my Twitter page. That's what led me to him. And I was watching so many videos of him explaining— It's very strange that Canadian pathologists aren't doing tests to determine vaccine death. To do that, you have to stain slides and you have to look for spike

protein. Dr. Cole has even told me he's offered to teach our pathologists how to do it, they just have to get in touch with him. It's a complex procedure but he knows how to do it. And I am quite confident that he's going to tell me that Sean died from the vaccine.

**Allan Rouben**

And you're awaiting his results as we sit here today.

**Dan Hartman**

Sorry, what was that?

**Allan Rouben**

You're awaiting his results as we sit here today.

**Dan Hartman**

Yes. He said it won't be too long because he's already done some initial testing. I can't discuss what has been found yet, but when the time comes, I will.

**Allan Rouben**

Thank you. Are there any questions from the commissioners? Just to wrap up, is there anything else you want to tell us about your son and your situation?

**Dan Hartman**

He was the reason I woke up every morning. He was the reason I went to work. I've been a truck driver for 18 years and I used to love my job. And now I hate going. I don't even care anymore. Sean was so special. It's so hard to describe. He wasn't like other kids. He was a shy boy, but such a good heart. He wouldn't have hurt anybody. And he was my only son and he was my reason, my love. And now he's gone. I believe they took him from me. I believe my son was murdered.

**Allan Rouben**

We're very sorry for your loss.

**Dan Hartman**

Sorry?

**Allan Rouben**

We're very sorry for your loss.

**Dan Hartman**

Thank you.

**Allan Rouben**  
You're welcome.

[00:09:00]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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**Witness 9: Dr. Irvin Studin**

Full Day 3 Timestamp: 06:47:50–07:35:02

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Allan Rouben**

Can we get your full name, please?

**Dr. Irvin Studin**

Irvin Studin.

**Allan Rouben**

How do you spell that?

**Dr. Irvin Studin**

I-R-V-I-N S-T-U-D-I-N.

**Allan Rouben**

And do you swear that the evidence you will give today will be the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Irvin Studin**

I do.

**Allan Rouben**

Tell us a little bit about your work and educational background [Exhibit TO-4].

**Dr. Irvin Studin**

Thank you for having me first of all. And it's difficult to go after such powerful testimony. I've been following that story very carefully. My sincere condolences to the family.

I'm Irvin Studin. I chair the Worldwide Commission to Educate All Kids (Post-Pandemic), which was created in January of 2021 to address what I think is the major catastrophe of the pandemic period, amongst many catastrophes. And that's what happened to the young people, particularly in respect to education: the collapse of education across Canada in general, in particular in Ontario. I also preside the Institute for 21st Century Questions, which is a major think tank in Canada, and edit a magazine called *Global Brief*.

**Allan Rouben**

And before you got involved with that, give us some examples of the type of work you were doing.

**Dr. Irvin Studin**

I call myself a policy expert across a variety of fields, domestic and international alike. I worked for many years at the Privy Council Office, the Prime Minister's department in Ottawa. I was on secondment in the Prime Minister's department in Canberra and Australia at the start of my career. I was a professor at multiple universities, U of T, York, Singapore, Eastern Europe, so I have a variety of hats.

**Allan Rouben**

And your educational background, just what was the highest level of education that you had?

**Dr. Irvin Studin**

I have a PhD in constitutional law at Osgoode Hall, graduated in 2014. I have two degrees from the U.K., one from Oxford, one from the London School of Economics. I was a Rhodes Scholar. And before that my undergraduate was at the Schulich School of Business at York University.

**Allan Rouben**

In terms of the subject matter that brings you here today, how did you get interested in that?

**Dr. Irvin Studin**

I began to see children out of school from the late summer, early fall of 2020. And it took me several months to understand what I was seeing, and then on inspection of a larger hypothesis, to really be able to appreciate the extent of the catastrophe at our feet. Because I'm going to quote from some 19th century writers that had a felt appreciation of this catastrophe—but this was completely foreign to our Canadian understanding. That is, in a very advanced country, that degree of collapse for children and childhoods and education is completely foreign.

So I began to see them at my feet. There were three or four instances where it was very personal in my own networks. Then I began to inspect it across the country. And then we brought about 60 countries together. And we discovered a phenomenon that I'll explain when I get into the guts of my testimony, what we came to call "third bucket kids." That is, kids who were neither in physical school, classical school, the one all of us appreciated growing up. They were not in virtual online school. They were in no school at all. I'm

talking about zero school. I'm not talking about homeschooling, pod-schooling—none of these fetishes. I'm talking about the Dickensian condition of no school.

And I might surprise people by saying that, before the pandemic, 500 million children—who were after the school closed, out of school—were normal children enjoying regular schooling. After the pandemic, after the school closed, there were at least 500 million children around the world, the size of the European Union, ejected from schooling. And a lot in our own country. And then I'll go into that as we proceed, I'm sure.

**Allan Rouben**

All right. So you've talked about the buckets. What is the first bucket?

**Dr. Irvin Studin**

The reason I talk about buckets, colleagues, you might imagine three glasses like this. The first glass is physical school, the one that we all appreciated as common school—largely public school, but some private school—across the country until March of 2020. Physical school. The second bucket is virtual school, the one we imagined everyone pivoted to as soon as we shuttered the schools physically: the second bucket.

[00:05:00]

And there's a third bucket, which we didn't see, didn't appreciate, and still don't feel. And that is, I repeat, zero school. And this can happen at any age. It can happen at age seven and it certainly happens at older ages. And this is a phenomenon I'll explain, but these children are in no education or in deep under-education. And they never returned. They have not returned once the schools reopened or renormalized, for reasons I'll explain.

But the reason we talk about the buckets is because if I say “no school” to our Canadian mentality, it's lost. “What do you mean no school? You must be a critic of the education system. You must be talking about homeschooling, or the child is taking a break.” I repeat, colleagues, fellow Canadians, fellow Ontarians, fellow humans: No. School. The kids were ejected from the first bucket to the third bucket, or from the second to the third bucket, through all sorts of very paradoxical phenomena that I'll explain.

It took us a while to study this. When we brought the 60 countries together, we realized that this is a phenomenon that is as common in India as it is in the United States, in Canada, in Britain, and so we had to divine this terminology to get it through our heads. Third bucket, no school. First bucket, school. Second bucket, virtual school. But the transition from the first bucket to the third bucket is very, very rapid. And third bucket is misery. **Third bucket is misery, because nobody's going to want—no matter what we tell ourselves online, no matter the delusions we recount to ourselves—no one is going to speak to a child who has a grade 7, 8, 9, 10 education five years from now when he or she is an adult, undereducated or not educated at all, in a post-pandemic world that is much more fastidious, much more cruel. And we've done this to these children.**

**Allan Rouben**

How did the children land up in the third bucket?

**Dr. Irvin Studin**

Yeah. Let me just quote quickly—I don't have the right glasses on—*Great Expectations* by Charles Dickens. Charles Dickens was, as you'll know, a famous 19th century writer who serialized books on the misery of children in Victorian England. And in *Great Expectations*, Pip, a miserable child, talks to Joe. He says:

**"Why didn't you ever go to school, Joe, when you were as little as me?"**

**"Well, Pip," said Joe, taking up the poker, and settling himself to his usual occupation when he was thoughtful, of slowly raking the fire between the lower bars: "I'll tell you. My father, Pip, he were given to drink, and when he were overtook with drink, he hammered away at my mother, most onmerciful. It were a'most the only hammering he did, indeed, 'xcepting at myself. And he hammered at me with a wigour only to be equalled by the wigour with which he didn't hammer at his anwil.—You're a listening and understanding, Pip?" "Yes, Joe."**

**"Consequence, my mother and me we ran away from my father several times; and then my mother she'd go out to work, and she'd say, 'Joe,' she'd say, 'now, please God, you shall have some schooling, child,' and she'd put me to school. But my father were that good in his hart that he couldn't abear to be without us. So he'd come with a most tremenjous crowd and make such a row at the doors of the houses where we was, that they used to be obligated to have no more to do with us and to give us to him. And then he took us home and hammered us. Which, you see, Pip," said Joe, pausing in his meditative raking of the fire, and looking at me, "were a drawback on my learning."**

So what happened as soon as we shuttered the schools in March of 2020?

Let me just tell you the extent to which we shuttered the schools. Ontario was the most catastrophic: March 17, 2020 to June 30, 2020. January 7, 2021 to February 10, 2021. April 19, 2021 to June 30, 2021. And the first two weeks of 2022. And in between, hundreds of ad hoc bespoke school closures, mostly dictated by Public Health. These were general school closures that I recounted, dictated by the Premier and the Minister of Education. The longest in North America.

As soon as we closed the schools, we said we're going online. But immediately, you have a contingent of children and families who have no internet access and no mobile access.

[00:10:00]

They're between 1 and 6 per cent of the population on Statistics Canada numbers.

**Very well. That's your baseline ouster to the third bucket. That may grow over time as resources become more scarce. But what happens within the home when we imagine a child to be remote-learning? What if you're in an abusive home, like Joe recounts? You were a star mathematics pupil and that was your saving grace. You went to school. Now you're at home in an abusive home. And very well, you may be heroic for two weeks. But on the periods I described, that are catastrophically long, you're in the third bucket before long. And you're abused for two years in your home while everyone imagines that you're virtual learning.**

**Very well. You don't speak English or French. You're from a new immigrant home. Two years online, you're in the third bucket. You have a physical or intellectual learning disability. You're in the third bucket. Your family has no resources. You run out of money**

during the pandemic. Or someone's got sick, you're off to work at 13, 14 years old. You're in the third bucket.

**The most catastrophic category, colleagues, friends, fellow Canadians, Ontarians, is that of teenagers: middle schoolers and high schoolers who were in the second bucket for a while—that is, online learning—but realized that school began to lose its meaning. There were no walls. There were no boyfriends, no girlfriends, no sports, no spirit, no standards, nothing for which to compete. Nothing physical. Everything was virtual. And I'm a teenager. The cost of exiting the second bucket and going to the catastrophic third bucket is a matter of clicking off the Zoom call and I'm out. Nobody's aware I'm out. Few people are taking attendance and they're not taking attendance fastidiously. And nobody's looking for me.**

At the very moment when my juvenile narcissism requires you to look for me— Because you'll recall when you and I were all in school, we knew of some kids who wanted to drop out, they'd announce it a month beforehand, "I'm dropping out." And you'd get five people crowding that person saying, "Don't leave, don't leave." Then the teacher would come. The boyfriend, the girlfriend would come, the friends. You'd get a hug at the door, the family would be notified, and someone would come and bring you back, most of the times.

This never happened. The cost of leaving the second bucket to the third bucket were zero, and the time period in which you're in the third bucket very, very long—especially in the teenage mind, when a month is infinitely long. Now, I wish to say clearly and I'm going to be undiplomatic, but in my world it's diplomatic: If I can forgive the initial school closures— because the entire world was improvising from March 2020 until about the spring, the northern spring, let's say even the summer of 2020—we can forgive those policy mistakes. And they were policy mistakes.

After that they became policy crimes. Because we closed when I and colleagues already were articulating, and then shouting from the skies, and then making personal calls and emails and interventions and media interventions: "Do not close the schools." This third bucket is catastrophically large. I put it to you that at the nadir of the closures, it was 200,000 kids across the country on a global student population of 5 billion. Tens of thousands across Ontario. Because again, in a very degenerate way—and I repeat, I'm being diplomatic—intellectually degenerate way, we close the schools, and we close them, and we close them, and we close them.

In April of 2021, I'll never forget: the Premier said that the schools will be closed indefinitely. And my stomach plummeted. Because indefinite to us is understandable but for the teenager I describe, that has a zero-cost proposition to exit to the third bucket, indefinite means forever. There is no return proposition. Premier never said, "Hold your horses. Everyone's coming back in a couple of weeks and we want to educate you." We said, **"No education in Ontario."**

**Allan Rouben**

**There was no hope.**

**Dr. Irvin Studin**

**There was no hope. There was no message and nobody was aware of the scale and the catastrophe, by the way, that awaited us and that now is befalling us. Because let me just put two signals—two key signals that any intelligent society would have understood—to not go down that path of deep school closures.**

**One, the third bucket kids will live miserably.**

[00:15:00]

**As a rule. There will be some exceptions. They will live miserably because they're undereducated, or uneducated in a world that is far more cruel and that needs, in many cases, over preparation. We've underprepared them and then we feed them to the wolves in this society that is post-pandemic. That is our fault. That is a crime of policy. What have we done? And now, as a collective, what have we done to the country? What kind of society and country? An intelligent country, one in which I'm proud to be a citizen, which I adored in my childhood, and one that I thought was the best place to inhabit as a child. I have a family of three children. What awaits is huge destabilization because these third bucket kids will become adults five, ten years from now.**

And how will we live? We'll have a huge contingent of people who are uneducated, undereducated and will hit us upside the head and we'll say, "Oh my God, what have we done?" And they will in turn ask, "Why did you do that?" And I do not accept that these are bad kids or marginalized kids or they're from certain minorities. Not at all. I repeat: the child in Mumbai in India who could have been a physics star when the school closed could have gone and been married off. And that happened in huge numbers in India. But the same child here who was a soccer star or a bright light in English or mathematics that went home to an abusive home and for whom school lost all meaning—and there are plenty such stories—is also a third bucket child.

And they will look back and say, "I was on my way and you collapsed my childhood. And then you collapsed your future."

I'm here to deliver the message to say, this is what happened. It happened in huge quanta. It happened in one of the most civilized countries in the world. We owe a debt to these young people to find them and bring them back to school. I repeat, find them and bring them back to school and educate them properly. And the second is to never again, for the rest of the century, repeat that degenerate mistake of public policy. Never.

Those are the key to-dos, imperatives, that I wish to impart on this distinguished inquiry. And I thank you for putting it together.

#### **Allan Rouben**

Thank you for coming. Let me ask you, in terms of collection of the data for this third bucket, explain to us how you go about that.

#### **Dr. Irvin Studin**

**Well, there are two ways. And the data are completely unofficial because they are not collected. And if they were collected, it would redound to the huge embarrassment of government, naturally. "What do you mean, we failed to educate?" "Ontario had no education in particular." "Come to Ontario, we promise not to educate your child."**

**The number is based on first of all, an indigenous—that is not "Aboriginal" indigenous—an indigenous calculation for Canada on the number of possibly-ousted children as soon as schools go online. Add to that different coefficients on abusive homes, on disabilities, on houses without English or French—and then we quickly get across the global student population of Canada, where Ontario has 2 million of the 5 million total student body of the**

country, to a number of 200,000 in about January of 2021. It would have reduced as the schools began to open. But I maintain, it still is in the tens of thousands because our American colleagues had it in the millions. And on a 10 to 1 ratio, we then could triangulate. The U.K. had very similar numbers to us in terms of basic ouster but their school closures were not as long, so they're slightly smaller than us. And other countries without internet access, as soon as you went into the second bucket, had huge numbers. I'm talking about South Asia, parts of Africa, parts of Latin America.

But I wish to say, colleagues: I have First World colleagues on this commission who look at us in Canada as if we're Martian. "What do you mean you have failed to educate your children during the pandemic?" I say, "How many kids have you got in the third bucket?" They say, "Zero."

[00:20:00]

"How about you guys?" "Well, we have tens of thousands." How did this happen?

Well, first of all, we closed the schools for catastrophically long periods. Secondly, the norm of compulsory schooling and attendance collapsed. As soon as we went online, all those norms went out the window. And by the way, they are out the window in many cases still. Because within the second bucket—and I wish to address that quickly as well—within the virtual schooling world, the attendance norms were very, very variable.

And the final thing is that intelligent decision-makers understood that as soon as they closed the schools, there would be leakage from the school system. And you've got to plug that leakage quickly. And we didn't understand that. We were tweeting, tweeting, tweeting, and the school-closers—particularly the medical officers who were closing schools like it was going out of style—became online sensations. They were apparently saving our children and they were saving us.

And when we go back in time, when we go back and look on it, I wish for us to look at school-closers as a shameful category of decision-maker. You're a school-closer. You send children to misery. The schools should remain open always. Always, always, always, unless there's a foreign army at the gates. It's that central. We now understand it's that central, not just to the well-being of the child but to the functioning and survival of the society.

There are other countries that continued to educate their children, or even over-educate their children, during the pandemic. Their children will meet our children in life 10 years from now. And who will do better? And who will deserve to do better?

The second bucket: huge under-education for everyone else who stayed in the schooling system, who didn't collapse to the third bucket. Collapse of ambition, collapse of spirit, collapse of social interaction, socialization. You could be a child of wealth or of poverty in Ontario and Canada and go to any school and by and large, the final product is predictable: undereducation. Then you open the schools and the undereducation continues because we open the schools with low energy.

My final to-do is that within the schooling system that we've reopened, outside of the third bucket, for everyone who's remained: energy, energy, energy. We must overeducate the kids for all the learning that was lost on our watch. Because again, we're preparing them for something or we're not, or we're failing to prepare them. We're in a low-energy state right now. The schools are low-energy. The standards are low. We need to overcompensate. So that's the third to-do and that's a leadership question at the principal level, at the board

level, at the level of minister and deputy minister. Go, go, go. That's how a smart society behaves in reaction to the regress of the last two or three years.

**Allan Rouben**

You said that you and some of your colleagues were sounding the alarm. Tell us a little bit about that. And what does it say that that wasn't front and center in media and public discussion during that time period?

**Dr. Irvin Studin**

**Can I be blunt? It means that the Canada that loved its children in my childhood is not such** under pressure. Canada does not love its children under pressure. A captain of a ship— My wife gave me this example during the pandemic when, to my horror, I started appreciating the scale of this catastrophe. She said a captain, a leader, in the context of catastrophe puts his passengers and the young people to safety. He doesn't allow them to wallow in misery or allow them to feel his or her tension.

We did the opposite. We immersed the children in misery, in our own fears and our anxieties. We didn't save them. And in failing to save them, we haven't secured our future. So the message is: if we really want to be a country that loves its children, as I do—I love young people, I work with young people, not just my own children—we have to take the lessons of this period to heart for the rest of the century, if we make it that long. And we have to do right by those we've harmed in the last two or three years.

[00:25:00]

So I don't accept that this is a lost generation at all. That's Twitter-speak.

If we're a serious country, we say we made a mistake. The answer to a mistake in my world is remedy: immediate remedy. Find these kids. They're easily findable. They're on the attendance rosters across the schools and all the boards across the country. Find them, get them back to school, educate them, get them caught up, and some of them will be Nobel Prize winners. Failing which, we only have ourselves to blame. Many of them will end miserably and their misery will redound to the collective misery.

In terms of the leadership class: unfortunately, the pandemic proved that we have by and large, an accidental leadership class. Canada operates at all levels, across all parties, in all jurisdictions, with a transactional leadership class that presides over a system that's been built over a century and a half. A beautiful system. And when it collapsed, we didn't have the talent and the energy to resuscitate it.

**That leadership class is still in place. Nothing's happened. No one's resigned. No one's gone to jail. There's no *mea culpa*. I've heard not a single speech, not a single speech by any leader across Canada saying, "Here are the major lessons of the pandemic, including in education." There is some revolutionary work happening in Alberta, but that's a separate point.**

**Allan Rouben**

Have you heard any acknowledgement from any public official that acknowledges the consequences that you talk about?

**Dr. Irvin Studin**

There's been no public articulation of this tragedy. Because renormalization was a matter of simply opening the schools. We just opened the schools, so everything's back to normal. Imagine that every child with his or her lunch is back to school. They were just watching Netflix, I guess, for two years. But remember, a childhood is a limited period. So what you and I appreciate is two years of difficulty, for the child, is an irreversible passage of time. You're either educated in that period or you're not. And if your education collapses and life passes you by, you can't get caught up. That's the other thing we don't realize.

A child— I'll put a very concrete example to you. We get a call from British Columbia on the commission, earliest days. A grandmother says, "I have two brilliant children. They're stuck in the basement playing video games because the parents are in a COVID panic. They don't want them to leave. Everyone's going to die." And for two years, they were in the basement not being educated. And I didn't know the age of the children, let's say the child was 13 years old. And the world opens up and he or she is 15 or 16 years old, but with a 13-year-old education. And now scale that across the thousands, tens of thousands.

How does the system react to that? It's not reacting at all. We just said, "The schools are open," with low energy. "Everybody wear a mask, be safe, be vaccinated, zombie about." Not, "Let's go—we got a national mission to catch up." Not that. We're in defensive posture. So the child either never gets caught up, doesn't go back to school, or the general misery continues. And those stories are legion. Those stories are legion.

**Allan Rouben**

You obviously have a very high profile. You've been in the government, highly educated. What was the reaction from policy-makers when you were bringing this to their attention, when all this was going on?

**Dr. Irvin Studin**

I'm not going to impart educational lessons from my own story. I will impart sports stories because I was a good student but I was a very good athlete too—notwithstanding my present composition. I was a good soccer player. And I always say: in elite sport, there are nice people and then there are people you want to have on your team when the going gets tough. I think everyone understands that analogy. They're nice people when the going is generally good. Not on a rainy day.

[00:30:00]

And Canada is full of them. And in the leadership class, we're full of them. Too many were pretenders when the proverbial thing hit the fan. And I got to understand that personally because I was speaking to many of them. I said, "Where's the reaction?" The only responsible reaction from anyone overseeing any decision-making part of the education system—or the children's welfare system, or the childhoods of our young people—the only responsible reaction would have been, "Oh my God, reverse this mistake. Don't repeat it." Ours were the exact opposite.

I got stories from top decision-makers saying, "Irvin, I can't do this. I'm too busy with my own family. I've got to help my kids." These are top decision-makers. "Irvin, we have to close the schools. Full stop. There are other things at play that are more important, symbolic, medical issues. Twitter." Twitter fame is a big one. And the third category was complete intellectual incomprehension. We just could not go there. We couldn't imagine

what happens to our own children when we close the schools. We still cannot go there. We cannot accept that this has happened or we've done this. It's foreign.

That's why I say, of the 60 countries or so on the commission I chair, countries like India, Argentina, Jamaica, they get it. They live more at the cold face of life and death, even their children. But more advanced countries—U.K., Canada in particular—we can't go there. What I described in Dickens in the discussion between Pip and Joe is foreign but we've consigned many of our kids to the Dickensian condition. We've done it. These are acts of omission or commission, repeated, repeated, at length.

**Allan Rouben**

I have to say that the failure of leadership that you're describing is extremely discouraging.

**Dr. Irvin Studin**

I think that's diplomatic. I think that's diplomatic. I think we'll look back and say, "There were policy crimes that were committed." And that's a category that I— This is not under criminal law. These are policy crimes because first, they were problems of understanding, then problems of competence and, in the end, conspicuous acts that redounded to the harm of our children. And in all catastrophes, usually in wars over the centuries, you go back and say, "Well, what are the major lessons learned?" So the Geneva Conventions would have been born in the late 19th, 20th century, responding to things like chemical weapons and civil population rights. Those are lessons learned over the catastrophe of war.

Well, what's the lesson of the pandemic? The number one lesson: Never close the bloody schools, ever, never. I'm against closing them now on a snow day. Do not close them. People die as soon as you do. You don't believe it. They die. We must stop looking at our children as little munchkins, cute munchkins with lunchboxes that we're babying and worshipping in their cutest years. We owe them a duty of preparation. Beyond that worship of their beauty, we owe them a duty of preparation for tomorrow. I had that. I profited from that in Canada. I'm educated in the public schools of Canada—proudly. And I look back and say, "How could this have happened?" We destroyed something in an instant that was a huge achievement, a huge achievement. We regularized beautiful childhoods across Canada over many decades—with many exceptions, granted—but that was a regular system. And now we've regularized misery.

**Allan Rouben**

I'm going to ask the commissioners if they have any questions for you.

**Commissioner Kaikkonen**

Thank you for your testimony. I have a couple of questions.

[00:35:00]

I know that many of the school boards in Ontario have said, or at least suggested, that the reason they've abdicated their responsibility to the students is because they were dictated to by the health orders that came down from their particularly local health officers, and then by default the Minister and Ministry of Education, and then further, Doug Ford. What would you say to that?

**Dr. Irvin Studin**

Yes and no. In my earliest—I have a trilogy of calls for resignation in a number of articles publicly. My first one was for the resignation of all of the officers of medical health across Ontario for the reason of the school closures. There are other reasons, but that's for other testimony. But who was resisting? There were many protests. There were many attempts at public interventions. And I'm not talking about social media. I'm talking about physical protests, calling en masse. I cannot think of a single school board that heroically went against this, what I call "mania," this mania of closures.

It was a mania in the end. It wasn't conscious wisdom or anything like conscientious wisdom. Name me one school board where there was a strong voice saying, "We keep our schools open." Everyone fell into line or colluded with the mania. A mania, by the way, which was completely foreign. It was a mania. But this was a period of mania that was not foreign, it's not foreign to other societies. Ours had a different look, but it was very much a mania. All of them fell into line with that energy.

The school boards are just as guilty of a failure of leadership or duty vis-a-vis the children as are the medical officers of health, for sure. The only reason I would say that the school boards have a conspicuous responsibility is that they know something about the education system. Whereas all of the medical officers of health—I've spoken with many of them, I've lambasted many of them, I spoke with many of them on the phone, I corresponded—were people of average intellect who were completely accidental, who knew nothing about the education systems they were closing. At all. And wanted to know nothing about the consequences because it was complete abstraction.

This was a matter of a button. "We close the schools." Tens of thousands of applause: dah, dah, dah, dah. "And I'm closing my schools here." "And I'm closing my schools in Peel," "And I'm closing my schools in York." Who's next? And I'm just looking at the horror because I'm counting, first of all, the number of third buckets that result from that, the general undereducation, and the ease with which we put kids in a position of conspicuous misery.

**Commissioner Kaikkonen**

Thank you. My second question is about the move by school boards to go to the standardized tests that are post-COVID and use that as their standard for going forward in education. Do you have any thoughts on that?

**Dr. Irvin Studin**

I have no view on the standardized testing. I don't think it will get us anywhere one way or the other. My brief is for high energy.

You imagine that Canada was here before the pandemic across the systems in education, in business, in the social sector, national unity, internationally. And then we collapsed to here, okay? And when we reopened, we stayed here. We're here. We imagine intellectually we're here [highest], but the reality is we're here [lowest]. The only way we can get back up here is energy, energy, energy. That's the gap and you feel it around. People are driving more slowly, thinking more slowly. The news is more sombre. The politicians are less energetic.

And, of course, with the kids: The kids are less sharp. They're more depressed. They're less knowledgeable by far than we were in our generation. By far. I deal with them all the time, some of the bright ones. The only way to get back is not through one standardized test. It's energy, energy, energy. Educate them to the nines, for the next several years.

The only small brief I've added is that we should, where possible, add an additional year of schooling. Because they haven't had enough time to incubate before they go to post-secondary, or the work world, or vocational school. So the Grade 13 would have been an obvious thing—something they did in Jamaica. We could easily do that, but we don't think that way. We just open it up and it's status quo but it's status quo at a low energy. So we're graduating low energy people to a world that requires that much more. The gap is a gap of misery.

[00:40:00]

So energy, energy, energy. That's my only brief.

**Commissioner Kaikkonen**

Have you sent any of this information to or contacted them with your concerns—either the education minister, Lecce, or the school boards independently in this province?

**Dr. Irvin Studin**

Yes.

**Commissioner Kaikkonen**

And have you received a response from anyone?

**Dr. Irvin Studin**

In deeds, no. In deeds, no. In explicit terms, no. But implicitly there's an appreciation. It's just the gap between the appreciation and the action is huge because it's a mammoth task. We would have to go out and find these kids and then we'd have to educate everyone energetically. That's much more difficult than throwing \$200 million—I don't know, \$20 million to \$100 million—and saying, "That's our catch-up budget." It's very modest, I don't remember: a few hundred bucks per family for tutoring. Right? So that is the failure again in adult responsibility.

Let me just also refine a point. In January of 2022, it was one of the darkest professional periods of my life, where I was at a protest against school closures. The schools were closed once again, January 2022. They were closed again and we were at Queen's Park and five people showed up. And I swear at that point the Premier could have said, "Ontario doesn't do education, we're just cancelling that," and no one would have blinked.

**There was no resistance. Because we were in a manic mode. It's a completely foreign intellectual condition, psychological condition. I don't believe that the right to education is enough. We have a duty; there's an adult duty. And why do I say that? I believe in rights first and foremost, but the rights are of the child. The child has a right to education. But if you take it away, is it for the child to litigate his or her rights? Who takes away the right to educate? The adult. Well, what's the role of the adult? The adult has a duty.**

So the duty to educate is first and foremost. It's primary. And it falls on the adults. The right is for the child. Those two things live side by side but the duty is primary because we're adults. We failed our adult duty. So we failed. Very well. The adult responsibility, the adult reaction, a non-pretender reaction, is: "Oh my God, mistake! Let's fix it." And that's the only

way I think we can acceptably move on as a society that's not lying to itself. I'm for that path.

**Commissioner Kaikkonen**

And my final question is about individual assessments for students. When students are declared special needs, they're given an IEP [individual education plan]. And I'm just wondering, going back into the system now, do you see an increasing number of children, students at whatever age group it is, that will be labeled as special needs as a consequence of the two years of education they've lost?

**Dr. Irvin Studin**

I don't have that data.

**Commissioner Kaikkonen**

It's good data to look up.

**Dr. Irvin Studin**

I don't have that data. What I want to say is this: I presume, on the logic that there are all sorts of conditions that would have obtained and occurred over the course of those two or three years of second bucket, third bucket, undereducation, no education. Huge. And I imagine mental health is an important part of the Inquiry. But as I said, with duty being prior to rights: education is prior to mental health.

Do not give a child who has no education or undereducation mental health services or therapy. Give him or her an education. The mental health will come with an education. But a child who has no education is not looking for mental health services. Let us stop fetishizing that. He or she is looking for an education. The mental health part comes with an advanced society's services. We're not here to pooh-pooh our children and say, "Are you feeling okay as you come back to school?" Educate, educate, educate. They're resilient with an education, but they're not resilient without an education. So let's get that logic right as well.

**Commissioner Kaikkonen**

I agree, thank you.

[00:45:00]

**Allan Rouben**

Are there any final thoughts that you want to leave us with?

**Dr. Irvin Studin**

I still love this country. I still love this province. And I'm very grateful for having been raised here. Canada gave me a beautiful childhood. And I really struggled in accepting—starting with my own children, for other children—that we could have devastated beautiful childhoods with such levity. And my last two or three years, with many other colleagues,

have been spent fighting for what I think is the best look of Canada and a proper childhood in Canada. Not wealthy, not poor, just a proper childhood that prepares you.

I want to reinstate that. Canada is a beautiful place in which to be a child, in which to have a childhood, in which to move if you're from out of Canada, to raise children. But that requires work. We cannot tell ourselves stories. So we have a huge burden. But I want to say that if we put that work in—and it is work—we can bring light again to the children of the country. Because right now the picture can be very dark. And it offends me. And that's part of my—I'm not very sentimental but it offended me that we could have brought such darkness to otherwise regular children so quickly. And again, to open up the darkness is work, work, work. Work on the back of honesty. That's it.

**Allan Rouben**

Thank you very much.

[00:47:12]



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## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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Witness 10: Dr. Mark Trozzi

Full Day 3 Timestamp: 07:44:41–08:43:16

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. Our next witness is going to be Dr. Trozzi, who's joining us virtually. And Dr. Trozzi, thank you for joining us.

**Dr. Mark Trozzi**

Thanks for having me.

**Shawn Buckley**

I'd like to start by asking if you could state your full name for the record, spelling your first and last name.

**Dr. Mark Trozzi**

Sure, my full name is Mark Raymond Trozzi, M-A-R-K and T-R-O-Z-Z-I.

**Shawn Buckley**

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

**Dr. Mark Trozzi**

Yes, I do.

**Shawn Buckley**

Now, can you just briefly share for the commissioners your background? So just explain your credentials and who you are.

**Dr. Mark Trozzi**

Yes, certainly. So I'm a Canadian born and I've lived in Ontario my entire life. I graduated from University of Western Ontario Medical School in 1990. I've been practising predominantly emergency medicine since that time. I've also taught at several Ontario universities. I have a special interest in critical resuscitation and I've taught various forms of critical resuscitation and trauma medicine. That was my career up until the era of COVID.

I was, of course, a frontline emergency doctor when COVID was launched. And I continued working in the Emergency Department in multiple—including one which was designated as a specific COVID site. I continued that till the end of 2020. I maintained my oaths and my ethics throughout the entire time. I have never participated in nor promoted the injections and I continue to be very open and honest with my colleagues as well as my patients.

By the end of 2020, it became very obvious that the penetration of our medical system was so profound that I would have to actually do what I did, which is I resigned all my working positions, forfeited my income, sold our family home, and committed myself to what I would describe as continuing to be a real doctor, like I know others have. I have just committed myself to making sure that Canadians had access to the truth and to doing everything I can to help right what is wrong and return basic ethics, human rights, and the rule of law to Canada and other places around the world. That has been failing, in my opinion, since COVID began.

**Shawn Buckley**

Well, thank you. Now, my understanding is that you're here today to help explain to us your thoughts on the mRNA vaccines, that you've spent some time analyzing the Pfizer data and you have some thoughts on that. And I'm wondering if you can share with us your thoughts on the COVID-19— I'll call them "vaccines," but my understanding is you wouldn't necessarily call them that.

**Dr. Mark Trozzi**

No, I wouldn't. If I could share my screen, I've prepared a significant amount of material. And I want to go through it fairly quickly so that I can get everything in. And I'm going to start on some other issues before I lead up to putting the bulk of my time into the discussion of these injections. So if I may share my screen.

**Shawn Buckley**

It should be set up now so that you can share screen. We are seeing your screen now.

**Dr. Mark Trozzi**

Okay, great. So again, thanks for having me. I want to go a little bit into some of the foundational material. Because in my opinion— And I think just for the safety because we know that the truth-tellers are trolled and persecuted in the country, so everything I'm going to say is in my opinion— However, my opinion is very well-founded. I've been studying this for two years. I've become a steering committee of a global organization. I've worked with scientists and doctors from all continents. And I've been the lead now of a health and science committee, the World Council for Health, so I have done my homework.

So first of all, the question of pandemic. Because that's how this all started: we were told there was a pandemic. So what is a pandemic? I think that all of us, in our lay knowledge—

and this is a thing where I think we're all learning to use common sense again—I think we all know that a pandemic is supposed to mean a disease that spreads far and wide and kills a lot of people. Everyone catching a cold does not qualify, for instance, as a pandemic.

Now, we need to look a little bit at the organization, the World Health Organization, which is really the conduit of control that has been used by the perpetrators of the COVID crimes to impose this global agenda throughout the world. Which, no surprise, we see the same agenda in almost every country.

[00:05:00]

Now, back in 2009, the WHO declared a swine flu H1N1 pandemic. One of the results of this was that there were massive pre-orders of new vaccines for swine flu across many countries, with governments accepting liability for the damages of course because there was a pandemic. However, when the pandemic officially ended in August of 2010, it had caused only 18,500 deaths globally. Now, if you look at the definition, this is the definition of “pandemic” and the WHO also recognized the real meaning of words up until 2010.

As you can see, for something to be a pandemic, it requires that it has heavy mortality with orders of magnitude more death than a bad seasonal influenza. A bad seasonal influenza involves about 250,000 deaths. So orders of magnitude—meaning generally orders of 10—would be 2.5 million. However, when they declared the end of that swine flu “pandemic,” there was only 18,500 deaths. So by no means did it qualify as a pandemic. At that time, the Parliamentary Assembly of the Council of Europe launched an investigation into the undue influence of Big Pharma and the WHO for falsifying a pandemic to create a lucrative vaccine market for their partners in Big Pharma.

The WHO's response to this was to change its definition. They did not change my definition. I recommend people don't accept people just changing the definition of words like “pandemic” or “vaccine.” But they changed the definition. They just eliminated the part where it required that it was highly fatal and took many lives. And this basically paved the way for a new lucrative power-grab enterprise like the COVID-19 pandemic. In addition, we saw modelling that millions of people were set to die, and Neil Ferguson was the main author they used for these models. Neil Ferguson was used previously to do a similar sort of thing, which was to create models that weren't true.

One moment, just switching slides.

And then that brings us to the issue of PCR and “cases.” Of course, millions of people were swabbed and told they had COVID, even though they felt fine. Now, I'm going to be very brief on this: the PCR test, or PCR procedure, involves taking a sample which may have—**like many things would, including some scraps off the floor –a bit of genetic material in it. And that genetic material is multiplied in orders of two. So when you run one cycle of a PCR, if you had one fragment, you would end up with two; and if you run a second cycle you would end up with four, and then you would go to eight, and sixteen, and thirty-two, and sixty-four, one-hundred-twenty-eight, et cetera. Anyone who knows what that curve looks like, every time you do another cycle, you double the sample. And so it becomes actually quite ridiculous at some point.**

Now, the PCR was never meant as a test. The inventor of the test himself stood up quite strongly back in 2020 in this regard. But even if it were to be used as an augmenting device for diagnosing or suspecting a particular condition—be that, for instance, a coronavirus infection—25 cycles is about the limit. Countries like Canada were using 40 to 45 cycles.

**And what that means is— For instance, one of the African leaders took one of the swabs and swabbed a papaya, a goat, and a quail, all of which came back as having COVID. So when we were told that there were tons of cases, and when many people were sent home to destroy their businesses, well, Amazon and the like did very well. This was a deception, in my very strong opinion.**

**And that led to the concept of “asymptomatic spreaders.” That people were walking around and, though they felt completely fine, they could actually spread this deadly disease and kill you. And we were all convinced of that. But when you look at death statistics, Canada was like really the rest of the world. If you looked at total death, you saw that in 2020, the same amount of people was dying approximately that had always been dying. There’s no spike there in total deaths. And yet we were told many people were dying of COVID. And I would call that the “death diagnosis deception program.” What that meant was, let’s say someone died of a heart attack or advanced cancer or maybe even crashed a motorcycle in some cases, and their nose was swabbed in the course of events.**

[00:10:00]

And 45 cycles later: oh, my goodness, they had COVID. And there again, you had someone who died with COVID. So it wasn’t that we cured every other disease and that people only died of COVID. What happened was people dying from all sorts of causes were categorized as dying from COVID and that kept the agenda going.

Before we get to the injections, I want to touch on a few more things. The masks simply made no sense. First of all, the virus was much smaller than the pores in the mask and it would be like using chicken wire to catch sand. Secondly, having a moist, essentially cloth matter over your face as a facial barrier for long periods and rebreathing your own air and moisture, rebreathing your own microbes, is clearly something that should be suspected as not being good for us. We know, for instance, Chris Schaefer—one of the really good Canadians who stood up early, a mask expert—did tests. And it was very easy to see that people were ending up with lower oxygen levels and higher carbon dioxide levels, meaning that gas exchange in the body was compromised.

Dental disease was on the rise. In fact, the American Dental Association recognized that and made a statement of that when they first started seeing people again, when people were allowed to go back to them. Of course, this is what all of us in the Emergency Department had: these chronic facial rashes from wearing these facial barriers on a daily basis for long periods. And we must keep in mind the severe disruption of human social interaction, which I would say was an intentional thing because our facial expressions are a big part of how we communicate. For instance, looking at these people is a lot different when you can see their facial expression. And this was especially terrible for children.

**That brings us to what I would more appropriately like to call “antisocial distancing” and “lockdowns.” Lockdowns is not a medical term. Lockdowns is a prison term. Antisocial distancing and lockdowns were very destructive socially. They were destructive economically. And they were terrible immunologically, both for individuals and in terms of herd immunity. This was clearly demonstrated when you look at a study in Wuhan that looked at more than 10 million people three months after they ended their brief lockdown. What they found, essentially, was there was almost zero COVID disease. In the 10 million or so people, there were 300 people that tested as positive for COVID on a nucleic acid screening program and there was zero indication that any of their contacts had contracted the disease from them.**

In particular, children were at zero risk. Now, I'd love to go into this in some detail, but I'll show the heading of an article that's on my site that people can go to. There are many physiologic reasons that children had zero significant risk of serious disease or death. And in reality, they needed to encounter this infection for their own health, for the development of their own immune system—and not only for COVID, but for many things. And this is one of the reasons why we saw last year a 700 per cent increase in RSV [respiratory syncytial virus] hospitalizations of children in the countries that were heavily injected.

So when you look at the dynamics of herd immunity—which is, how it is that a cold goes around and then it's gone away and not everyone caught it?—the key really is you want healthy people to carry on with their lives. That includes children. Of course, they will contract the infection. They may show no symptoms or have a very mild disease. They develop immunity. And when enough of the healthy people are immune, the people who were at risk, whom you did protect—I wouldn't lock them up as we did to our grandparents—but that you do protect, they're then safe.

So really, the way for children to protect granny wasn't to stop hugging her. Their way to protect granny was to go out, play, continue their life, have a healthy immune system, help our society develop herd immunity, and then get on with things like you could see they clearly were able to do in Wuhan three months after the lockdowns had ended. And this is why my good friend Dr. Paul Alexander and myself published this back in 2021, "Why Children Should Be Free and Never COVID-Injected." And I'd recommend people interested in the subject to have a look at that. You can find that on my website, [drtrozzi.org](http://drtrozzi.org).

I want to skip through a few other quick things before we get to the injections themselves.

[00:15:00]

Suppression is, one of the reasons is we were all being herded towards these injections. And if you have a safe and effective treatment for a disease, it's really no longer a great emergency. And one of my friends, someone I had the honour of getting to know, Dr. Zev Zelenko was one of the first people in North America to be treating it. His use of hydroxychloroquine and zinc along with the azithromycin was by no means random. He was a smart man. He did his research. He did his homework. And you can find details on my website of why hydroxychloroquine and zinc work together to suppress the replicase enzyme that a coronavirus relies on in order to infect our cells and make us sick.

Of course, as it would turn out—and we would learn in terms of the antiviral part of treating COVID—ivermectin was even better. It's very safe, it's cheap, and we had pre-existing laboratory evidence of its profound action against many messenger RNA category viruses, which includes coronaviruses. And the studies were very extensive and so many studies have been done since this time. And in addition to that, many clinicians around the world in countries where the government did not impose this violation of patients' rights and doctors' rights to do their job—I've spoken with many of them. And the description of how well ivermectin works early in the treatment of coronavirus and how people can just start feeling better quickly—I've experienced it myself—rather than spiraling downward, until eventually they're admitted to hospital and still denied proper treatment.

There were so many cases around the world. One classic one was in Uttar Pradesh, one of the regions in India. In Uttar Pradesh, when they liberated the use of ivermectin, the hospitals went from full to empty in about two days. As well, this was no secret. And we have many examples of government communications recognizing ivermectin as a great antiviral for coronavirus infections. This one in particular comes from Major Murphy of

**DARPA [Defense Advanced Research Projects Agency]. You can see that he is recognizing how effective, in this case hydroxychloroquine, but it was the same with ivermectin. And people that want to look deep into that can look into the work of, for instance, Project Veritas, James O'Keefe, Dr. David Martin, and others.**

**So ivermectin was really a great drug. It is a great drug. It's very safe, it's very effective. It doesn't have a patent, it's an old drug, and I think that's one of the reasons that it has been suppressed. And that's generally been the case. And we've seen over the last few years the suppression of good science and the promotion of fraudulent science. And particularly, anything that promoted safe, effective, cheap treatment of COVID infection with multi-sequential drug therapies was suppressed.**

Case in point: A large group of us—I was honoured to be one of the co-authors working with Dr. Peter McCullough—published a detailed paper on early treatment of COVID in children. We did this not so much because we thought children needed it, because really, they generally don't, but we were trying to provide a path for parents to know, "Hey, if your kid were to get really sick, we could help, or here's a medical treatment to help." And believe it or not, though Peter McCullough pre-COVID was the most published scientist in the history of his field, that paper was ultimately rejected with no explanation.

And meanwhile, we had such ridiculous papers as— One paper published in a major journal said that the cause of heart attacks in the people who had been injected with the so-called vaccines was because people that were against the vaccines may have been afraid, and that made their arteries spasm. So we've just seen a plethora of garbage science in what used to be considered legitimate scientific foundations.

So in the context of all this, people were deceived and coerced or in my opinion, forced— whether to keep their homes or thinking that they were doing the right thing—into these injections which were misrepresented as safe, effective vaccines. And as I will show you, all three of those words are a lie: They are not safe. They are not effective. And they are not vaccines, in my well-founded opinion.

Regarding coronavirus infections, here's some important pre-knowledge that we had. There's a phenomenon called "antibody-dependent enhancement." And when you look at prior study in attempts to make even actual coronavirus vaccines (not genetic injections being misrepresented but even efforts to make vaccines against coronaviruses): because of the coronavirus' ability to modify its spike protein and evolve at a fairly rapid pace, you end up with a situation where you look at many different animals were studied.

[00:20:00]

**And you could get to the point, phase 3, where you could test the animals' blood and say, "Oh excellent, they have produced antibodies to the virus." But when you went to phase 4 and you actually exposed them to the infection, what you found was a dramatically increased rate of death. In other words, the antibodies produced in response to vaccines against coronaviruses do not protect the person; they enhance the disease.**

**And another very important thing that we knew is a basic Golden Rule. This is a picture of Geert Vanden Bossche, PhD. And as he pointed out at the beginning, "What on earth are you doing? You never vaccinate your way out of a pandemic." And the reason this Golden Rule of vaccinology exists—even in the case where we didn't, in my opinion, have a true pandemic but even just an active infection—when you vaccinate into an active circulating**

infection, what you do is drive the evolution of the virus. So you create many variants. And that is exactly what we have seen.

So what is a real vaccine? Let's talk about that. A vaccine involves taking the virus or pathogen that you're trying to vaccinate against. You generally weaken or fragment it and you inject a small amount, somewhere in the order of a hundred or a few hundred particles of that, into a person's muscle. And then that is carried to the local lymph nodes, where B-cells of the immune system produce antibodies and prepare the body. So in the future, were that to present again, they can produce the antibodies in a rapid fashion. Now, that's the science of it. How well it works is a bigger question. I think there's actually a lot of debate about pre-existing actual vaccines.

But what are these injections? And as I said, these are not vaccines. Now, again, just like the WHO changed their definition of "pandemic," the perpetrators of the COVID crimes against humanity think they have the authority to change the definitions of things. I think that's very dishonest, especially when you're in the middle of something.

So these injections—you could look at them—arise with genetic experiments. If you studied them enough and looked at the background enough, I think you would call them bioweapons. We know some of the ingredients because we could read the ingredients, for instance, on the authorization applications to the FDA, et cetera. But we've also come to learn that some of the ingredients they didn't just tell us because they say it's a trade secret. And they have a right to inject us with something that we don't even know all of what's in it. I personally think that is criminal.

What these injections are, are essentially two different main forms of Trojan horses. And by saying "Trojan horse," I mean something that can get into human cells but deliver a payload. In this case, the payload is artificial coronavirus genetic material. So when you look at the two different forms—of course Pfizer and Moderna, which most people have been injected with—what you see is something like this: these are tiny little pegylated nanoparticles. So "peg" means polyethylene glycol, that's those little curly tails you see all around it. And then you see that outer kind of orange membrane with its inward tail, those are lipid particles. And then within it is a payload of a patented messenger RNA, which has been modified in a variety of ways that make it hyper persistent and hyper toxic, creating a hypertoxic version of the SARS-CoV-2 spike protein as it was in the original man-made virus that we know as SARS-CoV-2.

Now, AstraZeneca and Johnson & Johnson, these guys took a slightly different approach. They also delivered genetic payload into human cells, but they used a virus to deliver it. They used a modified monkey adenovirus. And in it they put a payload of DNA, which is very unusual. Because what happens in this case is the DNA hijacks the cellular machinery, **which our cells use to make our messenger RNA, and makes messenger RNA, which then uses our cellular mechanisms to produce—instead of the parts of our cell that they should produce—this hypertoxic version of the SARS-CoV-2 spike protein. And that's that thing you see in all the pictures of the SARS virus with the spikes sticking out. And that's a toxin, and it's also how the virus adheres to human cells to gain entry and begin an infective process.**

So when you look at this, you can understand why I laid down my income, my home, and I refused to take a role in the COVID crimes against humanity. And I chose, as have many others, rather to fight against it. And you can see why this was the first thing I published in January 2021: "This is Not a Vaccine."

[00:25:00]

**Shawn Buckley**

Dr. Trozzi, can I just interject for a second? You were also going to later on speak about what you called basically a cover-up in Canada. We've got a limited amount of time today, so I'm just alerting you to focus.

**Dr. Mark Trozzi**

Okay, sure. I prepared for 40 minutes and we're getting through pretty quick. That's why I'm speeding through. How much time do I have left?

**Shawn Buckley**

Well, we're a little flexible, but we're showing about 15 minutes and 11 seconds.

**Dr. Mark Trozzi**

So far, or left?

**Shawn Buckley**

But we can go beyond that.

**Dr. Mark Trozzi**

I'm pretty quick. Thanks for making me aware.

Okay. So why did we know this wouldn't work? As I said, antibody-dependent enhancement: attempts to vaccinate against coronaviruses results in antibodies that help the virus, not the person. And as I mentioned earlier, antibody-mediated selection. That's the process where doing something stupid like this results in the injection victims being a place where coronavirus variants evolve. And that's what we've seen. And those variants are particularly dangerous to the injection victims.

There's more reasons we knew this would be harmful. The first is that the spike protein is a poison. That's not a secret. That was well-known, there's studies that go back. Just exposing a hamster to a little inhaled bit of spike protein will give them lung disease. And I mentioned ACE2 receptors: that's where the virus adheres. And when the spike protein is produced through cells throughout the body—and by the way, when I say throughout the body, I mean very much throughout the body—we were deceived and told they thought it **would just stay in the arm and the local lymph nodes. That's a complete lie. And the reason that is my opinion is that pegylated nanoparticles, by design, are meant to penetrate all tissue. They've been used experimentally in the past for treatments for brain cancer and things like that, to deliver chemotherapeutic drugs.**

**So they used the delivery system that penetrates everything. By everything, I mean the blood-brain barrier, I mean the placental barrier, I mean the ovarian and testicular barrier, I mean into the unborn child, and even into the unborn child's brain. And after the spike protein has poisoned the tissue—whether by being produced there or travelling there in the blood stream and adhering to many tissues that have a lot of ACE2 receptors, like the hearts of young people, et cetera—then the immune system attacks it.**

**So now a person's immune system spends a lot of its energy attacking their own tissue. And that's what we see when we look at autopsies from around the world, where they're done. And by the way, in Canada, no one is doing proper autopsies, which involve immune-fluorescence-staining for spike protein, which reveals the harm.**

**Now, there's so much we could go into. I've made long documentaries on this but just quickly, there are other pathophysiologic pathways. Here's a few of them. Prion diseases: That's how these spike proteins can result in misfolding of proteins and lead to degenerative diseases similar to mad cow disease or Jakob-Creutzfeldt, so a long, slow neurologic deterioration.**

**We also knew there were specific reproductive proteins that resembled the spike so that the antibody that was generated against the spike could be generated against reproductive tissue. And this is probably one of the reasons we see such dramatic fall in fertility nine months after the injections rolled out and so many abortions, although there are other reasons.**

Reverse transcriptase is a very serious concern. The body has a capacity—and we now know from studies on human cells that this happens—that some of this messenger RNA can actually be transcribed backwards into DNA and incorporated in the human genome, which makes us concerned about how hard it's going to be to get this out of some people, particularly for whom this is a predominant factor.

And then we have vaccine-induced AIDS: vaccine-induced acquired immunodeficiency syndrome. This is not HIV AIDS—that's caused by the HIV virus. This is caused by these injections. So very quickly, I want to explain this. In response to the massive production of spike protein by the cells of the victim throughout their entire body, the immune system produces massive quantities of adaptive antibodies against it as it existed in the original virus. These antibodies fail to prevent COVID and rather enhance infection. They place evolutionary stress on the virus, so that the variants evolve that are literally dangerous for the people, and they cause this quasi-autoimmune attack that I described. This mass production of bad antibodies and the quasi-autoimmune disease diverts so much energy of the immune system from being available to do other things that it's supposed to do. And that weakens the immune system for fighting all kinds of infections and cancer.

[00:30:00]

In particular, certain T-cells called CD4 cells, their levels plummet post-injection. And these are essential to preventing and fighting cancer. And that's why we see the massive rise in cancer. That's why we see people who may have been 10 years in remission suddenly come back with cancer. And it's severe and very hard to fight and people are often dead quite quickly. **We've got a new term in this area called "turbo cancers," and I've spoke with surgeons from around the world who've described some very bizarre tumors that they've never seen before, including breast tumors in young women and all sorts of things.**

**So These misrepresented injections increase the risk of COVID disease. They enhance COVID infection. They drive the evolution of endless variants. They disrupt immune function leading to cancers and all sorts of other infections. They poison tissues with spike protein. And they trigger a quasi-autoimmune disease process which causes a plethora of different death and disease presentations, from heart attacks to blood clots, myocarditis in young people, abortions, infertility, organ failures, and much more. And unfortunately, even for an emergency doctor looking at the science back in 2020, this was really predictable.**

**And that is why, in June 2021, I published this detailed analysis of the dangers we're facing. At that point the injections in the U.S. data had already been associated with more death than the previous 13 years of all vaccines for all diseases, all combined, and all years combined.**

**Shawn Buckley**

**Dr. Trozzi, if I can get you to move on to the cover-up issue. Because we're particularly interested in that.**

**Dr. Mark Trozzi**

Sure. Okay. And we're really at that point. Pfizer's three-month clinical trial results were available at the end of February 2021. And they showed a high death rate. They showed massive abortions in pregnant women. Canadian COVID Care Alliance did a great job analyzing this. So all officials in this country—especially people running medical regulators, health boards—had a responsibility to know that. And you would think, like 1976, that they would have. When 12 people died of heart attacks in the U.S., that '76 swine flu vaccine was immediately halted.

The U.S. data shows 45,000 deaths so far, and we know it's much higher than that. And yet we're still being told, "safe and effective vaccines." And there's that VAERS data showing just a massive spike: like, more death from these vaccines, multiples more deaths than with all vaccines for all diseases for 30 years. And you see the same in other countries, Canada is no exception. Here's Germany. As soon as they roll out the injections, deaths double two to three times and remain like that.

So what about Canada and its organized cover-up? There's elements to this organized cover-up. One of them is defining people as quote "unvaccinated" until two weeks after their second shot. So think about that. We know that COVID infection spikes in the first week after injection. We know that one of the high times for bad vaccine adverse events is very shortly following the injections, although people continue to get sick and die well past the year, based on German autopsies. So when someone goes into hospital in Canada and they said, "Oh, what's your vaccine status"? If they said, "Yeah, I had my second shot 10 days ago," they were marked off as unvaccinated. And that skewed the statistics.

Also what was shocking was, yes, in Canada, in theory, we have an adverse event reporting system for vaccines. But it's been completely suppressed. And on that note, I'm bringing it to the example of really one of the finest physicians in our country, Dr. Patrick Phillips, who just stayed on the job and did everything right—everything right. Including, when people came in a few days after one of these injections, he attempted to file an adverse event report. **What happened? His reports were rejected, universally. Patients were sometimes called by the public health officer and told, "No, you didn't have an adverse event. That doctor was wrong." And the College of Physicians and Surgeons [of Ontario], who are deeply embedded in this crime: they launched an investigation for every single time that Dr. Phillips reported an adverse event.**

**So you can imagine: the result of that and other things is that ethical doctors have been excluded from health care in Canada, and the doctors are—**

**Shawn Buckley**

Dr. Trozzi, can I just slow you down, because you're really hitting some important things. I just want to make sure that everyone understands. Your first point is: somebody could get their first shot. And how much time, typically, between the first and second shot?

**Dr. Mark Trozzi**

Several months.

**Shawn Buckley**

Okay, so somebody could get their first shot. And you're telling us that that there's a window after a shot where they could get COVID but that's going to be counted as unvaccinated until a full 14 days after their second shot.

**Dr. Mark Trozzi**

Yes, that's my understanding.

[00:35:00]

**Shawn Buckley**

Okay. And we actually had Dr. Phillips attend at the Truro hearings and share with what he's seen. It's just interesting that he's a Maritime doctor and you are familiar with him as an Ontario doctor. Did that story kind of resonate widely among medical circles?

**Dr. Mark Trozzi**

Yes. And one of the things that people need to understand about Dr. Phillips is Dr. Phillips is very scientifically astute as well as ethically astute. And so doctors around the country who were on the ball were following his work and were learning from him. So you know, him being the main sort of whipping boy for the College of Physician and Surgeons in Ontario is a very perverse thing. He's actually an excellent doctor. And a lot of us admire him and he's admired around the world too.

**Shawn Buckley**

But it served as an example to other doctors that they would be punished if they submitted adverse reaction reports.

**Dr. Mark Trozzi**

Yes. And so no one reports it who's still in the system. Anyone who has too much ethical backbone to go along with that is no longer in the system. They've been suspended, licensed revoked, investigated. There's lots of us like this. It's got to be a thousand-plus across the country. It's not a normal situation.

**Shawn Buckley**

But isn't it the law that doctors are supposed to submit adverse reaction reports concerning vaccines?

**Dr. Mark Trozzi**

Yes. The crimes involved in what's going on are extensive. And the College of Physicians and Surgeons in Ontario and other places are guilty of multiple crimes, and not the least is of violating even their own rules.

**Shawn Buckley**

Okay. And I'm sorry for interrupting. I'll let you continue. It was just that those were such valuable points you were making, I just wanted to emphasize them.

**Dr. Mark Trozzi**

Oh, I appreciate it. Thanks so much.

So there you have a little bit about why nobody reports adverse events. And Canada can generate some statistics that there haven't been much deaths associated with these injections.

Now, Alberta really became famous for this one. This province, of course, keeps statistics of death. People die, that's part of life. And in 2021, the number one cause of death in Alberta, according to the Ministry—which I can't blame on anyone, particularly in the current administration of the government—was "ill-defined and unknown cause." Now, if you look in the books of Alberta, that popped up as a new, strange, minor cause of death in, I believe, 2019.

So suddenly, the number one cause of death in Alberta is, "uh, we don't know." And that's when the injections are rolled out? And this got attention of comedians around the world as well. I came to realize that we were living in the age of the Sudden-Invented-Syndrome syndrome, where anything but the shots is the cause of death.

**Shawn Buckley**

And can I just ask: Did you say that what became the leading cause of death in Alberta didn't even have that classification until 2019?

**Dr. Mark Trozzi**

Yes. In 2019 it showed up as the cause of death of a few hundred. And then, by 2021, the new leading cause of death is mystery disease.

**Shawn Buckley**

So the leading cause of death in 2021, it was a new category basically invented in 2019?

**Dr. Mark Trozzi**

Yeah.

**Shawn Buckley**

Okay. Thank you.

**Dr. Mark Trozzi**  
"Ill-defined and unknown."

**Shawn Buckley**  
That's quite interesting.

**Dr. Mark Trozzi**  
Yeah. So I'm getting really near the end of everything. But in addition to covering up the death and harms from the COVID injections—which at this point, I mean, it's very hard for us to calculate how many exactly, but definitely I think we're into millions of dead around the world. Twenty million is a pretty reasonable estimate, I don't have time to go into how that calculation and estimate was made. And more than 2 billion adverse events on the planet so far. Those are good guesses, calculations.

But what else is interesting is covering up the fact that, as I said, you're more likely to get sick with COVID if you've had these injections. And this is data from February to May of 2022. And if you look on the left, there is your case rate for people who've had none of the injections: two and a half times higher case rate for people who've had two injections and more than three times the case rate for people who've been boosted as well.

Now, again, what should the natural response to that have been? An emergency call for the halt of these injections. Instead, Canada stopped reporting vaccination status along with the statistics. So when they saw this going on they said, "No, no. No more reporting for vaccination status. We'll just report the cases." Now that is extremely perverse, because what that could mean is that these cases could be used to deceive more people into going and getting the injections.

[00:40:00]

And not realizing that you're way more likely to get sick with COVID if you've had the injections.

So if I could take another minute and a half, I'd just like to make a few somewhat closing statements.

**Shawn Buckley**  
Yeah, please go ahead.

**Dr. Mark Trozzi**  
So mistakes were not made. This was all by design. Question that, as you should. I refer you to a few things.

First of all, revelations that come from thousands of pages of Pfizer's submission to the FDA [Food and Drug Administration] for Emergency Use Authorization. Though they were approved in 108 days, Pfizer stood against a FOIA request and did not want to release those in total for 75 years. Now luckily that didn't happen. And there's an excellent organization called Daily Clout, spelt "daily" and then C-L-O-U-T, dot I-O. There's thousands of volunteers analyzing this mountain of documents, which are very deceptive, but do reveal a lot of what I'm saying.

Also, people should look at the work of the global intellectual property expert and researcher, Dr. David Martin. And he's exposed nearly, for instance, 100 patents on SARS-CoV-2 products that were produced over more than a decade prior to the launch of the COVID agenda; as well as revelations by James O'Keefe, Project Veritas, Karen Kingston, and others regarding communication and contracts within the DOD [United States Department of Defense], the NIH [National Institutes of Health], Anthony Fauci, Bill Gates, Eco Health, World Economic Forum, the notorious WHO director Tedros. And interestingly, you'll find that two Canadian names that come up an awful lot are Justin Trudeau and Chrystia Freeland. For that again, I refer you to those other sources.

Last thing I want to mention is the imminent crisis we face right now. The World Health Organization functions as a conduit for WEF, Bill Gates, Pharma. And the details of how that works: People are welcome to come to my site and spend some time on it but the WHO functions to manipulate and harm us on their behalf. And I cannot emphasize enough the need to defund, exit, investigate, and prosecute the WHO.

They currently have two fast-developing programs which will super-enhance their economic and political power. These are the International Health Regulations Amendment and the Pandemic Preparedness Treaty. So if anyone thinks the last three years have been awful— That's what they did with the preparation I showed, like redefining "pandemic." If they pass these amendments then they put themselves in a position to do far worse to us.

So that's everything I have to present today. I'm grateful for the opportunity and I'm completely open to questions.

#### **Shawn Buckley**

Great. I'll ask the commissioners if they have any questions. And they do have questions.

#### **Commissioner Massie**

Thank you very much, Dr. Trozzi, for your excellent presentation. There's a lot of information there. But I would like to ask you: in your best estimate—you've done a lot of research—how many doctors and scientists in Canada would be in agreement with what you're proposing, to ban these vaccines moving forward?

#### **Dr. Mark Trozzi**

Well, when I think of my colleagues in medicine in Canada, I can divide them into a few groups. I think a lot of doctors were brainwashed. And people have to remember: even smart sheep are sheep. There are quite a few of us who did our own study—you probably are familiar and have probably heard from quite a few of them—and who made it an active role to stand against this and to make the sacrifices against them. You have doctors that quietly tried to work under the radar and eventually left their work. You have thousands who left their hospitals when they were eventually mandated to take the injections. So I am certain that there are thousands of doctors that would agree with me.

Unfortunately, a lot of doctors in our country need to realize what's at stake. And they need to realize that protecting your career— I valued my career too. I valued my income, I valued my home, I had a good life. But when you look at where this goes, when you look at the agenda and recognize what it's part of—Agenda 2030, et cetera—everyone will lose everything in terms of freedom, human rights, and property.

I think a lot of doctors who— I've heard this story so often: people go to the doctor and say, "Hey, what do you think about the injections?" And the kind of honest ones say, "Ah, I can't talk about it. I can't tell you." Which is, of course, a violation of Hippocratic Oath, which is to use your own judgment.

[00:45:00]

So the violations of Hippocratic Oath have been massive.

Knowing what doctors really think is a little bit tricky because doctors have been given the carrot and the stick. If you went along with this, you made a lot of money. There were great billing codes, these injections paid phenomenally. And if you stood against it, you basically kissed your income and your old-style career goodbye. So that's the best I can give you to share insights in that. But I mean, for instance, the Canada COVID Care Alliance has over 600 doctor members. So there's thousands of us for sure.

**Commissioner Massie**

And worldwide, would you say that the number of doctors and scientists that would support a ban for the vaccine is much larger proportionally than what we find in Canada? In other words, do we have movement outside Canada that seems to be more active in that space?

**Dr. Mark Trozzi**

Oh, yes. For instance, there's petitions. One I'm involved in, 17,000 PhDs and MDs signed that. A group of us are being invited to speak to the European Parliament. This wave is cresting big time.

But unfortunately, the perpetrators are very well-embedded in government. Governments, for me, have pretty much lost their legitimacy for continuing with this because the science is very clear. You know, there's a reason Paul Alexander and others including myself have invited—on multiple occasions—these ministers of health to sit down and have a public debate with us. They will not show up. There is no debate. There's just an agenda that they're pushing. And I really think there needs to be arrests made on this.

**Commissioner Massie**

Thank you.

**Shawn Buckley**

There are some more questions, Dr. Trozzi. And then when the commissioners are done, I've got a question for you too.

**Dr. Mark Trozzi**

Thank you.

**Commissioner DiGregorio**

Thank you, Dr. Trozzi, for giving us your testimony today. I just have a few clarification questions on some of the information you presented. I believe just one of the last few slides

you showed us was data from the Canada Health website in February of 2022. Showing, I think, a number of cases broken out by vax status with three classifications—one being unvaccinated, the second one being two shots, and the third one being three shots.

**Dr. Mark Trozzi**

Yes.

**Commissioner DiGregorio**

And I'm just wondering whether those numbers—were those absolute numbers of cases by vax status or were those by thousand people?

**Dr. Mark Trozzi**

Those were case rates. It was the rate of infection per number in the group. So it really did reflect the relationship between your risk and the injections.

**Commissioner DiGregorio**

So it's not just the case that the lower number for unvaccinated is because there are a lower number of unvaccinated people, it's averaged out by thousand.

**Dr. Mark Trozzi**

Yeah, it was per thousand. It was a rate.

**Commissioner DiGregorio**

Thank you.

And then the other question I had had to do with— I've heard this before from others and yourself, about this definition of unvaccinated people as being people who are two weeks post their second injection. And I'm just wondering where that came from?

**Dr. Mark Trozzi**

For me, the source was checking with multiple nurses involved in triaging patients. So that became standard triaging procedure as I understand it, when people came into hospital. So people go into hospital, they see a triage nurse, she takes some notes and fills some things. One of the things she fills out is vaccinated versus unvaccinated. And people who were less than two weeks from their second injection were quote "unvaccinated." And so at least in some of the databases, counted as such.

**Commissioner DiGregorio**

Sorry, maybe I wasn't clear enough in the way I asked the question. And I'm sure that's entirely on me. Where would this definition have come from? Like, who has come up with this notion that that is what is "unvaccinated," that it's two weeks past the second shot?

**Dr. Mark Trozzi**

Well, that program was carried out in most Western injected nations. So I don't have the exact answer. I think that ultimately you would find that probably came from the WHO, but I can't confirm that at this point. But that practice has been reported in many countries from other scientists and doctors I've been working with.

**Commissioner DiGregorio**

Okay, thank you.

**Dr. Mark Trozzi**

Pleasure.

**Shawn Buckley**

There's further questions.

**Commissioner Kaikkonen**

I have a question. I'm just wondering, for the parents who are outside watching this or online, just wondering if you have any suggestions or counter-recommendations that you could give to them.

[00:50:00]

For preventing or countering the potential respiratory repercussions from masking? Maybe that didn't make sense, my brain's not working yet. But anyway, just: Do you have any recommendations that would possibly help parents?

**Dr. Mark Trozzi**

Yes. I'm not sure if you're asking specifically with regard to the masks. As you can see, my thoughts are that there's no significant advantage to having a piece of cloth burying your face all the time. It makes no sense. So a) I wouldn't mask my children, I consider it child abuse. In terms of keeping kids healthy? Well first of all I would avoid letting them be injected with any of this stuff whatsoever. It should be pulled from the market.

And then in general, keeping a healthy immune system. A healthy immune system is built. And it's funny, you know? If we had a legitimate health care institution at the beginning of this, this is the sort of advice we would have got, which is to stay physically active; to get lots of fresh air; to get exposure to sunshine or take vitamin D; to eat a healthy diet which involves lots of produce, organic produce, fruits, vegetables.

And then in the case of children—and I'd really love people to look at that—I presented, "Why Children Should Be Free and Never COVID Injected." And also, I've written articles and videos on the immune system and talked about what's called "original antigenic sin." So children need to be exposed to microbes. But microbes are evolving and humans are evolving, and we evolve together. When a child interacts with their environment—sticking dirt in their mouth and kissing the other kids and all the stuff they do—that actually allows their immune system to initialize itself at the point in history where it exists and to become compatible with the existing microbes. And then following that, the immune system, as we grow, can do a pretty good job of keeping up. As the microbes evolve, we evolve.

So removing kids from the environment, removing kids from each other, doing this sort of state-mandated, germophobic behavior is very dangerous. I think most of us are aware of the old stories where the kid whose mom bleached all the counters and wouldn't let him touch anything and washed his hands four hundred times a day, that was the kid with all kinds of allergies and all kinds of sicknesses, whereas the kids that rolled around the dirt were healthy. And that's just the way the immune system works. I mean, we live in a world swarming with microbes. And we're meant to and we need to do that in a natural way.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

Dr. Trozzi, I had one final question for you. My understanding is that the vaccination uptake now in Canada has dropped significantly. And so we wouldn't anticipate seeing adverse reactions that follow quickly from vaccination.

Going forward, what do you think the prognosis is for Canada and Canadians that have been vaccinated? Would you anticipate that they would be getting better or worse? Or is it just unknown at this time because of the nature of the vaccines?

**Dr. Mark Trozzi**

Well, that's a good question. So there's a few caveats to that.

We've looked at variations in adverse event rates with different lots and different injections. And you know, this is a clinical trial: we're excluded from a lot of the knowledge. So some people, we believe, got a shot of saline; some people didn't get injected with the stuff. We've also learned that one of the things that causes certain lots to have much higher adverse events and death is the quality of manufacturing. If those little pegylated—those little polyethylene glycol chains around the sphere—if they're very equal in size, that stabilizes the nanoparticle. It makes the nanoparticle more effective at delivering its payload. And therefore, the higher quality injection you get, the worse off you are.

As well, these injections were delicate and had to be handled properly: I mean, stirring, temperature, all these things. And if you got lucky yours wasn't handled well. And instead of getting a full-functioning—as I would I think appropriately called bioweapon—injection, you might have got just some sludge that had fallen apart. So those are some of the perks that can happen.

**When you get beyond that, when you look at, for instance Dr. Arne Burkhardt, Dr. Ryan Cole and others, the few pathologists in the world doing the right thing. Unfortunately, for instance in Dr. Burkhardt's case, more than a year ago he had 15 families come to him and say, "Listen, we have had a family member die. They were healthy before. We think the injection killed them, but we had an autopsy done by the government, the public health autopsy, and it said there was no relationship."**

[00:55:00]

Now, those autopsies did not include immunofluorescence staining for spike protein. So you know, if you don't look for something, you won't see it. Dr. Burkhardt took those 15 cases as an initial case. His team analyzed their tissue and what they found was that there

was clear evidence that cause of death, in 14 out of the 15, was the injections. And that included people that died as much as a year after the injections. So for instance, when you look at the prion disease, that's a very slow-developing thing.

Now, the other thing though on people's side is: the scientists and doctors who stood against this, while we may not have the resources that we had before—we're no longer running the university labs; we're no longer running the hospitals for the time being—but we're working very hard on developing solutions. So for instance if one goes to the FLCCC, you can look at their protocols and advice for detoxifying from the spike protein and the injections. At the World Council for Health, we've also generated a spike protein detox guide.

Those guides are working very well. Interestingly, two of the most important things you can do: one is intermittent fasting. That increases the rate of what's called autophagy, or getting rid of bad old cell debris. The sooner we can get these poison cells out of the body, the better off we are. Ivermectin, the same drug that works for treating COVID infections, also has sequestered this poisonous spike protein, which makes it less likely to interact with our tissue. Ivermectin also stands quite high on the list. But there's a lot of things that could be done. There's more that is being looked into. I've been talking with an excellent Dr. Goodnow using a nutrient called plasmalogens and I know others are working on this.

So I would recommend to people, if you've had the injection, think about getting one of those protocols rather than waiting until you have a problem. The other thing that we're working on—we have it now available in a couple of countries in Europe but we will try to get it available elsewhere—is a simple test. For instance, a urine test where you can test your urine and see if you're producing spike protein and see how much of that spike protein you're producing.

The doctors who stood against this: we're still in the game. How bad it's going to be is partly going to depend on how successful we are and how much people take advantage of that. And as well, the sooner that we see the system turned into something legitimate again and we see— Rather than agenda-promoters running the College of Physicians and Surgeons, in my opinion, in a very criminal fashion, I'd like to see someone like Patrick Phillips or Dr. Kilian or Dr. Luchkiw, or any of the doctors who sit up and do the right thing. These are the ones who should be running our healthcare. And then we'll do a very good job of treating the injuries from these injections.

**Shawn Buckley**

Thank you. I think those are all the questions we have for you, Dr. Trozzi. On behalf of the National Citizens Inquiry, we thank you. We're very grateful for you taking the time and **sharing your insights with us.**

**Dr. Mark Trozzi**

**Well, thank you very much for doing this. I feel that this is the first sign of legitimate government in a long time in Canada, is the people coming together for the people. So I'm really grateful that you're doing this, to all of you. And I hope it continues to go well. We'll continue to support it.**

**Shawn Buckley**

Thank you.

[00:58:35]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 3**

**April 1, 2023**

### EVIDENCE

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**Witness 11: Vincent Gircys**

**Full Day 3 Timestamp: 08:43:16–09:32:40**

**Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>**

[00:00:00]

**Shawn Buckley**

Our next witness today is Vincent Gircys. And Vincent, I'd like to start by having you state your full name for the record, spelling your first and last name.

**Vincent Gircys**

Vincent Gircys, G-I-R-C-Y-S.

**Shawn Buckley**

And Mr. Gircys, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Vincent Gircys**

I do.

**Shawn Buckley**

Thank you. Now could you explain for the commissioners basically the experience you have as a police officer.

**Vincent Gircys**

Certainly. I am a retired member—a former member—of the Ontario Provincial Police [OPP]. I started my career with that organization in 1982 and I served this province in policing for a total of 32 years. I have 32 years of experience in policing—and that's different than some people, who have one year of experience repeated 32 times.

I have submitted my curriculum vitae here [Exhibit TO-26]. I believe it's with the group, and it's five pages long of courses that I've taken over the entirety of my career. I started my career in Toronto. Eventually, I became a member of the emergency response team for

the OPP, one of many. And at some point, I became involved in forensic investigations and forensic reconstruction. I did that for a number of years. And throughout the course of my career, there were a number of things that I had taken on. I never turned down any opportunities for training and I received a number of commendations throughout the course of my 32-year career and retired with the Police Exemplary Service Medal for my conduct.

I just want to say that there are many men and women in law enforcement. And the men and women of law enforcement are ordinary men and ordinary women just doing extraordinary things. And I'm extremely proud and happy to know that the men and women that I worked with within the service were what I believe to be the best of the best within policing services. And I've met many, many wonderful police officers over the course of my career that put themselves in harm's way and behaved very courageously.

So I'm very proud of the profession. But I see that a number of mistakes have been made over the last three years. Tremendous mistakes have been made. So I'm going to start off with a little bit more of an introduction into my background and then I'm going to tell my story. And then I'm going to get into the mistakes that were made.

**Shawn Buckley**

Thank you. Please proceed.

**Vincent Gircys**

"Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law." This is the first sentence in the Canadian Charter of Rights that was written and established in 1982, the same year that I started my career in policing. I was very familiar with the Canadian Charter of Rights. And I was issued, upon my probationary period when I first started with the organization, a Bible. I was issued a King James Bible. And the question needs to be asked: Why? Why was I issued a Bible? And that is something that I carried with me during my service and every time I testified.

And I have testified hundreds of times, actually thousands of times, in various courts. I became an expert witness in forensic reconstruction. And every time I testified, I did it by placing my hand on the Bible to swear an oath. I'm very familiar with the police oath that I've taken. And it is the same oath that all police officers in the province of Ontario take. The oath varies from province to province depending on the police services involved but, in Ontario it's the same oath. And my oath is to the Constitution in Ontario. I'm very familiar with it and I would hope that other police officers would be familiar with the oaths that they had taken.

**It's very important, the first opening sentence of the Canadian Charter of Rights.**

**Shawn Buckley**

**And I know that you mean section 1. Or the part you just read, which is often omitted?**

[00:05:00]

**Vincent Gircys**

The part that I just read because it is the foundational component. And that foundational component— People need to understand that our Constitution and our Charter is not a federal law; it is not a provincial law; it is national. It is agreed upon by the entire nation of this country. And it is our primary law. It is the most important law of the land.

My story started at the beginning of the pandemic, when I was present. A restaurant in Toronto serving brisket barbecue, known as Adamson's Barbecue, had been shuttered and shut down by 200 police officers and a team of horses that had come in to push back people and prevented that restaurant from staying open. I had already been following the science. I am very familiar and done my research regarding mask issues, regarding transmissibility and other issues, and I just could not comprehend what I was seeing with the amount of police deployment at that location. I've since become very active in speaking out against these types of measures that were taken against Canadians. Things continued to ramp up and get worse very, very quickly, as you well know. So I won't bother to get into those details.

I will say that over the last three years, I had two arrest warrants issued for me because I was in a park, outdoors, speaking to a group of people on two different occasions about the importance of our Constitution and the Canadian Charter of Rights and how they were being abused. These arrest warrants came just prior to, and just after, my attendance in Ottawa during the trucker Freedom Convoy that had arrived in Ottawa.

I attended there just to see what was going on. There seemed to be quite a bit of discussion about trucks arriving in Ottawa and it sounded exciting, so I attended. When I got there, I could see the level of deployment there that was taking place and I wanted to reach out and help in any way I could. So I took on various roles, one of them being a police liaison. I had received through the Ontario Provincial Police the Police Liaison Officer of the Year Award. I guess I did a pretty good job at it. And so I was also liaising with police services in Ottawa during the Trucker Convoy.

I did not go there by truck. I don't own a truck. I don't know how to drive a truck. But I was there strictly helping, acting in any helpful capacity that I could. The temperatures were very cold. Things were very disorganized, so I tried to offer some form of organization there. As a result, my bank accounts were frozen. And I eventually left at the end when things were dismantled. I was issued a fine for attending a church service and received a \$10,000 fine for doing so.

**Shawn Buckley**

Ten thousand dollars?

**Vincent Gircys**

Yes, the prosecutor was asking for a ten thousand dollar fine for my involvement in attending a church service in Aylmer, Ontario. And that was issued by the Aylmer Police Service. That matter has since been resolved but that was the fine that the prosecutor was requesting.

I must say, I'm very proud of a number of members of the Aylmer Police Service—at least six of them. I'm very proud that they have made the decision to quit within a one-year period. That is approximately 50 per cent of the number of officers that are employed by that police service. The amount of tyranny I saw come out of that police service towards the

**Church of God in that town was deplorable and in complete violation of our Constitution and the Charter. Many criminal offenses have taken place by the police against the church, because it is a criminal offense to interfere with church service. That essentially is my story and I'm going to now get into the other aspects.**

**I had been asked in April of 2021 by an international organization known as Police for Freedom if I would join that organization. And I did so under the condition that I would not be silenced. I had belonged to another organization of police officers in this province and I felt that I wasn't able to speak freely, so I've since moved on. And I wasn't about to be silenced in discussing what I felt was very important to discuss.**

**So I am now the Canadian representative of Police for Freedom International.**

[00:10:00]

And there are quite a few police officers that I am in contact with. I would say over the course of the last three years, I've been in contact with hundreds, if not a thousand or more police officers across this province and internationally that think in the same purview that I do. We share the same conclusions. And I'm going to go through those.

Now, when I would conduct a forensic investigation—and it doesn't matter if it's forensic investigation or just an everyday investigation within policing services—there is protocol that we follow. There's procedure that we follow and it's very, very simple. It's not rocket science. In conducting investigations, we look at other people's perspectives, other people's statements. We want to know what happened in any investigation. And in order to find out the truth—and the truth is a hard thing to describe, if you ask somebody like Jordan Peterson, he'll probably give you a one-hour explanation of what truth is—basically, the truth is what happened. That's it. In policing, we want to know what happened and we need to know what happened so that we can decide whether criminal offences have been committed and by who, and how, and why. So we need to answer a lot of questions.

And when we conduct an investigation, the best way to come up with the truth is to acquire as many statements—and I'll call them perspectives, as many perspectives as possible. Anybody standing in front of me looking at me has a view of what I look like. If somebody's standing behind me and they're looking at me, they have a different perspective. So ultimately, the more perspectives you can get on anything, or person, or issue, the better equipped you'll be to understand what is really going on.

It's also about collecting information. It's about collecting physical evidence, documentary evidence, testimonial evidence. And then we come up with our conclusions, ultimately. The more information that is available, the more accurate of a decision we could make and the **better understanding we have of what is real, what is really true, and what really happened.**

**It is my understanding that there's nobody here present from mainstream media. Is there anybody? If you are, can you put up your hand? CBC, CTV, Global? No, I didn't think so. So evidence is also the absence of something. So when mainstream media is not here, that is evidence of something.**

Now, I've done a Google search recently—yesterday, as a matter of fact—on the National Citizens Inquiry. I've done it through a number of browsers. If I search the National Citizens Inquiry, it will come up. But if you click on the “news” tab associated to these browsers and search over the last 90 days, nothing comes up. That's evidence of something. That's very telling.

**So the media not present brings me to the issue of COVID-19 and other issues that are in the media that have, what I would call, a single perspective. Some call it a narrative, that's just a flowing individual path. I call it a single perspective. So on the issue of lockdowns that we faced, there was only one perspective that had ever been in the media. On the issue of mask-wearing, one perspective. On the solutions to this problem and the way out, one perspective. Vaccine acceptance, one perspective. Vaccine hesitancy, one perspective. Vaccine safety, one perspective. Vaccine efficacy, one perspective. Vaccine injury, no perspective, no comment, no discussion. Vaccine death, no perspective, no comment. Died suddenly, no perspective, no discussion.**

**So we see a lot of contradictions. There's certainly available data—data that I was able to find. And if I'm able to find it, I think just about anybody's able to find it. And it's not about what people knew; it's about what people should have known. I've seen this numerous times in the Ontario Provincial Police when it came to officers' disciplinary measures. Somebody should have done something; somebody didn't do something. And it really comes down to, if you didn't know, you should have known. It would have been your responsibility to know.**

[00:15:00]

And in this case, in the medical profession, in the healthcare profession, it's incumbent upon those individuals within the profession to do their research and to know. And to look at other perspectives because they are available, and they were available to probably just about everybody here in this room. Those perspectives were very readily available. The information that was coming out was very readily available if you just chose to look. And of course, there's a much higher threshold and level of responsibility that comes with your position within health services.

The term that was used as “safe and effective” probably should have been “use at own risk,” would have been more accurate to describe this product that had come out: this product with no known long-term data, not knowing what the content within the product is yet being pushed as safe and effective. My own personal physician was trying to shove “safe and effective” down my throat when I spoke with him. Certainly, he was not aware of the information that I was aware of; unfortunately, he was not interested in being aware of that information. The one thing that we did agree upon was that our trust in health care services in this province was paramount—it was very important that we trust health care services—and that there was nothing worse than forcing a jab in someone's arm to lose that trust.

So I had mentioned that I'm a representative of Police for Freedom, which is this international organization and consists of many police officers in Canada as well. I can tell **you that we have incredible concern about the unfolding of these incidents. I fully concur with the comments made by Dr. Trozzi in his last testimony that he had just given. We are very much aware of the World Economic Forum, the World Health Organization, the CDC [Center for Disease Control and Prevention] working in conjunction with many other similar type organizations.**

**And it appears that Publicis and McKinsey are companies that are advertising PR firms and consulting firms that seem to be integrated with those organizations. The Brighton Collaboration is often mentioned in health care services in Canada as a reference to the Brighton Collaboration. But the Brighton Group, I believe, no longer exists and is now known as the Task Force on Global Health. Task Force on Global Health seems to be**

working in conjunction with and reporting to and having discussions with CEPI, the Consortium of Epidemic Preparedness Initiative.

People listening to this testimony I'm giving might want to look up those organizations and see who they are. See how they are actually comprised of the pharmaceutical industry, the World Bank, the Bill and Melinda Gates Foundation, and so on and so forth—some names that keep coming up. And you know, there's a very incestuous relationship that ties those organizations to the Government of Canada, with certain members specifically that have already been mentioned.

**The World Economic Forum Canadian leadership members is of concern. We know that Klaus Schwab, the head of the World Economic Forum, had made a comment that we have** penetrated over half of the cabinet. And he said that rather casually and he seemed quite happy about that. The comment had come up once in Parliament asking the question relative to this connection. And immediately there seemed to be what appeared to be a comment or an excuse to some microphone-related problem. That question has never since come up by any party in Canada. It is very concerning, because it appears that there are members possibly in other political parties as well relative to the World Economic Forum and those things that go on in the World Economic Forum.

I'm not going to comment specifically on what things go on. But I will say that criminal conspiracies do happen. You are not a nut for calling something a criminal conspiracy. I've investigated criminal conspiracies and they're real and they really happen. Organized crime is not some old Italian guy in a wife-beater shirt talking about the mafia

[00:20:00]

or somebody in a leather jacket riding a motorcycle. Organized crime now is very sophisticated. And generally, those people that are very, very wealthy with incredible power and access are positioned very well to be very effective criminally. Is there any evidence to suspect reasonable suspicion of the need to investigate potential criminal conspiracy? Yes, we believe that there is. Absolutely.

So I'll say what gives me grounds to say that. Just relative to the vaccination roll-out only, I'll say that there was the promotion of "safe and effective" with no known long-term data. The contents were unknown. There's also injury and mortality rate data that was available early on in this that either you could have known, you should have known, and if you're in the healthcare system, the onus would have been on you.

At some point the death and injury rate became unusually high. And that flag, everybody in the healthcare system should have been aware of it, whether they say they were or not. **There appears to be cognitive dissonance on that issue. People are sticking their head in the ground like ostriches and not wanting to know, but unfortunately the data can't be hidden. The truth is there.**

**Then there's the continuous use of the rollout of the vaccine when the available data is still known. Health agencies fail to notify the public. Infant mortality is increasing. Fertility rates are dropping. Menstrual cycles were affected. The media remains silent. And the media and the government relationship appears very suspicious.**

During the Emergency Measures Act hearing that took place several months ago—the Emergency Measures Act hearing in Ottawa—Superintendent Pat Morris of the Ontario Provincial Police, who is in charge of intelligence for the Province of Ontario, made a very,

very interesting comment. One that I found resonates well with me—because I had made the same comment as well. He said, “I know what the government is saying, I see what the government is saying.” Essentially these were his words roughly: “I know what the government was saying, and I know what the media was saying, but the intel that was coming back to me”— This would be coming back to him from various sources on the ground, whether it is people reporting or interacting with other police agencies or whatever his format of intel was— He said, “My real intel was inconsistent with what they’re saying.”

**So they know what they’re seeing. They know what they’re hearing by their sources, which is inconsistent with what the media is saying and with what the government is saying. We see that type of inconsistency over and over. So I do have a suit that has been launched with** a number of other individuals against the Attorney General of Canada and the Ministry of Public Safety regarding my rights violations for having my accounts frozen in Ottawa. And I had indicated in my testimony there as well that when I was in Ottawa, I spent a lot of time walking the perimeter of what was going on and conversing among my colleagues there about what they’re seeing and what’s happening. And there were no concerns, no concerns of violence or these types of issues. But in the evening, when I would go back to my hotel room every night and turn on the TV and look at the CBC to see what their reporting was, I indicated that I was seeing an inversion of reality on television. And they didn’t seem to understand what I meant by that. And I said, “What I’m seeing on television is completely opposite of what I’m actually seeing there. The news is lying. They’re being deceptive.”

#### **Shawn Buckley**

So Vincent, can we get you to describe what you were watching on television and what you were seeing? Just so that it’s crystal clear for everyone listening to you what exactly what you are telling us.

#### **Vincent Gircys**

Right. So what I’m seeing are a bunch of happy people. Very happy. It’s a very positive vibe. A very positive environment. Everybody was happy, hugging. I mean, I’ve hugged more people than you can hug at a Greek or Italian wedding. There’s no doubt about the level of joy that people were displaying and having. I saw no violence and I saw nothing to be concerned about other than it was just a great time overall.

[00:25:00]

But what I’m hearing on the news, the reporting, was that there were acts of violence that were taking place. There was arson that was taking place. There was assaults and Nazis; **the people there were being labeled as Nazis and this type of thing. All of that reporting from the CBC was just completely false. It was just completely wrong.**

**It didn’t surprise me because I was already familiar with that type of reporting from the CBC and our mainstream media. And essentially, I find the media is a propaganda machine. They have been paid very handsomely by a number of organizations, including the Canadian government. They are spewing propaganda.**

**But even worse, they are suppressing information that people should really know. So it’s a joint issue of propaganda being distributed, and censorship of the information that you should know, information being withheld.**

**So a number of lies that I found have been exposed in media over the last three years that are of most concern: The COVID-19 threat assessment, that COVID-19 was super, super dangerous and super scary, and you should all be locked up. That whole threat assessment and that whole narrative is a complete lie. That the mRNA gene therapy, the safety level of that, was a lie. That lock-down measures and the efficacy of the vaccine and the lockdown measures as well, separate categories there, was just a lie. Not required. And that there were no available therapeutics, as the media had stated, that was a lie as well.**

**In order to keep the lie going, I think it's important—it's critical to all those involved in what had taken place both in the medical profession and in government. In order to keep that lie going, it's an indication of a totalitarian regime, by definition. Clearly, we see if you can control the health care, if you're interested in firearms confiscation and you move in that direction, you censor people and control the media. You control the education and enable indoctrination. You control the currency with intended CBDCs, that's the central bank digital currency, controllable currency that appears is on the horizon. And if you control movement, fifteen-minute cities, that would be an ideal system for a totalitarian regime.**

We know that the the initial lockdowns and the fear-driven mandates have resulted in, initially, a police state. And then it continued on to what we are becoming as a corporate, fascistic governance. There's no question. When the media works in collusion with the government and corporations, when they're all working together, that clearly is fascism at its best. And it appears that that is what is happening.

Now, I have what I would call a way out. And by no means am I suggesting that this is the answer, but it's the best I can think of. And this would be, in consultation with a number of other police officers in agreement, that establishing a national COVID-19 forensic task force that is completely independent of government interference, vetted by a judicial body with arrest warrant and search warrant authorization, would be a good start.

And I'll summarize what I find are the failings in the police community. They failed to adhere to established plans. In policing, we have a plan for everything. Our command staff is very well-organized and they plan for all worst-case scenarios. In the OPP, it's a common mantra to say, "Plan for the worst, hope for the best." We say that all the time and we believe in that. Plan for the worst, hope for the best.

And you can bet that there were pandemic plans in place already. Imagine spending a lot of time, money, and resources on planning for a pandemic: planning when things are calm, when heads are level, when you're not afraid, when you can liaise comfortably with the health agencies. You can liaise with all kinds of other agencies to come up with what you would say is the best plan you can possibly come up with. And then when a pandemic is introduced, let's throw that in the garbage.

[00:30:00]

**And let's just wing it. While we're afraid and while we're scared, let's just forget about that plan we have.**

**No, we put that plan in place for a reason. It was the best thought-out plan and it was a very rational plan. Now, I'm not familiar with what the plan is but I do know that there are other people who are going to be testifying here as to the content and detail surrounding that.**

**The police failed to understand information. They accepted a single-sided narrative where additional counter-narrative information was available. How do I know it was available? Because I provided counter-information. And I did so by helping other people across the country that had compiled a number of reports, that appeared to be very concise and detailed with information.**

**A number of people across this country were distributing hundreds, if not thousands, of copies of actual information to police agencies, to health agencies, to government agencies. And they were documenting their service upon those agencies. And the police agencies failed to respond. They failed to understand their oath. They failed to understand section 52 of the Constitution and the ramifications. Section 52.1 of the Constitution essentially says, "Any law that is created, that is inconsistent with the Constitution, which includes the Charter, has no authority whatsoever."**

**Shawn Buckley**

Vincent if I can help you out with that, I think the probably the exact quote is section 52(1): "The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the Constitution is, to the extent of the inconsistency, of no force or effect."

**Vincent Gircys**

Correct.

The police service essentially over this three-year period became the Praetorian Guard, following political pressure and interference. Let me make it very clear that— Our system and the way it's supposed to work, I will try to describe it for you. If you can imagine a horizontal line, a membrane if you will. And on the top of that membrane, up above, is politics, the political sphere within this country. And below this membrane is civil service. And there is a membrane that separates the two. Civil service includes police services like the Ontario Provincial Police, the RCMP, and all other police services. And I would say that those services are pretty high up near the membrane. They're pretty high up in priority and importance.

And it's important that that membrane stay in existence because we can't mix politics with policing agencies. We need to have independence of the two so that we don't have corruption. But it appears that, over the years, that membrane seems to have torn and disappeared. There doesn't seem to be any service, any dedicated agency in this country to be actively involved in looking into allegations of crime. There's nowhere to go. There's nowhere, seemingly, to report these problems.

**Shawn Buckley**

**Vincent, can I just interject for a second? Just because you're in contact with so many police officers, are you aware of any police investigations concerning potential crimes in this COVID saga that have been allowed to proceed? Because I understand people have made complaints to the police alleging crimes but my understanding is that most of them are stopped by management. Are you aware of any that have been allowed to proceed?**

**Vincent Gircys**

**No. I am not aware of anything being investigated. Not that I should be. It wouldn't be in my purview. But I know that many people have provided information and the least that you**

should be aware of is some kind of a response. Some kind of a response notifying that, “We have that information. We’re looking into it.” And usually the police services would get back to you and say, “We might need some more information. Can you help us? Guide us? Direct us? Give us some more.” Nothing. No contact. I’m not aware of any of it.

So it’s imperative that we do the right thing.

[00:35:00]

I’m going to say: Do not fear doing what you know to be right. Fear the consequences of the fruits of failing to do the right thing.

And that concludes my testimony, unless somebody has some questions.

**Shawn Buckley**

I’ll ask the commissioners if they have any questions.

**Commissioner Drysdale**

Good afternoon, Mr. Gircys. Thank you for your service to our country and for coming here and testifying today. I have a few questions, probably more related to policing because of course you had 32 years of experience as a police officer.

Yesterday—I believe it was yesterday—we had Mr. Tom Marazzo here testifying with regard to the truckers’ convoy. And he described and showed video of an incident in front of the war memorial where police officers pulled aside and injured a veteran: took him to the ground, kicked him multiple times. He showed the video. It’s in evidence here. And one of the questions I asked Mr. Marazzo was, “Was there any security camera footage?” The only footage that we saw was from participants, amateur people, with phones filming it. But in our nation’s capital, in front of the Parliament buildings on Wellington Street, between where the War Memorial is, I asked, “Were there not security camera footage that could have been referred to?” Because I hadn’t seen any of it. And his response to me was that he believed the cameras were shut off.

Do you have any information about the security camera footage?

**Vincent Gircys**

No, I do not. And you know, when it comes to security cameras, I have a rather sensitive spot to that—understanding the level of surveillance mechanisms that we already have in place in this country. And I certainly wouldn’t be asking for more surveillance equipment. To answer your question, I’m not familiar with that. And to the point on that, we have seen a lot of police violence and brutality in the final phases when police moved in very heavy-handed in Ottawa. And there’s no doubt in my mind that the tactical officers, the emergency response team officers that were responding, were not only ill-informed; they were provided, I believe, false and misleading intelligence.

And I say that because I watched the behavior of those officers. And, you know, police officers are not generally stupid people. And I’m not suggesting they’re stupid, but they’re put into a situation where they believe they can be harmed. They believe they need their weapons out. They believe that there is a serious threat against them. And I have to ask: Where did they get that information? Because all of the intel that I was aware of, and I got

to know, I can't say I knew everybody in Ottawa; there were hundreds of thousands of people there. But all of my observation continuously being inconsistent with what the media was saying, the media operating in collusion with our government, there's no question that there was false or misleading intelligence that was provided to those officers that were shutting things down at the end. And that's also consistent with the evidence of the Commissioner of the OPP and the Superintendent, Pat Morris.

Those two individuals from the OPP giving testimony seemed inconsistent. Because the Commissioner is saying he believed—and I'm not going to repeat his exact words—but essentially, he believed that there was perceived violence. And the Superintendent of Intelligence is saying he had no concerns. So where did the concerns come from? And I don't believe we've ever gotten an explanation. The closest I came to getting an explanation was, I believe, that during a debrief— One of the Ottawa police officers had said at some point during a debrief, shortly after things had shut down, that information came from something he saw on the CBC.

#### **Commissioner Drysdale**

Well, that's an interesting response. Because unlike the horses that were used in Ottawa, which have blinders on so they can't see where the police officer is directing them, the police didn't have blinders on. And I refer you to your earlier testimony where you said that you saw with your own eyes, by walking through the crowd, that it was peaceful. I think you said there was more hugs than an Italian wedding, and I've been to a few of those.

[00:40:00]

How is it that you were able to visualize and see the reality on the ground and these officers, despite being briefed but being present and having their own eyes open, could not see what you saw?

#### **Vincent Gircys**

Well, the best explanation I have for that is that I was walking those grounds for over three weeks. I was there for quite a long time. And the atmosphere and the mood never changed until the end, when the police came in to shut things down. Then I did see violence. And the violence came on the part of the police officers. And it is possible— And it is a realistic possibility that— Because of the uniform difference, it appears that the frontline officers that were working at the function on a regular basis were pulled offline at those last two or three days. And that a whole new contingent of officers coming from other parts of the country and the province were brought in, kept to the rear, and then marched out. And they never had the opportunity to see what was going on at the event but they were primed with various forms of intel that gave them the mindset that we're dealing with a lot of very crazy, violent people. And you know, I don't know what intel they were provided with. But they were certainly provided with some intel, I believe, that would have given them the mindset that they were dealing with a dangerous issue.

#### **Commissioner Drysdale**

So you're suggesting that they were just following orders?

#### **Vincent Gircys**

Yes, that's right. Absolutely.

**And I need to finish with one final point. That these police officers— I've said at the beginning, they are ordinary men. They are ordinary men. In Germany, in 1942, there was a police battalion, PB101, and stories and books have been written about them. And it is called and they are referred to as the "Ordinary Men." It's ordinary men that can be provided with false information and misleading information, that can develop a very violent mindset against a group of people. And extreme, extreme horrific atrocities can occur and can be brought on, as example of Police Battalion 101, from ordinary men.**

**We all have that ability within us to do that if we're provided with extreme fear and false intelligence. And the greatest concern that I had over the last three years was, how far is this going to go? What are these individuals? What are these police officers going to be provided with? Which kind of information? How misleading is this going to go? How are we—the people who are concerned, pushing back, and protesting—how are we going to be treated if the lies continue, knowing that the police officers are ordinary men? And there's nothing in training that I've ever experienced to identify that problem and make police officers aware of what they could become.**

**Commissioner Drysdale**

I'd like to know what is required in normal times for the police to initiate an investigation, a criminal investigation.

**Vincent Gircys**

That's a great question. I can tell you that, as a police officer, I cannot initiate an investigation without permission of my command staff when I was working. So you know, there are things you can do in policing. If you're given an area to police, you police it. You're given certain criteria of what the organization wants policed, then you police it. But for the most part, when it comes into something more extensive, you do need authorization from your organization, from your command staff.

**Commissioner Drysdale**

And I think you said earlier that to your knowledge—and of course you wouldn't have detailed knowledge of what's going on behind closed doors—but to your knowledge, the police have not instigated a criminal investigation concerning any issue with regard to the pandemic, mandates, and treatments.

**Vincent Gircys**

Again, I'm not aware of that. I haven't been provided with any information to believe that **that would be the case.**

**Commissioner Drysdale**

**Just one question. Another question is:**

**[00:45:00]**

**You talked about the WEF. I personally had a meeting some time ago with a MP, Member of Parliament, Canadian Member of Parliament, who said to me the WEF is no different than the Lions Club. Do you believe that the WEF is no different than the Lions Club?**

**Vincent Gircys**

No, sir. I believe that the WEF is an extremely powerful, influential, well-equipped, well-financed organization of the wealthiest, most elite people on this planet, working together with a number of other organizations and corporations. They are extremely well-organized and well-structured and well-positioned.

**Commissioner Drysdale**

You know, my last thing is: I'm sitting here and I've been listening to testimony for the last three days here. And I was in Truro prior to this and listening to testimony. And it shocks me to the core to hear people like yourself and other people making certain comparisons or analogies to what's going on in Canada, which include the *Schutzstaffel*, which is the SS, and other things in Germany.

We've heard that as a common theme: that people compare what's been going on in our country to that era. And it shocks me to death. I don't know if you have any other comment on that.

**Vincent Gircys**

My parents came from Eastern Europe. They lost their country. If they would have stayed, they would have been executed. They spent a year living in the forest in Western Germany fleeing from the Bolsheviks and fleeing from the Nazis. I understand what fascism and totalitarianism is.

**Commissioner Drysdale**

Thank you, sir.

**Shawn Buckley**

Mr. Gircys we are going to— I'm sorry, we have one more question.

**Commissioner Kaikkonen**

Thank you for your testimony. And I may be remembering wrong, but I do remember in 1982 when the Constitution was enacted, or the *Charter of Rights and Freedoms*, that all levels of government had three years at that time to bring their laws into alignment with the Charter.

If we fast-forward to where we are in terms of the Church of God, for example, in Aylmer, or the church in Kitchener, who also suffered huge fines and losses and then they went into court and had to deal with it at the court level: Do you have any idea how we can convince the judges that were responsible for those decisions that the *Charter of Rights and Freedoms* still stands as under the supremacy of God and rule of law in this country, as the supreme law? So that decisions that go against the freedom of religion, for example, in this case, will not take away from the churches but actually show how much churches in a community enhance that community going forward.

**Vincent Gircys**

Well, I think the only way to make a change at the judges' level is the judges are utilizing jurisprudence to make their decisions. That is, they are saying, "The pandemic was

extremely dangerous and we were all going to die. And you didn't do your part because we knew we were all going to die and you just weren't doing your part. And so there are limits to the Constitution and we don't think this was unreasonable."

I refer to that—and so do many others—as the Great Lie. And that great lie needs to be exposed and broken before we can see a change.

**Commissioner Kaikkonen**

Yes. I guess the irony in that mindset of the judges is that we're still all here and we're still all alive. Thank you.

**Shawn Buckley**

So Mr. Gircys, we will enter your CV as an exhibit with your permission [Exhibit TO-26].

**Vincent Gircys**

Yes.

**Shawn Buckley**

Thank you. And on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

**Vincent Gircys**

Thank you.

[00:49:24]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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**Witness 12: Maureen Somers**

Full Day 3 Timestamp: 09:42:26–09:48:18

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Geneviève Eliany**

Good afternoon. Could you spell and state your name for the record, please?

**Maureen Somers**

Maureen Somers. S-O-M-E-R-S.

**Geneviève Eliany**

Do you promise to tell the truth today?

**Maureen Somers**

Yes, I do.

**Geneviève Eliany**

I understand that you're a descendant of Holocaust survivors. Can you tell us about some discussions you've had with family members?

**Maureen Somers**

Well, for starters, I never imagined in my lifetime that I would be witness to a fascist dictate on the nation. And from what I have learned in history and from relatives who not only survived the Hungarian occupation by the Nazis, they also survived the occupation by the Russians; and from everything that I have learned from them as well as from my days in my history class—I was always told by our history teacher, "If you don't study history, you'll never know what's coming." Well, never in my lifetime could I imagine that I would see a fascist dictate on our nation. And by that, I mean, from what my relatives have described—fascism—the unvaccinated and the elderly in this country were treated terribly. That's fascism. The unvaccinated particularly have been treated horribly. They were pitted against the vaccinated. That's fascism.

**Geneviève Eliany**

I understand you're concerned for your grandchildren. Can you tell us about their concerns and how they experienced the pandemic?

**Maureen Somers**

I'm a grandmother to eight grandchildren. To hear one of my grandchildren in utter terror that their parents could die from a virus that he might bring home—or they might bring home—and the absolute terror that if their parents died, the question to me was, "Grandma who will take care of me?" And as a grandma, I reassured my grandchild not to be afraid. However, my fear, my biggest fear— Not COVID, nothing else that has happened. My greatest fear is that I may outlive a few of my grandchildren that were unfortunately vaccinated.

**Geneviève Eliany**

I understand your husband was taken to the emergency room for excruciating abdominal pain during the pandemic. Can you tell us about his experience?

**Maureen Somers**

Back in October of 2022, my husband arrived by ambulance to the emergency ward of our local hospital in excruciating pain. He was left in the ER hallway on a cold gurney. And the attending doctor, the ER doctor at that time, the priority was whether he was vaccinated or not. When he was questioned by the doctor, "What is your vaccination status?" and my husband replied that he was not vaccinated, then the interrogation started. That was the doctor's priority. "Why aren't you vaccinated?" My husband's response was, "I don't want the vaccination." "Why don't you want the vaccination?" "I told you I don't want the vaccination."

My husband's in pain. And that was the doctor's priority. And her comment and reply to his insistence that he did not want the vaccine—particularly not right then and there. She said to my husband, "Mr. So-and-So if you don't take this vaccination right now, you're going to be dead in two years." My husband said at that time, "My wife is on her way. She is my power of attorney. You can speak to her."

Well, upon my arrival that doctor couldn't be found anywhere in the ER department. Even though I requested to speak with her twice through the nurse, the attending nurse, we were abandoned by that doctor. She never returned. The attending nurse who was looking after my husband told him he would have to wait until the ER shift change and there would be a new doctor who would attend to him.

[00:05:00]

We waited an hour and a half for this new doctor to show up. Luckily, this doctor couldn't care less about his vaccine status, ordered tests immediately, and determined that my husband needed emergency appendix surgery, ASAP.

**Geneviève Eliany**

Thank you. I don't have any further questions for you. Perhaps the commissioners do.

**Maureen Somers**

Oh, I'm happy to report my husband is healthy and alive.

**Geneviève Eliany**

Thank you very much for your testimony today.

**Maureen Somers**

Thank you very much.

[00:05:52]



NCI | CeNC

***Final Review and Approval:*** Jodi Bruhn, August 16, 2023.

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website:***  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



## NATIONAL CITIZENS INQUIRY

**Toronto, ON**

**Day 3**

**April 1, 2023**

### EVIDENCE

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**Witness 13: Dianne Spaulding**

**Full Day 3 Timestamp: 09:48:19–10:01:44**

**Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>**

[00:00:00]

**Geneviève Eliany**

The next witness, I believe, is Dianne Spaulding. Could you state and spell your name for the record, please?

**Dianne Spaulding**

Yeah, it's Dianne Spaulding. D-I-A-N-N-E S-P-A-U-L-D-I-N-G.

**Geneviève Eliany**

Do you promise to tell the truth today?

**Dianne Spaulding**

I do.

**Geneviève Eliany**

I understand that you suffered a vaccine injury. Can you tell us what those injuries were?

**Dianne Spaulding**

I received the AstraZeneca vaccine on April 23rd, 2021. The next three days, I had just some fatigue, bone pain, and a fever. But on the fifth day, I had a bleed on my lower arm. Where the injection was, it had a lot of swelling and redness and a rash. After that, I started getting pins and needles in my hands and in my feet. And they were going up my arms and up my legs. I started getting blurry vision. I was sitting on the couch. This was around the fifth day after the vaccine. And I had this earthquake feeling in my head. That's the best I can describe it, it just felt like an earthquake in my head. That quickly followed by this intense dizziness and disassociation feeling. The best I can describe that is a drugged feeling. My head just felt drugged. Like, I was there, but I wasn't there, kind of thing, like disassociation. I started getting internal vibrations in my chest. Light and noise sensitivity. I

had to constantly turn down the volume of everything and close the blinds in the house. I couldn't take any light or noise. I started getting very fatigued. I actually spent two months in bed: I could not get out of bed. I'd go to bed and wake up and think, "Oh my gosh, I haven't slept." So I just stayed in bed. I started getting bruising all over my body, head-to-toe bruising and petechiae, which are little, small blood dots on my skin.

**Geneviève Eliany**

We have some photos, so we'll walk you through the photos [Exhibits TO-10b to TO-10h]. Just one moment.

**Dianne Spaulding**

So that was that was my arm.

**Geneviève Eliany**

And that was the injection site, correct?

**Dianne Spaulding**

That's correct.

**Geneviève Eliany**

Okay.

**Dianne Spaulding**

That was the bleed on my lower arm, where the injection was.

**Geneviève Eliany**

So this was the same arm as the injection arm?

**Dianne Spaulding**

That's correct.

**Geneviève Eliany**

Okay. These were the spots that you tried to describe a moment earlier.

**Dianne Spaulding**

Right, the petechiae.

**Geneviève Eliany**

Is this some bruising?

**Dianne Spaulding**

Yes.

**Geneviève Eliany**

And this looks like it's a—is it your arm or your leg?

**Dianne Spaulding**

It looks like my leg.

**Geneviève Eliany**

Okay.

**Dianne Spaulding**

That was my chest.

**Geneviève Eliany**

Another bruise on your chest.

**Dianne Spaulding**

They were everywhere.

**Geneviève Eliany**

Again, your arm. And this is obviously a finger. What happened to your finger?

**Dianne Spaulding**

My fingers just started peeling.

**Geneviève Eliany**

Was there pain that went with this bruising and peeling?

**Dianne Spaulding**

No, not really. No, I mean, I would just wake up in the morning and look at my body, and it would just be full of bruising.

**Geneviève Eliany**

Again, some bruising. And it looks like there's a raw patch there. Can you describe that for us?

**Dianne Spaulding**

Yeah, probably like an eczema or something, like, yeah.

[00:05:00]

**Geneviève Eliany**

Did you ever have bruising or eczema like this before the injections?

**Dianne Spaulding**

Not the bruising. All my life I've had asthma and allergies, so I have witnessed eczema before. Definitely not the bruising. Yeah, I don't know what that was. A rash.

**Geneviève Eliany**

Okay, thank you.

Now you have an unusual story with respect to your hospital visits. Let's start with the first visit. So what was the diagnosis?

**Dianne Spaulding**

The first visit was when I had the bleed on my lower arm. Of course, I had heard on the news about the AstraZeneca cases causing VITT [vaccine-induced immune thrombotic thrombocytopenia]. So I was quite concerned about that, thinking that I may have that. I went to the ER. And the first thing they said is, "Wow, you've had quite the response to the vaccine." You know, like that's a good thing. And that was about it for that first visit.

**Geneviève Eliany**

At what point were you diagnosed with anxiety?

**Dianne Spaulding**

That would have been my third visit. I had more symptoms after that. I ended up having a hand tremor, a leg tremor, and a head tremor. And these head tremors were like Parkinson's. I couldn't control the tremors in my head. So yeah, that's when I went back to the hospital again. That was the third visit, I believe. They diagnosed me with anxiety. And they referred me for a psych consult. That ultimately led me to see a psychiatrist and place me on anti-depressants.

**Geneviève Eliany**

The psychiatrist also referred you elsewhere. What kind of paperwork did she provide you with and what kind of referrals did she make for you?

**Dianne Spaulding**

So she wrote me a letter of exemption against the second vaccine and to be able to use the amenities at our condo, such as the pool and the gym, because she felt that would be good for me to do that. I had a referral to a neurologist, a hematologist, a rheumatologist. And the rheumatologist basically just asked me why I'm there. He didn't understand why I was sent there. The hematologist was actually a phone call, it wasn't an in-person visit. And he asked me, maybe I'm "just clumsy?" The neurologist, actually, he acknowledged my vaccine injury. He actually said, "I have seen some cases come through that are presenting with an essential tremor, and that's what you have."

**Geneviève Eliany**

So you saw all those specialists in summer 2021, correct?

**Dianne Spaulding**

That's correct.

**Geneviève Eliany**

Okay. And ultimately, you submitted an adverse event form.

**Dianne Spaulding**

Yes, I did.

**Geneviève Eliany**

Did you receive any responses to that?

**Dianne Spaulding**

I was told to go and get the second vaccine.

**Geneviève Eliany**

Despite the exemption that you received from the psychiatrist, was it?

**Dianne Spaulding**

That's correct. Toronto Public Health told me to—suggested that I—get the second vaccine.

**Geneviève Eliany**

Now what happened in January 2023? And this is what makes your story quite different. You received a call from Mount Sinai Hospital?

**Dianne Spaulding**

I did. I had complained to the human resources at Mount Sinai Hospital for the treatment that I had received for the anxiety diagnosis that ultimately put me on antidepressants. And I had to wean myself off them. So yeah, they actually called me—that was in the fall—so I actually got a call in January from them with an apology saying, "We apologize for the way that you were treated and the way we handled the situation." You know, given the anxiety diagnosis.

**Geneviève Eliany**

And I understand they also told you that they had a board meeting about you? Is that right?

**Dianne Spaulding**

That's what he said, yeah.

[00:10:00]

**Geneviève Eliany**

Did you get a sense of whether there were many cases discussed? Or he just mentioned that you were part of this or you were discussed in this board meeting?

**Dianne Spaulding**

No, he didn't mention anything about other people, just me.

**Geneviève Eliany**

Despite the apology, were you successful in getting helpful conventional care?

**Dianne Spaulding**

Not from them. I lost my family physician over this because when she received the report from the hospital saying I had anxiety, she yelled at me and said, "Dianne, you have anxiety," and she hung up. So I lost my family physician over that.

I mean, I went home, and I basically went online and researched for myself. I found a lot of Facebook support groups with thousands and thousands just like me with the same, similar symptoms. That's where I found the FLCCG. And I found a local doctor here in Toronto that prescribed me ivermectin. And that's when I finally—I finally turned a corner. I was able to get out of bed. My tremors went away. My internal vibrations went away. Yeah, so that was about the only successful care that I received.

**Geneviève Eliany**

I understand the bruising and the bleeding remains a problem, right?

**Dianne Spaulding**

That's correct. The bruising, the blood dots—they seem to come out after a busy day, like if I'm being active at all. And the disassociation in my head, the fogginess, the brain fog—it just never went away. It's still there.

**Geneviève Eliany**

Thank you, we'll see if the commissioners have any questions for you.

**Dianne Spaulding**

I would just like to end my testimony with a quote. Dr. Zelenko, he said that he wanted the epitome of truthful messaging, that he wanted the truth like a mantra propagated. That's why I'm here today. To be seen, to be heard, to be believed. You know, the gaslighting, it has to stop. It's been really difficult. Thank you.

**Geneviève Eliany**

Thank you on behalf of the National Citizens Inquiry.

[00:13:25]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***





## NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

### EVIDENCE

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Witness 14: Jan Francey

Full Day 3 Timestamp: 10:01:58–10:11:27

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

**Geneviève Eliany**

Could you turn your video on please, Jen? Thank you. Could you state and spell your name for the record, please?

**Jan Francey**

It's Jan Francey. And spell my last name? F-R-A-N-C-E-Y.

**Geneviève Eliany**

And spell your first name please.

**Jan Francey**

Oh, Jan. J-A-N.

**Geneviève Eliany**

I know it seems simple. Do you promise to tell the truth today?

**Jan Francey**

Yes, I do.

**Geneviève Eliany**

I understand that you were also vaccine-injured. But let's start with why you were reluctant to receive the vaccination in the first place.

**Jan Francey**

Yeah, when I was 18 months old, I was hospitalized with severe encephalitis, and they didn't have a cause for it. They said it must have been mosquitoes. This was in January in Canada. And I mean, it was severe enough that my prognosis was very bad. And that was if I lived. And so I've avoided— I've gotten my tetanus shots but I haven't gotten things like flu shots because I just don't want to mess with those things. So I didn't want to get that because of that.

**Geneviève Eliany**

Okay. And ultimately, what made you change your mind?

**Jan Francey**

The vaccine passport. Winter was coming, I live in a shoebox. The thought of an entire winter sitting inside was— I was afraid I wouldn't make it through the winter. I live alone.

**Geneviève Eliany**

When you say you live in a shoe box—

**Jan Francey**

I don't have any family here.

**Geneviève Eliany**

Sorry, I didn't mean to interrupt you. I didn't hear what you said.

**Jan Francey**

The apartment is very small: it's one room; there's no balcony; it's maybe 200 square feet.

**Geneviève Eliany**

So what happened after the first injection?

**Jan Francey**

After the first one, I woke up and I didn't feel well. I felt nauseous. I was throwing up. I kept throwing up. But I also had, like, a sensation in my hands that wasn't right. It was like they were vibrating but they were also kind of numb. But there's also pins and needles. And that just continued and the throwing up continued. And then it came time to get the second one, which I had to get because I still wasn't a person in Ontario.

After the second one, everything got really bad. When I woke up the day after the second one— Uh oh.

**Geneviève Eliany**

We can still see you.

**Jan Francey**

Okay. When I woke up the day after the second one, all my joints were stiff. Everything hurt. The numbness and the vibration had gotten worse. And then, over the course of a couple weeks, the vibration could continue all night but they were everywhere. I could feel it in my gut. Everything was vibrating. I could not sleep. I felt like I was moving all the time. And then, yeah, things just kept worsening.

I developed Raynaud's. But I also couldn't feel my hands. I couldn't detect heat. I could pull things out of the oven without an oven mitt. You don't think about it because you don't feel any heat. You've done it already when you realize you've done it. I couldn't feel my feet or my face either. That went on for months. I couldn't feel the shower.

And then as time went on, I started getting a lot of symptoms in my head: my eyes, my vision went bad, my hearing. I couldn't tolerate anything. I couldn't tolerate light. I couldn't tolerate sound. I couldn't tolerate vibration. People talking, that was just way too much. I couldn't handle people talking. And then my neck started to get stiff. And I started to feel like my sinuses were being pushed down. I just felt like my head was going to explode. The pain was so brutal.

**Geneviève Eliany**

What happened when you tried to get help at the hospital?

**Jan Francey**

I went to the hospital in June last year, or July—July 4th. I was plastered in hives and giant lumps. We don't even know what I reacted to. And I had tried telephone appointments, which is what I usually relied on. And I'd gotten Rupall and that didn't do anything. So we tried to go to the hospital. Well, I'm mask-exempt due to PTSD. It was a trauma from a violent crime.

[00:05:00]

So I get in there and I have to deal with the security guard, who's not too bad. But he's pretty persistent, he wants to put something on my head. Then I get into triage and I have to show him my letter for my mask exemption. And then my partner, who's with me, has to show him proof of vaccination. And then we finally get through there and get sent to the next waiting room, when a nurse decides that she's going to attack. And I was humiliated in front of the entire waiting room. She would not stop. And I ended up leaving. My partner wanted me to stay because I was an absolute mess. The hives and lumps were everywhere. I was on fire. But it's just too much. How am I going to trust somebody who just screamed at me and humiliated me? Where's the care in that?

**Geneviève Eliany**

So ultimately, you did have an appointment with an immunologist. And what happened at that stage?

**Jan Francey**

That was after the hives, which I ended up on prednisone for through a telephone appointment. So they had set me up with them to figure out what was going on. So I started explaining what was happening to him. And I said, I get these—when it happens, like, I get

this vibration in my neck. He didn't think that it had anything to do with that. He didn't know why or what I reacted to or what was going on. And he suggested that I needed to see a rheumatologist and a neurologist.

**Geneviève Eliany**

Were any of them able to help you?

**Jan Francey**

This was a telephone appointment with the immunologist and nothing ever happened after that. I don't know how you get yourself a telephone appointment, I mean, with a specialist. This appointment with the immunologist was set up by one of the other telephone doctors.

**Geneviève Eliany**

But did the immunologist not refer you to both a rheumatologist and a neurologist?

**Jan Francey**

I never got a call. No, nothing.

**Geneviève Eliany**

Okay, so you never received a follow-up, but that was his recommendation, right?

**Jan Francey**

Yeah.

**Geneviève Eliany**

Okay. How did this interfere with your ability to work?

**Jan Francey**

I was not working when it happened. So it didn't interfere.

**Geneviève Eliany**

Okay. Are you able to—

**Jan Francey**

But I couldn't work. There is no way that I could work now. I can't even stand up for 10 minutes without my heart— I have cardiac problems as well now. And I take a walk and my heart goes up to 140. So it's not a good feeling.

**Geneviève Eliany**

Did you have any success with the adverse events reporting system?

**Jan Francey**

Well, I got my first telephone appointment. Because I had my last shot November 11, 2021. And then in December, I called for an appointment. I had to wait till the 15th of January. And that doctor was terrified. As soon as I mentioned the vaccine, she started to stutter. I said, "I want to be exempted from more of this. I can't take any more of this." Because I was scared because they kept talking about more and more boosters. And I didn't want to not be a person, but I don't want to die either. So I asked her for an exemption. And she said, "No, no, no. No exemptions. The College said." Well, then I asked about reporting my injuries. She said, "There's no point in doing that because they just throw them away."

And she was right because I tried to self-report. Fast-forward eight months and Toronto Public Health just basically turned it into nothing. Sent the first doctor I talked to on the phone a letter saying, "You can decide if she's having another shot." And they also said that they don't write exemptions.

So then I wrote to the College of Physicians and basically demanded one and asked them who they thought they were. And I never heard back from them.

**Geneviève Eliany**

Thank you. I'll see if the commissioners have any questions for you.

No questions. Thank you so much for your testimony, on behalf of the National Citizens Inquiry.

**Shawn Buckley**

So that concludes the witnesses for today, and so we will adjourn the National Citizens Inquiry and reconvene in Winnipeg.

[00:09:29]

***Final Review and Approval: Jodi Bruhn, August 16, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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# VOLUME THREE

## | Witness Transcripts

Part 3 of 9: **Winnipeg, Manitoba**





**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
WINNIPEG HEARINGS**

**NCI | CeNC**

**Winnipeg, Manitoba, Canada  
April 13 to 15, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 01:43:35–02:06:08

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

[Technical difficulties]

[00:00:55]

#### Shawn Buckley

Thank you for joining us this morning with the National Citizens Inquiry as we begin our hearings in Winnipeg, Manitoba. For those of you that have been following us, we had three days of hearings in Truro, Nova Scotia. We've had three days of hearings in Toronto, Ontario. We are now in Winnipeg, Manitoba. We will be marching across Canada.

We're moving next week to Saskatoon, Saskatchewan; Red Deer, Alberta, the week following that; Vancouver, British Columbia, the week following that. We're then moving to Quebec City. And then we're concluding in our nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the NCI, we are a hundred per cent citizen-organized, -run, and -financed group that just realized that we had to have an inquiry march across Canada, giving Canadians the opportunity to share their stories so that we could find out basically what has happened, what we have experienced; that we can come up with positive recommendations as to how to do this better; and more importantly, as this process has started, so that we can come together, listen to each other, and heal.

**Now, I would invite everyone out there to join in and support. When I say this is citizen-run and -funded, I mean, we're not kidding. We don't have a single donor. We depend on people like you to donate. I think each hearing costs us roughly about \$30,000 to \$35,000 to run, and so we would invite you to go to our website and donate. We'd also invite you to plug us on your social networks and to push us out to your friends and family, to anyone that isn't part of the conversation about what happened. The mainstream media is not here, and they've not been here. And we anticipate that they won't be here. But we are growing at just an incredible rate online because you, the citizens, are making this happen. And we invite you to continue to participate in every way that you can. If you're a business owner and you have a tire shop and you have a TV in the waiting room, livestream us. When we don't have live hearings on, just stream one of the hearings that we have recorded on our website. But get the word out; get people involved in this conversation.**

**The thing that I can promise you about the National Citizens Inquiry, and those of you participating online, and those of you in the room with us this morning, is you cannot go through a day of this experience and not have your life changed. I attended at the Toronto hearings, and I am a changed person.**

**One of the things that shocked me as I reflected on that experience, as I reflected on the stories that I heard, actually, was the hatred. And I'm going to speak to you a little bit this morning about hatred—that's such a sharp word. But I have to tell you that I'm also going to be speaking to myself. Often, when we see something that's troubling us, it's also inside of us. And so I'll ask everyone to have an open mind as I speak about this. You can go and watch the Toronto hearings. We have them posted at the NCI site for everyone to see.** We've got them on our Rumble channel. We had Canadians telling their story. And story after story, experiences of hatred surfaced.

[00:05:00]

We had stories from unvaccinated people speaking about things like social shaming. Do you remember Tom Marazzo? He's working as a college professor. And the dean sends out an email to over two hundred of the faculty and staff saying, "We're bringing in mandatory vaccinations." And Mr. Marazzo emails back in a "reply all," saying, "Well, that's basically all fine and good. But there are some other things. There are some rights [at play]. And perhaps we should be having a dialogue about this." And then if you recall his testimony, somebody in a "reply all" said, "Please take me off your email list." And then somebody else, and then somebody else, and then somebody else. And then, somebody on that list who is clearly getting too many emails chimed in and said, "Can we not 'reply all' so that I don't have to go through hundreds of emails?" And then another person chimed in and said, "No, we need to publicly shame Mr. Marazzo. We need to stand together in shaming this person." And so, it was "reply all, reply all," all day long to deliberately shame him. Now that is hatred.

We heard testimony about unvaccinated people literally being treated as subhuman by medical workers. We heard that from patients.

I recall Mr. Mark Auger who testified. He shows up at the emergency ward and he's being treated fine. He needs to stay because he needs surgery the following day. They don't have a room, "So Mr. Auger, you're going to stay on the gurney in the hallway in Emergency." And there's a conversation, and they find out he's unvaxxed. And all of a sudden, he's in a room. They don't even take him off the gurney to the bed. He spends the night on the gurney even though he's in a room with a bed. He's hardly visited at all. And if you remember, the shaming when he had to get up to go to the bathroom, and he comes back, **and on the glass door is a sticky note with one word: "unvaccinated."**

**If you recall the testimony of Scarlett Martin, who is a paramedic, about, basically, the hatred in both the ICU wards and in Emergency towards the unvaccinated. And comments within the medical system like, "Well, the unvaccinated, they deserved what they got when they got sick." And we've actually all heard comments like that when we were in the midst of this, that "those unvaccinated, they deserved what they got." Now that, that is real hatred. And we heard comments that the unvaccinated should be denied healthcare. And we all remember that in the midst of this crisis, in the midst of this fear, in the midst of this hysteria in Canada, we would be hearing publicly— It put out that perhaps the unvaccinated should not be entitled to healthcare. So it's somewhat ironic that vaccinated people that are now injured from the vaccine are telling this Commission that they are,**

basically, in effect, being denied healthcare—that that's been turned around. This is real hatred.

Let's talk about the hatred towards the vaccinated. We had witnesses take the stand in Toronto to speak about tremendous injury. People that are totally disabled, their lives are ruined, where it was difficult for us listening to the testimony, not to tear up, not to choke up, not to feel tremendous empathy for the suffering that they're going through. And yet, they described to us that when they show up to the hospital with serious injury, that they're just discounted: "Oh, you have anxiety. Oh, this is all in your mind." And then that basically they have to fight to get treated. They're not succeeding. They're basically being treated as second class

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within the healthcare system that will not admit, that for some reason, the doctors and nurses— We can't admit that we are having vaccine injuries. And the doctors and nurses are telling people that they can't admit that. But it's one thing to be cowed to do dishonourable things from your professional organization because you're scared. But it's another thing entirely to not treat a person with kindness just because you're being bullied. And so what we have here is real hatred.

I think the thing that is most despicable with not treating vaccine-injured people with respect, and a couple of them said it on the stand, "Basically, we took one for the team. We were told to take the vaccine to protect everyone." Some were reluctant to do it, but they took one for the team. And now that they're disabled, the team is discarding them. And that is despicable.

We're talking about hatred. And when I'm thinking about how awful it is—how we're treating people that are vaccine-injured—I couldn't help but think of that video that we watched in Toronto where we have veterans at the war memorial when the *Emergencies Act* is being introduced. And we have all these police officers looking like stormtroopers, they're so geared up. And that one wounded war veteran—so served Canada; is wounded; we couldn't see in the video, but his medals were on his chest—being dragged to the ground and kicked by the police officers. In Canada. One of our war veterans. A decorated war veteran who is disabled because of his service. That's hatred.

So we're experiencing real hatred. And the fact that we've now moved into treating vaxxed people like lepers in the healthcare system is just despicable.

So I have two things to say to our health care workers who deny vaccine-injured people kindness and respect because these health care workers are not willing to take personal responsibility for their actions: **The first thing I want to say to you is you should pray. You should pray that you are never treated the way you are treating these people that are vaccine-injured. And the second thing that I'd like to say to you is, may "you" always be treated with kindness and respect. May you "always" be treated with kindness and respect. Because the only way for us to move forward—the only way for us to move forward—is for all of us to treat everyone with kindness and respect. There's so much hatred in this country that every one of us has different ideas of how we would like this to play out: We want justice. We want vengeance. And none of that is going to work.**

I think it was on day one of the Toronto hearings, I tried to point out that the vaccinated and the unvaccinated really had the same experience. And that the hatred that we have for each other has come out of a place of fear. And just to quickly recap. Understand that a

**large number of the unvaccinated people believed that the vaccine was dangerous, believed that literally it could kill them or cause serious disablement to either them or their loved ones, like their kids. And the difficulty that they faced was, you have the government trying to force this on them and their family. And the vaccinated people participated in this social pressure. And the employers imposed these mandates, which they didn't have to, et cetera, et cetera. The vaccinated, in the minds of the unvaccinated, actually became a real threat to both themselves and their family. And when you feel fear, you become resentful, and then you hate. There is a lot of hatred**

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**from unvaccinated people over what happened.**

And the vaccinated had the exact same experience. They believed that COVID-19 presented a serious threat to themselves and their family—that literally they or their loved ones, like their children, could die or be disabled—and there was a solution. They believed the vaccine was the solution, and it would work. It would take away the threat if “only,” if “only” those unvaccinated people would play along and get vaccinated. And so, understand that to them you unvaccinated people were a threat. You were a real threat. And then the resentment came, and then the hatred came. And there was real hatred.

And so, we had two groups that started hating each other all out of fear, all having the same experience. But we have to forgive each other. Even if the other side doesn't owe us an apology, we have to forgive. And we have to stop hating. There is no other way.

You know, it's funny. We took a week off for Easter. The Easter story is all about forgiveness. And as I was preparing last night—I don't decide what I'm going to say in the morning until the night before or the morning of—I'm asking myself, “How the heck do I explain that we need forgiveness ourselves and we also have to forgive others? How do I explain that to people?” And then it came to me, of course, the parable of the master, the lord. And I'll just share it with you just because I couldn't come up with a better way of explaining the concept.

So for those of you who aren't familiar with the parable, I think it was Peter who goes to Jesus and says, “Jesus, how many times do we have to forgive our brother who sins against us? Up to seven times?” And you have to understand, when Peter's asking that question, he's thinking the idea that you would have to forgive someone up to seven times is really bizarre. Surely after three times we can kick that person loose and have nothing to do with them. So he's stretching it: he's saying up to seven times. And Jesus responds to him, and he wasn't expecting this. And He says, “No, no. You forgive them seventy times seven times.” Now Jesus wasn't meaning that after somebody's wronged you 490 times, you can stop **forgiving them. Jesus was just making the point— There's actually no cut-off point where you stop forgiving people.**

**And then He tells this parable and listen carefully to this parable because it applies to Canada; it applies to our need to forgive each other. And He says, “There was this lord that decided to settle his accounts with his servants.” And I'll just use Canadian dollar figures. “He has this servant brought before him and says, ‘Listen, I've lent you \$150,000. And I want you to pay me back now. We're settling our accounts. I want you to pay back the money that I've lent you.’ And the servant can't. And the master says, ‘Well, that's fine. We're going to sell all your possessions, and we're going to throw you and your family in debtors' prison.’**

“And the servant is realizing that his life is ending. He and his family are going to be thrown into prison, and they’re never going to recover from this. It’s done. So the servant does the only thing the servant can. He falls on his knees and starts weeping and begging and saying, ‘Lord, don’t, please have mercy.’ And the lord is moved with compassion and says, ‘Okay, I’ll forgive you. I’ll forgive you your debt. Off you go.’

“And this very same servant then comes across another servant that he had lent 1,500 bucks to and says, ‘Hey buddy, you owe me that 1,500 bucks, and I want it back.’” This guy’s just felt challenged about money. “And the other servant doesn’t have the money to pay him back. And so, the one servant says, ‘Well, I’m going to have you and your family thrown into debtor prison.’ And this other servant, she realizes her life and her family’s life is ending now.

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“So she does the only thing she can do. She falls on her knees and starts begging for mercy. And this servant doesn’t grant it and says, ‘No. Off to debtors’ prison.’

“Now, some of the lord’s servants had seen this happen and reported back to the lord, who had forgiven this servant \$150,000, and has the servant brought back. And basically says, ‘I forgave you a large amount, and yet you wouldn’t forgive a little, so off you go to debtors’ prison.’”

And what this parable explains to us—I hope it helps us understand—we have wronged other people. And in this COVID experience, no matter where you are on the conversation, you have wronged other people and you have decided to hate. Most of us have decided to hate. And I’m speaking to myself.

But the second more important thing is others have wronged us—or we think others have wronged us—and we have to forgive them. This is the whole point. We are the only ones that can get rid of our hatred by forgiving them. We— We can stop hating. And we learned in Toronto that we have to, the amount of hatred that we have seen. We— We can choose to act with kindness because that’s what Canadians used to be about. We used to treat each other with respect and kindness. And so, I would like to announce to you today that “we” are free to be Canadians again. And by participating in this process, I hope that we will keep an open mind and an open heart and start treating each other like we used to before.

So those are my opening remarks, Commissioners. For the record, my name is Buckley, initial S. I’m attending this morning to assist with the Commission Administrator, the Honourable Mr. Ches Crosbie, who is present to help guide these proceedings today, and who I hope will be giving us a closing summary at the end of the day.

[00:22:32]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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Witness 1: Dr. Jessica Rose

Full Day 1 Timestamp: 02:06:11–03:30:40

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

**Shawn Buckley**

And our first witness that we have attending virtually is Dr. Jessica Rose. And so, Jessica, can you hear us?

**Dr. Jessica Rose**

I sure can. Can you hear me?

**Shawn Buckley**

We can hear you very well. I just wanted to start by asking if you could state your full name for the record, spelling your first and last name.

**Dr. Jessica Rose**

My name is Jessica Rose. J-E-S-S-I-C-A R-O-S-E.

**Shawn Buckley**

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

**Dr. Jessica Rose**

I do.

**Shawn Buckley**

Now, my understanding is that you are a Canadian researcher. You've got a bachelor's degree in Applied Mathematics and a master's degree in Immunology from Memorial University of Newfoundland; you also hold a PhD in Computational Biology from Bar-Ilan University. And following your PhD, you have done two post-doctorate degrees: one in

**Molecular Biology from the Hebrew University of Jerusalem and one in Biochemistry from the Technion–Israel Institute of Technology. Is that correct?**

**Dr. Jessica Rose**

That's correct.

**Shawn Buckley**

And my understanding is you were also accepted for a two-month program as a senior researcher at the Weizmann Institute prior to the completion of your last post-doctorate degree.

**Dr. Jessica Rose**

Correct.

**Shawn Buckley**

And your most recent research efforts are aimed at, basically, what we call a descriptive analysis of the Vaccine Adverse Event Reporting System (VAERS). And you've analyzed this in efforts to make this data accessible to the public.

**Dr. Jessica Rose**

Yes.

**Shawn Buckley**

Now, you have sent us a CV, which I've had marked as an Exhibit WI-4. Is it fair to say that the CV you sent us is an accurate description of your experience in education?

**Dr. Jessica Rose**

If it's the one that I sent, then, yes.

**Shawn Buckley**

Okay, yeah. No, no, I promise you I didn't change it. So you've researched the effect of the vaccines. And you've done a whole bunch of research on the VAERS system. And we're inviting you to tell the Commission about your findings. So I just invite you to start **presenting your findings**.

**Dr. Jessica Rose**

Sure. I'm going to share my screen and so if you can just let me know if you can see my PowerPoint presentation [Exhibit WI-4g]. Can you see that?

**Shawn Buckley**

We can. We've got up there, "What dinosaurs would look like according to Neil Ferguson's models."

**Dr. Jessica Rose**

So first of all, I want to thank you for inviting me to provide testimony. Anytime I'm invited to speak or given any kind of platform to disseminate information is taken upon me, I always like to start out with jokes, just to lighten the mood because, yeah, we not only need to forgive each other, we need to forgive ourselves, and laughter is medicine.

I saw this on Flickr the other day, and it made me laugh so hard. For those of you who don't know, Neil Ferguson is the modeller for which his models basically were used as the justification to impose lockdowns on all of us. And if you read the articles that I've listed here at the bottom right, you'll see very clearly that he's kind of notorious for making bad predictions with his models. So it's kind of interesting that the policymakers went to this person in order to justify the lockdowns, isn't it? I thought this was hilarious, that this is what dinosaurs would look like according to his models.

And I needed to add this point as well: It's not really about the virus or anything. But it's relevant to what we've been going through in the past three years. It was very shortly, less than a day after you guys, the National Citizens Inquiry, posted that I would be presenting testimony here that somebody posted a Reuters fact check, which was basically a hit piece written on me with the claim that I was making false claims of death using VAERS data because I had not understood the data and that I was misrepresenting it. So whenever this kind of thing happens, sadly, I'm not a stranger to this kind of treatment at this point.

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But it usually means that you're over the target. So well done to you guys. And I leave it to everybody listening to this live and afterwards to make up their own mind as to whether or not I'm misinterpreting any data here because usually what I do is I present it in its raw form.

So this is my background. I'm not going to dwell on this. I do have a few degrees. But the most important thing that people should know is that data analysis has always been a critical component in each of these fields and/or disciplines that I've participated in. Doing your experiments isn't enough. You have to be able to present them and analyze the data in a clear way to your colleagues. So this is very important.

I really need to reinforce the fact that we're dealing with products, in terms of the COVID-19 products, especially the mRNA, that were rushed through clinical trial testing. Normally, a conventional vaccine takes approximately 10 years to get to market, and we reduced this time frame down to less than a year. And these trials are basically the foundations upon which all the decisions were made and the mantra that we've been hearing for three years, "safe and effective," are based on. Not only that, but these are kind of the springboard upon which all subsequent trials were based on. And these trials are exceedingly bad. And they **not only do not provide evidence of safety and efficacy, they actually provide the opposite, in my opinion. I've gotten pretty deep into this data. The exclusion criteria list for the Phase III trial were huge. Basically, only people who were healthy and of a certain age requirement were allowed to participate. And so it's very difficult for me to understand how anybody could make claims of safety and/or efficacy when there simply wasn't enough time. Genuine safety testing was impossible. That is a fact.**

And furthermore, instead of a two-year follow-up, what happened in the case of the Pfizer clinical trial, number here [NCT04368728], is that the placebo participants were unblinded and injected with the product. So the placebo group was intentionally lost. And if you don't know what that means, it basically means that if you had any kind of trial or experimental data that was being collected, at some point, it's lost, at this point. Without a placebo group,

you have no comparison. So at this point, the whole thing should have been called off, if you ask me. There are so many stopgaps within the last three years.

I'm going to play this video and hopefully you can hear. This is Rachel Zhang.

**[Played video clip of Rachel Zhang, MD, Team Leader, Clinical Review Staff, FDA]**

[Video transcript]

"I'm not quite sure I'm going to address your question. But I guess it was the study P203, as I mentioned, because of the availability of an alternate COVID-19 vaccine, after a certain period of time, after basically end of May, we have lost the placebo groups. So we cannot really say anything about the duration [of the efficacy] because there's no more efficacy data, basically."

So exactly what she said is correct. If you heard what she said, she confirmed the fact that the placebo group was lost and that we can't say anything about efficacy after that. But what she missed out on saying is that we can't say anything about safety either.

So the biological products being rushed like this is absolutely unprecedented, and I'm talking about conventional vaccines when I say these words. It hasn't been done like this before. And the effects of doing this, this Operation Warp Speed rush-clinical-trial-thing in the context of novel transfection technologies is absolutely unknown. This is a fact. We don't know the effects. We should have done studies for years, perhaps even decades, to see if this was going to become a problem from a genomic point of view.

And just a really quick word on transfection for people who don't know: this is as opposed to exposure to foreign proteins, which is what conventional vaccines traditionally do. We either kill a virus or we send in proteins in a package, and the idea is to get the immune system to mount a response against these proteins. But that's very different from this, and I'm going to get a bit deeper on this.

This is deliberate introduction of nucleic acids that form, say, a modified mRNA, which is foreign, into the eukaryotic cells of the human

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for translation by the human cells, by the host cells. This is completely different from anything we've done before. And if we have time at the end, you should ask me about this last step.

And my question here for anybody listening comes down to informed consent. I really **would like to know how many people of the billions who are injected with these products knew that they were being injected with something that wasn't a traditional vaccine. I'd really like to know because I can pretty much guarantee that most people didn't. I don't even think people know today. A lot of even medical professionals, they don't know this because they're turning a blind ear to it when it's suggested to them because it's been made out to be some kind of conspiracy theory.**

**A very important point. And I will provide some background on VAERS, but I want to throw this up here. It's very important. We had enough of a safety signal from VAERS to stop the rollout of these products from a safety signal perspective in January. I'm talking like the first month after the rollout started in December 17th. So on the left here, these are absolute numbers, which I chose to show here because I want to reinforce that these are**

people, not data points. We had almost 90,000 entries into VAERS spread across many age groups and almost 700 deaths. Now, the last time, to my knowledge, a product went onto the market and killed more than 50 people, that product was pulled. VAERS has functioned and does function as a pharmacovigilance tool in that when a safety signal is detected— Such as was the case in 1999 when a handful of intussusception cases was detected in VAERS, causality assessment was done, and the rotavirus vaccine was subsequently pulled.

So my question here—this isn't intussusception, this is death—what's the cut-off for the number of people who are considered allowed to die or become disabled or have neurological conditions or, et cetera, et cetera, before the product is pulled? An even better question might be: Why aren't we even asking questions? Why aren't the CDC, the HHS, and the FDA, the owners of this data, asking questions? Why aren't they doing the assessments that they always have been doing in the past, such as causality assessments or Bayesian analyses or PRR [proportional reporting ratio] studies? Why?

So I propose something here, if I may. Because VAERS was introduced 30 years ago as a trade-off for immunity from liability from pharmaceutical companies: We got VAERS. And they got immunity from liability. So if they are not, since they are not using VAERS as a pharmacovigilance tool now—they've waived this tool—then I propose that the immunity from liability also be waived. It only seems fair, does it not?

So VAERS is a pharmacovigilance tool. All this means is that the safety signals that might originate from VAERS are used in causality assessments or any kind of assessment in order to determine whether or not these safety signals comprise a danger to human health in the context of a product.

Now, one of the main problems with VAERS, contrary to what you might have heard, is underreporting. There have been studies done that actually claim that only one per cent of reports are ever filed to VAERS. That means for every 100 people who are suffering, only 1 of them might report. Now, I don't know if that's accurate in the COVID context, but you get the drift. There's only a percentage of people who are ever going to file a report to VAERS.

Now, this is a chart that demonstrates one of the things that I don't think you can confuse with interpretation. This is the raw data. I'm showing on the left the change, for some reason, in 2021 of the file size in VAERS. VAERS is a database that's very easy to access. You can just download CSV files, and they're of a certain size every week. Every week it's updated in megabyte format. So for the last 10 years, if you look at the file size and plot it like this on a two-dimensional plot—pretty simple—it's gone up a little bit over the last 10 years. And that makes sense

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**because there are more products on the market and there are more shots going out. So there's a proportional increase in the number of reports. Normal, right?**

**This, that you see in 2021, is not normal. Something is strange there. Something is different. Something is atypical. And there's no way to misinterpret this. This is just what it is. This is the signal that you just can't look away from once you see it. It has to be addressed in some way. And on the right are the number of VAERS IDs and, naturally— This is just for 2021 domestic data, by the way. It's far worse than this. You see the same, which isn't a surprise. So we have a 1,400 per cent increase in file size and 1,300 per cent increase in the number of reports in the domestic set. There's no interpretation required here.**

**This is the same data, up to date as of April 7th, distributed by age group. This is according to CDC age grouping. On the left, you can see the absolute counts. And, again, I like to show this because these aren't simply data points. These are people who have submitted reports of injury and/or suffering in the context of a biological product that was meant to be prophylactic for a virus that has a near-zero infection fatality rate.**

**And on the right is the normalized data. I think that's important to show so that you can see, within each age group, how many people per 100,000 doses, for example, were reporting. And I can tell you that the 0 to 4 age group, the reporting rate is going up faster than I saw it go up for all these other age groups. So something is going on there as well, which, again, needs to be addressed by the owners of the data. So there's no age group that is immune from damages and/or reporting.**

So why are we seeing these adverse events in association with these particular shots? So a good question to ask is— What's in them? So the Pfizer and the Moderna products both have modified mRNA. They're modified in specific ways, which I'll explain very quickly and briefly. And basically, they're useless without these lipid nanoparticle envelopes. So this is a very important secondary technology that's novel in this context.

Moderna and Pfizer both have their own recipes for the lipid nanoparticles. They comprise four lipids each: two of which include the stealth PEG, polyethylene glycol molecules, which coat the surface, hopefully, homogeneously, so that it can distribute efficiently, and cationic lipids, which are notoriously toxic. It's been the bane of the existence of this industry to design cationic lipids for use in humans that aren't hypertoxic. So magically, just about the same time when we needed them, both of these companies developed ionizable cationic lipids—which they only become active at certain pH, that's the so-called magic—at exactly the same time, that are allegedly safe for use in humans.

Now, the thing about this is in all of my research, I couldn't find safety data sheets that actually explicitly state that either of these have a version that's safe for use in humans. I'm looking for those documents if anybody has them. These safety data sheets both explicitly state that these two products are not safe for use in humans or for veterinary use. So that's a big question mark for me. And I'm always an Occam's razor person. And PEG does have a well-documented allergenic profile in humans: it induces anaphylaxis. And cationic lipids have a well-documented toxicity profile. So, for me, that makes me ask more questions than just to become docile and accept that it's safe.

The modified mRNA is modified in very specific ways, like I said. And I don't want to dwell on this, but what everybody really needs to know is that these things are very stable and stealthy. There are many papers that have been published to date that show that these things are very durable and long-lasting in the human. They're optimized for maximum **protein expression using codon optimization. They have long poly(A) tails and five-prime caps to optimize protein synthesis and durability. They also, you've heard this before, they have had their uridines swapped out for pseudouridines. And what this does, essentially, is allow these mRNAs to evade immune detection by evading toll-like receptors, which are these little molecules that detect danger signals.**

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**So the bottom line here, without dwelling on this, is that these things were designed to be very stable and very durable and long-lasting.**

**And the by-product is this spike protein and a couple more modifications that included a couple of proline substitutions, which apparently made this version of the spike protein that was in the closed conformation— I guess they did this to ensure stability, again, durability, and so that maybe it didn't bind to ACE2? I'm not sure.**

**And again, I'm not going to dwell on this because I don't have time in this short presentation, but there are many insertions, let's call them, that raise question marks, such as the furin cleavage site, which makes this much more infectious. It also isn't found in the original version of SARS, which is one of the biggest question marks of all. It's surrounded by cutting sites, et cetera.**

**Oh, and by the way, I should mention that this has also been identified as a nuclear location site [NLS], which means that it allows for the translocation of this thing to the nucleus. And there's another published paper that shows that the presence of full-length spike protein in the nucleus prevents double-stranded DNA repair break.**

So all of these papers, I think, that I've put here that you should all read. There are a number of different things that are questionable about this spike protein from the original Wuhan strain, upon which the spike in the shots have been mimicked after. So it raises serious questions about the way that spike is doing damage. And I'm going to get to a few of these if I have time.

Now, Laura Braden has shown you the figure on the right. We all know that the pharmacokinetic studies have been FOIA-requested that tested where these lipid nanoparticles and the PEG from the Pfizer shots go— And if they go these places, where they go and how they accumulate. So, shockingly, they do traffic to the ovaries and accumulate there. I'm not going to dwell on that. I've given many talks about the potential dangers associated with this. For the sake of time, I'm going to the left here and focusing on the liver. Because the liver is one of the organs where these things are found at the highest concentrations. I think second only to the injection site itself. And this is problematic.

And the reason it's problematic, it's for two big reasons I can think of off the top of my head. What you're looking at here are two systems that are in the human body that control blood pressure, electrolyte levels: in the case of the one on the left, which is the renin-angiotensin-aldosterone system [RAAS], and on the right is the coagulation pathway. So the liver is the source of many, many, many molecules and proteins that are absolutely essential to the closed loop functioning of both of these systems. My point here is if you happen to throw a wrench in either of these works, you're going to have clinical effects. That's a fact.

So the reason it's interesting—and I made a video about this you could watch on YouTube **about the RAAS on the left—is that one of the mediators, one of the molecules, which is essential to this closed loop system is ACE-II. It binds angiotensin II, which is another mediator, which converts to something called angiotensin-1-7. All you need to know about that is this ebb and flow of vascular constriction and dilation is regulated by these molecules. Now, imagine you have something, like a wrench, that you throw into the system that binds ACE-II. What binds ACE-II? Well, we know that spike protein binds ACE-II, don't we? We know that it binds in the form of the virus. Maybe it also binds in the form of the free spike that's manufactured by the body as a by-product of being injected with these products. I can very easily imagine that if you throw a wrench in this system, it could get dysregulated. I'm not saying that it does; I'm saying that it could and it needs to be studied.**

**But more concerning is what might happen on the right because we're seeing massive numbers of reports of thrombotic events, clotting and micro-clotting. And it's also been documented that there are dysregulations in the clotting pathway itself in the context of the spike protein, either SARS-associated or these injection-associated spikes.**

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**The liver produces prothrombin and all these other mediators, which subsequently make the ebb and flow system of the clots and the things that break down the clots. And that's just as important as the clots themselves. This is all normal stuff. But if you imagine that you throw a wrench in this system as well, and you have problems with the development of fibrin or the degradation of the clots, you can imagine that you're going to have thrombotic issues.**

So there might be a common etiology here with regard to many, many, many of the adverse events that we're seeing submitted to pharmacovigilance databases that revolve around these potential dysfunctions associated with the liver. And the reason why I'm starting to think that this is absolutely the case is because the liver is the place where the lipid nanoparticles traffic preferentially and accumulate. And if they are, in fact, dumping their modified mRNA payload, and those mRNAs are getting translated into spike protein in copious amounts, I can't imagine that the liver wouldn't be affected. So this is my idea.

So the coagulation, clotting, and wound healing mechanisms might have their "off button" modified somehow by these spike proteins. So all of these factors that you can see on the left—the platelets and the fibrin and the clots themselves that are formed—are scaffolds, so to say, to make bridges across wounds that are induced by the presence of spike protein. For example, say spike protein gets embedded in whatever cells that are in proximity or they're mounted on MHC [major histocompatibility complex] molecules for targeting from the immune system for destruction. And you get this clotting happening. So imagine that you have a problem with that.

So I'll get back to that. But I want to interject another critical component of the liver, and that's a protein called transthyretin. Amyloidosis, one of the two main types, is caused when these transthyretin proteins that are made in the liver misfold. And this can have direct negative effects for the heart in particular—all sorts of organs—but I just wanted to throw this in here because I'm going to circle back to this at the end if I have time. And I just want to point out another essential protein made by the liver.

The liver is the big detox organ, by the way. This is a paper that has shown recently that spike mRNA is persistent in hepatocytes. Hepatocytes are the main cells in the liver. And wherever you have spike mRNA, there's going to be spike. And this is just one of many, **many, many studies that are going to start rolling in. Trust me, I'm going to circle back to that as well.**

**But just to get back to VAERS for a moment, to put some numbers on this. This is just a sample of some of the keywords that I use like "hepato" and "liver" from VAERS to get an idea of how many reports are being filed by age group. And there are tens of thousands. Again, I want to reiterate here, if I haven't said so already, the numbers that I report never include an underreporting factor. So whatever you believe it should be from 1 to 30—41, whatever—multiply these numbers by that, and you'll get a more accurate estimate of how many people are actually suffering. So, again, I normalized the data on the right. And you can see that no one is immune. And the 0- to 4-year-olds are definitely involved here.**

I want to, again, remind everyone that the fibrinogen, the fibres that make these clots possible, and the plasminogen—which is the precursor to plasmin, which is this very important molecule that degrades the clots once they're formed—are both made in liver. So if you have a defect in the production or distribution of fibrin, for example, you can have all of these listed clinical problems in this chart.

So I just want to give you an idea of some of the things that can go wrong in one of the parts of this pathway, the coagulation pathway.

[30:00:00]

And you'll see bleeding, amyloidosis, thrombosis, et cetera. These are just eight that are just pulled off of this chart. But everybody has to know that at this time point in VAERS, only in the context of the COVID products—there are four now—there are over 15,000 adverse event types listed. And that's of a possible 25,000 different MedDRA codes that you can choose from. And to put that into context, I went back to 2021: I pulled out all of the adverse-event types for the 14 flu vaccines that had been reported to VAERS that year, and there were just over 1,700 different types. And if you go and look at the COVID adverse event types for 2021, same thing, you find almost 11,000—it's well over 10,000. So there's 10 times more types of adverse events.

**Shawn Buckley**

Dr. Rose, can I just clarify something? So when you're showing us this figure of 15,000 adverse events just connected to the liver, that would just be, using some estimates, just one per cent of the actual adverse reactions connected to the liver?

**Dr. Jessica Rose**

Well, these are the types. And this is not just liver associated. These are all of the different MedDRA codes that are used—

**Shawn Buckley**

Okay, thank you.

**Dr. Jessica Rose**

to describe what that person might have been suffering from: So you can have death. You can have chills. You can have fever. All of these things are called MedDRA codes. So the most important thing to know here is that the range of reported adverse-event types is far, far, far greater than we've ever seen in the past for any and all of the vaccines combined, as a matter of fact. Which, also, this is evidence. It's not proof, but it's very strong, compelling evidence that there's something very different about these shots. And that probably is liver related. But this involves the circulatory system, the immunological system, every system you can think of is basically affected here in some people.

Just to put some numbers on this and to incorporate this underreporting factor, if I put a number on each of these eight adverse events here that are associated with clotting pathway dysregulation, you get something that looks like this on the left. And the reason I used an underreporting factor or URF here of 31 is because this is a calculation that I've actually made and published in a peer-reviewed journal article, which is based on Pfizer's Phase III clinical trial data and their rate of severe adverse event occurrence, which is 0.7.

So I calculated an URF of 31. So if you multiply these numbers, these absolute counts on the left, by 31, you get these numbers on the right. And so this is a much more realistic depiction of how many people might actually be suffering here. And it's not an exaggeration in my opinion. If anything, it's an underestimation. And nobody that I know looking at this data would argue with that. They're probably looking at these numbers now, and they're saying, "Wow, Jess, you really went under the line here." We're talking about hundreds of millions, I think, in total. So this is a serious problem.

Another paper was recently published that provided evidence that spike was directly responsible for worse clotting. And they propose that this has to do with some kind of dysregulation of plasmin. And again, this is the molecule that breaks down the clots. So we're talking about clots that are really resistant to degradation in the context of the spike protein. This is SARS and/or the spike protein associated with the shots.

There are two more papers that confirm this. The one on the left did a study that confirmed ARDS in influenza and ARDS, acute respiratory distress syndrome, in COVID. And this other paper did a similar analysis. And they both found that the clots that are produced in the context of the SARS or some sort of the spike protein are bigger and harder. And I'm wondering if, in addition to clotting dysregulation—something along the pathway that's being messed up—if this isn't being irritated, let's say,

[00:35:00]

by the addition of amyloids. And I'm going to get into what that means, and why I might think that. Because amyloids are proteins that are very, very degradation resistant. They're unwanted proteins, absolutely, misfolded proteins. We don't want them around.

And just to reinforce here. If these dysregulations and if these adverse events are actually spike-mediated—and there's a large community of people that really stands behind this now—in addition to lipid nanoparticle-mediated, this is really bad news. Because, like I said, there are published papers now that confirm that the spike and the mRNA are really durable and persistent. We found spike protein and mRNA up to 60 days in the germinal centres of lymph nodes. This is just when they stopped measuring, by the way. So keep that in mind. Not to freak everyone out. But when you hear people talking about detoxing from spike, it might actually be a really good idea for us to put our energies into doing this. Because this stuff seems to be really persistent. And it's very inflammatory and it seems to be very, very cytotoxic, as well.

We're not just finding it in the germinal centres of lymph nodes. We're finding them in epithelial cells. This is from a teenager, more recent. And everybody needs to watch Arne Burkhardt's presentation he gave at a recent conference in Sweden that I also spoke at and **look at his slides. He's got probably thousands of slides showing the presence of spike protein deposition in various and sundry places. And even earlier than that, this is Sucharit Bhakdi on the right here, presenting some of his work at a conference in Vienna. And it shows the presence of the spike proteins in the capillaries of the brain and the small vessels of the myocardium. He found it everywhere. So go watch that. There's a link at the bottom.**

And to bring this back to VAERS, I pulled out thrombotic events. And again, this an underestimate. I'm just giving you an idea of what we're seeing here. But we're well into the 100,000 mark, without the underreporting factor, distributed across all ages. No one is immune, not even the babies. So this is definitely a thing, let's say. These reports are very prolific. And beyond VAERS, beyond pharmacovigilance databases, all you have to do is talk

to clinicians or anyone on the ground, and you're hearing about this. It's ubiquitous right now.

But this is a worse situation than just dysregulation of normal functions if amyloids are actually involved here. I'm going back to this now. If these clots, the scaffold created naturally as part of the clotting pathway, are not being degraded in the first place because of some dysfunction in that mechanism and amyloids—which are basically just like additional pieces of glued fabric, like being thrown on a ball—you can imagine what's going to happen. That ball is going to grow, and it's going to cause physiological problems.

There's a paper that's been published, a material science paper, which is really interesting, that shows that amyloidogenic peptides are actually a part of the spike protein, which is quite alarming. It's been shown in this paper that there's an enzyme called a neutrophil elastase, which is the by-product of a particular kind of lymphocyte called a neutrophil, that can cut the spike protein into smaller peptides. And one of these peptides that they managed to find and investigate were amyloidogenic, which means that they cause amyloids. They are fibrils. They can create these plaques that are notoriously bad for human health. It's basically like out-of-control protein deposition wherever they are.

This is a little slide that I made. Sorry, there's a lot of information here, but it's pretty basic. On the right here, this is one of the peptides that they found as part of their study. So what a peptide is, is just a short chain of amino acids. So this spike protein on the left—this is a crystal structure of a spike protein—is what we call the quaternary structure. But it all boils down to this original chain of amino acids that you see in colourful beads here.

[00:40:00]

So if you have just a segment of this chain of amino acids, this is called a peptide. So this peptide is 10 amino acids long that they found. And it absolutely has amyloidogenic properties, and this came from the spike. So it begs the question: Is this what we've been seeing in terms of the emphasized problems with clotting? Because we have blood clots on one hand, which is this grape jelly stuff. And then we have proteinaceous collagen-rich deposits on the other. And we have these things together. So is this what we're seeing the embalmers talking about? I really have to wonder.

**Shawn Buckley**

Dr. Rose, can I just step in? So did you see the presentation of the embalmer, Laura Jeffery?

**Dr. Jessica Rose**

I did.

**Shawn Buckley**

There were some photographs shown, basically, I mean, they almost looked like earthworms or spaghetti. Is that the type of thing that you're now discussing?

**Dr. Jessica Rose**

Yes, that's the idea in my head. Now, I'm not an embalmer. I haven't seen these things with my own eyes. But what I have seen are white, rubbery, very, very strong, like rubber-band-strong things that the embalmers are claiming that they're pulling out of the bodies and

that are making it hard for them to actually do their work. Because something—not blood clots—is restricting the flow of the embalming fluid when they turn on their machine. And, so from what I understand, you have to actually physically cut open specific sites and take out these proteinaceous deposits, which actually fill the entire vessel cavity, before you can have the flow of the embalming fluid go through and flush out the actual clots, which are, you know, just jelly. So it's possible that that's what this is. I mean, I actually am pretty damn sure now that what we're seeing is systemic amyloidosis. It's fibrin-rich, collagen-rich, proteinaceous deposits wherever this spike is, basically. That's what I think is happening.

**And just to reinforce that point. I think that's maybe why the range of adverse events that I was talking about—this 15,000—refers to just about any problem you can imagine having physiologically.** The problems from the very beginning— By the way, when I was looking at this in January 2021, there's a systemic nature to the adverse events that are being reported. It's not exclusive to the cardiovascular system or to the neurological system or to the immunological system. I mean, the immunological system is the basis. But it's affecting everything. So it's like, what's the consensus here?

This is my last point, and this is just my own idea. Myocarditis is one of the things that has been my meat in all of this, in the descriptive analysis of VAERS data. I penned a paper with Peter McCullough that got force withdrawn. And, interestingly enough, this was five days before this open public hearing that I was speaking at. I'm not going to play this video now because I don't have time. But I've submitted it as part of my testimony [Exhibit TR-4f] so you can hear this, and it's also online. And it's interesting because this hearing was to provide an opportunity for us, the medical scientist research community, to tell the FDA why we shouldn't put these things in 5- to 11-year-olds.

And the main finding of the paper, besides a much higher background reporting rate of myocarditis in kids— So what you're looking at here are the myocarditis reports—the reports that were filed, diagnosis: myocarditis in VAERS—for all the people, all age groups, as per dose. This is dose one, two, three. And this is the Moderna, the Pfizer, and the Janssen products in this plot. So what you see here in green is something like a four times higher reporting rate of myocarditis in young people. This is a very, very, very compelling slide in terms of causality. Because if there was no effect, if there was no impact on subsequent shots, then we wouldn't see this difference. And this is not seen, and I looked, in any other type of adverse event; this is very unique to myocarditis in kids. And, again, I just want to reiterate: This is not a secret.

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Everybody's talking about this, even the CDC has admitted that this is a problem. I think **they even have this on package inserts now. This is not a secret. This is well known. So this was one of the main findings that was in the paper that got published with Peter that was subsequently force withdrawn. By the way, it remains in limbo.**

### **Shawn Buckley**

**Can I just interject? I just want to make sure that everyone listening to you fully understands what you're saying. So you were co-author and the lead author on a paper with Dr. Peter McCullough, who is a renowned cardiologist. That paper was accepted in a peer-reviewed journal to be published and was published. But a few days before there is a meeting to determine whether or not these vaccines should be approved for use in children, the journal pulls your report or your publication from the journal.**

**Dr. Jessica Rose**

That's right. So you can see that here. This is prior to the title being tagged with "temporarily withdrawn" and then, subsequently, "withdrawn" from this journal. And, yes, it was five days before the testimony. So I don't believe in coincidences. I think this was done intentionally. And the reason that was given was that it was their prerogative to do so. They said, at any point during the publication process, even in the final, final stages, they can decide not to publish. So that was the reason. There was nothing wrong with the science: Nobody argued that what we had said was questionable. Nothing wrong with the content whatsoever. And, wow, yeah, there were a lot of people who did hit pieces on this. So yeah, that's the story. And like I said, it remains in limbo.

And it's a real heartbreak for me because this had gained so much traction in the stages that lead up to final publication, like tens of thousands of people had downloaded it. It's something that everybody wanted to read about: the pediatricians, the researchers, the parents. I mean, the thing that breaks my heart the most is that people didn't have an opportunity to freely read this material that was peer-reviewed and make their own damn mind up. That's criminal. Because so many kids have been injected with this stuff because they thought it was safe and effective because of the hearing. They voted 16 to 0 that this was perfectly fine to put it into 5- to 11-year-old kids after this meeting, despite my testimony and everybody else's. Yeah, it's a tragedy. There's no other word for it. It's an absolute tragedy.

**Shawn Buckley**

Dr. Rose, I'll just let the commissioners know, this report titled *A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products* is entered as Exhibit WI-4c. So both you and people following the NCI can see that.

Dr. Rose, we're also going to enter as exhibits your report on the *U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid Biologicals* [Exhibit WI-4b] and your report on the *Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?* [Exhibit WI-4d] And I'll just ask— There might have been some changes in your opinion since you wrote those. Would you make any additions to those at this point in time or are they still, would be your full opinion?

**Dr. Jessica Rose**

Yeah, they're all valid. Who came up with those titles, though? That was me. I'm just making a joke.

**They remain valid. The first paper that you mentioned is just my first descriptive analysis which showed two things: It showed that there were clustering of reports related to neurological and cardiovascular and immunological damages. That's what I was talking about before. From the get-go, I noticed that there was no organ system that was immune from damage here.**

And the second one was a test of the pharmacovigilanceness of VAERS. I wanted to see what was going on with regard to reports that VAERS reports were going missing. And this was coming from people who had filed, who said, "Where's my VAERS report?" It's absolutely true. And I showed—go read that paper—that VAERS reports are just removed

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following this extremely difficult procedure of getting a VAERS report filed and entered on the front-end system. I think everyone should go to OpenVAERS. This is a very good friend of mine who has written a lot of articles on the ins and outs of VAERS and how there are probably up to three sets of books of VAERS data. Please go there and read her stuff. I don't really have enough time to go into the details. But the VAERS front-end data set from which I'm doing my analysis is, again, it's an underestimate-galore of what's actually going on. It's a nice representation. It's a sample. We have 1.5 million reports, which is a nice-sized data set. But it's still just a fraction of what's going on. So go read those papers and go to OpenVAERS.

I'm going to close with my last point. I'm wondering if the myocarditis diagnoses being made— Because cardiac amyloidosis is very often under- and misdiagnosed. It looks a lot like myocarditis. Myocarditis is basically just a general descriptive term for inflammation of the myocardium, which is the middle muscle layer of the heart that allows it to beat. So if there was a further examination in the right way and the right testing was done to examine the nature of the scar tissue of the myocardium, I'm almost certain that we would find out that these myocarditis cases could actually be referred to as cardiac amyloidosis: deposition of fibrous tissue and scar tissue on the myocardium.

So this is just leaves rustling in the wind, some more VAERS data. But I looked in VAERS for reports related to amyloids, fibrin, and syncope, which is fainting, because amyloidosis, when there's heart involvement, is often associated with syncope or pre-syncope. So I looked at this. And I noticed something I don't notice when I look at many other types of adverse events or clusters and that's a clustering of reports in the younger age groups between 12 and 39. And so something's definitely going on here in our young people. And I don't think anybody can refute that at this point, either, because we're seeing a lot of young people, in fact, dying. And I'm wondering if the ones that are related to cardiac issues don't have, say, myocardial tissue replaced with scar tissue so that their little hearts can't beat anymore. It's just an idea. I'm not a cardiologist. But it's just one of the ideas that I had.

I think everybody needs to follow Arne Burkhardt's methodology. He's a pathologist and he's done brilliant work, like I've said. He probably has thousands of images of spike deposition in and around every single part of the body. He's doing autopsies. He's staining for amyloids. He's staining for spike-specific protein or spike protein deposition, and he's finding a lot. I don't have time to show you any of his work, but here's a link at the bottom where you can watch an entire presentation in Sweden. It was quite the honour to watch this live. I literally took a photograph with my camera of every single one of his slides. It was extremely compelling.

**Shawn Buckley**

Dr. Rose, we will enter your slideshow as an exhibit [Exhibit WI-4g] so that both the commissioners and anyone following the NCI can view that. I'm wondering if you would be open to questions from the commissioners at this time.

**Dr. Jessica Rose**

Yes, I'm done anyway. What perfect timing. Here's Buckminster Fuller, a slide, whom I love. So yes, I'm absolutely open to questions. Well done, Jess, good timing.

**Shawn Buckley**

Okay, are there any questions from the Commission? Yes, so there are.

**Commissioner Massie**

Thank you, Dr. Rose, for your very thorough and enlightening presentation. I have a number of questions. But I guess that we have to review your material in detail to dive deeper in a lot of the things that you're showing.

I'm a little puzzled by some analyses and studies that have shown that there are, indeed, in some studies, protection from COVID death

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following vaccination, so if you just focus on cases where you could actually document, reasonably well, protection from death from the vaccine. And this argument is used over and over again as a line to promote vaccination and repeated booster, and so on. So what is your thought on these studies that have been done to show potential protection from death following vaccination?

**Dr. Jessica Rose**

Well, to be honest with you, the studies that I've seen—there are some coming out of Israel—they don't show that at all. As a matter of fact, what I've seen— Maybe I haven't seen the right study. But the studies that I've reviewed show more people are ending up in the hospital and dying in the group that were injected.

There are also a number of problems with repeat injections that are related to issues of tolerance by the immune system. It seems like there's a very clear story developing now that tolerance is being induced by repeated exposure to the spike antigen. And basically, what that means is that you're not going to be mounting any kind of immune response to that protein or anything related to it. So, basically, if you're exposed to this virus, challenged by it, then you're not going to mount an effective immune response. So I'm not sure I agree that these products have saved many lives. I'm much more focused on the damages that they've done. That's my meat. That's what I'm primarily focused on because I don't think that the people who were injured have a voice. It's been taken away from them, and I want to be a voice for them. So this is my focus. And I was going to say something else, but I don't remember.

**Commissioner Massie**

Okay. My other question would have to do with the cytotoxicity of spike, which is now, actually, I would say, fairly well documented by many, many reports. It seems to me that this knowledge that spike could be potentially cytotoxic was probably known somewhat in the scientific literature before we decided to go ahead. So why is it that it was dismissed or ignored?

**Dr. Jessica Rose**

I don't know. It's an excellent question. I can't imagine that the people who are working on this didn't hypothesize that—since the modus [operandi] of this technology is to induce an immune response, an inflammatory response against the spike protein—that they wouldn't have anticipated that wherever the spike was going to be presented on MHC molecules, or

embedded in whatever cell, that an immune response wasn't going to be mounted in order to kill those cells. And that would cause, in some people, hyperinflammation. I mean this comes back to the original trials where the exclusion criteria lists were so long. They discounted people with pre-existing autoimmune conditions, for example. And a lot of these have to do with hyperinflammation or a hyper-inflamed state. So it could be, this is one of the things that I've hypothesized, that we're seeing the worst effects of these products in people who had pre-existing conditions, like some kind of hyper-inflamed state, which a lot of people have.

**I find it impossible to imagine that they didn't anticipate a potential problem or the potential problem that most people who are reporting adverse events are reporting on. And this is the systemic, notorious damage being done, say, to blood vessels or wherever the spike protein lands, like I said.**

And just to reinforce this, we were explicitly told that the contents of the needle were going to remain primarily at the injection site. This was hammered home. And they also knew, I want to reiterate this and make this very clear—as we know from the FOIA-requested pharmacokinetic data and also from a paper, which you can find in the supplementary material in my slides, from 11 years ago that confirms that they knew—this is published in the literature that these types of lipid nanoparticles traffic to the ovaries in the same animals.

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And the reason we do animal models is because we basically have the same organ systems. So traffics to the ovaries in Wistar rats or mice, probably traffics to the ovaries in humans. And low and behold, it does.

I know it's a long-winded answer. But there are a lot of things that they did know. And we know that they knew now because of forced FOIA requests. We wouldn't know half of what we know about the data or the studies that they did and didn't do if we weren't asking for this data that they don't want to reveal. So I dare say that there's a lot that they knew. There's a lot that they know now. And they're obfuscating from the public because it would be bad for the program.

#### **Commissioner Massie**

If I can ask one last question. What could be a little bit misleading is that spike will be produced from the viral infection and should you be unlucky and get the virus invading the blood circulation, you will get spike protein produced from the virus. So it could actually probably trigger all kinds of phenomenon [like] the one you're describing in the adverse event.

**What would be, in your opinion, the differences between the spike protein produced from, say, an infection that is not properly controlled versus the spike protein that you are producing following the injection of the messenger RNA?**

#### **Dr. Jessica Rose**

It's the scale. It's a very, very simple, quick answer. The transfection technology is designed to make massive amounts of spike protein. And with repeated injections, you're going to have massive amounts of spike protein being continuously produced. This is very, very, very different from being exposed to a virus with many, many, many different proteins. You

don't just have the spike protein. You have all these other proteins against which your body will form, say, antibodies and mount T-cell responses against. So you're going to have a robust, multifold fighting force aimed at a number of proteins. It's a systemic fight against a viral pathogen, let's say. You have the introduction of the virus. You have viral expansion. You have the immune response kicking in, and then you have the decline. So there's this natural process: this ebb and flow between the introduction of a foreign pathogen-like virus and the immune system.

This is not that. This is massive in comparison. There are many people who know the numbers. I don't know them off the top of my head. But it's multifold higher amounts of spike protein. It's a deluge. And in some cases, let's say it gets into the blood because the person wasn't aspirated and it disseminates everywhere. And wherever those lipid nanoparticles dump that payload, that spike protein is going to be manufactured. It's so, so, so different from the natural immunity course. Yeah, it's the scale.

#### **Commissioner Massie**

Thank you very much.

#### **Commissioner Drysdale**

Good morning, Dr. Rose. In your presentation, you talk about the VAERS system. In Canada, we have a system that most people have never heard of. It's called the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System]. And what we heard from previous testimony was that reports to the CAEFISS system were being screened or triaged, if you will, by public health officers. And doctors were suspended and punished for making reports to that CAEFISS system. Was that the case with VAERS as well, or are you aware of what went on in Canada with the CAEFISS system?

#### **Dr. Jessica Rose**

I am. It's appalling. But from what I understand, it was far worse in Canada. Now, that's not to say that this absolutely wasn't happening, not only in the U.S. but in the U.K. with the Yellow Card system, the EudraVigilance system for the EU, and the DAEN system in Australia. It's been kind of a global phenomenon where reporting adverse events is not only not the first thing that someone would do, necessarily—maybe it's because they just had a 14-hour shift in the ER—but because it was discouraged.

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This is what I've heard from doctors in hospitals, the ones on the ground, and the nurses. **And nurses know everything. They're saying that they feel there's like an air of threat if you even suggest that someone might have suffered an adverse event in the context of this shot.**

**So it was very highly discouraged to file a report. That's why it's kind of remarkable to me that there are still over 1.5 million in the VAERS system. And that's why I also made the comment about the fact that this might even just be the tip of an iceberg. I'm not sure how bad it is. But certainly, when you factor in the under-reporting factor, it definitely is contained within medical professionals being discouraged to report. There's also the human component. I mean, some people just will never be compelled to report something. Maybe they won't think of it. I mean, I'm vaccinated out the yin-yang for most things, not these things. But if something had happened to me, I can't think of something. But I never, never in a million years would have thought it was because of one of the vaccines I got. I'm**

one of those people. I really empathize with this because I mean there's so many reasons why people wouldn't be reporting. But I can absolutely tell you that it was discouraged.

### **Commissioner Drysdale**

Next question. You had referenced Dr. Braden, I believe, in one of your reports. And we had her give a presentation to us in Truro, Nova Scotia, some weeks ago. Some of the things that Dr. Braden talked about was— I don't want to put words in her mouth, but in my interpretation, a systematic failure from the system, from the theoretical point of view right up to application. What she was talking about was she questioned the mRNA technology itself. She questioned the manufacturing process in that she referenced a number of tests of the actual vaccines, which showed a number of foreign particles and all kinds of unknown things. I believe she referenced that there were portions—and this is an engineer talking, not a doctor—of RNA that had remained in the *E. coli* they used to create this stuff. And so there was a potential that this RNA had affected the genome, and it was in *E. coli*. And then the last thing she talked about, and you referenced a couple of times, had to do with the actual administration of the injections in that the manufacturer said that it was going to be intramuscular. But many of the injections were not aspirated. If I understand, aspiration is when you put the needle in, you pull the plunger back to see if you're in a vein or not, and if you're not in a vein, you go ahead.

Can you comment on how all of those different things might be contributing to the 15,000 or so different types or classifications of adverse events out of a total of 24,000?

### **Dr. Jessica Rose**

Yeah, I sure can. And I love that you've put all this together because this is such a tricky pony. I mean, there are so many factors that could lend to the outcome. The predictability here is absolutely almost zero, in my opinion, because it's going to be based on the person's age, the person's immune age, what other vaccines they have, if they're on medication, if they have co-factors, how the needle went in, what was in that syringe, et cetera, et cetera, et cetera. There are so many factors that are going to lend to the outcome. I can't stress that enough.

So my idea of a worst-case scenario is this, that will bring up all of the things that you asked about. Aspiration, first of all, is when you pull back on the syringe, and if you hit a vessel, you're going to get some red. And that means you're in the wrong place, right? You don't want to inject it into the blood because that's not where it's supposed to go. It's supposed to go to the muscle, like you said. They were actually recommending, and by they, I mean the CDC on their website, not to aspirate. And I can't figure out why they would have been doing that because everyone should have been doing that. So what that would mean is that **you would get dissemination of the lipid nanoparticles carrying the payload where they weren't supposed to go necessarily.**

[01:10:00]

**That's number one. That could be bad news in terms of adverse event.**

**Number two is this polyethylene glycol. This is the molecule that coats the lipid nanoparticle. And if it's coated homogeneously, which means that it's evenly coated around the whole surface, then it's going to be the nice slippery, little ball that it's supposed to be that can traffic to wherever and get wherever it's going optimally. So if for example, if you have a bunch of vials that weren't handled properly or in the manufacturing process, the**

lipid nanoparticles weren't coated homogeneously, and you have, say, holes in the sphere where there's supposed to be PEG, that's actually going to bode well, in my opinion, for the person who's injected. Let's say that they got their injection into the muscle. Because those lipid nanoparticles aren't homogeneously coated, they're going to break down much easier at that site. So you're not going to have dissemination of either the lipid nanoparticles or the payload. That's number two. It's just an idea, but I think it has merit. There's a working group of German researchers who actually proposed this as well. It's in one of my presentations.

And as for contamination, a colleague of mine has recently been sequencing— He started with the bivalent products, the Pfizer and the Moderna, and he's moved on to sequencing the monovalent products and has found double-stranded DNA contamination in all of them. Not some, all of them. And what this double-stranded DNA contamination is, are the plasmids that are used in the production line to produce the mRNA. And what's supposed to happen at the end of the production line—you'll appreciate this as an engineer; there's like five steps that I showed in my slide—is that the mRNA is supposed to be purified. You're supposed to take that out at the end stage. It's expensive to do this. And because we have so many evidences now that good manufacturing processes weren't abided by, it's possible, I will say, I'll be generous, that the mRNA wasn't purified properly. That's exactly what this indicates because the presence of the double-stranded DNA is not explainable otherwise. It shouldn't be there.

And so we can't say definitively what the clinical outcome of that contamination is going to be. But we can say, based on his findings that he has recently put to preprint, is that the levels of double-stranded DNA that are "EMA permissible" far exceed any levels that they've written down in the literature. So we know that there's contamination of certain kinds. And it's kind of scary to think about. We know that corners were cut all along the way here. I mean, there just simply wasn't enough time to do everything right. That's a fact. But it's scary to think about what actually might be in the vials themselves.

I want to make one more point here. Even if everything was done perfectly and we had our homogeneously-coated lipid nanoparticles (LNP) with our full-length spike protein—I didn't even mention per cent RNA integrity here; I don't have time—which when delivered, translates to full-length spike, this is probably the worst scenario you can have because of the papers that have been released that show that the double-stranded DNA repair mechanisms are impaired when spike is found in the nucleus. And it does get trafficked there because of this furin cleavage site. So no aspiration; full-length spike protein; homogeneously-coated LNP; and somebody with, say, a pre-existing autoimmune condition or is hyper-inflamed and old, perhaps, infirm—this is the worst-case scenario, in my opinion.

**Commissioner Drysdale**

The last question and that has to do with— A previous witness had talked about the potential contamination of the genome. And I think you mentioned, yourself, about that this has been found in the nucleus of cells. If this has penetrated all of the organs of the body and if you're finding it in the nucleus of the cells,

[01:15:00]

can you comment on the potential for an effect on the overall genome?

**Dr. Jessica Rose**

Let me just say that I think the potential is there. The proof of integration is not there yet. But I have no doubt in my mind that this paper is on the way, based on the evidences that we've accumulated to date. I want to be careful here about what I say because I don't know yet. I don't think that it's impossible that germline integration is going to be something that we're talking about soon. I think that if it happens, it's going to be a rare event. But the thing about it is if it happens at all— Again, this is absolutely inexcusable because I cannot imagine that all of the brilliant minds behind this technology couldn't have anticipated the possibility here. If they knew about the reverse transcription, which has been shown—this is in the literature now that LINE-1, which is an endogenous retrotransposon in humans, can convert this mRNA back to DNA—then why wouldn't it be able to integrate? I mean, again, I'm not saying that we have definitive proof of that yet. But I wouldn't be surprised if that paper is in the pipeline right now.

**Commissioner Drysdale**

And I apologize. I said that was my last question. But it just occurred to me in listening to you. You know, I got up this morning and I looked at the news, and there was this incredible story about the James Webb telescope. And it was looking into the eternal reaches of our universe, and it'd taken in these incredible pictures of Jupiter, and it was gathering all this data that was so far away. And, yet, when we were in Toronto, we had an embalmer telling us about these fibrous masses in the veins and, to my knowledge and to the knowledge of that witness, no one had dived in like the James Webb telescope to find out what these things were. And my question is, do we not have the technology to go to a funeral home when someone's reporting this and take a sample and test it and tell me what it is?

**Dr. Jessica Rose**

And I have the same question. It's the same thing to me about the autopsies. I'm dying to know why we're not autopsying everyone now. Like, why aren't people whose kids are dying demanding autopsies? I mean, that's what I would do. This is like the microscope into the forensic data collection of why the person passed away. I mean, it's like the most important thing of all. So I can't answer you because I just don't know.

What I can suggest is that there's a movement to suppress this from being done, just like there was a movement to suppress autopsies from being done because it was "too dangerous" in the beginning. So okay, fine. We'll give you that, it was too dangerous back then before we had all this figured out, quote-unquote. What's stopping us now? I don't understand.

**And there is one group who analyzed this proteinaceous stuff. And the only thing that I remember that they found is that they classified it as organic. And that makes a lot of sense to me because I think it's just collagen. So I mean, I'm not in a lab now. But if I was in a lab, that would be the very first thing I would do. I'm like, I've got to find out what this material is because, if it's collagen and it's just, you know, the natural things of the body in "on" mode, like I said, then, basically that confirms what I said. And then we can solve the problem.**

Well, actually, the first stage of solving the problem is to stop injecting these things into people because they are causing problems in some people. And because we're not being allowed to acknowledge this or ask questions, we're not able to come up with viable solutions out in the open. I mean, we humans are so much better together. So you know,

even if the people who are promoting this stuff came to, so-called, our side and our brains got put together and we collaborated, we could solve this real quick. I'm the forever optimist.

**Commissioner Drysdale**

Thank you, Dr. Rose.

[01:20:00]

**Dr. Jessica Rose**

Ooh, he's a happy guy. Ooh, he's happy. That's my cat. He's very happy.

**Shawn Buckley**

We have one more question for you.

**Commissioner DiGregorio**

Hi, Dr. Rose. Thank you so much for your testimony today. I think I heard you say that a number of your studies involved you downloading a lot of VAERS data. And I understand that your expertise is in the VAERS data and not our CAEFISS Canadian database. But I'm just wondering if you know whether or not the same type of data is downloadable from the Canadian CAEFISS database.

**Dr. Jessica Rose**

I'm going on memory now. And I got to tell you my memory is not so good. I don't think so. Definitely, I know this: VAERS is the database that I chose because it was very accessible. You literally just go to the VAERS website and download CSV file, very large now. And if you're going to have a crack at this, I don't recommend using Excel because it gets stuck. I recommend using R. But as for the CAEFISS system, I'm trying to remember if I even tried, but if I did—I know that I looked at it once. I don't have a good answer.

**Commissioner DiGregorio**

And then my last question is about the VAERS database itself since that's where your expertise is. If you could make one improvement to it to help gather better data and do better analysis, what would that be?

**Dr. Jessica Rose**

Hand it over to different owners, that's what I would do. I was actually in a kind of task force at the very beginning of this to try and design a new system. And the fact of the matter is VAERS is very antiquated. The move to paper forms to online has been kind of, you know, it's a good attempt type-thing. All that aside though, like I said, it still works. It's annoying. It's underreported. But it still works.

The problem with VAERS right now is not all of those things. It's not the fact that it's antiquated. It's not the fact that it's underreported. It's the fact that the data they're in, the people they're in, who are filing reports, are being ignored. The people who own the data are not handling the data in an appropriate way. They're ignoring it. And not only that, but

there are smear campaigns out there against people like me who are, like, public citizens who are trying to bring this data to light. So that people understand, this isn't an interpretation thing. This isn't about, the fact that they've put so many shots into people. I've done a napkin math to show that that's not true. This is literally about the owners of the data not doing what they've always done.

Josh Guetzkow is a friend and colleague of mine. And he's done many FOIA requests to show that they're not doing PRR [proportional reporting ratio] analysis, which they've always done. They're not doing Bayesian analysis, which they said they would do in lieu of the PRR. And they're absolutely not doing causality assessments, which is like the main claim to fame here. I mean, it's absolutely ludicrous for anybody to claim that if you have half of any subset of adverse events, like death, being reported within 48 hours of injection, that there's no causal effect. I mean, come on now. Come on now. Why aren't the alarm bells being rung? And, clearly, it's because they're not motivated to do so. So long answer short, I would change the owners.

**Commissioner DiGregorio**

Thank you.

**Shawn Buckley**

Dr. Rose, I think those are our questions. On behalf of the National Citizens Inquiry, I sincerely thank you for taking the time to share with us today. Your testimony is appreciated.

**Dr. Jessica Rose**

Thanks so much. It was my pleasure. And yeah, let's keep talking.

[01:24:29]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 2: Dr. Jayanta Bhattacharya**

**Full Day 1 Timestamp: 03:43:12–05:07:15**

**Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>**

[00:00:00]

**Shawn Buckley**

We have joining us now virtually Dr. Jay Bhattacharya. Jay, can you hear us?

**Dr. Jayanta Bhattacharya**

Yes. I can hear you. Can you hear me?

**Shawn Buckley**

I can. I'd like to just start by asking you to state your full name for the record, spelling your first and last name.

**Dr. Jayanta Bhattacharya**

My name is Jayanta Bhattacharya, J-A-Y-A-N-T-A. Bhattacharya, B-H-A-T-T-A-C-H-A-R-Y-A.

**Shawn Buckley**

And Dr. Bhattacharya, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Jayanta Bhattacharya**

I do.

**Shawn Buckley**

Now my understanding— And I think a lot of people are familiar with you. And I'll tell you, you sent us a rather impressive CV that we've entered as Exhibit WI-8b. But my understanding is that you are currently a professor at Stanford University Medical School.

**Dr. Jayanta Bhattacharya**

I am.

**Shawn Buckley**

You're also a physician.

**Dr. Jayanta Bhattacharya**

Yes, I have an MD.

**Shawn Buckley**

Yeah. And you're an epidemiologist?

**Dr. Jayanta Bhattacharya**

I publish and teach epidemiology, through for decades.

**Shawn Buckley**

And then you're a health economist?

**Dr. Jayanta Bhattacharya**

Yes, my PhD is in economics.

**Shawn Buckley**

And you are a public health policy expert focusing on infectious diseases and vulnerable populations.

**Dr. Jayanta Bhattacharya**

Yes.

**Shawn Buckley**

And you are one of the three authors of the Great Barrington Declaration.

**Dr. Jayanta Bhattacharya**

Yes.

**Shawn Buckley**

Now, we've invited you here today to speak about several issues. One of them is that you have participated in doing an expert report concerning a lawsuit in the province of Alberta. Can you share with us why you did that and a little bit about that?

**Dr. Jayanta Bhattacharya**

Yes. Well, it stems from the ideas in the Great Barrington Declaration. The primary goal that I had in participating in that lawsuit, which was a lawsuit aimed at changing the Alberta policy of lockdowns away from lockdowns toward a more focused protection policy, exactly was what we wrote in the Great Barrington Declaration.

The ideas of the Great Barrington Declaration are based on two incontrovertible scientific facts. The first is that there's a very steep age gradient in the mortality risk from COVID infection. It's older people who die at a thousand times or more higher rates of infection than young people. For children, especially healthy children, the risk of dying from COVID is vanishingly small. Whereas for older people, it's much, much higher. That's incontrovertible, I think, universally acknowledged.

The second fact—again incontrovertible, and I think universally acknowledged—is that the lockdown policies that we have followed, and Canada has followed, has caused tremendous harm especially to the lives of young people. I don't just mean economic harm. I mean health harms, psychological harms, a whole host of harms that will play themselves out over a long period of time and have already caused major health problems for the Canadian people.

So the right strategy, the Great Barrington Declaration, what it says is: let's use our resources to protect vulnerable older people from the disease while at the same time lifting lockdowns, which have caused so much harm to the lives of young people. It's the standard pandemic strategy that we followed for a century of respiratory virus pandemics before this one. And it worked.

So that was my main motivation for participating as an expert in that Alberta case, was to provide the scientific documentation for that strategy.

**Shawn Buckley**

I'll just ask, being that you started talking about those two things. You're saying the lockdowns, especially for the younger, were very detrimental on several levels, physical, psychological, social isolation. Can you just elaborate a little more on that so that the commissioners and the people listening understand exactly what you're referring to?

**Dr. Jayanta Bhattacharya**

Yeah, so I brought some statistics just to give some sense of it. But it's not possible to do it full justice because the extent of the harms caused by lockdowns on population health are so extensive. Just to give a smattering of the flavour of this. During 2020 and 2021 when the lockdowns were primarily in force, a lot of the emphasis was on making sure hospital systems and healthcare systems were not overwhelmed.

One way that this happened was by,

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essentially, causing people to fear to come into hospital systems or being told explicitly not to come into healthcare systems for the conduct of basic preventive care.

So for instance, many people skipped cancer screening that's recommended: colon cancer screening, cervical cancer screening, a whole host of other recommended cancer

screenings, breast cancer screenings. As a result, many men and women will show up now with later stage breast cancer or prostate cancer, or whatnot, that should have been caught at an earlier stage. And they will die from it when they would have survived it had it been detected earlier.

Another major health harm from the lockdown policies has to do with mental health. There are reports from Canada from 2021, even as early as 2020, suggesting that the psychological distress caused by lockdown policies—the isolation from others, the disruption of normal rhythms of daily life—led a tremendous number of Canadians, especially young Canadians, to overdose with drugs. The rate of excess death among the young from drug overdoses in Canada increased sharply even as early as 2020, according to a Statistics Canada report that was issued in 2021.

The [CBC] reported that one in five Canadians need mental health services. The demand for mental health services in Canada climbed substantially even as wait times for specialists got longer and longer. So at the moment when Canadians needed the most help from medical health professionals, it was the least available because of the lockdowns.

The consequences are hard to summarize in a very, very simple way because the health effects of investments in health by healthcare systems is so important and so pervasive in life. And ending those or stopping those or pausing those even for short periods of time can have long term consequences on the health of populations. One measure of this— If it's possible for me to share the screen, I'd like to share one slide.

**Shawn Buckley**

Absolutely, you can share the screen. It should be set up for you to be able to do that.

**Dr. Jayanta Bhattacharya**

Perfect. So I'm just going to share one slide. One sort of summary measure of this is the cumulative age-adjusted, all-cause mortality rate in Canada. And I wanted to do a comparison country, Sweden, which followed much closer to a focused protection approach than Canada did. Much more aligned with the Great Barrington Declaration we discussed earlier.

The way that cumulative all-cause, age-adjusted excess mortality is calculated is you look at baseline mortality rates. In this case, I think from 2015 to 2019, in each country, adjusted for age so that you're comparing like with like. So older populations, of course, are likely to die at higher rates. And then, track over time from the beginning of the pandemic—here on the left side of the graph is February 2020, all the way to now—how much above that **baseline expected mortality rate you actually see. The red line here is Canada and the blue line here is Sweden: all-cause excess deaths, age-adjusted mortality rates. The Canadian all-cause excess deaths, sometime around May 2021, crossed the blue line, Sweden's all-cause excess mortality rate. And what you see is that the rate of death, the cumulative all-cause excess death in Canada as of the late 2022 was actually about 50 per cent higher than that experienced by Sweden, which did not impose the kind of draconian lockdown policies that Canada followed during the pandemic. It's almost a 50 per cent higher all-cause excess death rates.**

Now, most of that, I think, or much of that, is not actually due to COVID because the COVID rates in Canada were actually relatively well controlled. Most of that is due to lockdown harms, I think. Whereas Sweden—which didn't impose lockdowns,

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had much more voluntary policies and a greater emphasis on focused protection of vulnerable older people, rather than trying to protect hospital systems—had much lower all-cause excess deaths because they invested in the health of the population, the normal investments in the health of preventive care, and so on, and didn't panic the population. And as you can see, the results over time: it's gotten worse and worse for Canada and better and better for Sweden.

**Shawn Buckley**

Now, I think in Canada we all recall actually the mainstream media criticizing Sweden at the time for the role that they were taking. I imagine that you saw similar reports in the United States media.

**Dr. Jayanta Bhattacharya**

I did. I saw in the United States media that the Swedish strategy was characterized as reckless, as just letting the virus rip.

**Shawn Buckley**

Right. But now with hindsight we can see that it wasn't reckless in any way.

**Dr. Jayanta Bhattacharya**

No. It was not.

**Shawn Buckley**

As I understand this focused protection: basically, this premise of the Great Barrington Declaration is once we knew that it was affecting the older populations, so we'd focus the resources there but not do things like lockdown younger people. Now in Canada, our media— And definitely children were being taught that they basically should be doing their part to protect old people. And I'm wondering if you can comment on the risk of children spreading the disease and whether or not it was proper to be locking down children.

**Dr. Jayanta Bhattacharya**

Absolutely. So first, from very early in the pandemic, it was clear from the scientific evidence that children were not super-spreaders. Children, of course, can get the disease and, of course, can spread the disease. They're not like perfect sinks in that sense. However, the risk of children spreading the disease is, in some ways, measured rates are lower than adults.

Let me give you two pieces of scientific evidence that were available from very early on in the pandemic. In Iceland, there was a study done in March 2020 where the scientific group sampled, I think, 12 per cent of the Icelandic population and did a test to see if the patients that they sampled had active cases of COVID, including sampling the standard PCR test to measure whether the virus is present. And then a nonstandard sequencing test to look at the virus and see what mutations the virus had.

They paired this with a very, very detailed contact tracing approach to see who the people that were positive had come in contact with. And from this kind of approach, you can distinguish whether somebody— Like if two people come into contact with each other, contact tracing normally can't tell who passed the virus to whom because you just know that these two people were near each other. And they may have been, of course, near other people. But with a sequencing analysis, you can say, okay, the two people that are in contact with each other, the viruses share the mutation patterns. So they may have passed the virus to each other. Whereas people who have very, very different, disparate mutation patterns of the virus that they have are unlikely to have passed the virus to each other.

**The striking finding from this Icelandic study was that while there were many, many instances of parents passing the virus on to children, there was not a single instance in the study of a child passing the disease on to their parents.** The children were not super-spreaders. Now, as I said, kids can spread the disease, especially older kids. Younger kids, I think, are less likely.

So let me talk about a second study, this time out of Sweden. Sweden even in spring of 2020 did not close its primary and early secondary schools. Every child under the age of 16, I think, experienced no disruption in their schooling at all because those schools were not closed in Sweden.

A study was conducted by Swedish researchers looking at the mortality rate of teachers in those schools relative to COVID mortality rates of other workers in the population. And what it found was that teachers actually had a lower risk of COVID mortality than the average risk faced by other workers in the Swedish population during that period. In a sense, working in schools protected teachers against COVID relative to the rest of the population, at least empirically based on that.

Based on these findings, it was really clear early on

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that closing schools was a tremendous mistake, that it was unnecessary to protect older people in this way. Alternate policies would have been better to protect older people and would not have caused the harm to children. If I may, may I talk a little bit about what the harms to children actually are?

**Shawn Buckley**

Actually, please do.

**Dr. Jayanta Bhattacharya**

If you go back in the social science literature decades, what you find is a very common theme about how important investments in children are in terms of schooling. And it's not just that our schools provide education, which is important for future job prospects and so on. That's true, they do. But, in fact, they are absolutely crucial to the health of children.

In an immediate sense, schools are where many children receive much of the nutrition for the day. If you close schools, you reduce the amount of nutrition available to children. Of course, Ontario, I know, closed schools for a time.

**The other thing is that, again, schools are places where social services are provided. Child abuse is often picked up at schools because it's teachers who see the results of child abuse and then report it to authorities. When you close schools, child abuse continues to happen. But you won't pick it up because the outside people who care about children aren't there to look.**

**So both of those things happened during the pandemic in places that closed schools. Worse nutrition for children, children skipping meals as a result, and also child abuse not being picked up and reported.**

**The long-run effects are even worse of closing schools. The key thing is that when you have children miss school for even relatively short periods of time in their lives, according to the social science literature, it has long-term negative health consequences. Children who miss school for even, again, in the social science literature, for short periods of time end up having shorter, less healthy lives because they lead poorer lives.**

One estimate, published in the pediatrics literature early in the pandemic in the United States, found that just the American school closures in spring 2020, cost American school kids nearly five and a half million life-years in expectation over their lifetimes. So the consequences are not trivial. You're essentially taking life-years away from children and exposing them to abuse that needed to get corrected. Schools are absolutely vital and closing them was a tremendous mistake that harmed children.

Now, if I may, can I talk a little bit about the failure of focused protection in Canada? And I just wanted to bring up a couple of data points.

**Shawn Buckley**

Yes, please do.

**Dr. Jayanta Bhattacharya**

One from very early in the pandemic. A public health policy that's focused, that recognized the unique risk that the COVID posed to older people, would have moved heaven and earth to protect the lives of older people. Especially early in the pandemic when we didn't have very good treatments or vaccines, and whatnot.

The key idea was to find where the vulnerable older people live and devote resources to protecting them. Instead, what happened in Canada—not just unique to Canada but happened elsewhere as well—is that places like care homes and nursing homes where the most vulnerable older people lived became places where, essentially, of neglect and abuse. **And in fact, became places where COVID was spread.**

**So in Montreal, for instance, the earliest days of the pandemic, there are reports—again, in the Canadian press—that the staff of nursing homes in Montreal abandoned their posts in part because they were so afraid of getting COVID. And left older patients with dementia to die from dehydration and neglect. You have, in many places in the United States—for instance, in New York, in Michigan, in Pennsylvania—you had governors sending COVID-infected patients out of hospitals early into nursing homes where, then, the disease spread rapidly, infecting the most vulnerable people.**

**The reason why this happened— It wasn't, I don't think, a criminal act. I think it was actually an act**

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as a result of ignorance about what to do about the most vulnerable people. Instead of making protection of vulnerable people the central goal—focused protection, the central goal of pandemic policy—instead, the goal was to empty hospital systems to keep hospital systems not overwhelmed. In a sense, we inverted the normal relationship between the public and medicine. Normally, you would think about people in medicine, public health, serving the public. But the rhetoric and the reality flipped, where the idea was that the public would serve healthcare systems. We recruited the public as a way to protect hospital systems, healthcare systems, rather than hospital systems and healthcare systems serving the public. And one consequence of that was that we forgot about focused protection and sent COVID-infected patients back to nursing homes, killing many people who would otherwise have potentially survived much longer as a result if that had not happened.

Let me give you one last data point from the Canadian experience that I know of. In Ontario, in the district of Haldimand-Norfolk Health, there was a health minister named Dr. Matthew Strauss who explicitly adopted the idea of focused protection: did not impose mask mandates; when the vaccine became available, prioritized high-risk individuals for the vaccines; put out centres for the infusion of monoclonal antibodies, an effective treatment for much of the pandemic; and made available antivirals rapidly as soon as they became available. As a result of his approach, which eschewed mandates—did not adopt any of the sort of restrictions that were imposed by much of the rest of Ontario—as a result, the age-adjusted mortality from COVID in Haldimand-Norfolk was actually 30 per cent lower than the rest of the province.

Focused protection works. Focused protection would have worked better in Canada than the lockdown-focused policy. And it would not have harmed the children in the way that they were harmed as a result of the lockdown policies that were followed.

### **Shawn Buckley**

Now, you've spoken about restrictions on children, can you also comment on young adults?

### **Dr. Jayanta Bhattacharya**

Yes, so there hasn't been as much attention paid to this, but I think it's quite important. The experience of young adults in society is tremendously important for the rest of their lives. In the 2008 recession, for instance, the joblessness among young adults resulted in long-term decreases in life opportunities for those same young adults, including worsening health. The kind of unemployment induced by lockdowns, which happened in Canada for years, has especially bad long-term consequences for young adults.

**The importance of young adults to socialize with one another is critically important for their mental health. And there's evidence that as a consequence of lockdowns and the isolation of lockdowns, those kinds of mental health problems that I mentioned earlier—one in five Canadians needing professional help—those were exacerbated by the lockdowns, particularly among young adults.**

The same thing, I think, is true to explain the rise in overdoses of illicit drugs in Canada. It's primarily young adults that face that. And again, it's not a surprise given the mental health consequences of isolation and anxiety caused by the lockdown policies that Canada followed.

**Shawn Buckley**

Another thing I wanted to ask you, before we move on to the topic, because I want to cover the topic of censorship with you and some of your experiences there. But in Canada, basically the federal government and every single province was very aggressive on taking measures to, I'll use the word, encourage, but really it was coercion to be vaccinated. And there was basically zero allowance for natural immunity.

[00:25:00]

And I'm wondering if you can comment on the policy of basically mandating vaccines and ignoring natural immunity and your thoughts on that.

**Dr. Jayanta Bhattacharya**

Yeah. So I think a couple of things about the science of the vaccines is really important to understand. To understand why those vaccine mandates were both unnecessary and a bad idea.

So first of all, as I've already mentioned, there is a very sharp gradient in the mortality risk of COVID. Now the vaccines, when the randomized trials of vaccines were conducted in 2020, what those randomized trials showed was that against a placebo group—a group that received a placebo rather than the vaccine—the vaccines protected people against symptomatic infection for about two months after the vaccination. That was how long the trials lasted before they ended. The median person was followed for about two months. So you have 95 per cent protection for two months against symptomatic infection. That sounds impressive and is impressive. But it's actually not the key epidemiological endpoint that you care about for a policy perspective.

From a policy perspective, there's two potential epidemiological endpoints you might care about separate from prevention of symptomatic infection. First is protection against severe disease: Does the vaccine stop you from dying if you get infected? The trial did not answer that question because it didn't have that as a primary endpoint. And it didn't have sufficient numbers of people enrolled to be able to answer that question with any statistical confidence.

**Shawn Buckley**

I just want to make sure that we understand what you're saying. So let's use the Pfizer trial as an example. You're basically saying they weren't actually measuring as an endpoint whether or not it would reduce serious illness.

**Dr. Jayanta Bhattacharya**

Yes. They didn't have that as a primary statistical endpoint. And they would have needed to design the trial differently to have that as a primary statistical endpoint. They would have needed either many, many, many more people than the 40-some thousand, whatever they enrolled, or they would have needed to primarily have conducted the trial in a high-risk population like the elderly. Both would have been defensible. Of course, the first would have been much harder. Instead, they had prevention of symptomatic infection.

**Shawn Buckley**

I think this is important to Canadians because we endured some pretty draconian lockdowns, some very significant messaging that, to this day, we are totally divided. And basically, it was to prevent us from getting seriously ill, including dying. That really would have been why people were participating in this. And you're telling us they weren't even measuring for those things as an outcome?

**Dr. Jayanta Bhattacharya**

Yeah, they didn't have that. They didn't power the trial to measure that as a primary outcome.

**Shawn Buckley**

And can I also just ask you. You use this 95 per cent figure. But my understanding is, is that that wouldn't be an absolute risk figure, that would be just a relative risk figure that was used?

**Dr. Jayanta Bhattacharya**

Yeah, so 95 per cent relative risk reduction. You know, that's actually pretty standard in vaccine trials, so I'm not terribly exercised by that. But the absolute risk reduction has to do with more than just the trial itself. So for instance, if the virus is not spreading in a population, a very highly efficacious vaccine will produce zero absolute risk reduction because there's, you know, just no risk in the population getting the virus. So the absolute risk reduction is both a function of the vaccine itself and also whether the virus is spreading when the measurement takes place.

**Shawn Buckley**

Right, okay. And then you were going to talk about natural immunity, but I didn't want to cut you short on the vaccine.

**Dr. Jayanta Bhattacharya**

Yeah. I wanted to get to natural immunity. I just wanted to tell the story about the vaccines because it's related. It's very closely related to the vaccine mandates and the lack of necessity for them.

I mentioned that it's symptomatic infection prevention. It didn't check for whether it prevented— The trial was not statistically powered to test prevention of death from COVID. **On the other hand, you also could have used the trial to check whether the vaccine prevents you from getting any infection. Any infection, of course, is distinct from symptomatic infection**

[00:30:00]

**because you can get a non-symptomatic infection, asymptomatic infection.**

**You could also have checked to see if the vaccine protects against transmission of the disease. If I have the vaccine, although I may get sick, it might reduce the risk of my spreading the disease to others.**

The trials did not check for either of those endpoints. So what we knew was two months of prevention of symptomatic disease. And that's it.

Now, the other thing about the trial that's important is that the trial explicitly excluded from its efficacy calculations patients who had already previously had COVID and recovered. That subgroup of the trial actually turned out to have almost no cases of COVID at all after they'd recovered. And so, they wouldn't have been able to find much effect of the vaccine in that group. And if you read the supplementary appendices in the vaccine trials, what you'll see is that those groups, while they were recruited in order to check the safety of the vaccine, were actually excluded from the efficacy calculations in the randomized trials that were published in 2020.

The reason is simple. There's a tremendous amount of evidence, again from 2020 on, that the patients who get COVID and recover have very substantial protection against both subsequent infection and also severe disease on reinfection. Now, what we've learned is that a new variant can escape that immunity. So that if you'd had COVID in the first wave in 2020, you may have gotten it again in 2021 during the time of a new variant, but the protection against severe disease is long-lasting. If you got COVID and recovered the first time, it's very likely that the second time you get it, maybe with a new variant, will be milder, at least less likely to produce severe disease and death than the first time you got it.

**Shawn Buckley**

So you're referring to what we would call natural immunity?

**Dr. Jayanta Bhattacharya**

Yeah. So I like to say recovered immunity just to distinguish— Sometimes people say natural immunity, and what they mean is that even before you're exposed, you have some substantial protection. And you do, but it's not the same kind of protection as you get after you've had COVID and recovered. That immunity is durable. And it's very effective against reducing the risk of severe disease and death upon reinfection.

**Shawn Buckley**

So using your term recovered immunity, you're saying that that's robust vis-a-vis significant disease coming forward. How would that compare with the protection offered by the COVID-19 vaccines? So going forward, are they providing a similar robust protection?

**Dr. Jayanta Bhattacharya**

Yeah, I think there's some scientific discussion and debate about exactly it. But I think the general consensus is that the amount of immunity provided in terms of reinfection risk is better if you've had recovered immunity than an immune naive person who just has the vaccine. And the protection against severe disease and death, I think, is at least as good as someone who's immune naive and has the vaccine.

Just to give one data point again on this. There was a study out of Bergamo, Italy, in 2021 that was published that looked at patients who'd had COVID in the first wave, during that big wave in Italy in 2020, and tracked them for a year. And only 0.3 per cent of that group was reinfected during that whole entire year after that initial infection.

**That's better protection against infection than the vaccines, which in careful epidemiological studies done in places like Qatar and Sweden and elsewhere found that after two or three months, the efficacy against infection, even symptomatic infection, drops pretty substantially down to 20 per cent, sometimes near 0 per cent, maybe just three, four, five, or six months after you've had the vaccine. It's very, very common, then, to have had the vaccine and then gotten infected just a few months after you had it. That actually happened to me. I was vaccinated in April of 2021 using the Pfizer vaccine. And then four months later in August of 2021, I got COVID.**

**Shawn Buckley**

**So now, from a public policy perspective for trying to get the best health outcomes,**

[00:35:00]

would you agree then that it would have been prudent to take into account recovered immunity and permit people to opt out of a vaccine mandate?

**Dr. Jayanta Bhattacharya**

Yes. And that's for a number of reasons. So first of all, before I answer that directly, if you don't mind, let me talk a little bit about why these scientific facts we just talked about means that the necessary conditions that you would want for a vaccine mandate are not actually there.

Now, I believe that the vaccine does reduce the risk of all-cause mortality. It wasn't in the trial. But there are a number of high-quality epidemiological studies done by people who are not affiliated with any of the drug companies. Very skilled epidemiologists, using careful cohort approaches, that demonstrate that the vaccine does reduce mortality risk from COVID, I think, for up to six or seven months after you've had it. So let's take that as given.

The right use then for the vaccine is to recommend it very strongly in the population that faces the highest risk from COVID, the elderly. The vaccine should have been used for focused protection of the elderly. That's essentially what Dr. Strauss did, for instance, in Haldimand-Norfolk. It's very important, then, from a personal health point of view that high-risk individuals get vaccinated. On the other hand, for low-risk individuals, from a personal health point of view, it's much less important that they get vaccinated because the absolute risk reduction for them—for instance, for younger people—is small. That means the expected benefit from the vaccine for a low-risk person is low just by the basic math of it, right? If you face a zero risk of dying from COVID, the vaccine produces zero benefit **because you can't go below zero.**

**And on the other hand, the vaccine is not without side effects. We've learned, for instance, that the vaccine, especially in young men, produces myocarditis, which is the inflammation of the heart muscle. It can be a very serious condition resulting in death at, I think, at unacceptably high rates given the small benefit of the vaccine in young men, especially from the second dose or the boosters.**

**So from a private health perspective—private meaning from an individual patient's perspective—whether the vaccine is a wise thing will depend on how old you are, your health condition, a whole host of other things. Things that you normally would expect to be**

able to talk to your doctor about and decide for yourself whether the vaccine is right for you.

On the other hand, from a public health perspective, if a vaccine does not stop transmission of the disease or only has a very limited effect on the transmission disease for a short period of time, well, the idea that you need to vaccinate other people so that I'm protected is just false. Now, normally with other vaccines, like the measles vaccine that does stop transmission, that idea isn't false. The protection provided by the measles vaccine against transmission means that when I'm around patients or people who've had the measles vaccine, I'm very unlikely to get measles because those people are not susceptible to getting measles. That's essentially a kind of herd immunity provided by vaccines. By the way, recovered immunity can provide the very similar kind of effect. But this vaccine, this COVID vaccine, does not stop transmission.

And in fact, in those same careful epidemiological studies that I just mentioned where they found reductions in the risk of mortality after the vaccine, they find that the protection against infection is very short-lived. And what that means, then, is that the public benefit—"public" meaning my vaccination protects you—is very, very limited from this vaccine. But that public benefit is a necessary condition, I think, for imposing a mandate. Because the idea of the mandate is that well, there are people that are not getting the vaccine endangering the public by not doing so. Well, that's just not true for this vaccine.

So if you are lacking in that necessary condition for the vaccine mandate, it's not wise public policy to impose it.

[00:40:00]

It's because it doesn't actually end up protecting the public, and the public thinks they are protected. But I think there are even broader, even deeper reasons why I think the vaccine mandates were such an unwise idea.

First, I think it created this idea that there was an unclean group of people walking around. It demonized people who, for whatever reason, chose against getting the vaccine. It essentially gave open season to discriminate against them: People lost their jobs. In Canada, unlike most Western countries, I think even in most of the rest of the world, unvaccinated individuals were not allowed to travel internally for years. That's a gross violation of human rights. And it essentially demonized people who, again, for whatever medical reason or whatever reason, chose not to get the vaccine. For those who chose not to get the vaccine, it should always have remained a private medical decision, given the epidemiological facts I've said. It should never have become an issue of public health in the sense of forcing them to get the vaccine. So it essentially created social divisions that were **absolutely unnecessary for public health to induce.**

**And actually, the second knock-on effect of that is, I think, it undermined trust in public health and in vaccines more generally among a substantial fraction of the population. The vaccine skeptics movement that I've seen throughout my career has always been a relatively small group of people. What I've seen now in Canada and in the United States and elsewhere is that that group has grown very, very sharply. And they question not simply the COVID vaccine but other vaccines as well and public health more generally.**

**A lot of the protests, for instance, the truckers movement was induced by the civil rights violations on the back of these vaccine mandates that were put in place in Canada and the vaccine-related movement restrictions put in place in Canada. The same thing, by the way,**

has happened in the United States. Although it didn't have movement restrictions of the same kind. We had vaccine passports, vaccine mandates, that have induced a very similar kind of entirely predictable reaction by people who were upset by this policy, an absolutely unnecessary policy from an epidemiological point of view. And we're going to be facing those problems for years and years.

**Shawn Buckley**

Now, I'd asked you generally about public health policy with the vaccines and taking into account recovered immunity. And I'm just wondering if I could focus you a little more then specifically with children. Because you were suggesting, I think you were suggesting, that the risk that children would face for serious illness or death from COVID is zero or for all intents and purposes non-existent. So from the individual perspective, the parents making a decision— Should I be vaccinating, not vaccinating? Clearly, you'd say, "Well, why would I do this?"

But you had spoken earlier, and I think this goes to the public health thing about protecting others, that children were also such a low risk for spreading the virus. So can you comment on those two things and then your thoughts from a public health policy. Because we're still pushing to vaccinate children quite aggressively in Canada. And so, we'd appreciate your comments today on our current policy.

**Dr. Jayanta Bhattacharya**

So I tend to have a philosophy that you should make those kinds of decisions in careful consultation with a physician to decide whether your child should or should not have any particular medical treatment. Parents should be involved. Physicians should be involved in that.

I think that the risk of mortality for a healthy child, while not zero from COVID, is very, very, very low. And so that means the benefit from the vaccine in terms of preventing those severe outcomes, again, is also very, very, very, very low for the vast majority of children. That is not to say that there may be some small numbers of children who have particular medical conditions that make the risk of dying from COVID or other respiratory infections higher. And maybe they might benefit from the vaccine relative to the risk they face from taking the vaccine.

So I think this should be a decision that should be made without pressure

[00:45:00]

**by parents consulting about their children with their physicians. The role of public health, then, is to reassure parents that, while most of their children face a very low risk from COVID, it's important for the lives and the health of children to have their regular lives go again. That, maybe, if their child is immunocompromised or has some other particular medical conditions, to go seek advice from their doctor. I mean, that's the kind of reassuring advice I would have expected professional public health people to make regarding children.**

The idea that there should be universal vaccination of COVID for children I don't think is aligned with basic evidence-based medicine practices. In evidence-based medicine, when you have an uncertainty, for instance, we don't know the full extent of the side effects of the vaccine when given to children—we do know, for instance, young men have higher rates of

myocarditis—and the benefit is low. Generally, the advice is that you would err on the side of caution and not give that therapy. I think that’s likely the case for the vast majority of children, that it’s not actually wise to get it. But there may be children for whom it is wise. And I think that the key thing there is you need to have those decisions made in careful consultation between parents and doctors.

**Shawn Buckley**

Now Dr. Bhattacharya, I want to switch gears just briefly, and then I want to allow time for the commissioners to ask you questions.

I want to switch to the area of censorship because for one reason or another, you have been kind of placed in the forefront. And I want you to, first of all, speak about what happened with Canadian media when you came out as one of the three founding authors of the Great Barrington Declaration.

**Dr. Jayanta Bhattacharya**

So almost immediately after we published the Great Barrington Declaration, I think less than a week or so after, the CBC held a roundtable with two or three scientists who really didn’t like the Declaration. But I don’t think they understood the Declaration. The CBC essentially allowed them to say on the air, paid for by the Canadian taxpayers, that the Great Barrington Declaration was calling for “letting the virus rip,” essentially letting everyone get infected. And in fact, the Great Barrington Declaration, as I’ve said, was the opposite of that. It was a strategy of focused protection of vulnerable older people. The idea wasn’t to let the virus rip. The idea was to let young people live their normal lives. It’s very clear that when there was a threat to older people—when the disease is spreading rapidly or at high rates in the population—people would take voluntary action to try to reduce the risk faced by older people. And the Great Barrington Declaration is entirely consistent with that.

It was also consistent with devoting resources and ingenuity to protecting older people who faced a high risk. So for instance, deploying monoclonal antibodies in October 2020, those had just become available. Rapidly deploying them at scale, so that older people if they got sick would have access to them. That would have been a very wise thing to do. Again, entirely consistent with the Great Barrington Declaration. The idea wasn’t to let the virus rip. The idea was focused protection of vulnerable older people.

In a sense, the CBC impanelled a group of scientists who slandered us, accused us, essentially, of wanting to kill people. And then, when a Canadian lawyer that we were in contact with complained, the ombudsman, the CBC, said, “No, it was a fair report” and **didn’t allow us to have any response. So the Canadian people were robbed of the opportunity to understand what exactly we were proposing. And just to be clear, it wasn’t just me. I teach at Stanford University. But, also, there was Martin Kulldorff of Harvard University, an epidemiologist and fantastic biostatistician. And then Sunetra Gupta of Oxford University. She’s the professor of theoretical epidemiology at Oxford. And tens of thousands of other scientists and doctors, including a Nobel Prize winner here at Stanford, signed on to this. This was a major scientific proposal put out by credentialed scientists. It deserved a fair hearing, not a slandering.**

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**And the Canadian people were robbed of that opportunity by the CBC, which essentially impanelled slander against it.**

**You asked about censorship. You know, I think it's important for the Canadian people to know that this was a systematic effort, not just by the media but by government actors. There was a report in 2020, for instance, that the Canadian military used propaganda techniques on Canadian citizens to combat disobedience against lockdowns in 2020. The physicians' organizations, which license physicians and oversee the conduct of physicians in Canada, used its power to silence dissent by doctors. For instance, in Ontario, there's a doctor named Kulvinder Gill who posted on Twitter messages essentially saying that lockdowns were a very bad idea, that focused protection was a good idea. Entirely consistent with the science. And as a result, the CPSO, the College of Physicians and Surgeons of Ontario, has threatened her licence.**

It was a systematic campaign by Canadian government and quasi-governmental organizations to silence dissent so that Canadians got the impression that there was no alternative to lockdown. When, in fact, the scientific community had proposed a very effective alternative to lockdowns that would have worked if it had been adopted in Canada.

#### **Shawn Buckley**

Now, my understanding is that you're involved in a lawsuit in the United States. So the State of Louisiana and the State of Missouri and other parties are suing the Biden administration over censorship issues. Can you briefly share with us some of the things that you've discovered about censorship and this COVID experience?

#### **Dr. Jayanta Bhattacharya**

Yeah, so the United States has done no better than Canada on this, in many ways worse. The lawsuit that I'm involved with is a federal lawsuit. It's still advancing through the courts. But what the judges allowed us to do is to depose a number of prominent individuals inside the Biden administration and the Health and Human Services bureaucracy of the United States, including Dr. Tony Fauci.

We've also had access through discovery to a huge trove of email communications between a dozen federal government agencies in the United States and social media companies, including Facebook, Google, Twitter, and so on. The content of these emails and these depositions reveal an enormous effort by the federal government to threaten social media companies from a regulatory perspective if they didn't comply with censorship demands. Often these emails have demands on people to censor, posts to censor, ideas to censor, all **in the name of combating disinformation. But the disinformation that they're combating is often true information, including information, for instance, about the efficacy of recovered immunity or the harms of lockdowns and so on.**

**In the United States, this is, to me, a very clear violation of the American First Amendment right to free speech. And even more importantly than it violates a fundamental civil right, it robbed the American people—it robbed the world, frankly—of access to accurate scientific information that had it been available, we might have adopted very, very different policies. It created this impression, this illusion, that there was a scientific consensus around lockdowns that didn't actually exist. It's one of these things where if you'd asked me before the pandemic, could such a thing exist in the United States? I would have told you there's no possibility. The American First Amendment protects against it. But, in fact, it's true.**

**It's the American government that acted to make sure social media discussions about the efficacy of lockdowns, the harms from lockdowns, recovered immunity, the proper use of the vaccines, all of those discussions, essentially, were censored in favour of the government's favourite policies. Whereas prominent credentialed individuals who dissented against that government narrative were silenced or censored or smeared in other ways. It's an absolutely shocking kind of intrusion on the rights of the people of the world to have done this.**

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**And I hope that when we win this lawsuit, this whole censorship regime can be dismantled.**

**Shawn Buckley**

And I will indicate that you provided us with— I think people want to clap.

You provided us with a document called the "Plaintiffs' Proposed Findings of Fact" in support of their motion for a preliminary injunction. I'll advise the commissioners and those people watching that we've entered that as Exhibit WI-8 [*Bhattacharya-Missouri v. Biden* ECF 212-3 Proposed Finding of Fact]. And my understanding is that the court has accepted the plaintiffs proposed findings of fact as true.

**Dr. Jayanta Bhattacharya**

So far what we've had is a motion to dismiss by the government that's been rejected by the court in [primary part]. They haven't yet addressed the preliminary injunction. So that's still pending. But if you read the rejection of the government's motion to dismiss, it's a very favourable ruling in our favour, which seems, on its face, to accept much of that document that I shared with you. Those documents are based on true facts. Those are based on actual emails we've had from discovery. And they're submitted under oath by the Missouri and Louisiana Attorney General's office to the federal court.

**Shawn Buckley**

Okay. And before I turn you over to commission questions, I'll also just let you know that we've entered as Exhibit WI-8a, the Great Barrington Declaration. And we've entered your expert report on COVID-19 response in Alberta, Canada, dated January 20th, 2021, as WI-8c. And you did a supplementary report called *Supplementary Expert Report on the COVID Epidemic Response in Alberta, Canada*. We've entered that as WI-8d.

And I'll just let the commissioners know, although I'm going to turn you over to their questions. **You're also part of a group called the Norfolk Group, which has gone through tremendous effort to list questions that should be answered, flowing from the world's experience on COVID-19. I think it's 80 pages long of questions. And we've entered that as [Exhibit] WI-8e. And you've participated in that initiative in helping to formulate those questions. I just wanted you to know that those will be before the commissioners for them to consider.**

**And so I'll ask the commissioners if they have any questions at this time. And they do.**

**Commissioner Massie**

Well, thank you very much, Dr. Bhattacharya, for your very interesting presentation. I have a few questions, some of which are probably simpler. This whole notion that has been documented in Iceland and Sweden that the transmission from children to adults didn't seem to be that important— Is it something that is unique to this particular virus, or is it something that was known before? My understanding was that with flu, children can actually probably transmit it. So what's your take on that?

**Dr. Jayanta Bhattacharya**

So I was surprised by the result. I did not expect it. Because the general idea was that children actually do spread respiratory viruses at higher rates than adults spread it. It's not that children can't spread this virus; it's just that they're not unique super-spreaders. I think a lot of the school closures and restrictions on the lives of children was premised on this false notion that, like other respiratory viruses, they're super-spreaders for this one. But it doesn't correspond with the actual reality as measured in the studies that came out in early 2020.

And so, we shouldn't have acted as if that were the case. Restricting the lives of children was not a necessary precondition to protecting older people. Active focused protection measures were possible to protect older people without restricting the lives of children: that's the key thing. Children were essentially demonized, made to be seen as "grandma killers." And that was never the case relative to the scientific evidence.

**Commissioner Massie**

You've done a very interesting study early on to show that, in fact, the rate of the virus was much more prevalent than we initially thought. So is it possible that because children typically exchange their germs, if you want, more readily than adults— Is it possible that children would have generated a recovered immunity faster than adults because of the way they exchange?

[01:00:00]

**Dr. Jayanta Bhattacharya**

I mean, I think that's certainly possible. I think the key reason why children respond much less harshly to the infection by this is that children's immune systems essentially are pluripotent. They're designed to respond to new threats because almost every threat when you're a very young child is new. And so, they don't have the disease for as long; they're more likely to be asymptomatic. And it's very likely that they have it for a shorter time, and that's partly why they don't spread the disease.

You know, there's a really interesting study, which I didn't mention, but I think I wrote in one of my reports about the mortality risk faced by parents of young children. If you match them against adults of similar age who aren't exposed to young children all the time, they actually, in 2020, had a lower risk of dying from COVID. It's almost as if the parents are inoculated by the children with other, maybe, other coronaviruses. The mechanism is not clear. But the fact is clear that somehow children serve more of a protective role as opposed to a threat as far as infection from this virus goes.

**Commissioner Massie**

One of the things that actually triggered the mandate for the vaccine was the hope, I would say, that it would prevent transmission. There was no data to support that initially. And I'm not aware of any data showing that injecting a vaccine in the arm would actually prevent respiratory virus transmission. But then, when the Delta wave became pretty intense in the States, we had this statement by the CDC that the vaccine can no longer prevent transmission.

So is it because the initial strain, for whatever reason, was somewhat different and could actually be somewhat prevented by the vaccine? And the Delta was being more transmissible—then even more so when we saw it with Omicron—that the protection was completely overwhelmed by any possible way.

So do you think that this idea that the transmission was something that was potentially real from the get-go is something that was misleading—based on real-world data that we've got from epidemiology—and made us believe at one point that maybe it was working? What's your take on that?

**Dr. Jayanta Bhattacharya**

I mean, it's almost impossible to answer that question with any rigour because just as the vaccine was being released in December of 2020, the very first variant of concern was identified. I think it was the alpha variant, was what they called it eventually. The vaccine never was tested against transmission in the trials. That would have answered that question. And so, we don't know for certain if the vaccine would have prevented transmission for a very long time. We just know that it prevented symptomatic infection for two months.

What we do know is that the vaccine when it was used in the real world, within just two or three months after vaccination, the efficacy against infection dropped very sharply, again, in high-quality epidemiological studies. And so, the reality from the moment we started using the vaccine was that it wasn't, given the variant that was actually abroad in the world, it wasn't going to protect against transmission.

You could see this very early on in 2021. Heavily vaccinated countries and regions were experiencing big cases. I think the very first one I saw was in the Seychelles Islands. I think it was March or April 2021. They used the Chinese vaccine: they were 90 per cent vaccinated, or a very high per cent vaccinated, and they had a huge outbreak of cases.

There was another outbreak of cases in Gibraltar, again, heavily vaccinated; this time, I think, with the AstraZeneca vaccine. And of course, Israel in 2021 very quickly vaccinated a very large fraction of its population and then experienced a very large outbreak of cases. The evidence was there from within months of the vaccination campaign starting that the vaccine was not going to stop transmission, was not going to protect people from getting infected.

**Commissioner Massie**

In terms of protection against severe outcomes or death, we have indeed the study showing that the vaccine seems to have done a reasonable job. But with the, I would say, less virulent—or we think it's less virulent—Omicron strain, do you think that we have generated, or we can generate data to show that convincingly at this point?

[01:05:00]

**Dr. Jayanta Bhattacharya**

I think it would be very hard. I think a very large fraction of the Canadian population have been infected with Omicron. And as a result, most of the Canadian population— I mean all of them infected and recovered have recovered immunity. And so, with patients who have recovered immunity, the marginal benefit of the vaccine is going to be lower because the recovered immunity by itself provides a protection against severe disease and death.

There is a literature that suggests something called hybrid immunity: so if you're vaccinated and you have recovered immunity, COVID and recovered, you have a different kind of level of protection than someone who's just simply had recovered immunity or someone who simply had the vaccine. To me, these are like esoteric questions because the actual risk reduction from any of those is very, very high relative to the immune naive person. So that's why we're in such a different place now in April of 2023 than we were in March of 2020. Such a large fraction of the population has recovered immunity. Such a large fraction of the population has had the vaccine. We don't need to worry so much about COVID because of the durable protection against severe disease provided by those two facts. I think especially recovered immunity, it seems to me, is probably more important, but there are scientists that disagree.

**Commissioner Massie**

Thank you very much.

**Commissioner Drysdale**

Good morning. I have a couple of questions. And the first one is— You were talking about, I believe you said, that there's been some credible studies that seem to indicate that the vax does reduce mortality due to COVID.

And my question on that is— We've had a significant number of witnesses, prior to yourself, come on and tell us that there were issues with the vaccine from inception to putting it in arms. You know, non-aspiration. It was my understanding from the testimony that manufacturers recommended not to mix different manufacturers and that was done. There were issues with, or at least alleged issues, of quality control in the production.

And I would like you to comment on—in these studies that indicated or seem to indicate that the vaccine reduced the potential for death—were those production vaccines given to those test subjects the same as they were done to the general population? Or were they not necessarily the same production vial that Joe Black got at the pharmacy in Winnipeg?

**Dr. Jayanta Bhattacharya**

Yeah, so I can't speak to Winnipeg in particular. But I can say that the studies are based on population records. There are observational studies where they're tracking at scale regular people that had got the vaccine, for instance in Qatar or in Sweden or in Denmark or in Northern California where some of these studies were conducted. So it wasn't that they were like special test subjects. They were actually just regular people getting the regular vaccine.

I have seen, by the way, some of that literature, and some of it is actually quite concerning. I'm not surprised in some sense. The vaccine testing and the rollout was done at a very

rapid clip. Normally, something like this would have taken years and years and years of testing. And I can understand why. Like you have a big threat to especially vulnerable older people, you want to rapidly test and roll out a vaccine. That makes a lot of sense to me. And then it also makes sense that given the speed at which it's done, there are mistakes made that can happen and we learn things over time about how to administer, and so on. So none of that is surprising to me.

The key question to me is, given all of those mistakes, what effect did it have at the population level? Ideally, I would have liked to see a long-term randomized study done over, you know, not just where you track patients for two months but for a year or longer to see what the effects of the vaccines were, including the side-effect profiles.

That's not possible after December 2020, when they ceased those big large-scale trials. And we don't have any more of those large-scale randomized trials. The best we have available are these epidemiological studies that I cite in the Alberta report. And those are the kinds of studies that—

[01:10:00]

I work with the US Food and Drug Administration on vaccine safety, for instance. Those are very similar to the kinds of studies that I've done and conducted where the idea is to carefully match patients who've had the vaccine with patients who haven't as best you can, given it's not randomized. And then track them over time using passive data systems, like electronic health records, like medical claims. And then conduct this longitudinal analysis comparing the outcomes of patients who've had and who've not had the vaccine. That's essentially what those studies do. They're not perfect. They're not randomized. They're, unfortunately, the best we have.

#### **Commissioner Drysdale**

As a policy analyst—as you being a policy analyst, not me, by the way—my understanding of policy is when you examine issues or problems, you examine suggested solutions and, then, you try to understand how those solutions to that problem will affect the overall tapestry of our culture or our world in this matter. I mean, you know, we seemed to impose things that tugged on every fibre of our society. We locked people down. We isolated old people in old folk homes. We censored people. So we almost tugged on every single fabric of our society.

And my question to you then is, as a policy analyst, are you aware of any detailed cost-benefit studies on these things that were done in Canada or United States?

#### **Dr. Jayanta Bhattacharya**

No, none. And I think it was a malpractice, a public policy malpractice not to have done such a thing. Essentially public health acted as if all that mattered was COVID risk—and not just COVID risk but the spread of COVID—and adopted policies, tremendously destructive policies like lockdowns, like school closures without an eye toward any of the other so easily predictable social consequences and health consequences from those policies.

An honest and responsible public health considers both the costs and benefits, the harms and benefits from policies it recommends. It looks at public health holistically, holistically not in the sense that the World Health Organization only means it. Health is a very, very broad multifaceted thing. It's not simply the prevention of a single infectious disease. And

so, when you adopt policies that are aimed at simply the protection against a single infectious disease, you are almost automatically going to harm other aspects of health. And that's exactly what's happened.

**Commissioner Drysdale**

As a professional myself, I understand the importance of explaining to my client in terms that they can understand what exactly I'm talking about. You know, as a professional, yourself included, we can use all kinds of terminology that is normal to us that our clients can't understand. In this particular instance, and from what I observed, this was probably the most significant time where folks needed to understand what was going on in order to give informed consent. And you spoke a little bit earlier about efficacy and you talked about relative efficacy versus absolute efficacy. And you said, well, that was a reasonable thing to you as a professional. But what I'm asking you is— Do you think that the general public, when they were told that they [the vaccines] had a 97 per cent efficacy, understood the difference between absolute efficacy and relative efficacy?

**Dr. Jayanta Bhattacharya**

No, I don't. I think that a lot of times people use that 95 per cent number without actually telling people, as they should have, what the caveat is about that number. So for instance, I think the most important caveat is it did not measure 95 per cent efficacy against severe disease and death. It only measured efficacy for the first two months after the vaccination. Those caveats should have been told to the public at large.

You used the words informed consent. I think there was a mass violation of informed consent in the way that the vaccine was rolled out. The force applied to people to take the vaccines through the mandates: the social discrimination, the passports, and movement restrictions—all of that was a mass ethical violation at scale.

**Commissioner Drysdale**

Once again, as a professional, I'm trained to understand the difference between real risks,

[01:15:00]

weigh them against potential risks, and then decide on what an action is. And I thought what I heard you saying in a number of instances was that there were potential risks.

One of the previous witnesses talked about, and I apologize, I can't remember the name of the doctor who did the studies that said the whole world was going to die. Now, I'm **exaggerating that point. And then, there were studies by Pfizer that followed their test subjects for two months and then injected all of the placebo groups. So there was no placebo group past two months. There were doctors coming on TV that were telling us that the vaccines prevented spread when there was no studies on that. So to me, those were all potential risks.**

**The absolute risks were you locked a child up in their bedroom for two months and they couldn't go to school and what the consequences of that might be. Or you took a dementia patient that we've heard testimony on in a number of instances where they just locked them up and abandoned them to die.**

**And I guess my question is— Is it not standard practice in public health or in the practice of medicine to understand the difference between absolute and relative risk and weigh those two things together and come up with an appropriate solution given those two different types of risk?**

**Dr. Jayanta Bhattacharya**

**In the public health world that I grew up in, I thought that was absolutely bog-standard. You would evaluate the evidence based on the quality of it: you'd prioritize high-quality versus low-quality evidence. You would try to understand the implications, the reasonable implications that could be drawn from evidence and not make inferences outside of what's reasonably inferable. If you had models, you'd check the models against reality to see if the models are actually doing well enough. You would think about a whole wide range of outcomes from a policy, not just simply the putative benefits of a policy but also the potential harms of the policy before you adopt it. All of these I thought were absolutely bog-standard in public health. And I think so many of those principles were thrown aside in the decision-making around COVID and COVID policy. It's been disheartening for me to watch as a public health professional.**

**Commissioner Drysdale**

It almost seems that the fundamentals that we based our society on at almost all levels were ignored or trampled on here. You talked about censorship; you talked about public health, basic science. I'm a scientist, and in basic science, you observe something. You guess what you think it is. You do some testing; you develop a theory. And then you observe some more, and you take another guess. But science is a loop that keeps going round and round and round and round, the basic fundamental of everything in our technological life. And somehow, in this instance, we went around—we seem to have went around in a single loop. And then it became dogma. Is that something that you've observed before in your scientific career?

**Dr. Jayanta Bhattacharya**

Never. So my colleague, Martin Kulldorff of Harvard University, who co-authored the Great Barrington Declaration, at one point, I think in late 2020, he wrote that this was the end of the Age of the Enlightenment. And you know, at first, I thought he was being hyperbolic. But you know what? He was right.

Essentially, you had a scientific dogma, a relatively small, narrow-minded group of individuals with tremendous power who dominated the scientific life of the world for a time and didn't brook any dissent. When we wrote the Great Barrington Declaration, **four days after we wrote it, the head of the National Institute of Health, Francis Collins in the United States, wrote an email to Tony Fauci calling me, Martin Kulldorff, and Sunetra Gupta fringe epidemiologists. And then calling for a devastating takedown of the premises of the Declaration.**

**I was subject to death threats, propaganda attacks, slander. I mentioned already the CBC slander, saying that I wanted to let the virus rip when, in fact, I wanted focused protection.**

**It was a systematic attack on the very foundations of science that operate exactly the way you say. You know, you have hypotheses. I would just add one thing to your excellent description of how science works with logic and hypotheses and experiment. It happens in conversation with others who disagree with you. In my experience in my scientific life, I've**

learned a tremendous amount from people who disagree with me. It's how science advances. And when the disagreement results in an experiment where one idea is proved right and one idea is wrong, that's exactly how science advances. If you don't brook disagreement in science, you're not doing science.

[01:20:00]

**Commissioner Drysdale**

Yes, I mean, science is a combination of many minds, not one. And so that's the evolutionary process, if you will. If you're a single monolithic solution to a large problem, everybody's at risk by whether it's correct or not. You have multiple solutions and you have multiple opinions, you're protected. Thank you.

**Shawn Buckley**

Are there any more questions from the commissioners? There are, okay.

**Commissioner Kaikkonen**

When I think of the principle of content neutrality in defining the scope of section 2(b) of the *Canadian Charter of Rights and Freedoms*, as I recall, it's no matter how offensive or unpopular or disturbing a comment might be it still needs protection. But here we're speaking about a bias against truth. Can you comment?

**Dr. Jayanta Bhattacharya**

I have to say, in 2020, it seemed to me like the basic protections for free speech in the United States and Canada were essentially thrown away. The United States, the First Amendment seems to have made some comeback here. And I still have some hope that our lawsuit will succeed. I'm very worried about Canada. My experience in the Canadian lawsuits that I've been involved with—one in Alberta, one in Manitoba against the lockdowns, and then another in Montreal—I have seen very little inclination from the Canadian courts to protect those basic charter rights.

You're absolutely right. This is even more fundamental than somebody just saying bad words on the internet or something. Although I think those are free speech rights that ought to be protected.

What you have here is a fundamental suppression of scientific discussion. And it was a suppression both directly with direct censorship efforts but also by smearing and **demonizing people who disagreed with the narrative. Credentialed people, doctors, scientists, where the idea was to—in the minds of Canadians just watching CBC—for them to think that, okay, these are the bad guys; the public health authorities who are making all these lockdown decisions are the good guys. And you should just ignore them because they're fringe, they're outsiders, they're somehow underqualified. Although, I mean, the key thing to me is that kind of idea is dangerous not just from a legal perspective—where you violate fundamental civil rights of peoples, which it absolutely is—but also from a public health perspective.**

**When public health authorities make mistakes, you have to permit dissent. You have to allow that kind of correction to happen. And if it's going to happen from the outside, where else would it happen if you have a monolithic public health authority that's speaking in one**

voice? You can't simultaneously allow that public health authority then to control the organs of the media and allow it to demonize opponents, not with logic but essentially by drowning out or by de-platforming. But that's unfortunately what happened. And I think it harmed the health of Canadians.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

Dr. Bhattacharya, it appears that the commissioners are finished with their questions and I'd like to just on behalf of the National Citizens Inquiry sincerely thank you for taking the time to share with us. Your testimony is greatly appreciated as we jointly just try to find out what happened and figure out how to proceed and heal as a nation. So thank you so much for your contribution.

**Dr. Jayanta Bhattacharya**

Thank you so much.

[01:24:03]

***Final Review and Approval:*** Margaret Phillips, August 10, 2023.

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 3: Deanna McLeod**

**Full Day 1 Timestamp: 05:43:22–07:18:47**

**Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>**

[00:00:00]

**Wayne Lenhardt**

Thank you, Shawn. I'm not completely up on your technology here, so this is going to be a virtual witness. Have we got that teed up, Shawn?

**Shawn Buckley**

Yep, she's right here.

**Wayne Lenhardt**

Oh, here she is.

**Shawn Buckley**

You start asking her questions, and she's good to go.

**Wayne Lenhardt**

Oh, there we go, yeah.

I have a CV for you, Deanna, and it's fairly impressive [Exhibit WI-7]. It goes back all the way to 1991 where you've published articles and done research and whatnot. I don't have your degrees though, so perhaps you could tell me what those are. And then we need to go through the little formality of swearing you in as a witness.

And it looks like you've got some interesting topics to share with us.

**Deanna McLeod**

Yes, for sure. So you asked about my educational background. So I studied at McMaster University, which is the home of evidence-based medicine and was trained as such. My focus was in immunology and cognitive psychology. So that's pretty helpful these days. And

I basically, instead of pursuing the degree of pre-med, which I trained for, or medicine, which I trained for, I actually shifted to the pharmaceutical industry and spent ten years there. So that's a little bit about me.

And did you want to do the swearing in?

**Wayne Lenhardt**

Okay, so the formality is, can you give us your full name? And perhaps spell it for us for the record.

**Deanna McLeod**

Sure. My name is Deanna McLeod. That's D-E-A-N-N-A. McLeod is M-C, capital L-E-O-D.

**Wayne Lenhardt**

Okay. And do you promise to tell the truth, the whole truth, and nothing but the truth during these proceedings?

**Deanna McLeod**

I definitely do swear to tell you the whole truth to the best of my knowledge and abilities.

**Wayne Lenhardt**

I see that you've given us six topics that you'd like to cover. I think we have an hour to do that. So one of them is Pfizer six month data; second is safety surveillance issues; trial data for children; omicron boosters; and conflicts of interest. So I think what I'll do is just turn you loose to give your testimony.

The commissioners may have some questions. So if you're going to change topics on us, perhaps we could stop and see if there are any questions. And if not, then we'll just proceed to the end of your time.

**Deanna McLeod**

Okay, well, thank you so much.

**Wayne Lenhardt**

The floor is yours.

**Deanna McLeod**

Okay, great, thank you. I'm just going to share my screen here. Let me know when you can see it.

So the topic that I'll be addressing today— I believe I'm going to be testifying a few times, but the one that the Inquiry had asked for me to look into today, or the one that I wanted to pursue today, was a combination of conflicts of interest as well as the safety of the COVID-19 vaccines. And I believe that there's been probably a number of presentations addressing safety: Safety issues, maybe in the form of a patient, somebody who's been vaccine injured.

Or perhaps a number of very capable scientists who've come in and looked at adverse event reporting databases.

What I'd like to do is, I'd actually like to dial back a little bit. My particular expertise in the last 20 years has been in preparing evidence-based guidelines. My firm, which I started in 2000, works with clinical oncologists, people who treat cancer. And we work with them to survey the literature, analyze clinical trials, and prepare guidance documents in the form of either systematic reviews or clinical guidelines that basically help them guide therapy.

And so what we do is we apply the practice of evidence-based medicine. So we look at a clinical trial. We weigh the evidence. We survey the doctors that we're working with to see the degree of consensus. And then weighing a combination of the level of evidence and the degree of consensus, they'll make either a strong or a weak or not so strong recommendation. And so we're very, very familiar, my team and I, in weighing evidence and analyzing it.

And so what I'd like to do today is I'd like to take you through the evidence that these vaccines are safe because our public health officials have been claiming that they're safe. And also, interestingly enough,

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I know Shawn's on this call. I've taken a deep dive into some of the regulatory issues that explain some of the safety data that we've seen in the COVID-19 crisis, the COVID-19 moment. And so I'd like to have a conversation about the connection between those two things.

And at the very end, what I'd like to do is bring people's attention to the fact that Health Canada is proposing further amendments to the Food and Drug Regulations in order to expand the capacity to push through drugs like novel technologies, like the COVID-19 vaccines, via a back door that they created in 2019. And so what I'd like to do is just show you what a change in regulation means in terms of side effects. And then, maybe, loop back and talk about how the proposed extension to the regulations or the further proposed amendments, what that may mean for Canadians.

So with that very long-winded introduction, I'm just going to jump right into it. I'm going to call this regulatory responsibility.

I am not a lawyer like Shawn who is familiar with regulatory stuff. But we do consider regulations and the burden of proof when we're weighing evidence to prepare a guideline. And so I have a working knowledge of that area.

**But one of the things that I'd like to emphasize right away is that our current system is based on testing to prove something. So in this context, when we're looking at the COVID-19 vaccines or perhaps the changes in the upcoming regulation, what we need to know is understand historically, especially as it relates to vaccines, what the standard for testing is. And so the standard for testing at the very top is anywhere between one to ten years. We surveyed the literature. And we basically noted that each step can vary in terms of its time. But in general, there's a sequence of steps that are always done in order to ensure safety. And so I'm just going to walk you through those right now.**

The first one is in vitro and animal model studies. So that's called preclinical, so before clinic. Before it gets into people in the clinic, you do extensive animal testing. And some of

these tests can take up to three years. And generally speaking, you want to demonstrate safety in things that aren't human so that when you do proceed to humans in clinical trials, you know that there's a degree of safety. And that you know what to expect and what not to expect to some degree that you can then design your studies in order to be able to monitor potential safety issues. And so you test safety in cells, tissues, and animals before you move on to humans. And that has been one of the cornerstones of our clinical development process.

And so, when a regulator, Health Canada, wants to consider approving a drug, the pharmaceutical company or the manufacturer will submit a dossier of clinical trials. And they'll need to prove, generally speaking, that the preclinical data doesn't show any concerning safety issues. And then when they go to clinical trial, the ethics boards will allow them to go to a clinical trial to see— If the preclinical data is sufficiently safe or if there's no safety signals, then they'll allow them to go to a clinical trial. And they'll make sure that that clinical trial is appropriately designed in order to be able to monitor potential safety signals that showed up in the preclinical data.

So the other principle that applies when we're doing clinical research is you start with Phase I studies. And generally speaking, in my particular area, a Phase I study could have up to 20 patients in it. And so you test a new drug in a very, very small group of patients. And then you work your way up. A Phase II study could be 20 patients, could be a little bit more. Especially if it's looking promising, they might add it to about 80 patients.

And then a Phase III trial, depending on what kind of study it is, whether it's treatment or prevention, will have either hundreds or thousands or tens of thousands if you're looking to try a novel technology in humans that are healthy; so, you need to test it in a greater and greater and greater sample, depending on how many people and how healthy they are. Because what you want to do is you want to make sure that there's no risk of drug injury when you're looking at these particular drugs

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and whenever you're considering the data.

So the principle then is extraordinary caution and careful study over time in order to ensure that when you start to roll something out to the very broad population that all of the possible safety signals have been detected, not only in the short term but over time. And so you can see here that this band, vaccine development, has taken up to about 10 years at times. There have been rare cases where we've seen that time frame compressed to five years. A lot of people would say that that's a great success because they got a helpful vaccine out onto the market earlier. But every time we compress the timeline, we basically **sacrifice or compromise on long-term safety. Because there's no way to figure out the safety of something in great detail and to fully characterize a safety profile if you've only done it in a short time. So that's one of the principles.**

And so when Health Canada looks at a submission or a dossier that's been submitted for review, they basically look to make sure that each and every one of those steps has been carefully checked; that over time, there aren't any safety signals and that all the steps have been carefully done in order to be able to ensure at the end that you can say that something is both safe and effective.

And I was mentioning, too, that you want more study and more time when you're considering using something in a healthy population. And also, you would want to have

more study and more time when you're considering novel technology: novel meaning you don't know very much about it; you haven't used it in very many areas; we don't have very much experience with it. And also, you want to be able to be careful and more cautious when you're using high-risk products, products where there's a known adverse effects profile.

So with that said, there's Shawn. I actually put your picture in there, Shawn. Basically, this is something that he wrote that I read recently. And it's the test that you would need in order to be able to allow for a drug to be authorized in Canada. And so he's, of course, given many presentations on this. And so I don't really want to go into it much further than to say that in order to get authorization to market a drug in Canada, a manufacturer must meet the test that a drug demonstrates both safety and efficacy and that the benefits outweigh the risk. And so just with that in mind, that is our prudent, cautious, regulatory framework, which sets a very high standard and protects people from potential drug harm by having that high standard.

I just want to step into my particular area, which is this hierarchy of evidence. And this is going to make some people's eyes roll back. But it's very important to know that not all science is the same. And I know that through the COVID-19 pandemic and the COVID-19 crisis, you've got a lot of politicians sitting up and saying, "We're following the science. If you don't follow the science, then you're, you know—fill in the blank." But it is really, really important to know that not all science is the same: not all studies are the same, that you have different types of clinical trials and different types of studies. And each study can do different things.

But there's only one study that can ever prove something and that's the gold standard, that's a randomized controlled trial. And it's considered Level 1 Evidence or the highest level of evidence. And so what we want to see and what we look for when we're setting guidelines is Level 1 proof that something is safe and effective.

So what that means for us is that you have an investigational agent that's been compared to a standard of care. The comparator is very important, ideally. And that it shows that it improves outcomes for clinically meaningful benefit. So for instance, if you want to try and save lives, something that makes your skin clear is not going to be a clinically meaningful benefit. Or something that works for a short time, but doesn't work in the long time, that's not going to be a clinically meaningful benefit. So you want to make sure that the study is properly and appropriately designed to show a clear benefit in an area of clinical benefit.

So, with that said, Health Canada, generally, at least in the area that I work in, in cancer,

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relies very, very heavily on Level 1 Evidence in order to seek approval. There are very few circumstances when they'll give access to a drug or market access to a drug for less evidence. And then there's lots of follow-up that's required in terms of safety monitoring. But generally speaking, Level 1 Evidence is the standard that is used to ensure that any product that enters the Canadian market is both safe and effective and the benefits outweigh the cost. And that is really rooted in the Hippocratic Oath, which is to first do no harm.

And there was a time at which there was considerably more deregulation, where regulations were much more flexible. And basically, a drug called thalidomide was promoted. And that drug basically was intended to help relieve morning sickness for

mothers. And it was considered safe or it was purported to be safe. It was approved and given to a large number of women, so it was widespread use. However, it hadn't been proven safe. So when these babies were born, they had limb malformations. And so that led to considerable regulatory reform in Canada, U.S., and the U.K. and the establishment of the precautionary principle: being careful, overly cautious when it comes to drug approval so that we avoid any undue harm, as in these children who were born with unusable, at times, arms and legs.

So I'm just going to shift gears and talk about biologics. We deal with biologics all the time. And they basically are types of biological products that are used, at least in the area that I work with, to treat cancer, for instance. So they can target a given receptor or a small molecule that acts to shut down a pathway or turn on a pathway, depending on what we want to do in terms of treating cancer.

But one of the things that is very, very clear when the biologics first began to be used, almost two decades ago, was that considerable caution needed to be applied because it is understood that the risks related to these drugs can be serious and life-threatening. So biologics would be classified as high-risk drugs. And therefore, the burden of proof needed to ensure safety is higher than, for instance, a drug that has very few side effects.

So then, an abundance of caution basically characterizes our approach to biologics. And of course, in cancer we have the desire to help people because sometimes they have advanced cancer that might very well progress and result in the death of the person who has it. So then, what we want to do is we definitely want to experiment in considering novel technology or new biologics because they have such promising outcomes. But at the same time, the last thing that we want to do is add to the burden of disease of somebody who already has cancer. And therefore, there's an extraordinary push to make sure that these biologics are safe before use. And I've added a little bit of a note there, including gene therapy.

So gene therapy is one of the highest-risk biologics that there are. And the FDA basically requires that up to 15 years of long-term safety study be used when looking at gene therapy. That was the standard that was set out by the FDA, and it has been set out. And so in cancer treatment, there are a few areas where gene therapy is being developed. However, because it's so risky and because the safety profile can be very diverse, difficult to detect, and that safety issues can happen long term, it hasn't really moved forward in any considerable fashion. And so again, when we're considering the precautionary principle, the area where we should be the most cautious would be if we're using something like gene therapy, which is one of the riskiest or highest-risk biologics,

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**in populations which are otherwise healthy.**

So I just want to talk about a loophole that I discovered in reading a number of different papers recently. And this is the one that Shawn has mentioned at different times. But a loophole was created in our regulatory framework where the standard is that you prove safety, efficacy, and that the benefits outweigh the risks. Probably as early as 2016, a powerful advocacy group started championing for changes to our regulatory framework in Canada. And this is a paper by Ruhl. It provides this amazing timeline where there was an Advanced Council for Economic Growth [Advisory Council on Economic Growth] that was founded by our standing government in 2016.

And so the mandate of that economic growth group, think tank, was to basically figure out how you could grow the Canadian economy. Out of that particular think tank came six what we would call economic strategic tables or economic tables. The health and biosciences and economic strategy table is one of them. And the goal of that particular group was to sit down and say, how can we grow the health and biosciences sector in Canada?

So I just want to mention to you, at this point, that this has nothing to do with regulation and clinical treatment. In the sense that it is the pipeline for novel treatments, but the goal here is an industry, for-profit, motivated group that is basically now going to say, well, if we want to attract investments to Canada in the health and biosciences area, if we want international groups, global entities, to invest in Canada in our economy, then we basically need to initiate these conversations. And in the conversations, one of the things that came forward was that Canada has these pesky little barriers to innovation called high standards and high regulatory standards. And then basically, this group put out a report. And the report was designed to basically revamp or create a loophole in our regulatory framework that would allow novel therapies, as yet fully undescribed, not fully characterized, to get through a back door in our regulatory framework.

And so the pathway for creating this loophole was basically introduced through an omnibus Bill C-97 that was pushed through at the 11th hour in December 2020 by our standing government. And basically, the goal of that particular bill was to allow for an exception clause. It's like a loophole, an exception, a back door whereby the minister could designate certain drugs as exceptions to the rule. And that they could go through a different type of pathway. Not that 10-year pathway that is so pesky and a deterrent to innovation in Canada, but a pathway that is allowing them to do a number of changes. I'm just going to say what they are: so adaptive clinical trial design is one of them; rolling reviews, which is taking early looks and considering approvals based on early data; and the last one would be changing the terms and conditions of authorizations. So those are kind of three crazy words.

What happened shortly after the passing of that particular bill is that late in March 2020, the data for the COVID-19 vaccine was ready. And so the minister of health issued an interim order that enabled the COVID-19 vaccines to access this expedited pathway. So there were at least two orders that I identified. The first one was authorizing the change to clinical trials. So that's the adaptive clinical trials.

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And the second one was allowing them to start with rolling reviews. There were a few others, for instance. But I don't think that they relate so much to the safety issue, so I won't get into those too much. So basically, what that did is it allowed them to fast track this COVID-19 vaccine, clearly because there was a perceived public health emergency, so that they could get this novel technology, this novel therapy, onto the market to, of course, save lives.

So that's the little bit of backdrop behind that.

So this is the Honourable Jean-Yves Duclos. I've just put his brief bio up there. It's nothing too much. But I want to emphasize that Yves Duclos does not have a medical background per se, but that he is an economic expert. And one of the things that we need to consider when we're looking at guidelines is we're always very, very sensitive to what we would call a conflict of interest. And a conflict of interest is when somebody who has something to gain potentially financially, politically, career-wise, influences a guideline or a

recommendation process or participates in the development of something that would then lead to them profiting long term.

So we've already learned that our government had an intention to grow the economy and that that was the impetus for regulatory reform. It wasn't because our regulatory system wasn't doing a good job keeping people safe. It was because it was a corner of the government that basically wanted to grow the economy and wanted to attract investment from global entities. And therefore, at the behest of that group and those people who are going to profit from these regulatory reforms, Mr. Yves Duclos, who's an economic expert, basically allowed the process of regulatory reform to actually begin. And he's the one that issued the interim order that allowed the first product to go through this new framework and access this pathway of expedited review. And this is a little bit of a—

**Wayne Lenhardt**

Could I just ask you a question, please?

**Deanna McLeod**

Sure.

**Wayne Lenhardt**

Was there any mechanism for fast tracking this type of a vaccine prior to Duclos doing this?

**Deanna McLeod**

That's a really good question. So in my particular area, which is cancer, there is something called an NOC/c, Notice of Compliance with Conditions, which is kind of like this pathway. But it's used very, very exceptionally and only in small groups of people with very rare diseases where there's no other option.

**Wayne Lenhardt**

Okay, was it ever done in the past, or was it ever used in the past?

**Deanna McLeod**

So the Notice of Compliance with Conditions has been used for rare diseases in the past. But this particular regulatory loophole, this back door that was created, the COVID-19 vaccines were the very first novel, or what they would call "advanced therapeutic," to move through this system.

**Wayne Lenhardt**

Yeah, the timeline is fascinating here.

**Deanna McLeod**

Yeah, it is.

So this is just text from the announcement about this advanced therapeutic pathway that they created. And, you know, small text, and we don't have a lot of time. But I do want to highlight a few things.

So one of the things is they want to ensure high standards of patient safety, product quality, efficacy, and effectiveness. So that's stated in their, uhm, thing. But before the safety bullet, you can see that they want to maintain an appropriate yet flexible, i.e., being able to lower the standard or increase the standard, depending on what they would like to do, regulatory oversight. Or maybe we'll have some oversight, or maybe we won't have some oversight. So the flexibility and oversight are the things that are emphasized here.

And then the second one, which should be very concerning to everybody, is the second bullet point to promote innovation. So that is not a health-related outcome, whenever you're considering that the impetus for this change is because there's a group of people in Canada that basically want to increase their profits and draw business to Canada.

Now, in the actual document, and I don't have that here. One of the things that they say is they want to— This flexible regulation, what they're saying is

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they want to move beyond. "Beyond" meaning, they want to do away with the gold standard randomized controlled trial. So we need to translate that and say, "We don't want to have to prove that something is safe and effective or that the benefits outweigh the risks when we're seeking authorization of our products. We want to be able to move our products through, and we want you to give us a regulatory nod, even if we haven't proven them to be safe and even though the benefits don't outweigh the risks."

And I want to highlight the last one: Reduce barriers to bringing ATPs to market. So the barrier that they're referring to is they say, "We want to reduce the regulatory standards that we need to bring these advanced therapeutic products to market in Canada." And when they position it as— We want these products to get to patients in need, faster, right, and so, they put themselves in the position of champion and people who are life-saving. However, one of the things that everybody needs to understand is that the difference between early market access and late market access for a pharmaceutical company can sometimes be billions of dollars. So, if you can think about the billions of dollars that were earned by the COVID-19 vaccines by the pharmaceutical companies before they actually even received regulatory approval, will give you some reason why this would be in the interest of pharmaceutical companies.

And I also want to just pause and mention that, you know, when we were thinking about the cancer patient—so even somebody who has a very severe disease—if you push through a novel therapy and it's harmful, then you haven't helped that person at all. What you've done is you've added to the burden of their disease by adding adverse events or injuries to **the burden of the disease. And so that is not helpful at all. The only way that we can actually help somebody is if we prove that what we're giving them is beneficial and that the benefits outweigh the harms. And that even then, if there is a risk-benefit ratio that that is clearly articulated to the person receiving the agent so that they can make an educated and informed choice about whether they feel that it's warranted or not. That's not something that can be imposed by somebody else.**

So just to finish up on this particular slide regarding this advanced therapeutics pathway that they initiated. What they're asking to do is they want to prioritize innovation over safety. So you can see that innovation over safety. And they want the safety standards to be flexible. They don't want to have to always prove safety. They want to kind of, maybe, put something through and then just hope for the best, or something like that. Or, maybe, you

know, try and figure out a way to measure safety after people have been injured or to assess the degree of injury and then make safety calls. So it is really, really important to say that there is absolutely no way that you can be helping people if you're pushing through unsafe products, and especially, because it profits pharma.

So let's take a look at these products that they push through, the first one that they push through in this particular pathway. So again, whenever we're thinking about how rigorously you want to review something, how rigorously you want to study something, the degree of the standard that you want to set in order to put something through, you need to think about the nature of the product.

So I have here that the COVID-19 vaccines are genetic therapy, gene therapy. They're basically things that teach your body: They introduce mRNA, which is basically like an instruction manual. That mRNA gets delivered through these little lipid nanoparticles into your cells. The lipid nanoparticles are designed to go everywhere in your body and to cross protective barriers that your body has there for a reason so that things can't get into there. And then they introduce these instruction packets into your cell. And they teach your cells to produce a known pathogen. A pathogen means something that is known to cause disease, which is the spike protein.

So it basically introduces a pathogenic protein into healthy cells. And when your cells, basically, express this protein, it goes and sits on the outside of the cell. Then your immune system sees that cell and says, "This is a foreign cell. I need to basically attack that cell." So basically, what it does is, it is something that's engineered to cause your body to attack healthy tissue.

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It would be very hard for me to understand how this could be helpful for anybody who's healthy. However, that is the nature of the product. It's a biologic product that is basically introducing mRNA that causes your body to produce harmful proteins.

It was known before in the early data that, and we also know this for sure now, that even in the very, very early studies that this could cause clotting. And it is very easy to measure clotting or the potential for clotting in the blood before clotting actually happens, called a D-dimer test. We also know that it causes inflammation.

So based on all of these things, what we should have been doing is putting this into extensive years of testing to ensure that we can produce something that is very safe by careful study. So careful study. Then at the end, when it passes the test, then we can call it safe.

However, what they were able to do is they've changed the test for approval for this particular thing, for approving the COVID-19 vaccines. And now, you only have to have sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks. So there's a little bit of word gymnastics there, as Shawn has mentioned many times over. That now, you don't actually have to prove safety or efficacy: remember flexible studies, flexible standards. You just have to produce some evidence that would support that conclusion, so the bar has been dramatically lowered. And this means that now, potentially high-risk, unsafe products, under-tested products, are going to be hitting the market and being delivered to people.

The thing is a public health need. And of course, there's no objective criteria to say what a need is. And anybody can generate a need for something, depending on how strong the media campaign is. And, in fact, a normal part of a marketing process is to develop need, to

highlight the need of your particular drug. And that's, you know, in the clause here. So it doesn't actually have an objective standard. It just has a subjective standard of need. And this is straight from Shawn's excellent presentation. I recommend everybody look into his work.

Basically, there was a clause in section 2.1. And I read this, this morning, and I thought was really interesting. It basically prevents the minister from revoking the authorization. So they're going to lower the standard to this potentially high-risk, novel biological therapy. They're going to give it to healthy people because it's a vaccine. That's what that means. And then, they're going to make it so that they can't pull it off the market. And in addition to that, leading up to this particular interim order, they had actually given the vaccine manufacturers indemnity, meaning you can't actually sue them if they were found to be harmful. So I don't understand why somebody who is priding themselves in the ability to brew safe therapies that are going to help people would need to have indemnity. So that would make me think twice right away.

So let's just take a look at the COVID-19 vaccine and the development sequence. So you can see here that whereas the norm would be 10 years at the outset— And we're going to be trying a novel biological therapy, high-risk, with known adverse events, then I would say that the appropriate thing would be 10 years if not following the FDA guidance of 15 years of testing. But what this interim order allowed them to do is go in the back door and do one year of testing. And what that meant was they did minimal preclinical testing, meaning they didn't take very much time to figure out if it was going to be toxic to humans before they threw them in clinical trials and started experimenting on them.

I'm not sure who the ethics review board was that allowed that. But that's what happened. They were able to combine Phase I, II, III trials. So you know, this step here: the Phase I/II was combined. You can see that here. And then basically, the Phase III studies were conducted for about two months or so before they took a sneak peek at the data. Which is what you call a rolling review. You can get an early look at the data, preliminary data. And then they basically were able to make a call as to whether to authorize it, which they did after two months of study in clinical trials, in a randomized context. Then they dismantled the clinical trials.

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We'll get into that in a little bit. And now they've been allowing these drugs to be used by people without any active monitoring. I'll get into what active monitoring means in a little bit.

But just a couple notes on the preclinical testing and what you'd want to see and what was done. So what you want to see is preclinical testing on two appropriate animals, so two animals that are similar to humans in the main mechanism of action. So that would be here, with the similar ACE2 receptor expression because that's the little receptor that the virus gets through. So here, instead of having two appropriate animals, they use two studies on rats to do a toxicology, meaning, is it toxic to the cells or is it toxic to the rats?

And some would argue that rats were not the appropriate match for humans and, therefore, would not have given a very good assessment of what safety you could expect in humans. And so some would critique that the only preclinical studies that they did was those toxicology studies. And then they did some about effectiveness of the drug.

**But in terms of safety, they did the toxicology studies. But they didn't do it in the right model. And they should have done it in two different models. And the other really important test that you want to do before you start experimenting in humans is something called reprotoxicity, meaning they want to figure out if it's going to be toxic to your reproductive cells; teratogenicity, which means, is it going to cause deformities? Genotoxicity: is it going to affect your genome, your DNA? And oncotoxicity: is it going to cause cancer?**

**And so, of course, when I was looking at the data, I was very cognizant of the fact that they didn't do any oncotoxicity data. So they're using a biologic, which we use all the time to— We know that biologics can either activate or deactivate cancer pathways. But they didn't bother to test whether this agent could activate biological pathways, cancer-causing pathways, before they rolled it out. Before they started testing in humans. And even to this day, I don't think that there's any oncotoxicity studies that they've used. And so we may not know. But the key thing is that the reprotoxicity studies and the teratogenicity studies were ongoing at the time of authorization.**

So not only did they—the authorization of clinical trials—they basically allowed them to start testing things on humans before they actually did the proper assessments to make sure that the products were safe. And to my knowledge, at least at the time when they started rolling it out to the general public, they hadn't done the genotoxicity studies or the oncotoxicity studies. So I don't know how carefully they've looked at this issue of whether these vaccines can be causing cancer before they started rolling it out to healthy people. And that is a really big issue.

So let's take a look at the study that they designed. And one of the things that you need to remember is just because you do a randomized controlled trial, doesn't mean it's a good randomized controlled trial. And it is only as good as how it was designed to assess the data. And I just want to highlight a few really key things that are really important.

So we know that COVID-19 is really a disease that affects the elderly and the immunocompromised and maybe people with comorbidities. And they tested this particular drug in people who were healthy. So you cannot get any sense of whether the drug is going to be toxic to a frail elderly person or a person with comorbidities if you're testing it in healthy people. So the only data that they had when they rolled this out was data in healthy people. And so, therefore, they rolled it out to high-risk groups with very, very little data. They had some elderly patients. They had a very small part that had comorbidities. But for the most part, it was untested, completely untested, in high-risk groups based on the Phase III trial that they used.

I'm not going to get into too much more. All that I want to do is I want to say that the only **measurement that they used, the ultimate measurement, was basically, did it produce antibodies seven days after the second shot? So that's called a point-in-time analysis. And so the benefits of the vaccine were only ever measured in one point of time. And nobody knows if they were helpful or harmful leading up to that point in time or if they were helpful or harmful after that point in time.**

**So, to approve a drug based on one time point is outrageous.**

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**And in terms of safety, they only actually followed people up for about two months. So the safety data for all the people hadn't been actually even collected and organized by the time they wrote their first report. And based on that preliminary safety data— Remember that I**

would have wanted to see 15 years of study for a novel technology like this, and they have two months. Well, let's just say a year, and their randomized controlled trial, which is the only way to prove safety, was ongoing for two months. So this is what this interim order allowed them to do. It allowed them to take a sneak peek at this early data. And then basically say, "The house is burning. We need to approve this drug and get it to people so that we can save lives," all the while pushing through an extremely high-risk biologic. And giving it to healthy people.

Now this is just a little bit of the profile of the people that I would have been looking for. I would have wanted to see extensive testing in these groups. So again, we talked about the fact that they tested the wrong population. But I would have wanted to see testing in people with comorbidities. Because we know that if this particular agent activates pathways for inflammation, then people with comorbidities, which generally have high inflammation backgrounds, might have more side effects than, for instance, other people. So I would have really wanted to see a lot of good, careful study in people with comorbidities.

Teens and children: I would have wanted to make sure that this is not going to cause cancer and that this is not going to cause infertility in this group of people. So I would have wanted to see extensive testing in small groups of people before we rolled it out.

Pregnant women/babies and being developed: Extremely sensitive time of life and any significant changes during that time could cause considerable long-term harm. I would have wanted to see extensive safety testing. They weren't even included in a randomized controlled trial.

The frail elderly: Almost anything that's toxic could kill a frail elderly person. They were not well represented in the trial. And then, these were rolled out en masse indiscriminately in our long-term care facilities as a means of protecting them. So we're giving potentially harmful high-risk agents to frail elderly people.

And then again, the COVID recovered: Because these people's immune systems have already been activated and can identify the pathogen. So it would be reasonable to think that they're going to have a stronger immune response.

Again, we've talked about the preclinical. They didn't do the oncotoxicity, the repotoxicity, the genotoxicity. So how we could ever even conceive of giving these to people of childbearing age or children is beyond imagining. Again, the standard based on the FDA's own guidance is 15 years of testing. We did seven months.

And what I want to talk about now is that, again, we knew that there would be cardiac harm. So we could have been measuring troponin levels to see if there was any type of damage to the heart at a subclinical level. We knew that coagulation was a problem. So we could have been looking at D-dimer levels. We knew that inflammation could have been a problem. So we should have been looking at the C-reactive protein. These are all ways of measuring to make sure that people are not being harmed. But these were not done in the clinical trial. So what that makes me understand is that these people didn't want to find a safety signal.

Again, seven days. So reactogenicity, which is the immediate reaction that you get after a vaccine, and that was the only very careful monitoring that they did. And they only did that for seven days. So why did they only measure it for seven days? Why didn't they measure it beyond seven days?

How do we even know what happened after seven days? How do we know that there's not toxicity that shows up a month later or six months later? But the careful scrutiny only really happened for seven days.

So again, what that tells me is they didn't want to. This is a study that's designed not to find safety issues. They monitored severe and serious symptoms. So if somebody reported something and said, "Hey this happened just after the shot," then they would monitor that. But that's different than actively monitoring them where you solicit things: "Did you have any cardiac problems? Did you have any inflammation process?" et cetera, et cetera. So they weren't actively engaging the patient to find out if there were anything above and beyond just immediate flu-like symptoms.

So again, the moment they approved the vaccine, they basically dismantled the randomized controlled trial. This is a trick that people use in order to be able to, again, hide any type of long-term safety issues,

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by dismantling the placebo group. Which means that you unblind the trial, and you offer the placebo group the vaccine. You then send everybody over, and I think that it's up almost 89 per cent of the people in this particular trial went over to the vaccine arm and proceeded on. So then basically, what they did is they dismantle; that's like hiding the evidence. There's not going to be any evidence that there's going to be long-term safety issues.

So I mean, I have no idea what's in the mind of these people who designed this trial. But if I were designing a trial where I wanted to hide the bodies, where I wanted to hide safety issues, this is exactly how I would do it. I would make a decision based on early testing, dismantle my clinical trial, and only do the bare minimum of safety testing and reporting in order to be able to move my product through.

So let's take a look at the side effects profile again. So this is seven days after the second dose, and this is the Moderna vaccine. Now the safety profile for the Pfizer vaccine is practically identical, so I didn't bother putting that in here. But I just wanted to show you that these adverse events here—adverse events are the side effects that happen, fever, headache, fatigue, myalgia, arthralgia, nausea and vomiting, and chills—those are the symptoms of COVID.

So the reason why we're giving the vaccine is so that people won't get clinical symptoms related to COVID, so COVID-like symptoms. However, in giving this vaccine, they basically **cause COVID-like symptoms. They cause the very thing that they're trying to avoid from a clinical perspective in more than 75 per cent of the people who received it. And of those people, 55 per cent of them got so sick from receiving this vaccine, this genetic therapy, this biologic, that they couldn't carry about their daily activities. So more than 50 per cent of the people that got this particular drug after the second dose were so sick they couldn't carry out their daily activities. Fifteen per cent of them, they were basically lying in bed and unable to move. They were completely prevented from carrying out their activities.**

So you take healthy people, especially people who don't have comorbidities and aren't elderly. You take healthy people who can easily get through COVID, and you cause 55 per cent of them to be so sick that they can't carry out their daily activities and 15 per cent to be so sick that it prevents them from carrying out their daily activities.

**So when we're looking at biologics, when we're studying them, we always look for the red. The red here, it's called the Grade 3 toxicity. And if you have a Grade 3 toxicity, you judiciously, you very, very, very carefully only ever give it out to people who it's been proven safe in. And you would only give it to very high-risk groups where the risk-benefit ratio is highest.**

**However, with a drug that we know is causing the very thing that it's saying that it's being given to prevent and that it's causing a severe manifestation of it in more than 50 per cent of the people, they actually called this safe. And the way that they got away with that is because they didn't call it a clinical outcome. If we were looking at clinical symptoms as a clinical outcome, we would have said, "This is causing COVID-like symptoms. This is causing the very thing that we want to prevent." What they called it was reactogenicity by adding a creative label to it, just saying it's the thing that happens after you get the drug. Everybody said, "Oh, reactogenicity. We don't need to worry about that." But in fact, the reaction to this drug is so severe that I would have written a strong cautious recommendation in a guideline that we would be developing, saying that this should not be given to anybody who's frail or elderly or anybody who is concerned.**

So the fact that they started giving this to healthy people, including people of childbearing age and teens and children, is incredible. So just to note, this is what they were doing. So severe adverse event interferes with daily activity, requires medical care and an ER visit or hospitalization. So this is what somebody looks like if they've had a severe reaction. A serious event as described in this particular thing requires inpatient hospitalization, was life-threatening, resulted in death, or persistent disability. So we know that 15 per cent had severe adverse events.

But I want to take a look now to see what the data tells us in terms of immediately after they had severe adverse events.

But whenever you look at everything altogether, the solicited and the unsolicited adverse events, the vaccines were purported to be very beneficial

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because they said they were 91 per cent effective. That's a relative risk change. It's basically just the difference between two numbers. It's definitely not that meaningful whenever it's a preliminary study that's only two months along and you're only looking at one point in time. But what makes it really not very interesting from a clinical point of view is that the absolute change between the two groups was only about 4 per cent. So even at six months, which is what this data is, only 4 per cent of people even benefited from that vaccine.

**But ironically speaking, if you were to consider the side effects profile that we know, the difference between 850 [placebo arm] and 77 [vaccine arm] were the people who didn't get COVID. But everybody in the vaccine arm pretty much got COVID-like symptoms. So you know, it's a little bit of a shifty, tricky little thing that they did there.**

**But what I'd love to bring your attention to here is treatment-related adverse events. So this is an adverse event. So something bad that happens after you get the vaccine or the placebo. And it could be from the disease or it could be from the drug. It doesn't specify. But well, this one actually is from the treatment.**

**And what they said is that in the treatment arm, 5,241 people received an adverse event from the vaccine versus 1,311. So basically, they're lowering the chance of getting COVID by 91 per cent. But if you use the same metrics that they use and do the relative risk change, they actually increase the relative risk of treatment-related side effects by 300 per cent. So they're basically taking healthy people, and they're causing them to have an adverse event. Whereas the decrease, the benefit, was 4 per cent, the increase, the risk, is plus 18 per cent. So if we were holding to our traditional means of following this, the risks grossly outweigh the benefits for this particular vaccine. And that's just looking at any old adverse effect.**

**If we look at severe adverse effects, let's go back. It's a 75 per cent relative risk rate increase and a plus 0.5 per cent absolute risk increase. And severe, remember that's somebody getting so sick that they can't carry out their daily activities.**

And serious, I'm just going to tell you again what serious means: inpatient hospitalization, life-threatening episode, results in death, or permanent disability. You have a net increase between the two arms. Now if COVID was so dangerous that it needed to be treated and treated in everybody, then the serious adverse event, serious outcomes, should have been higher in the placebo arm. And we should have seen lower in the vaccine arm. But what this is telling me is that this vaccine is more toxic, or the manner in which we're doing it vaccinating healthy people with this toxic substance, is causing more harm than good.

I just want to be sensitive to time. So I'm just going to move it along a little bit.

They also looked at deaths. So deaths before they dismantled the trial were 15 [vaccine arm] and 14 [placebo arm]. So again, you would have to say that that's comparable. So you could never argue at the time that this was authorized that this was saving lives because it was comparable between the two arms. But what's really concerning is why— I mean, if you have healthy people and you're measuring this six months later, and one arm is getting COVID, which is deadly and they die, I mean that would explain why you have deaths on the placebo arm. But why do you have so many deaths in the vaccine arm in healthy people after six months? That's unusual even in a sample of 40,000.

If we look at deaths after unblinding. So after they invited these placebo group people to come over to the vaccine arm, there were five additional deaths for a total of 20 deaths on the vaccine arm and only 14 in people who'd received the placebo, after six months.

And again, this particular part here, where they talk about the five additional deaths. Instead of making that very obvious and bringing it into the text and reporting on it in their conclusion, which is what they should have done if they wanted to make sure that they were being abundantly cautious and protecting people, they should have basically written that up in the front and included it in their conclusions. But instead, they buried it in the text.

**One last thing that I want to highlight is if you look at the deaths, the cause of deaths, you can see that there were those from a cardiovascular nature. There were nine cardiovascular deaths on the vaccine arm and five on the placebo arm. Now you can't conclude anything clinically from that. But what I would have said is we need increased monitoring for cardiac problems moving forward and that this should not go out without more careful study.**

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And yet, what we did was we rolled it out.

So again, if we remember what our test is and what the conclusion of the study is— So I've walked you through the Phase III trial results. So our traditional regulatory system would mean that we'd have to prove safety. So we haven't been able to prove safety because the study actually proved the opposite.

And yet here is the conclusion of the initial paper from the *New England Journal of Medicine* that was used as evidence to support the conclusion that the vaccines were beneficial. It says, the "two-dose regimen of the Pfizer vaccine conferred 95 per cent protection against COVID-19 in persons 16 years and older. Safety over a median of 2 months was similar to that of other viral vaccines." So they didn't make any safety statements. They just sidestepped that all together. They didn't prove safety. In fact, what their study did was disprove safety, but they failed to actually highlight that.

So I just want to talk about something called risk management plan.

**Wayne Lenhardt**

Could I ask just two quick questions here?

**Deanna McLeod**

Sure.

**Wayne Lenhardt**

This data looks very similar to I think what they came up with in the U.S. Were there separate studies done in Canada, unique studies here?

**Deanna McLeod**

That's a really good question.

So again, remember how we were talking about global pharmaceutical companies. Basically, they have global pharmaceutical companies developing these products. And then, basically, our government wants these global pharmaceutical product companies to invest in Canada. They need that in order to spur on this bioeconomy, this innovation that they want to do here in Canada. And so the whole impetus for changing the regulatory framework was to allow more innovation or more investment or to give more leeway to these large pharmaceutical companies. And interestingly enough, it's those very same large pharmaceutical companies that are asking us to lower standards of regulation that **designed this trial.**

**Wayne Lenhardt**

Well, that was going to be my next question. I mean, the Canadian government has spent billions and billions of dollars buying these vaccines. And my understanding, I think, is that they're coming from somewhere else. They're not being produced in Canada.

**Deanna McLeod**

No, this is not helping the economy whatsoever.

**Wayne Lenhardt**

I'm sorry?

**Deanna McLeod**

**This did nothing for the Canadian economy, except for burden our healthcare system with vaccine injuries, which is probably going to hurt our economy in the end and perhaps destabilize our health system, I would argue.**

**Wayne Lenhardt**

Okay.

**Deanna McLeod**

So I just want to continue on. And I want to talk about something called a risk management plan.

So again, the normal pathway is that you have a randomized control trial, that it is continued right to it's full— That it's completed. That it's well designed. And it's designed to prove something that's clinically relevant and completed. And then, at that point, they submit their dossier with all their complete safety results, their complete efficacy results. And then the regulatory official starts to evaluate it. And basically it authorizes them or not, based on whether they meet the test that Shawn has described previously.

This alternative pathway, this back door that they've created, this advanced therapeutics pathway, basically says we want flexible regulatory framework, which means, "I want to do away with this standard of needing to prove it. And I want to be able to move forward to market despite whether I've proved it or not. And what I'll do is I'll do extra surveillance. I'll just do extra study for these. And we'll do risk management plans in order to be able to ensure that people are safe."

So what I want to do is I want to look at some of these risk management plans that are available and what they look like when we looked at it with COVID-19.

So now, I've just got my evidence metre here again. This is my Bible. And so what we're going to be doing is we're going to be moving from the realm of what you can prove, which is up here, Level 1 Evidence, and we're going to be moving down to an area here where we can really only make observations and identify associations. We can no longer prove anything.

**So I just want to say from a pharmaceutical point of view, if I'm somebody who is a very rich pharmaceutical company and I want to make money, what I want to do is I want to push the burden of proof down the ladder. Because these studies here are very easy to game.**

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**When I say game, it's that it's easy to design them in a way that you can actually get them to say what you want them to say. So you can manipulate the people that you allow into your analysis. You can manipulate the way that you monitor it. And then you can manipulate the**

way that you sample different people in order to be able to make the results look the way that you want them to look.

**And so what they did was they basically said, "You know what, we'll do more of these trials if you allow us to market so we can make lots of money by missing this one. So basically, preliminary data from this one. And then, even though it showed that it was not safe, we'll do lots and lots of studies." So you can see that there's tons of observational trials done on the COVID-19 vaccines. And you know, they'll say, "The effectiveness is this or the safety is this in this population." But interestingly enough, none of those trials can be used as evidence to prove safety. But that's good for the drug manufacturer because they can't be used not to prove that it's not safe.**

So what you do is you let them out. And then, now, the burden of proof has shifted from the manufacturer that was needing to prove safety to now the public that needs to prove that it's not safe. So the one making all the money that has the ability to run the design, the trials, is no longer needed to do those safety testing. And the public who has no money and doesn't have the money to run a clinical trial, a randomized clinical trial, to prove that it's harmful, basically, are unable to do so. So it's brilliant from a pharmaceutical point of view if you basically want to make sure that you are never called to order in terms of your safety. But it basically puts the public in a very perilous position.

So this is a crazy-looking graph, but I'm just going to walk you through it. So these are the different types of studies again and their ability to figure out safety. There are the different ways that you can monitor safety after a drug has been out on the market, or just period. So this one is the randomized controlled trial. And so, if you recall, we just looked at the data. And this is data from the Pfizer vaccine here from Thomas. And it basically showed that 70 per cent of the people that get the Pfizer vaccine are going to have some sort of adverse reaction to it. Five percent of those are going to be severe. Remember, severe is like it makes it so you can't carry out your daily activities.

Now there's another way of monitoring something. So this is active monitoring. It's where you're actively looking for the side effects. You're carefully looking at the person. And that's called prospective active monitoring. And when you do that, you find out that 78 per cent of the people actually are getting side effects from this drug.

The next thing is v-safe. So they basically say, we don't want to do this [prospective active monitoring]. And of course, they don't want to do that because that's the best way to find out what the side effects are. "We want to be able to do something else. We want to have a registry where we'll give the person their shot, and then we're going to send them off. And they'll have a phone. And then they can look at their phone, and then they can basically report any type of adverse events that they have." So when you do that, which is active monitoring, you get 71 per cent of side effects. So it's capturing most of them. But you don't really catch many of the severe ones.

**If you look at unsolicited, meaning that you just don't even tell somebody—if they just come and prompt you. Like you don't prompt them, they prompt you to say that they've had an adverse event. You only get 30 per cent. And again, that's within a clinical trial. So this is solicited and this is unsolicited.**

What we've done in Canada is we launched these vaccines, and then we basically said, "We're going to rely on our passive surveillance system." Passive surveillance system is a system that's available that if you have an adverse reaction, then you've got to remember you had that adverse of reaction. It's got to be so bad that you go see your doctor. Then the

doctor has to spend an hour to fill in a form. And then that form gets screened by who knows how many people in between. And then that adverse event gets deemed as legitimate because it matches what they're expecting, not what's unexpected, potentially. And then, once it's legitimized and it's entered into the system, our Canadian system records .07 per cent adverse reactions. Now, this is the true adverse reaction profile because we did the Phase III trials. And this is what the government is relying on to call these vaccines safe.

Now, it's not that they're safe. It's that the ability to test for the safety is insufficient. So they're insufficiently monitoring safety. And therefore, in the absence of detecting any safety issues,

[01:10:00]

again, they're not having to prove safety. Without any proof otherwise, they're calling it safe. And so our whole presentation of these COVID-19 vaccines have been turned around because they changed the standard. Now they're saying that it's safe, not because it's been tested and proven safe but because there's an absence of safety data that proves that it's not safe.

So this is the v-safe. This is active surveillance. And this was data that the CDC was collecting and kept from the public during the vaccine rollout. And it was made public through an ICAN [Informed Consent Action Network] lawsuit. And they basically created this dashboard, and it basically tells you— So this is data from the people who had the app, and they were actively being monitored. So we know that this is probably going to be the best sense of figuring out how everyday people responded and reacted to this particular vaccine. And we see here that 30 per cent, according to this particular monitoring thing, and again, it's probably not as accurate as the Phase III trials. Thirty percent of people monitored experienced a severe adverse event. A significant proportion missed work and school. And about 8 per cent required medical care following vaccination.

Now, if you're giving it to healthy people who are not going to need medical care from COVID-19 and then you give them the vaccine and they require medical care, it would be hard-pressed to understand how we're benefiting people.

This is the serious adverse event report from VAERS [Vaccine Adverse Events Reporting System]. So VAERS is the system that barely picks up anything. It's called passive surveillance. It's the one that's the least sensitive at picking up safety issues. And this is basically a sum of all of the different adverse events reporting for all the vaccines leading up to the time when we changed our standard and we started pushing through biologics and giving them to healthy people. And what you see here is that you've got a jump **between less than, what, maybe two or three thousand to thirty thousand adverse events reported. And again, this is passive surveillance. So it's under reported by some very significant amount.**

In terms of deaths, basically, we have an incredibly huge jump in vaccine-related deaths with the rollout of this particular vaccine. So again, what we're seeing is these are very strong signals saying that there's something that's not right. However, this is not sufficient evidence to be able to prove or disprove safety. So therefore, this vaccine continues to be distributed.

This is a pharmacovigilance report. Basically, it's a passive surveillance report. This was again something that the FDA received. And it was not made public.

It measures the adverse events, again passive, unprompted. People have to work really hard to get their adverse events reported. So they suspect that they had a vaccine injury, and they report it to the company. And the company basically creates this report. And I just want to highlight the fact that in this report, there were about 1200 deaths. So this is where somebody got the vaccine. And then, they basically said, you know, "This person died right after the vaccine. I suspect that it's the vaccine." And we can make note of this and we can say, "Oh, that's a signal." But it can never be used as proof to take the vaccine off the market because you can't prove anything with this.

**So twenty-five thousand people had nervous system. So again, we were looking for inflammation. We were looking for cardiac problems. But neurological problems were a** little bit of a surprise. I just want to highlight something, as well, that 71 per cent of all the adverse events were in women. If I were to see that, then I would say that's shocking. And that should be stopped and looked at right away.

Sixty-four percent of the adverse events that were severe and that were reported were in groups that had little risk of any severe COVID-19. So these were people who didn't even need the vaccine, and 64 per cent of the ones were in that group of people. And you know what they said, "Well, we monitored it for seven days and it looked good. It was great." And so what they didn't say and what showed up in this report is that a third of the people who are injured don't fully recover, based on their own data. That's two and a half months after. So again, I would say this is lots of evidence that it's not safe. But again, not enough evidence to prove that it's not safe.

I think I'm a little bit sensitive for time right now. So I'm just going to jump along here.

[01:15:00]

This is about boosters and particularly boosters and teens. So again, the primary series was the first two doses and the third dose is called a booster dose. Again, we're not surprised that the first dose was about 60 per cent of people had adverse effects. We are familiar with our 75 per cent number.

But what I want to show is with every single dose, it's like getting COVID-19 all over again. You get COVID-like symptoms. You can see them here and here. But what's really troublesome is the severity of the symptoms over time when you get boosted. So the first one, in terms of being unable to go to school, there was only a small amount. Then it increased to point where of the teens who are getting their boosters, 20 per cent of them aren't able to go to work or school for the week after they get their vaccines. So again, I'm hard-pressed to understand how this can be actually helping children, teenagers, **specifically, who aren't sick and have no risk from COVID-19. How can making them so sick that they can't go to school be helpful? It's hard to imagine.**

**This is a study by Dr. James Thorpe. And he was looking at outcomes in pregnancy, fetal outcomes related to women who have been vaccinated during pregnancy. And he compared them to the adverse events that happen from the influenza or the flu vaccine. So COVID-19 vaccine versus flu vaccine. It's measured by dose, so they controlled for that. And again, so after the COVID-19 vaccine, menstrual abnormalities.**

And this is a really weird chart. So what this means is if "1" is your baseline here and if it's to the right of this, it means that the COVID-19 vaccine is causing more harm or there are

more adverse outcomes associated with the COVID-19 vaccine than the flu vaccine. And when I'm analyzing a study like this and we're looking at hazard ratios, reporting ratios—

Go ahead.

**Wayne Lenhardt**

Deanna, we're starting to run short on time.

**Deanna McLeod**

Okay, how about I— Do you want me to finish it up?

**Wayne Lenhardt**

Thank you.

**Deanna McLeod**

Okay, so I am going to jump to this last section here.

So I think we've gone through enough data now to say that the problem with a risk management strategy—meaning that you move away from the standard of a randomized control trial that's able to prove safety to something less than that—you can't prove that it's not safe, and, therefore, harmful agents can continue on the market like the COVID-19 vaccine unchecked.

And I want to, at this point, raise everybody's attention to the backdoor expansion program that's underway. So right now, in this issue, government issue of the *Gazette*, Part 1, Volume 156, the government is moving to expand the number of agents that can move through this backdoor. So again, we've just walked through what it looked like when the COVID-19 products were put through this particular backdoor system, where they didn't actually have to prove safety and efficacy before they were authorized. And how the risk management plans were not effective in controlling and identifying safety issues that could stop the vaccine from being provided or protect citizens.

They now want to expand that to Class I to IV medical devices. This particular program was designed because they wanted to have a pathway for things that didn't fit the normal pathway. So it's supposed to be an exception rather than a rule. And one of them was to figure out medical devices that have AI interfaces or machine learning.

**And so I would imagine, and I can't say for sure, that one of the elements that would fall into this new category of medical devices could be AI-interfaced medical devices that learn and interface with somebody from an implant, for instance. I don't really know, it's not very specific. But the terms are so broad that almost anything can get through the back door in terms of a medical device, including something that has AI learning and potentially a biological-technical interface with it. So again, I would probably say if we had something like that, then we'd want to have an abundance of caution. And we'd want to take time to really learn what that means for humans and how that would interact with that before we would move it forward or allow it to have a fast track through our regulatory system.**

**The other thing that they want to do is— They have product-specific biologics requirements.**

[01:20:00]

**And that sounds really crazy, but it means that you have to test each biologic individually. So, for instance, you had to test the Pfizer mRNA vaccine, and then you have to test the Moderna vaccine.**

**So what they want to do is they want to just do one study: We'll just do the Pfizer study and then anybody who has an mRNA vaccine like that, all that they have to do is show that they're comparable. They don't have to do all their original research, and we'll approve it automatically. So again, I think that that's very concerning because when it comes to gene therapy or biologics, just slight changes in the actual compound can turn on or off different pathways in your body. And/or code for different proteins or sequences. And so, again, I would say an abundance of caution should be applied here rather than removing the product-specific classifications.**

They not only want to have human drugs needed for emergencies, but they actually want to expand it into veterinary drugs. Potentially, I have no idea how this would work, but would it be going into our food supply? And would we be getting secondary effects from any of these biological interventions or gene therapy interventions that are in our food supply? I think that that's something that we need to carefully consider and study before we would open this back door process to them.

And again, they were able to push through the COVID-19 products based on an emergency and, you know, a pandemic, an infectious disease, a global health emergency. But now what they want to do is they just want to be able to push it through the back door if it's an emerging infectious disease. And that term is so broad that they can actually make up almost anything. It doesn't even have to be life-threatening in order to be able to access this back door.

And again, they want to not only use it for treatment, but they basically want to use it for prevention and diagnosis. And the key word there is prevention and diagnosis means healthy people. And so again, if we go back to our standards, we want more study for things that are being given to healthy people.

I just want to say that as the closing thing for my particular presentation is that there's a deadline for being able to oppose these regulatory amendments, the extension of the back door. I highly recommend that we shut the door completely, especially when it comes to novel high-risk therapies that are being given to healthy people. And you can do that by commenting up to April 26, 2023, at the *Gazette*. There is a link that I can make available or calling your MP and saying that you absolutely do not agree with this lowering of the **gold standard and this new approach to agents and especially the fact that they're trying to push through so many agents through the back door now.**

**So we're at a very critical point in our healthcare. Basically, what we're doing by authorizing this back door is when we grant expedited approval to novel high-risk therapeutics without proving their safety, we're basically formalizing the practice of human sacrifice. We're basically saying that it's acceptable as a community to sacrifice the people who will be injured by this on the altar of innovation. And I would say that we need to make a firm moral stance that that's not who we are as a community and as a society. And that we need to go back to absolute standards that protect.**

And so this last thing is my sister. She was one of the people who was sacrificed on the altar of this innovation. She was a woman who had cared for special needs children. And she died following the vaccine from heart failure. So it reaches us all. And so that's all I have to say.

I'm happy to take some questions now.

**Wayne Lenhardt**

Thank you for your presentation. Are there any questions from the commissioners for this witness? Ken?

**Commissioner Drysdale**

Oh, sorry.

**Wayne Lenhardt**

She's on the other screen, Ken.

**Commissioner Drysdale**

There we go.

Could I get you to go back to one of the slides you had? It was the one right before the slide that said risk management plan. I want to understand something here.

**Deanna McLeod**

Which one?

**Commissioner Drysdale**

Backward still. Keep going.

**Deanna McLeod**

Let me know, let me know when I arrive here.

**Commissioner Drysdale**

Keep going. A little more. Keep going. One right before that one. Okay, sorry I lied—

**Deanna McLeod**

Just let me know which one it is.

**Commissioner Drysdale**

Keep going. Wait a minute,

[01:25:00]

I think that's it. Well, I'm not sure, but—

I thought I heard you— When you were talking about the testing that they did and you were talking about that they had split approximately 40,000 people into two groups and one was a placebo group, one had received the injection. And then I believe you said— I'm going over what you told me, and then I'm going to ask you a question about it. And then you said that test went on for two months. And then they took the placebo group and gave them the shot, so they eliminated the placebo group.

**Deanna McLeod**

Yes.

**Commissioner Drysdale**

And this was for, of course, you're doing this to test the safety of this product. Correct? You're doing this test.

**Deanna McLeod**

Uh hmmm.

**Commissioner Drysdale**

And so my question is— If I was evaluating cigarettes in this way, would I have found any of the bad effects that cigarettes have on people in testing it for two months in a group of 40,000 people? So if I would have tested cigarettes for two months, would I have known that they cause cancer, they cause heart disease, they cause whatever the heck else cigarettes cause?

**Deanna McLeod**

Well

**Commissioner Drysdale**

So using this protocol, is it theoretically possible you could have approved something like cigarettes to treat it?

**Deanna McLeod**

Oh, cigarettes would have definitely been approved. I mean, you could probably make a study look like cigarettes are helpful, right? I'm not sure what your endpoint would be. But you certainly wouldn't be able to find the long-term safety studies that we find, the safety issues that we find, right, with cigarettes using this.

In fact, I'm hard-pressed to think of one trial for cancer where they've only studied something for two months. We would have never, ever accepted a trial that had two months of data and then was dismantled. We would have basically said that the outcomes from that trial are no longer valuable and that it would never have received approval, even in people who are, you know, late-stage cancer patients.

So to think that they stopped the trial or dismantled the safety component of the trial—you know, the part that is able to prove that it's not safe—after two months. In my mind, the only thing that is reasonable to think is that it was done on purpose. Because somebody who was passionate about keeping people safe would have never done that.

**Commissioner Drysdale**

You also showed some charts that showed how many people had severe reactions to the vaccine. And you define the different levels as— If it affected your normal daily routines or if it made it so you couldn't do your normal daily routines, and so that was charts with regard to the effects of the vaccines.

But I'm wondering, are there charts that show that for getting COVID in the first place? In other words, we keep hearing about COVID cases that had no symptoms. We keep hearing about all kinds of things. So are you aware of a chart similar to the one you're showing on the screen right now for people who actually got COVID? What's the percentage of them that have no symptoms? What's the percentage of them that can't go to school? And I'm wondering how they compare.

**Deanna McLeod**

Yeah, so the way that you would do that is that you would look at— I mean, in a placebo controlled trial where you're looking at the placebo versus the vaccine, what you're really comparing is people who've received immunity from a vaccine to people who may not have had immunity yet. So this is kind of getting complicated. But it's a gamed trial.

So we know that immunity protects people from disease. And so, if you only give immunity to one arm and not to the other, right, then you know that the one that basically doesn't have immunity is likely going to be more sick.

However, interestingly enough, in this trial, we know that more people got COVID. This is the placebo arm right here—dose two, placebo arm. So this is people who got COVID. This is the background amount of people who got COVID. So they didn't get the vaccine. They got a placebo. And they got COVID. And there's more of them that got COVID. So you should say, wow, if there's more COVID, then you should have more adverse events, right? These are the adverse events. So you should have more COVID-like symptoms if you got more COVID.

But if you actually look at it, the total amount of the symptoms that people get if you were healthy and you got COVID was less than 50 per cent,

[01:30:00]

dramatically less. Most of that was mild. Only, what is it? I don't even know what that is. Maybe 12 per cent of them had something that was enough to make them really sick. And then very, very, very few of them were enough to prevent activities. And then you compare that to people who got the vaccine and prevents activities. Severe, right, red to red, this is dramatically higher. Blue to blue, this is dramatically higher. And gray.

It's incredible that we're thinking that we're giving this to protect people from COVID-like symptoms—or COVID symptoms—by giving them more COVID-like symptoms. It's mental gymnastics to think that this is how we arrived at saying that this is safe, when we agree that COVID-like symptoms are bad because that's why we're doing the trial in the first place.

**Commissioner Drysdale**

Thank you.

**Commissioner DiGregorio**

Thank you for coming and giving us testimony again. Very, very helpful.

**I have a couple of questions about this new framework under the *Food and Drugs Act* that you talked about today and this alternative pathway to approval. And I'm just wondering, so if a drug is approved by the minister to undergo this alternative pathway, which seems to expedite the process, is there a pathway or is there some mechanism built into that pathway to bring the safety considerations back into the normal sort of time frame or pathway under the regular authorization process? Or is it, you just get into this expedited process and once you have the authorization, you're good to go.**

**Deanna McLeod**

I'm going to say a couple of things. One is that the proposed amendments are so confusing and convoluted. I've never read something that lacks such clarity, which makes me suspect that perhaps they don't want it to be clear what it is that they're trying to do.

So in terms of being able to address those details, I think that that should be something where we should be all stopping and asking those important questions. I can't answer them based on the available information. But I do know from my experience in cancer, where we do have similar pathways called NOC/c that are used to get life-saving treatments to people who are dying from cancer who have no other treatments, so serious diseases, no other options, that once the accelerated approval is given— So what they'll do is they'll say, "Okay, your randomized control trial, preliminary data, I'm going to give you access to the market now. But I want you to complete your trial, and I want you to do said types of monitoring studies in order to be able to prove the safety of your drug."

I think the number is only about 50 per cent of the mandates for additional safety monitoring ever get completed. I can count on one hand the times that they've actually pulled a drug from the market once it's on there. And I think that it's almost like saying, it's a ball rolling down a hill and once the ball's halfway down the hill, it's really hard to get it back up to the top. The amount of energy that you need to employ in order to get that ball back up the hill or get the cat back in the bag or to address everything and to get all the doctors, who thought that it's good, to change their mind— It's very hard to go backwards.

**And so what tends to happen is that these products stay out there for a very long time. And I'm not saying that there aren't some pharmaceutical companies who are diligent, who do the proper monitoring afterwards. The momentum to have somebody actively monitoring it from the government and to make sure that they're doing the studies and to make sure that they're checking the databases, puts all of that burden of proof on the government and the taxpayer. Whereas it would just have been simpler to say only the things that have been proven safe get out of the bag. And that way, you don't risk anybody from injury, especially with high-risk agents.**

So I don't know if that's helpful. But, you know, after being in this business for probably about 10 years or so and watching this in the cancer area, I would probably say that it

should be under extremely exceptional circumstances that we should ever allow backdoor treatment.

**Commissioner DiGregorio**

Thank you.

**Wayne Lenhardt**

Okay. Thank you very much, Deanna. And I'll call on Kyle for the next witness.

**Deanna McLeod**

Okay, thank you very much for having me. Bye now.

[01:35:25]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 4: James Erskine**

Full Day 1 Timestamp: 07:19:15–07:36:48

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

**Kyle Morgan**

The next witness is James Erskine. Can I just get you to spell your name, sir?

**James Erskine**

It's J-A-M-E-S. Last name is E-R-S-K-I-N-E.

**Kyle Morgan**

And your full name is?

**James Erskine**

James Matthew Erskine.

**Kyle Morgan**

And you promise to tell the truth, the whole truth, and nothing but the truth?

**James Erskine**

So help me God.

**Kyle Morgan**

Where are you from, sir?

**James Erskine**

Winnipeg.

**Kyle Morgan**

You've lived here your whole life?

**James Erskine**

Yes, sir.

**Kyle Morgan**

And you have children?

**James Erskine**

Three.

**Kyle Morgan**

Can you just tell us a little bit about what you were doing for work during the COVID period? I guess starting in 2020.

**James Erskine**

Yeah, I was employed as a police officer in Winnipeg, City of Winnipeg. I was employed since 2011, February. So I was working at that as a constable during the first part of COVID.

**Kyle Morgan**

Okay, and what do you recall about what happened to your employment when COVID started unrolling?

**James Erskine**

Well, I was, for the most part, going along to get along. But what happened with the police, in general, is that we were given not necessarily a vaccine mandate, but we were told that we would need to provide proof of vaccination or that we would be, essentially, subjected to totally different treatment than the rest of our peers. That treatment being three times a week going for testing on our own time and wearing masks when no one else was wearing masks.

**Kyle Morgan**

And when did this policy come about, do you recall? Exactly when that might have been?

**James Erskine**

November 15th, 2021.

**Kyle Morgan**

Okay, and I understand that you had some difficulty following those requirements. Is that right?

**James Erskine**

Well, I wouldn't have had difficulty had I decided to do it. But I was not going to be doing it because I believed a) it was a gross miscarriage of our rights and freedoms to have to tell the rest of our peers what exactly was going on with our own personal medical statuses.

And secondly, I believe that what was going on in Canada, especially as a whole, was extremely problematic, coming from a background where I was there in my belief to serve the public, not to contribute to radical measures.

**Kyle Morgan**

If I can ask you, are you somebody that was vaccinated in general with other vaccines?

**James Erskine**

Generally, speaking, yes.

**Kyle Morgan**

So you didn't have a bias against being vaccinated?

**James Erskine**

Not at all.

**Kyle Morgan**

Was there something that caused you some concern about the vaccines that were available in Canada at the time?

**James Erskine**

There was a number of things that caused me concern. The good doctors that we've just been listening to and professionals that we've been listening to have outlined a lot of the things that, whether I was aware of the entirety of them at the very beginning, I certainly became aware of much of those bits of information over the time that COVID was presented to us. But I would say that the biggest thing that stood out to me is the— It had every ring of, for lack of a better term, organized crime. It looked to me like it had all the markers that I would be suspicious of if I was looking at an organization that was obfuscating the truth and trying to come across with an agenda.

**Kyle Morgan**

Can you just tell us a bit about your salary and the types of benefits you were getting as a police officer?

**James Erskine**

Certainly. Well, I was a full senior constable. Just prior to all of these things going down in 2021, I had been asked to be a field trainer. I was getting to a point in my career where I was looking towards my promotion if I could get that. I think I had pretty good standing as a cop. I had a very good work ethic, very good reviews, 650 career arrests, somewhere

around there. I was the second in my class in terms of marks. And so, what happened with me is that because I refused to give those things,

[00:05:00]

I was ultimately locked out of my police station that I was working in. I was sent home without pay with—what did they term it?—“non-disciplinary” unpaid leave. I wasn’t allowed access to my holiday time. I wasn’t allowed access to my bank time. I wasn’t allowed access to any of the time that I had rightfully earned. I was just sent home. The paycheque stopped. And a short time later, I quit because I knew that if I quit, they would at least have to, ostensibly, pay out those things.

So what has happened since, is that I’ve lost, well, 11 years of my life, basically. Though I think, I hope, that I did some good in that time. I’ve lost the pension that I would have had after 25 years. Certainly, I got a payout for portions of it but not in the same amount. And what I’ve done with my family is I’ve gone from a career of making roughly \$120,000 a year—I’m just telling you because police salaries are online, you can look them up—and we’re roughly a third of that now.

**Kyle Morgan**

Did you ever try to work out a compromise or any type of accommodation?

**James Erskine**

Absolutely.

**Kyle Morgan**

Tell us a bit about that.

**James Erskine**

Well, a number of letters were sent, a number of email communications. We had attempted to go through our union to fight the measures that they were taking. Interestingly, our union president was not just figuratively but literally in bed with one of the executives. It was a common law. I don’t mean in a despicable way, so to speak, other than they were common law. So an out-in-the-open relationship. But, in any case, I’m sure that that has potential to play into the desire of a union to fight for its people.

When the union didn’t help us, we also sought measures to go through the Labour Board. **The Labour Board shrugged us off. There was a number of— Well, without getting into it, there’s a number of lies in the Labour Board’s response to me. One of the things that I said to them in my complaint was that these measures had been the single cause of why I had quit. And they came back and their response was that there was no evidence to say that that’s why I had quit. And so, if they’re not going to take me at my word about why I’m quitting, we kind of have a problem with a due process when it comes to seeking out reparations for problems.**

**Kyle Morgan**

Were there any other of your co-workers that had a similar experience?

**James Erskine**

Quite a number. I was actually fortunate in terms of being on a shift where I had a lot of co-workers who were very supportive and who were also going through the same kind of steps that I was going through. So overall, in the police service, I understand that I think about 96 per cent of them were vaccinated. So I was, in a lot of ways, an outsider. But at the same time, my peers weren't the ones who were necessarily looking down on me. It was the organization from the top down.

**Kyle Morgan**

You had mentioned that the policy had been differential treatment for those that didn't get the vaccine and testing. Is that right?

**James Erskine**

Yes, testing. And we would have to wear masks everywhere. The way I understood it, reading all of the various health orders, the police had been exempted from some of them in order to carry on police business. That being said, the Chief of Police still has, you know, the authority to give us orders and that kind of thing. And so there was a point in time where, basically, when we were at least in the office, in our cruiser cars, we weren't required to be masked 100 per cent of the time. It was more when we were in public or at the court or at the hospital. And that faded away

[00:10:00]

in the summer to late summer months of 2021. And folks were just going about business as normal in the stations. Except for those who wouldn't declare their status, come November 15th we were required to wear masks, and in a certain sense, identify themselves by doing that.

**Kyle Morgan**

And you mentioned the testing. Can you tell us a little bit about what was going on with the testing?

**James Erskine**

Well, the testing was a very interesting thing because it wasn't done by say a nurse or even one of the health administrators for the city or anything like that. It was done at an off-site place. It was done in front of some other city worker, whether it was somebody who was working for transit or somebody who was working for works and ops who had no training in any sort of health. And they would be administering these tests. They would be correcting us, telling us how far up your nose you had to stick this thing. Now, I never went for this because I didn't want to be doing that. But this is all information I would get from co-workers and that kind of thing.

**Kyle Morgan**

I'd ask you, looking back on everything that's happened, what do you think should have been done differently with the way this COVID was handled in your organization or in society at large? What do you think?

**James Erskine**

I've thought about that question. You and I had a brief conversation on the phone prior to me coming here. And I knew that might have been one of the questions that I was going to be asked. I think there's a little bit of a hard answer to that question. I look at it like— Again, I look at this like crimes.

This is very akin in my mind to a whole litany of crimes, whether it's an assault or a coercion or an intimidation or anything like that. And I would say, in the truest sense, that the best thing that I can compare what was done to people crime-wise is a sexual assault and an egregious one. And it's because the integrity of a person's body is, I think, paramount to respecting that person. And I'm not saying this to belittle any person who's been a victim of a sexual assault of any sort. But I would see those as being akin. You're introducing something into the body that that person doesn't necessarily want in the body, and you're using coercive means or threats in order to do it. And I think that that's a very, very serious, serious offence.

So asking what should have been done differently the next time is a little bit like asking how the rapist should have acted differently. I would say that the ultimate truth about it is that none of this should have happened the way that it happened.

**Kyle Morgan**

I think those are all the questions I have. I don't know if the commissioners have anything. I thank you for giving your time.

**James Erskine**

Thank you for the opportunity.

**Kyle Morgan**

Sorry. Janice? Go ahead.

**Commissioner Kaikkonen**

I just want to ask— I know you kind of alluded that you have three children. How did the three children, how were they impacted? Because they would have seen you and your employer at odds over this. I don't know how the mandates came down here in the education system, but possibly they were under the same scrutiny and mandates within the school system. So how did that affect the family as a whole?

**James Erskine**

Well, there's a whole bunch of different levels to that answer. My children were in a private school. My wife was working at the time and was able to pay for the private school out of her wage. She lost her job soon into the pandemic. So we weren't able to continue paying. So what we decided to do, because more and more measures were coming into the school system, was to homeschool our children.

[00:15:00]

We're very thankful that we made that choice. But it brings a whole lot of different things to a family, especially when you have— I've got a child who's nearly 18 now. He's turning 18.

I've got a child who's 15. And then I've got a younger boy. And part of what it did was change my wife's day-to-day because now she's taking care of three kids. It took my kids away from their friends. It just changed our lives in innumerable, immeasurable ways.

**Janice Kaikkonen**

Now that you see that the mandates have been lifted to some extent, are you able to converse within the family about these things in a way that makes sense?

**James Erskine**

We didn't ever pull any punches with our kids about being honest with them about what was going on and why we were making the decisions that we were making. Again, it's hard to tell a 16-year-old or 17-year-old that they've got to come out of school and hang around with their goofy parents for a year or an undetermined amount of time. I mean, that was part of the problem at the time. Looking back, you can say, well, it was a year, it was a year and a half, kind of thing. But we didn't know that going into it. And I didn't know that going into it when I decided to quit, either. All of the mandates were lifted shortly after I quit, but I didn't know that. It had been getting worse and worse and worse.

And so, speaking with our children, I think the saving grace is that we've kind of given them a little bit of a sheltered space where they're not necessarily having to go out in public and be told every seven seconds, you've got to pull your mask up or you've got to wash your hands or you've got to do these kinds of things that are traumatizing to kids. But it's a give and take. You know, it's had negative effects. But we've managed to pull some positives out of it too, I think.

**Janice Kaikkonen**

Thank you.

**James Erskine**

Thank you.

**Kyle Morgan**

Any other questions?

**James Erskine**

Thank you for the opportunity.

**Kyle Morgan**

Thank you very much, sir.

[00:17:33]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**April 13, 2023**

**Day 1**

### EVIDENCE

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**Witness 5: Shea Ritchie**

Full Day 1 Timestamp: 07:36:48-07:59:02

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

**Shawn Buckley**

So if we can have Shea Ritchie come to the stand. Shea, can you state your full name for the record, spelling your first and last name?

**Shea Ritchie**

Yes, Shea Ritchie. S-H-E-A R-I-T-C-H-I-E.

**Shawn Buckley**

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

**Shea Ritchie**

I do.

**Shawn Buckley**

Now, my understanding is that you are in the restaurant business.

**Shea Ritchie**

Yes, that's correct.

**Shawn Buckley**

And you currently have a restaurant that has been running for ten years?

**Shea Ritchie**

Yeah, this month is the tenth anniversary.

**Shawn Buckley**

And before COVID, you had another restaurant that you had been operating for roughly four years.

**Shea Ritchie**

Yeah, that's correct. It was called Chaise Corydon.

**Shawn Buckley**

What was the restaurant business like for you before the pandemic policies?

**Shea Ritchie**

To be honest, we had just opened, well, a relatively new location there. But we had gone through, you know, several months; we had figured things out. We were well into our, I guess, prime. We were fully operational, very busy. It was a great location.

**Shawn Buckley**

Right, so things are looking positive, and then what happened?

**Shea Ritchie**

Well, there was the introduction of the original mandates. I'm sure everyone can remember the two weeks to slow the curve. So—

**Shawn Buckley**

And I'll just interrupt. But they didn't specify that was a biblical two weeks, did they?

**Shea Ritchie**

Well, we still are in the dark. Yeah, so the original mandates came out. They were telling us to open and close, open and close. And we were fully compliant. To be honest, there really was no incentive not to; there was no one who was going out at that time anyways. So we had been doing our best to follow whatever the rules and give the leadership and the government the benefit of the doubt. And things just kind of spiraled off from there because the government couldn't even keep track of all the rules they were making up, and the enforcement just became a nightmare.

**Shawn Buckley**

Now, can you give us some details about when you say nightmare because you have some specific examples to share with us of the type of thing that you experienced?

**Shea Ritchie**

For sure. So the COVID rules and regulations fell under the authority of Manitoba Health; they were the be all, end all. But I guess that they were overwhelmed and understaffed at the time that they were supposed to go in and add all the extra COVID enforcement to their plate. So they had recruited liquor inspectors and other agencies to kind of help out. So we would have police; we would have liquor inspectors; we would have health inspectors

showing up all the time, you know, maybe 20 different people. And they would have different rules. They were contradictory. They were nonsensical: I was even told at one point in time by a health inspector— So this is one of the people who was trained specifically in these types of fields. A health inspector told me that we weren't allowed to use plates and cutlery because there was no possible way to sanitize them. So going through a dishwasher with chemical and heat was not enough to sanitize them for COVID, according to her.

And so I would have to get these rules and updates all the time. And the inspectors would quote rules that didn't exist. I'd have to go and challenge it, and go and say, "Wait a second, this doesn't make sense; like how come we're not allowed to use plates and cutlery?" Right? And then Manitoba Health would respond and send out the retraction: "Okay, disregard what she said; she doesn't know what she's talking about."

So we were going along fine as far as every other business in that regard until we got our first fine in the summer of 2020. And we were given a fine for people sitting too close together. So the specific rule that was given in the health order said that people who are at different, sorry— Tables had to be six feet apart or two metres from other or from different tables. And it's a really, really vaguely worded rule. And what I was told it meant,

[00:05:00]

and which made the most sense, is that if there was a group of people, they had to be separated from a different group of people.

So I got a fine because they found two people sitting close together. Sorry, there was two instances in a 250-seat restaurant where they found two people sitting too close together. They indicated that we were following the 50 per cent capacity rule. So that if you think about it now, we have a patio space that's half empty, and they saw people sitting 60 centimetres apart, which was the actual number. And if you can imagine what 60 centimetres is, it's pretty much enough to put your arm around a person. So the area is half empty. And people are sitting close enough that they can be touching. And I asked the inspector, I said, "Well were those people from the same group?" "Well, I didn't ask." So then I thought, well, this is ridiculous.

**Shawn Buckley**

Now, at the time, how many people could be in a group?

**Shea Ritchie**

Oh, man, it changed all the time. I don't know if there was an actual group size. There was no actual limitation on the group at that point. In the health orders— Actually, I do know because I went over this in court. As far as I know, at that current time, there was a capacity limit of 50 people in a different section of the orders, so if you were to have a wedding or other groups. But in our section, restaurants and licensed facilities, there was no specific limitation.

**Shawn Buckley**

Right, but I meant in a group like, let's say at a table, how many? There was no limit.

**Shea Ritchie**

There was no limit.

**Shawn Buckley**

So the health inspector tickets you for some people being within arm's length but never asked if they were part of the same group.

**Shea Ritchie**

No.

**Shawn Buckley**

And my understanding is that that ticket didn't go well for you.

**Shea Buckley**

Well, actually, the news is pretty favourable towards us at the time. So we had complained about the situation, said, "Hey, this is ridiculous; like we're actually trying to do our best here and follow whatever." Like the rules didn't make sense. But we were trying to do our best. And I just said respectfully, "We're being told different things all the time."

The health inspector who issued the ticket to me had previously come to the location and measured out all of the tables and said, "Yeah, yeah, yeah, everything is perfect; all your tables are separated." And our restaurant tables are smaller and we combine them. For instance, we have tables of two. And if it's a group of ten, we'll have five tables that we combine. It's more efficient because you can always break the tables apart. So a group of four is at a table of four, but a table of two isn't at the same group of four. So the rule said different tables had to be separated. But the inspector told us that that meant different groups of people, not tables; pieces of furniture didn't have to social distance.

So what happened then is they approved me to reopen. And now when they came, they said, "Oh, we saw some chairs that were too close." I said, "Well, in the rule, it says tables; it doesn't mention chairs. And you told me it was tables." And he admitted that in court. He acknowledged that he had told me those things. But it didn't matter at that point. And he acknowledged also that they didn't ask if they were from the same group or not. And they just didn't think it mattered. And out of all— I have almost \$60,000 in fines from COVID.

We were only given two court dates for all of our tickets. This one did go to court, and the judge said that we were guilty. And she specifically said it doesn't matter if they're from the **same household or not, they weren't allowed to sit within six feet of each other. So a husband and wife weren't allowed to sit at the same table even if they're living together, they drive together. You think it makes sense? But she adamantly said, "The only common-sense way to interpret this rule—" Because I actually quoted case law and said, "Look, if there's a rule here that's ambiguous. And it's clearly ambiguous because the health inspectors are agreeing with me. And the prosecution is saying that we have to separate the furniture." And then the judge said, "Well, it doesn't matter if there's different interpretations because there's only one that makes sense here, and you should never have come to any other conclusion." And she ignored the fact that the health inspectors had actually agreed with my interpretation.**

**Shawn Buckley**

Right. So following that judge's logic, if a breastfeeding mother came in to eat at your restaurant, she would have to be separated by her infant by six feet.

**Shea Ritchie**

Yeah, very long straw, I guess.

**Shawn Buckley**

Okay. So you were found guilty of that one. What was the fine?

**Shea Ritchie**

\$2,542.

**Shawn Buckley**

\$2,000. I'm sorry?

**Shea Ritchie**

\$2,542. This was when the rules first came out. And then they eventually changed the fines to \$5000.

**Shawn Buckley**

And how many tickets in total did you receive?

**Shea Ritchie**

I think it was 10.

[00:10:00]

So I had two on the lower scale and then eight on the higher scale.

**Shawn Buckley**

Okay. My understanding is that for eight of them, they haven't even given you a trial date yet.

**Shea Ritchie**

No, I disputed all of them and they never— In fact, I thought they were just wasting my time. And in January, I got a memo from the government saying that one of the tickets, the second ticket I had been issued—which was about two or three weeks after the original ticket—they were giving me a court date. And so they gave me a court date for February 15th nearly three years after the violation.

**Shawn Buckley**

Now, as I understand it, that one was a bit of an interesting ticket because it kept getting changed. Can you tell us about that?

**Shea Ritchie**

Yes. The liquor inspector who issued the ticket— So keep in mind, not a health inspector, so someone totally different who admittedly in documented communication said he didn't even know what the rules were. So he gave me a ticket because he said people weren't socially distanced and because he saw people dancing. Now, at the time, there was no rule about social distancing. And there was a rule that mentioned dancing only to the extent that it said if you have a dance floor, you cannot use your dance floor, right? So the judge said that that's pretty ambiguous. But he agreed that yes, a dance floor is a specific type of thing. And it's kind of like an area where you're inviting strangers to all mix and mingle.

So the inspector who wrote the ticket acknowledged that we did not have a dance floor. But he said that there was four people out of approximately 200 that were dancing amongst themselves. And he said that nobody told them to sit down. And he saw them about 10 minutes later, and they were still dancing. So that was a clear violation. And in court, he said that we had created an impromptu dance floor. So he said you're allowed to have a DJ. You're allowed to have people in groups and people standing up and sitting. But if they are moving to the music, then you've created a violation. And in the cross-examination, I actually had the inspectors, the second one, admit that technically the entire restaurant and kitchen area could be a dance floor if people were dancing on it, according to this interpretation that they were applying.

And keep in mind that wasn't even my first fine, that's not my only fine for dancing. I had a police officer issue us a fine for dancing. And I have asked Manitoba Health, I've asked the Liquor Commission what's the legal definition of dancing after our first ticket so that we could have some clarification on what the hell it meant. And that, amongst other emails, were completely ignored. They were not interested in education; they were not interested in transparency. They would make up their rules; they would enforce them; and they didn't care if it made sense or not. They would just do whatever they wanted.

**Shawn Buckley**

Now, were there any changes to that ticket that the liquor licence people issued you?

**Shea Ritchie**

I apologize for not getting back to that. So the ticket didn't make sense. I looked at the rules. **I went over them with the inspector who wrote them. He originally in the phone call said, "I can't find the rule that you broke." Because he said that I broke the P210 Health Act. I said, "Well, where in the act does it say anything about this?" So he went over it. He couldn't find anything, so he said he would get back to me.**

**He did get back to me later saying that he talked to somebody at Manitoba Health who helped him understand the rules better. And on an unrelated website, there was a set of rules, and I broke those rules. So giving him the benefit of the doubt, I said "Okay, well, did you know that these rules or this website existed prior to this ticket being issued?" And he said, "No, I did not." I said, "If you didn't know about this website, how come you're expecting that I would have known about this website?" Right? Assuming that this website, it was even legitimate. I said, "Don't you think it would be more appropriate to issue a**

warning in such a situation?" And he said "No, no, no, you clearly deserved a fine." I said, "Okay."

So he put it down in writing. The reason for the ticket, not the original reason, is a new reason now. Because on this website, it says that people have to be seated; they're not allowed to be served while they're standing. And it says that people can't be dancing. So I said, "Okay." I took that email from him. I sent it to Manitoba Health, the authority on the topic. And I asked them to clarify whether or not those were a part of the official rules. Because it wasn't listed in the *Public Health Act*. And the *Public Health Act* did not refer to any other websites or other documents. So Manitoba Health wrote back clearly in writing, "Those are not the official rules."

So, again, I was in the media. People were wanting to know why we were getting all these fines and everything. And I said, "Well, clearly, we did not break any of the rules."

[00:15:00]

I sent that email to the liquor inspector. I said, "Look, great news, now. We've got Manitoba Health officially declaring that those are not the rules. And we didn't break anything in needing a fine." And that is when the liquor inspector decided to change the ticket because it doesn't make sense to give me a ticket for rules that don't exist.

So then he went back to the original rules, and they picked a rule in the official rules. And then that rule that we were now declared to be in violation of was serving people in an area not open to the public. And when I asked them where this took place—because all of the notes said that they saw people in this area, they saw people in that area—all of those areas that were listed were a part of our licensed premises or official service area. So I asked, "Was it in the basement? Was it outside on the roof? Like, where did you see people being served?" And again, in court, they testified that we did not break that rule. But because they use that rule, they said that that rule meant that people had to be six feet apart and they had to be socially distancing. So they still tried to say that the original reason for the ticket applied to the rules that didn't talk about it. And the judge was just as dumbfounded as I was.

**Shawn Buckley**

Right. So you were found not guilty on that one.

**Shea Ritchie**

Yeah. That judge actually took a very common-sense approach and declared us not guilty.

I would like to also point out though, the media had been favourable towards us in the first situation. And in this situation, I expected the same because I said, "Look, we've been given a fine for this violation. Manitoba Health has declared that we didn't break the rules." And I said, "Look, in the rules, there's nothing about this, socially distancing and dancing."

So the media, somehow at this point, all changed their narrative on what was happening. And we became the demonized restaurant where we were viciously putting people's safety at risk because we were letting four people dance uninterrupted. And the media left out the important parts that we were not breaking any rules. So in the actual—I think it was CTV did a report. They interviewed one of my neighbours, and the neighbour goes, "Yeah, it's obvious that people have to be seated; you can't have people standing up."

But they didn't even go and look at the rules. So they had another person who's not an authority say that we were breaking the rules. And that was their story about what had happened. Instead of saying, "Shea says this and here's the rules. And there's nothing that we could find. And look, Manitoba Health agrees with Shea." Like you'd think that a more balanced form of journalism would be something like that. It's like getting a speeding ticket: instead of talking to a cop, they talk to a guy on the street. And they're like, yeah, he looked like he was going fast. Right? No training, no background. It's just some hearsay of some random person. It was a very frustrating situation. So we were completely demonized and people were boycotting us. And there was like, "Oh my god, just go online and look up Chaise Corydon."

**Shawn Buckley**

Now, my understanding is that it's not wise to tick off a bureaucrat. Can you tell me, or tell us, what the liquor licence people eventually did to you?

**Shea Ritchie**

Well, I was sure that something was coming down the pipeline because the police officer, who gave us a dancing fine for \$5,000 at a later date, said that he was planning on taking our liquor licence. And I asked him, I said, "Okay, well, the rules don't mention anything about dancing, so I'm not sure why you think that we're breaking this rule." There was no rule at that time about dancing. But then the idea that we were going to get our liquor licence pulled was completely new to me because we'd never had a liquor violation. These were public health order violations, and these are being enforced by non-experts. They're not even trained at all in the public health field.

So I had an impression that this might happen. And in 2022, the LGCA [Liquor, Gaming and Cannabis Authority of Manitoba] basically made an application to their board to have my liquor licence pulled and to have my restaurant basically, in all intents and purposes, shut down. And one of the reasons they cited for this reason to pull my licence was because I was a repeat offender. And I'd never had a conviction with a COVID fine or these issues at all. In fact, they were aware that their agents had been changing this ticket and had committed fraud, basically, by changing this ticket retroactively. And knowing that we weren't guilty because Manitoba Health exonerated us, I actually took that issue all the way to the CEO, Ms. Kristiane Dechant of the LGCA. And she said she looked at the documents and she saw no problem. And she didn't think her staff did anything unprofessional or criminal.

[00:20:00]

So later, yeah, they pulled my liquor licence. And now it's funny that that ticket has been officially dropped in court, and they haven't given my liquor licence back. They haven't apologized. And they basically destroyed my livelihood at that entire location, and since, it's closed.

**Shawn Buckley**

Right. Because my understanding is you, just in that location, it wasn't feasible to continue operating the restaurant without a liquor licence.

**Shea Ritchie**

No. And it was in severe decline after all the negative media attention of us, being falsely labelled as degenerates or intentional rule breakers.

For the record, we were actually not breaking the rules. We were following the rules even if they didn't make sense. And the thing is that I was a very outspoken person. And I expressed my— I used my freedom of speech right to just say, "Look, some of these rules don't make sense." I actually wrote an article about what the Great Barrington Declaration was about, saying, "Wouldn't it make more sense to have a focused approach instead of just making healthy people locked down? Why don't we take our limited resources and protect the most vulnerable?" So I had been an outspoken person in that regard. I had sent several letters and emails to the enforcement people at LGCA and the Manitoba Health asking them for better clarity. And I had two people, I had a scientist from Manitoba Health and I had an inspector from the LGCA both in recorded conversations tell me that they agreed with me. But they weren't allowed to officially say anything because they would lose their job.

**Shawn Buckley**

Thank you. And I have no further questions. I'll ask the commissioners if they have a question. No?

I think we'll call one more witness and then we'll take a break. Oh, we should take a break now. So how about we take a 10-minute break then and return at 3.25 pm.

And Shea, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

**Shea Ritchie**

Thank you.

[00:22:14]

**Final Review and Approval:** Margaret Phillips, August 10, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 6: Sharon Vickner**

**Full Day 1 Timestamp: 08:11:40–08:40:07**

**Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>**

[00:00:00]

**Kyle Morgan**

And welcome back. Our next witness is Sharon Vickner. Ms. Vickner, can I just get you to state your full name, and then spell your first and last names?

**Sharon Vickner**

I am Sharon, S-H-A-R-O-N. Family name, Vickner. V, as in Victor, I-C-K-N-E-R.

**Kyle Morgan**

And do you promise to tell the whole truth, and nothing but the truth?

**Sharon Vickner**

The whole truth, and nothing but the truth, so help me God.

**Kyle Morgan**

Can you tell us where you're from?

**Sharon Vickner**

Born and raised in Winnipeg.

**Kyle Morgan**

And what type of trade or profession?

**Sharon Vickner**

I am an ISA-certified [International Society of Arboriculture] arborist.

**Kyle Morgan**

Okay. Now I understand you were impacted quite a bit from the COVID-19 response, particularly regarding your employment, and I guess I would say your general well-being. Can you tell us a bit about what happened to your employment in 2020, what was going on at that time?

**Sharon Vickner**

Well, I did lose my job in November 2020. I can only speculate as to why. I was removed from my position, so I can't make a direct comment on the employer's part other than he said it was a financial concern. But prior to myself losing my job in November 2020, it was in November and it was a Wednesday, and myself and my employer had met up to discuss my success of the 2020 season, which I did phenomenal. And he gave me my new business cards and a gas card for the company vehicle. We went over how we were going to attack the sales of the following year. And that was a Wednesday.

On that Friday, Pallister went on the television and said, "Don't be surprised if we start naming names of those that got tickets during this COVID." The following week, I was told that I was no longer needed, and I lost my job.

**Kyle Morgan**

I understand you were working in sales at that time, is that right?

**Sharon Vickner**

Mostly, yes. Absolutely, yes, I was doing the sales for the tree care.

**Kyle Morgan**

Your employment would involve you attending to your customers and doing estimates, is that right?

**Sharon Vickner**

Yes, absolutely, and that's where my bulk of my mental health started to decline. The season for me in 2020 started for work in March, as did a lot of the talks about a potential Chinese Wuhan flu, or whatever you want to call it, came about. And so while I was going to visit strangers—for the most part to me, of course—I was consistently from March all the way to November hearing stories, unsolicited stories about the traumas that family members were going through with not being able to visit their family members in a care home or a hospital or travel to go visit a sick relative.

**There's one story that really— Actually two stories that really stuck hard in my mind that I haven't really been able to shake, I guess that's PTSD. This one incredible woman went on to tell me, she was 84 years old and she was so happy to see me, and she went on to tell me that she came from a communist country. And she's got adult grandchildren, and her grandchildren are interested in her history. So she was telling her about what communism was about and why they fled from the country, and all the signs. And what she's seeing, what's happening in Canada and the rest of the world right now. And her own daughter told her that if she continued talking to her grandchildren about this stuff that she would never allow her to see her grandchildren again. So we cried together because the grandchildren were a huge part of her life.**

And another quick scenario was this other gentleman. He was in his 80s as well. He had a wife that was extremely involved in community and philanthropy. She's been a huge name in the city of Winnipeg, actually, which I will not name, and she had passed away. And at that time, there was only allowed 10 people to attend a funeral. And I cried with him for probably 45 minutes because he loved her so much that he felt that she deserved more respect than 10 people.

[00:05:00]

And he never did have a service for her. So that's just two out of probably a hundred stories that— I should have wrote a book, actually.

**Kyle Morgan**

So just to summarize, you would visit with your customers, and

**Sharon Vickner**

Yes.

**Kyle Morgan**

invariably they would tell you their stories.

**Sharon Vickner**

Yes, I guess, I don't know, maybe they just see my kind heart, my nature. I never once talked about my personal opinions or what was going on in this world to any of the clients or potential clients. I was there as a professional, not as a person walking down the street sharing an opinion. So yes, I was invited to a yard to do an estimate for tree work.

**Kyle Morgan**

Would it be fair to say that you got involved in some type of advocacy work involved in the community about some issues you had noticed going on?

**Sharon Vickner**

Absolutely, I certainly did. Well, everything was starting to ramp up in 2020 where there was masking this, stand on a dot, follow these arrows, don't see this person, go tell on your neighbours. I realized that my friends that I thought were my friends since junior high and elementary school, for that matter, were really not my friends any longer because I didn't stand on any dots or follow any arrow or anything like that. So I was driven internally.

I'm going to say this on record: I was never a girl that was of faith. And good things, I guess, do happen out of these scenarios. The Lord found me, and when that happened, the Lord actually told me that I had a voice and I had a heart in the right place. And I definitely started standing up in an advocacy sense of educating and sharing love and whatever I could do at that time.

**Kyle Morgan**

Would I be right in saying that you got some tickets? As a result of that?

**Sharon Vickner**

Yeah, about \$19,000 worth. Yes, that's not what's causing me my mental traumas, though, that's just part and parcel. I knew what I was getting into when I took a microphone or a bullhorn in my hand; I knew the possibilities. I just had hoped that the benefits of building communities within the fringe minority, I thought we could band together and find that unity where we could.

**Kyle Morgan**

Now you mentioned that you lost your job, was it October 2020?

**Sharon Vickner**

It was November 2020.

**Kyle Morgan**

Okay. Was there anything going on in social media at this time, regarding your advocacy?

**Sharon Vickner**

In what respect?

**Kyle Morgan**

Well, you had mentioned that you'd been trying to find your voice in the community. So I'm just wondering if there is increased attention on you at all at that time.

**Sharon Vickner**

Yes and no, actually. For the first while, I didn't even use my name at all. I never really said it. And then when it comes to social media, it just shows you about what's going on with censorship, way back then, and hatred, in the sense that some complete stranger ended up finding me. [Kolbie] something or other. I don't know. I don't know who this guy is. He ended up getting a picture of me with the company's logo on it, and he posted it and said, "Don't hire this girl," and he really slammed my character, really defamation of character in the big scheme of things. So that forced me to— I guess I should have just totally gotten off of Facebook. So forgive me, my friends, I stayed on. But I did change my name because I didn't want any fallout if someone searched me and found that I was standing up for what I believe to be the truth.

**Kyle Morgan**

Do you recall when that happened on social media? I'm just thinking about the timeline of your job situation.

**Sharon Vickner**

Right. That happened just prior, actually, I had to rethink that. It was about the very beginning of November when that occurred. Because I ended up telling my employer about it because I wanted him to know where I stood professionally and that this individual had done this to me. And that I had taken my picture off that stated the company I was working

for, and I changed my name so that there wouldn't be any backlash to his business or his potential clients.

[0010:00]

**Kyle Morgan**

Now, in your mind, why do you think you lost your job? You might have touched on that before, but—

**Sharon Vickner**

Again, I can only speculate. But it's just— Some say there are no coincidences. And I can't help but think that he was concerned that I might be unprofessional when I go to visit clients while I'm representing his business.

**Kyle Morgan**

Now I understand, unfortunately, you actually got arrested. Was that May 2021, around that time?

**Sharon Vickner**

Yes, it was. May 28th, I believe.

**Kyle Morgan**

Can you describe that experience to us?

**Sharon Vickner**

Well, thanks to James reminding me of something. I want to say that, firstly, I was not aware that I was on an arrest warrant. One of the others that were on the arrest warrant told me I was. Apparently, everyone else got a phone call to turn themselves in. I didn't do that. I didn't even get the phone call. I didn't even know until one of the fellows mentioned it to me.

And anyway, without going through that whole long process, I did get apprehended or arrested, I guess it's called. I don't know, I've never been arrested before. And it was interesting because when the police had put me in handcuffs and they put me in the car, they weren't wearing masks. I certainly wasn't, of course. And the first thing the police officer said to me, they said, "Do you know how pissed off we are?" And I went, "What do you mean?" Because I'm like a little talking girl, right? I'll tell him anything, right? And I have nothing to hide.

And they said, "Do you know what fentanyl is?" And I said, "I absolutely have heard of it. Yes." And he says, "We're the drug squad, and we're here arresting you." I couldn't believe that. I just point blank told him, "What a waste of taxpayers' money. You're supposed to be taking dangerous drugs off the street, and you're throwing me, a law-abiding citizen, into jail." And then, so when I ended up getting into the— I'll speed this up. I'm sorry, Kyle. I'm a little bit of a talker, and I'm a little nervous.

**Kyle Morgan**

That's okay, go ahead.

**Sharon Vickers**

**When I did get out of the police car and they put me in the elevator, this is where the psychological whirlwind really began. They put me in this elevator, and there was initially two police officers that were tending to me, the ones in the car. But when I got into the elevator, there were six others and me, and it was like they did that intentionally.**

**And as soon as I was walking into the elevator, they said, "Now get in here and face the corner and don't say a word." And I'm thinking, oh, knowing me I can't bite my tongue. And** I just told them that it was, "How humiliating. This makes absolutely no sense that you're doing this just for a freedom fighter." So anyway, long and the short of all of that, I ended up, of course, going through the scenario that they do: pat you down, la, la, la, la. And it's just full of lies. I guess that's what police officers do, so I'm not here to diss them if that's the proper procedure where they don't really tell you the truth, how long you're going to be there.

Anyway, I ended up getting put into a cell, and it was kind of disgusting, actually. I had to call them and tell them that— You know, you clearly know the character of who you're dealing with, like the floor had grossness all over it. It was a really vile room.

Anyway, I had to use the washroom. And this female cop walks me to the washroom and the toilet is completely up to the top, filled with yuck. And I just said, "Oh, you got to do something about this." And she said, she rolled her eyes and she said, "So you either got to go or you don't. We only clean it once a day." Well, that's a lie, of course.

I know that's not what you wanted to hear, but so I'm sorry. The whole thing is really kind of boggling my mind about being in jail. I haven't really wanted to think about it too much. So I guess what the hardest part on me, where it really started to stir my mental health, was clearly they had direction to cause me distress. And again, I don't know if this is normal, I really have no idea. So if it's normal, I guess it's just not normal for me.

I was in detention or the cell, or whatever you want to call it for, I believe, it was anywhere from 15 to 18 hours. I think it was a total of 18 hours I was in jail. And every five minutes, someone came and banged on the windows, and I'm not talking just a little tap. I know, someone says, "Oh, they're just making sure you're not, you know, dead," or whatever, right? But they knew why I was there. But every five minutes, they were banging on the window. And I'm going to say it, forgive me, women in the room,

**[00:15:00]**

**but the women were the worst. They actually took their keys out and they crash, crash, crash, every five minutes.**

**And I know that they had to have been directed to do this because there was a billboard, a clipboard on the side of the wall, and I could see them sign it and I could hear them flick the paper. And there was about 45 different officers throughout that whole time, or 45 times they did that anyway so—**

**Kyle Morgan**

You were arrested because you were getting tickets for gathering outside. Is that right?

**Sharon Vickner**

Yeah.

**Kyle Morgan**

Outdoor gatherings?

**Sharon Vickner**

Yeah, I think it was a P210, I think was the bylaw infraction of inciting gatherings.

**Kyle Morgan**

I think in May 2021, there was a gathering planned for the legislature here in Manitoba? And that's why a warrant was executed to arrest you? Would that be right to say that?

**Sharon Vickner**

I'm uncertain, exactly, because they never told me any of that. Not only that, they didn't even read me my rights when they put me in the car either. So that's what I had heard, that it was on May, I think it was just before May 15th. Because the last event that I had something to do with, that I was an organizer for, me and my team, was May 15th. And then, yes, I believe the following one was the legislature, and then the very final one on the 28th was the day that they actually detained me.

**Kyle Morgan**

Now you were released on bail.

**Sharon Vickner**

Yes.

**Kyle Morgan**

And I understand there was a particularly onerous condition of your bail?

**Sharon Vickner**

Yes, that is correct. And that's the one that I'm— Part of me is embarrassed to admit what I went through. But I guess this is what mental health does when you're a positive person and you've never had to deal with things like this and always around people and always have a friendship circle. It's extremely difficult. So on one of my release conditions, I was not allowed to be on public or private property, in private or public gatherings with anyone other than which I reside.

I lived alone. So that meant I couldn't be anywhere, at any time, with anyone, or I'd be criminally charged. I would have been thrown in jail.

So when they gave me that, when I was going to be released, I signed. I wanted to get out of there; I did not want to stay there any longer. So when I went to sign the documents, I wrote "under duress," because I certainly was. And then they called me back in front of the magistrate and said, "Well, you clearly need to call your lawyer." And I said, "What do you mean?" You know? Because you signed "under duress." And I said, "No, actually, I read it and I just don't agree with it. And this is why I'm signing 'under duress.'" I told them all the reasons as to why I signed "under duress." And they kept me there for about another hour after I had done that.

**Kyle Morgan**

How long was this bail condition in effect?

**Sharon Vickner**

One week short of a year.

**Kyle Morgan**

Can you tell us what your experience was during that year? As difficult as it might be.

**Sharon Vickner**

Well, it just pulled me out of any kind of support system. I wasn't allowed to— Aside from that particular release condition, the others on the arrest warrant, one was my spiritual guide, Pastor Tobias Tisson: I was not allowed to phone him, contact him at all. So I couldn't have any spiritual support from someone that I trusted.

A friend of mine also on there, I hope this is okay that I mention Dr. Gerry Bohemier. He was also on there and a huge support to me as well. And I was not allowed to be in contact with him either, nor was he with me.

My family had written me off because I had ended up in the paper, and they had said that I had dissed the family name. I didn't realize we were that important. So they wrote me off, and they still don't talk to me.

What had ended up happening, where I lost my job, no one was hiring me because of small industry. I guess, I don't know, word gets around, maybe. Or more importantly, my confidence was destroyed. So I went to a very, very dark place, which I had no idea I even had capability to do that. The first time that actually happened, I just wanted to disappear because, honestly, no one would have really known,

[00:20:00]

because I wasn't allowed to be anywhere, anyway.

I overcame that. And then it kind of spiraled more, when more of the— Like harassment in stores, for example. I'm sorry, but I did not wear a mask. I know how to take care of my health; I don't need something like that on me. It's just a suppression mask. But I was attacked verbally over and over again by managers and customers. The hatred in people's eyes, oh, my gosh, the trauma that so many people must be going through. I was taking that on my own self as it's painful to see people treat others like that. But this time, it was being treated to me.

It actually got to the point where, forgive me, Lord, it actually got to the point where I couldn't deal with it anymore because I couldn't handle what was happening to those around me. I took me out of the equation, actually, and I couldn't handle seeing children with masks on their face and little babies, and just all of the above that most of us know exactly what I'm talking about.

I actually thought, what would be the quickest way, what would be the quickest way that I could end my life? And I thought, oh, heroin. I'll just get a needle and I'll shove it in my arm and I'll die instantly. No, I did not look for it; nor did I go any further than that. But the thought entered my mind.

**And just knowing that a thought like that entered my mind added to my mental health decline.** Because I had no idea. I'm a loving person; I'm a peaceful person. I love life, I love nature. I never in my wildest dreams did I ever think something like that could come. I guess that's the devil for you, right folks?

But hallelujah, I think what really got me out of that is when you truly put your faith in something greater than yourself, you start to feel a hand on your shoulder when there's really no one there.

So I want to get this on record: I am of no harm to myself and I am of healthy, sound mind. I just want to make sure people know that I'm— Don't be concerned. I love life and I'm here for a long time.

#### **Kyle Morgan**

I think we're pretty tight for time. I wanted to ask you what you thought could have been done differently regarding the COVID-19 response. I don't know if you have anything quick you want to say.

#### **Sharon Vickner**

I do. I know I'm not supposed to have a piece of paper. But there's just one little statement I wanted to— Just one little sentence because I didn't want to forget it. And I think it might touch all of us. It says, "Holiness does not come from being removed from the world but from engaging it in it."

And that is exactly what I think should have been done differently. To protect our health, we need to be part of the world, and if we are removed from it, we're only going to get mentally ill. We're going to separate each other from everything. So what could they have done?

**Well, tell us the truth, that would have been really great. And talked about our actual health, about vitamins and supplements. And how about playing outside? Getting sunshine? How about hugging your children? How about going to see your loved ones? All of those things is what they should have done.**

**They should have left our own health concerns or our own health solutions to ourselves. The government is overreaching. And they should have no say on how we tend to our own personal health.**

**Kyle Morgan**

I don't know if there's any questions from the commissioners, Dr. Bernard Massie.

**Commissioner Massie**

This is very touching. I'm wondering how you're doing now. Did you gather a group of people around you that really helped you to go through life?

**Sharon Vickner**

Yes. I found some really incredible solid people that love me unconditionally, and I'm extremely grateful. I'm not, I'm not entirely healthy yet. I don't think any of us are. I think it's going to take a while for all of us, in the sense that there's constant reminders all around us, every single day, of what this plandemic has put upon us.

[00:25:00]

But as for, like I say, again, I am in a place where I do love life. And I know that there is so much more that I have to do.

So I'm not harming myself. I'm not looking to harm myself. But my mental health definitely needs a little bit more love, I guess, in a matter of speaking. A little bit more hugs. Hugs are good. Because my confidence was taken away from me during that whole process. Because that's kind of what they did to us, right? They tore our confidence down, and they forced us to be scared of people. I'm not scared of people, by the way; they're probably more scared of me. But thanks for asking.

**Kyle Morgan**

Yeah, go ahead Janice.

**Commissioner Kaikkonen**

I just want to say from my own experience that it's never too late to write that book on those hundreds of testimonies that you heard from people. Can you hear me, okay?

**Sharon Vickers**

Yeah.

**Commissioner Kaikkonen**

And also, I was reading Proverbs 29 this morning, and I can tell you there's some interesting scriptures in there that you might actually enjoy.

As far as the question, I'm just wondering. You did feel bullied by those in authority. Do you feel stronger for it, even with all of the mental health issues that followed? But do you feel stronger that you were able to write the words that you're signing "under duress," for example? Did that empower you?

**Sharon Vickner**

Did it empower me to be able to write those words “under duress”? Oh, absolutely. It actually did. Because I think I would have handled my time in— I would have probably navigated the circumstance after, in my head, differently. Because words are powerful, and we should be very mindful of our words at all times. It does show me that our justice system is broken, and it is not just in any form. Because if the words “under duress”— They shouldn’t have followed through with any of those conditions because they would have been null and void, and they weren’t null and void.

**Commissioner Kaikkonen**

So it just lets me come to the next conclusion. If the justice system is broke, I guess we have a lot of fixing to do.

**Sharon Vickner**

I’d have to say it needs to be torn down and put back together. Because we need to even change the word “government.” Because when you take those two words, in Latin, it actually means mind control. And I don’t think any body governing us should have anything to do with controlling what we do, say, speak, or put into our body.

**Commissioner Kaikkonen**

Thank you.

**Kyle Morgan**

Any other questions? Okay. Thank you, Ms. Vickner.

**Sharon Vickner**

Thank you.

**Kyle Morgan**

Thank you very much.

[00:28:27]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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Witness 7: Pierre Attallah

Full Day 1 Timestamp: 08:40:07-08:57:23

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

**Kyle Morgan**

We should go ahead with the next witness. It's Mr. Attallah.

Hello sir, can you state your full name?

**Pierre Attallah**

Pierre Nicola Attallah.

**Kyle Morgan**

And can you spell your first and last name?

**Pierre Attallah**

P-I-E-Double R-E A-T-T-A-L-L-A-H

**Kyle Morgan**

Do you promise to tell the truth, the whole truth, and nothing but the truth?

**Pierre Attallah**

I will.

**Kyle Morgan**

Where are you from, sir?

**Pierre Attallah**

I was born in England and raised most of my life in Canada, in Winnipeg.

**Kyle Morgan**

OK. And what's your profession?

**Pierre Attallah**

I'm an IT specialist. I've got a BSc in computer science from the University of Manitoba.

**Kyle Morgan**

Okay. I understand you experienced some difficulties as a parent regarding COVID measures that were in place.

**Pierre Attallah**

I have two kids in school, elementary school at the time. I was actively involved in their school on a regular basis, on a daily basis sometimes. I was volunteering at the school. I was also working as lunch supervisor for an hour a day, which fit nicely with my other work schedule. I was praised by the parents, the students, and the staff.

**Kyle Morgan**

I understand your sons experienced some difficulty with the rules that were in place at school. Is that right?

**Pierre Attallah**

Yes, they were forced to wear a mask in school, and they were targeted by the staff because I didn't agree with the mask mandate that the school was putting in place, and I was speaking out against it. I was pointing out that the public health orders did not apply to any public school in Manitoba. Because I questioned the school about it, they said it was because of the public health orders. But when I showed them the public health orders, it clearly stated the opposite. And they insisted on forcing the masks on the kids.

**Kyle Morgan**

And how did your sons respond to the mask wearing?

**Pierre Attallah**

Well, my younger son experienced the worst. He was struggling to be heard, so he was constantly speaking louder than he normally would, which resulted in scarring to his vocal cords. And it led to a really hoarse tone of voice for him. He also developed scarring around his ears where the straps were. There was a day where it started to bleed, and he asked to call home, actually, from the school. And the school principal in the St. James-Assiniboia School Division at Valentine's School, she, the principal at the time, denied him the phone call home to talk to me. When he was trying to take his mask off, he was called into the office to be disciplined for that, and when he was in there, he asked to call home and speak to me, and the principal denied that request of him.

**Kyle Morgan**

Now you mentioned there was some injury to the vocal cords. How do you know there was an injury there?

**Pierre Attallah**

Well, he was getting speech pathology from the St. James-Assiniboia School Division speech pathologist. And I asked her if the chemicals in the mask were causing damage to his throat, and she corrected me. She said, "No, he's talking louder when he has the mask on, which is straining constantly for eight hours a day, straining his vocal cords." That was coming from the school's speech pathologist. She also, the school speech pathologist, also referred him to an ear, nose, and throat specialist to investigate it. So we went to the ENT specialist, and he confirmed that there was scarring to his vocal cords and damage to his voice.

**Kyle Morgan**

Now, did this specialist recommend anything?

**Pierre Attallah**

Well, I asked the specialist if he could get a mask exemption. Because if the speech pathologist is saying that the mask is causing him to talk louder and that's causing the scarring of his vocal cords, he should certainly be able to write an exemption, so that he could go back to speaking normally and have his condition get better. But he denied the request to give a mask exemption. He said that the boy has to talk quieter.

**Kyle Morgan**

Now your older son, I understand, might have experienced some effects also. Is that right?

**Pierre Attallah**

Yes. Because I was actively communicating with the principal of the school and the staff to not put the mask on them,

[00:05:00]

they were more actively watching my kids. And at lunchtime, the educational assistant who was in the room with my older son, she would watch him eat with her arms crossed and tell him to put his mask on constantly while he was eating. She would stare at him, cross her arms, tap her foot. And then, it led to him no longer eating because he was hungry. It **changed his eating style. It was like a psychological abuse. At the end, when he did put the mask on, she would force him to say thank you.**

**Kyle Morgan**

So did you try to speak to the school staff about these issues?

**Pierre Attallah**

Yes, when I found out that this was going on, I went to the school with a letter. It was a notice of liability. I also included an affidavit of my son's statement and a letter, again, asking them to stop forcing the masks on the kids. And the principal wouldn't allow me my

parental right to speak with the school staff. *The Public Schools Act* of Manitoba states that a parent has the right to speak to any school staff member in the school. And the principal would not let me show that letter to that EA [educational assistant]. She denied that.

**Kyle Morgan**

I believe you spoke to the Superintendent of the School Division. Is that right?

**Pierre Attallah**

I had, yes. I had a meeting later with the Superintendent of the Division, which is the highest paid employee of the Division. And he said that he was launching an external child abuse investigation. And that was a couple years ago, but I have not received any details of that investigation. I filed a FIPPA [*Freedom of Information and Protection of Privacy Act*] request to get more information about it. And the school division denied me, the father, access to any records of the investigation. I then contacted the Ombudsman to make a complaint about my FIPPA request, and the Ombudsman said it would take about a year to get to it. They weren't very interested in pursuing it. So I was experiencing several levels of governmental failure.

**Kyle Morgan**

Did you reach out to any other government officials at all?

**Pierre Attallah**

Yes. I wrote a letter to the Minister of Education because by this point, after the school had seen my written material and the notice of liability, they gave me a no trespass order, which prevented me from talking to anybody on the school property or even being able to pick up my son on school property. Which led to more humiliating and inhumane treatment by the school staff. I learned from my FIPPA request that they were told not to speak to me. So when I would show up at the school, if I said hi to a staff member, they would turn around, turn their back to me, and walk away without even saying hello. I wrote to the Minister of Education, and he didn't respond. That was Wayne Ewasko, Minister of Education.

**Kyle Morgan**

Did it ever cross your mind to take your children out of this school?

**Pierre Attallah**

Yes, that's an excellent question. My partner, their mother, wanted them in the school and was in favour of everything that was happening. And the school was favouring her testimony over my request.

**Kyle Morgan**

Now, just to get the timeline here. You said that you issued a notice of liability to the school staff. Do you know when that was?

**Pierre Attallah**

I gave them a couple, that would have been around December 2020, or 2021.

**Kyle Morgan**

Okay. And then they gave you a trespassing notice. When was that?

**Pierre Attallah**

That was shortly after I delivered the paperwork: the notice of liability and the affidavit and all the court documents that I had in the letter.

**Kyle Morgan**

You mentioned before that you were working as the lunch supervisor, is that right?

**Pierre Attallah**

Yes.

**Kyle Morgan**

And that was a paid position?

**Pierre Attallah**

It was a paid position, yes.

**Kyle Morgan**

And what happened with that employment?

[00:10:00]

**Pierre Attallah**

Well, the principal called me and was demanding my vaccination status. And I told her that my vaccination status was protected and private and confidential. At which point she wanted to end the conversation. And I asked her, "You said that you were going to explain testing procedures." But she didn't want to do that. She just had a bit of a chuckle in her voice and said that it was basically over.

**Kyle Morgan**

Do you have an opinion on vaccines, in general?

**Pierre Attallah**

Well, my father, back in 1955, he developed a vaccine for hay fever while he was getting his PhD in biochemistry at the University of [inaudible 00:10:54]. Back in 2002, when he was still alive, there was a SARS outbreak. And they talked a lot about all these policies that were implemented in COVID. They were all talked about in 2002. They weren't implemented back then. But I had a conversation with my father at that time. And I see him

as the expert. And I can tell you what he told me. He told me that he studied viruses like this in the past, and they come and they go, and they come quickly. And I said, "Dad, you made a vaccine. Can they make a vaccine for this?" And he said, "Well, it usually comes and goes too quickly. By the time you made a vaccine, it's already gone, so we don't make vaccines for coronaviruses."

**Kyle Morgan**

But you're somebody that isn't opposed to vaccines to begin with. Is that right?

**Pierre Attallah**

No, I've had all my vaccines my whole life and my kids prior to, they had received all. I was giving them vaccines as well.

**Kyle Morgan**

Can you describe any effects that your children might have to this day over the things that have happened?

**Pierre Attallah**

Yes. I mean, well, when they were not allowed to go to school, there was a major— I think, the age group of six-, seven-, eight-year-old children, as a whole, I mean, for my kids, I noticed it for my kids. But being taken out of the school system, it was very detrimental to their education. There was a major delay to their education as a result of that because it wasn't really possible to do the— The learning at home wasn't working. It was very infrequent, very short intervals of a video with a teacher. It just didn't make any sense.

**Kyle Morgan**

Looking back at everything that's happened, what do you think would have been better?

**Pierre Attallah**

Well, one of the things I noticed when the public officials, the politicians were speaking, they would always start their statements with "We believe," "We believe," and "We believe in science." And my dad taught me that there's no belief in science. Science needs to be understood, not believed.

**Kyle Morgan**

Are there any other effects that you've experienced, did you want to mention? Or I can open it up to the commissioners if they have any questions.

**Pierre Attallah**

I'll take questions from the commissioners.

**Kyle Morgan**

Okay. Did anyone have any questions? I think those are all the questions I had for you.

**Commissioner Kaikkonen**

Did the teachers at any point feel that they were bullying your children?

**Pierre Attallah**

Well, I can't speak to how they felt about doing it. But the school division seems to be hiring people that don't question that. I think if you're the kind of person that has a conscience, I think they limit it. Those people were pulled out of the system, and all that you are left with is these Marxist people that will do whatever they're told to do. Like in the instance of the EA who was told to target my son, I don't think— I'm not sure what their thought process is, but that's the type of people that they're putting in there.

I can also say that from the school system, I was completely disconnected from my children's education. I wasn't able to see the work they were doing. I wasn't able to speak to their teachers. And it escalated. It escalated. It was almost like gaslighting where they felt that the measures they took weren't strong enough. So after the trespass order came into effect, they said, "Well, now you can't speak to the schoolteachers." Later, it was, "Now you can't even email them." "Stop emailing them." "Don't say hi to them." It was complete escalation to the point where I was completely cut off.

And it affects, still today.

[00:15:00]

These things are still going on. And it affects my children's education and their ability to get the most out of their education. Because if I want to see some of their work that they worked on, it might take me two weeks of communication going through the principal just to get maybe an assignment that they worked on a few weeks ago. I don't agree with a lot of the things the school divisions are doing. They hold back all the student work for the entire year and give you an incomplete assignment bundle in June, on the last day, right before the teacher leaves, so you don't have a chance to ask questions. It's pretty ridiculous what's going on in the school system today. I applaud the people who are homeschooling. And that's my intention, is to move towards homeschooling for me and my kids.

**Commissioner Kaikkonen**

I was just also wondering about the schoolboard level. Have you checked out the policies? Because they receive public funds, so I'm just wondering how they could say that you're not allowed to have access to the school or to your children's records if they're accepting public funds.

**Pierre Attallah**

That's a very good question. In the no trespass letters, they do not provide a reason. It's completely arbitrary, which is a violation of the Charter of Rights. However, this school division, the St. James-Assiniboia School Division, their superintendent is the Chair of Mass.mb.ca, which stands for Manitoba Association of School Superintendents. They pledge their allegiance to global corporations, not to Canadians, not to Canadian citizenship. They call it global citizenship. Global citizenship does not include the *Canadian Charter of Rights [and] Freedoms*, Bill of Rights, any of that. It's a complete betrayal of being Canadian.

**Commissioner Kaikkonen**

Thank you.

**Kyle Morgan**

I don't know if there's any other questions. Thank you very much, Mr. Attallah, for your testimony.

**Pierre Attallah**

Thank you for having me.

[00:17:16]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 8: Tobias Tissen**

Full Day 1 Timestamp: 08:57:40–09:16:26

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

**Kyle Morgan**

The next witness is Tobias Tissen. Can you spell and state your full name, sir?

**Tobias Tissen**

My name is Tobias Tissen, T-O-B-I-A-S T-I-S-S-E-N.

**Kyle Morgan**

Do you promise to tell the truth, the whole truth, and nothing but the truth?

**Tobias Tissen**

I do.

**Kyle Morgan**

Can you tell us where you're from, sir?

**Tobias Tissen**

I currently live in the Steinbach area. And previously, I moved to Canada from Germany, back in 2006.

**Kyle Morgan**

And what type of work were you doing prior to the COVID outbreak, I guess in early 2020? Do you recall?

**Tobias Tissen**

Prior to that, I was actually attending to my father who was on home care. He had had heart failure, and he passed away in early of 2020, April. I was on government support to take care of him and that's actually the beginning of when all the lockdowns hit and really, really affected us.

**Kyle Morgan**

I understand you were preaching at a church congregation during the same time, is that right?

**Tobias Tissen**

That's right. I was preaching, still preaching, at the Church of God.

**Kyle Morgan**

Are you a pastor? Would you describe— Sure.

**Commissioner Drysdale**

You know, our largest viewers are on the internet right now, and with all of the clapping—and I understand the emotion—but with all of the clapping and interruption, it's making that very difficult. We want to really keep this thing going, and some of the witnesses are a little nervous. So I please ask you again to restrain yourselves. At the end, absolutely, give your appreciation of the witnesses. But let's cut that down in between, please. Thank you.

**Kyle Morgan**

I know a lot of people refer to you as a pastor. Do you consider yourself a pastor?

**Tobias Tissen**

I don't really consider myself a pastor. Although I do assist, I preach, and I help in the congregation.

**Kyle Morgan**

Now, what do you recall once the first restrictions were put into effect in 2020? What do you remember from that time?

**Tobias Tissen**

So it affected us because they started capping off limits of people being able to go to church, and it went down to 50 per cent. And after that, they reduced it to 25 per cent, 10 per cent. And after that, I believe 10 individuals. And I believe, maybe even down to five.

We're a very close-knit congregation of about 160 people, and we really need each other. And there's a reason why church people gather, why they have church multiple times a week. It's because church functions like a family, and the family is there for one another.

Another way it affected us is, like I mentioned already, my father passed in April of 2020. He passed at a young age. I am only 28. I was 25 at the time. He was 48. And we were not



the church and myself both received a fine for that instance. The church received a fine of \$5,000, and I received a fine of \$1,296.

**Kyle Morgan**

I believe you received a number of other tickets on other occasions. Is that right?

**Tobias Tissen**

Many. Many for simply being there for people. Just like we've heard other witness reports, there was a lot of loneliness, a lot of people having no one. And church was like their avenue of socializing, of getting together with somebody, and exchanging human needs, spiritual needs. And I had to be there.

Being a preacher is not a career. Being a pastor is not a career, although maybe it's viewed as such. But being a preacher is a calling, is something that someone feels responsible before God and that someone would do without pay. Pay is not what makes a pastor; it's their responsibility. I've got to help people's spiritual need.

**Kyle Morgan**

And I understand you were arrested also. Is that right, sir?

**Tobias Tissen**

That's right. I was arrested on October 18th of 2021. A warrant has been out prior to that for about six months, and I was literally hunted down. On the night of my arrest, my family and I were having a gathering at a park. My mother, who was living with us, had decided to move to Europe, and so it was her last evening, and we went out to have a little goodbye gathering. And someone saw me at the park, reported it, and as soon as I pulled off the park, there was several police cruisers that went and hauled me off.

**Kyle Morgan**

And how long were you in jail for?

**Tobias Tissen**

I was in jail for 45 hours—two nights—and it was a horrible experience. I've never had a run-in with the law before, never been to jail before. And I was placed in a cell facing away from the clock. I had no idea what time it was, basically ever.

[00:10:00]

For one night, I was in custody; the next day, I was moved to remand. And in there, I had to stay. I had half an hour within a 24-hour period to get out of my cell.

**Kyle Morgan**

And then you would have been released on bail with conditions, is that right?

**Tobias Tissen**

That's right, I was released on bail. I could have been released sooner, but I didn't agree to the conditions at the time because the conditions prohibited me from going to church. And I could not, I could not in conscience, in good conscience, sign that. And so, the lawyers worked for me to amend those conditions so that I was able to still go to church.

**Kyle Morgan**

Is it true that your children would have witnessed your arrest? Is that right?

**Tobias Tissen**

That's correct. My children are still traumatized. I have two boys and a little girl. The oldest is seven, the second is four, the baby is 10 months. My wife was actually just a few weeks pregnant when I was arrested. And my boys witnessed not just the arrest but multiple times of officers coming to our door. Not just one officer, but two, three, sometimes five coming and handing tickets. To this day, like we live in Steinbach, when I talk of going to Winnipeg, they're like, "I wanna stay home." It'll be something that at their young age, they won't ever forget. The night of my arrest, the whole congregation went out to the police station, and they were singing and walking around the building. I have a little picture of my two little boys peering into the station, hoping to catch a glimpse of me. And it's, it's heart wrenching.

**Kyle Morgan**

We know that there's been a lot of controversy and division in a lot of areas over what's happened. Was there any division in your church or that you experienced?

**Tobias Tissen**

There was none. We're a family. Everyone had my back. I'm part of the most amazing church. And not just in Steinbach, we're a global church. Worldwide, messages were pouring into my family of support and prayers.

**Kyle Morgan**

Within the wider community, did you experience a lot of support?

**Tobias Tissen**

There was a lot of friends, absolutely. But there was also a lot of hate going on. It is something that I feel was part of the government's tactic to put something out there to divide humanity. The saying goes "divide and conquer," and that was their motive.

**Kyle Morgan**

Do you remember if there was much transmission of COVID in your church congregation, COVID-19?

**Tobias Tissen**

Probably someone had it. But we're all old enough to know to stay home when we're sick. And when someone felt ill, they stayed home. We had, not that I know of any outbreaks, no COVID deaths, no reactions, and everyone is still there.

**Kyle Morgan**

Were there any other effects on the people of your church congregation? Did any of the government restrictions affect your congregation in any way?

**Tobias Tissen**

Absolutely. When the restrictions came in, in the beginning, we were like, "What is this? This is so new." We didn't know exactly what this was, so we stayed home for a bit. And then we went to drive-in. And pretty soon, we found out it's not the same. People were struggling spiritually that needed support and couldn't get the support as freely. So we felt like, rather have the fines, rather have all that, but we've got to be there for each other.

**Kyle Morgan**

Was there also a school associated to your church? Was that affected in any way?

**Tobias Tissen**

We have a private school, and every year we have a graduation ceremony, a little bit of a presentation and a school picnic. And of course, those years when those gatherings were limited, we couldn't, which was really sad for the children,

[00:15:00]

really, the whole congregation because it was a fun day for everybody to get together.

**Kyle Morgan**

I'll ask you one last question that I've asked all the witnesses: What do you think should have been done differently in the government's response to COVID-19? Does anything come to mind?

**Tobias Tissen**

There should have been more of a feeling out of, "How are people handling this," instead of a crackdown of a "dictative" approach. There should have been a— "How are you treating this?" I mean, if they have the resources to send all those officers to one little church, why not come out and see: "How are you all doing? What are you doing about this? Are you protecting yourself? Are the sick ones staying home?" And allow us to use our common sense.

**Kyle Morgan**

I think those are all the questions I have. I don't know if the commissioners have any questions for you. Let's go ahead, Dr. Bernard.

**Commissioner Massie**

Yeah, I'm wondering if the oppression or the restriction that was put on the practice of religion is not triggering some sort of questioning from people that were not particularly inclined to do religious practice, to wonder whether this shouldn't be something they might consider in the future. A sort of, why is it that this was targeted as something that needed to be crushed?

**Tobias Tissen**

Definitely. Well, there were a number of people that came out to church that normally wouldn't have. And I'm sure the question was raised in many people, how come big-box stores stayed open? How come liquor stores stayed open? But why was the target on the church? And I believe many were awakened.

**Kyle Morgan**

Any other questions? Go ahead, Janice?

**Commissioner Kaikkonen**

I actually have a lot of questions, but I don't think we have time. I'm just wondering, when you went to court, did you have an opportunity to ask about the discrepancy between the box stores and the churches being open or closed?

**Tobias Tissen**

By the time we got to court, they took our rights to use the Charter, based on a previous court ruling that the Justice Centre [JCCF] with several churches challenged the Province. And all of those concerns were raised by those lawyers—I was a part of that lawsuit—and the Chief Justice Joyal found that our Charter of Rights were not violated.

**Commissioner Kaikkonen**

Thank you.

**Kyle Morgan**

No more questions? Okay. Thank you very much, Tobias.

**Tobias Tissen**

Thank you, sir.

[00:18:46]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 9: Michael Welch**

**Full Day 1 Timestamp: 09:16:32–09:45:44**

**Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>**

[00:00:00]

**Shawn Buckley**

So, Michael, can you take the stand? Our next witness is Michael Welch.

Michael, I thank you, you've been waiting patiently all day. I'll ask if you can state your full name for the record, spelling your first and last name, please.

**Michael Welch**

Michael Welch, M-I-C-H-A-E-L W-E-L-C-H

**Shawn Buckley**

Michael, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Michael Welch**

I do.

**Shawn Buckley**

Now you have been a radio journalist for 15 years.

**Michael Welch**

Yes.

**Shawn Buckley**

And my understanding is that you have your own show, and it's called "The Global Research News Hour."

**Michael Welch**

Yes. That's correct.

**Shawn Buckley**

Can you tell us just a little bit about the types of things that that show would typically cover? Let's not go into COVID. But pre-COVID, how would you describe the show and what types of topics would you be covering?

**Michael Welch**

Well, the show ultimately was kind of a merger: a merger attempt between an academic website, the Centre for Research on Globalization, or globalresearch.ca, and the network. Because my show, or rather, the radio station, which is a campus community radio station, so there's a bit of a difference there from the mainstream media. We tend to feature topics and investigations that tend to elude the mainstream media. We'll get into all sorts of subjects: focusing on a lot of the questions around 9-11, for example; focusing on a lot of the issues surrounding where the terrorists come from; where there's, for example, the claim that Russia had somehow influenced Trump and maybe helped him win the election. I mean, I'm not necessarily saying Trump is good or bad. But there are some questions there that didn't get asked. So all of these sorts of questions, typically following foreign policy or economics, financing. These are subjects that we cover, and we pretty much span the spectrum from the left to the right.

**Shawn Buckley**

Right. So your show would be covering things that the mainstream media wouldn't be digging into, and pre-COVID could be considered kind of, you're chasing leads that could be going against the mainstream narrative even.

**Michael Welch**

Pretty much. Yeah. That's what it says right at the outset. We investigate claims that are not addressed in mainstream media.

**Shawn Buckley**

And pre-COVID, my understanding is this wasn't a local show, and it's still not. But basically, your show is syndicated so that it's carried on a number of different radio stations across Canada and maybe even outside of Canada.

**Michael Welch**

Initially, it was just the station. But we expanded, okay, and we got other stations across the country. I think at its max, it was maybe 15 across Canada and a few stations in the United States.

**Shawn Buckley**

Right, so pre-COVID, your show is becoming more popular and more popular and more popular.

**Michael Welch**

Yes, that's correct. As far as I can say.

**Shawn Buckley**

Okay. So now, when COVID hit, am I correct? You didn't change your approach. You still would then be looking at issues that the mainstream media was ignoring. But there were questions that needed to be asked and looked into.

**Michael Welch**

Yes. With regard to COVID, I started publishing that sort of skeptical slant. Okay, let's take another look at, maybe, something like taking a second look at COVID, and I did a series of stories starting in September of 2020.

**Shawn Buckley**

Okay. Can you share with us some of the guests that you had on your show?

**Michael Welch**

Sure. I think my first guest, with regard to COVID, you mean?

**Shawn Buckley**

Yes.

**Michael Welch**

My first guest was Sucharit Bhakdi who is a very critically acclaimed doctor in Germany. He was, you know, published hundreds of articles. He was on a very prestigious board.

[00:05:00]

But he was saying these things about— At that time, I mean, he couldn't say too much about the vaccine. But even so, what he was saying was that COVID is not as deadly as everybody's being led to believe. And then, there were quotes of the statistics to back him up. I mean, maybe for the very elderly, there's a little bit of a gap there. But you couldn't quite justify, at that time, that this is something that should be, you know, pursued as something and then have all this social distancing and everything else.

And we also had, who else? I had Mark Crispin Miller, who's not a doctor, but he's a media person specializing in propaganda. And I guess you could probably tell a separate story. But he was also saying, "Well, what is this, all this stuff that's coming out? It appears like propaganda." I had Meryl Nass; I had Jane Orient, who was the head of the American Association of Physicians and Surgeons. Peter McCullough came. You know him.

**Shawn Buckley**

Yeah, and some difficulty arose after Dr. Peter McCullough was on your show. Am I right about that?

**Michael Welch**

Well, I had decided that I wanted to arrange a debate between the official story of COVID, with expertise in talking about it, and one of these, call them dissident doctors. So we'll put one against the other and see what falls out. But I realized that the person who would be having the more mainstream take, he just said, "Well, I think you should reconsider this Dr. McCullough. I mean, he's being sued in the United States." And then he basically— I was saying a debate. He was thinking, debating Trump, if you know what I mean, somebody who's going to interject. I mean, Peter McCullough is not going to be an unusual figure. He's not Trump-like, exactly. But I had to phone back Peter McCullough, and say, "Gee, sorry, I can't get you on because I can't get a debate."

I tried other people as well. And they were even worse saying, "Well, this guy is just, you know, it's Flat Earth Society." And Peter McCullough, given his credentials, I mean, pre-COVID, before he started giving his own testimony, he would be considered a really serious expert. But as soon as you step out of line in terms of COVID, you're smeared.

**Shawn Buckley**

Now can I have you clarify so that everyone understands what you mean when you say, "as soon as you step out of line on COVID."

**Michael Welch**

What I mean is that if you don't repeat the main messages of the World Health Organization, the CDC, and all the governments that are in charge, you're not credible. I imagine that would happen with Sucharit Bhakdi as well. It doesn't matter, apparently. I mean, it's so easy just to lose credibility. All you have to do is go against the mainstream narrative.

**Shawn Buckley**

And you had your own experience. So is it fair to say that in the 11 years before COVID hit and you're running this show and more and more stations are picking it up that really you had never had a serious listener complaint.

**Michael Welch**

I've never, I don't know. I mean, I suppose somebody might have complained, and they didn't tell me. But as far as I know, I not only was without complaints, I had a fair number of awards both within the station and nationally for my work. I was well respected as the news director for a few years. I think I was fairly well respected by our audiences.

**Shawn Buckley**

Right.

[00:10:00]

Now, can you tell us how that changed with you're running COVID shows and you're basically addressing issues like, "Is the vaccine safe and effective?" That's when it really changed for you, isn't it?

**Michael Welch**

It seems so. I found myself getting a lot of complaints. I don't know how many. But yeah, like staff told me I was getting complaints. I just talked to a colleague once, I just met out in a marketplace or something, and then he was— Good, friendly guy and everything. But he said a lot of his friends are saying that this guy's show is just not— It's pretty bad. Essentially, it seemed as if my show was going from one of the best shows on CKUW to one of the worst.

**Shawn Buckley**

Okay. And I just want to make sure I understand. So you'd basically had 11 years really of positive comments. You'd won awards; the show was growing.

**Michael Welch**

Yeah.

**Shawn Buckley**

And you hadn't changed the type of news reporting you were doing. You were always doing that digging that the mainstream wasn't doing. But now it's on things like the COVID vaccine.

**Michael Welch**

Yeah. I mean, I can only think, and I don't know if I'm stepping out of line by speculating here. But I think the people who were listening, like everybody, I suppose, they were so terrified by COVID and then seeing all the deaths in Italy and then there's all this monitoring of the hospitals and so many people are dying that they're scared. And then, here comes somebody, the authorities laying down directions: this is the way we move forward. And people say, okay, okay, okay. So when somebody comes out and actually tries to contradict that, I guess, you're going to see them as like the most malevolent form of life ever known, you know?

**Shawn Buckley**

Right. I'll ask our AV person, David. I've got an exhibit up on the computer. Can you show that? So my understanding is this is a news article from the *Vancouver Sun*, dated March 13th, 2021, and the headline, "COVID-19: Radio station at SFU temporarily suspends program linked to website with pandemic conspiracy theories." This is about your show, right?

**Michael Welch**

Yes, it is. And just to correct it, it's not the [ranked] *Vancouver Sun*, it's the *Vancouver Province* [sic] [*Vancouver Sun*].

**Shawn Buckley**

Okay. And then I'm going to scroll down a little bit.

So the first paragraph here, “as health officials battle the spread of pandemic misinformation.” And, so, you’re basically being branded as spreading misinformation for having guests on like Dr. Peter McCullough.

**Michael Welch**

True. Essentially, yeah, that’s it.

**Shawn Buckley**

Okay. And so what happened with your show and this radio station?

**Michael Welch**

Well, like after this came out?

**Shawn Buckley**

Yes, after this came out.

**Michael Welch**

Well, like it said, they suspended the show. I had written them a letter to sort of help them with the process and decide, like while they were trying to figure it out, I’d send them the basics: it’s based on solid science; this is what it’s all about. Michel Chossudovsky had put out— There was a bit of a glib about a CBC article that was dissing his thing, and I tried to correct that in case there were any doubts. And the astonishing thing is I hadn’t heard anything back.

**Shawn Buckley**

So, David, can you pull up the exhibit, computer again? My understanding is this is your letter.

**Michael Welch**

That’s right.

**Shawn Buckley**

And we will enter it, it’s already entered as an Exhibit, it’s WI-6. And the news story is **Exhibit WI-6a so that people watching and the commissioners will be able to see it. But I just want to scroll down to something you said that—**

I think it was your third point. Oh, nope, nope, just wait. Yeah, so the first full paragraph on this page if you don’t mind, I’ll read it. Because I think,

[00:15:00]

what it reminded me of is that saying, “First they came for the Jews, and I didn’t stand up. And then they came for the Christians and,” et cetera, “and then when they came for me, there was no one left to help.”

**But my understanding is you got no reply from this letter. But I just want to read so that people who can't see it clearly understand one of your points.**

**And you say:**

**But ultimately what I would like you to carefully consider that you are being targeted by forces who will take down voices based on smears appearing in the media, such as allegations Global Research is a part of a Kremlin operation (?) And if you do take down Global Research News Hour because of its association with Global Research, who will be next? Will Canadian Dimension Radio or Canadian Foreign Policy Radio, or any other successful media running effective anti-NATO content be next? Consider that the long haul of this enterprise places the station on a track that ultimately requires them to fully conform to the direction of the mainstream in terms of meaningful conversations.**

And can you explain for us what you're saying there? What your concern is? Because I think you're saying something very important about censorship and conforming.

**Michael Welch**

We talk about freedom of speech. To be clear, what we're talking about is to be free to have freedom of dissenting speech: I am free to say something that you don't like; you are free to say something that I don't like. What we're talking about here is efforts to distract from that or to get around that by simply saying, "It's misinformation, it's disinformation and, therefore, we should get rid of it."

There are too many examples of information—I mean, there's stuff that they say is disinformation or misinformation. But it's pretty clear that dissenting views, they should be heard, get out in the open, and then let's debate it out in the open. It's simply not acceptable to have one group of scientists talking about COVID and vaccinate, lockdowns, and social distancing, and all that, and the other people are absent. As we mentioned before, they don't appear. And there are legions of these doctors out there, and I made a point of trying to talk to them to get the other side. We're going down that road of freedom of speech, and we can't let that fable of disinformation—of anything that goes against the government narrative—prevail. It's got to get out in the open. And that's fundamentally what I have to say and what I'm trying to demonstrate as a part of my job in my role as a journalist.

**Shawn Buckley**

Right. And had you ever experienced this type of thing before where there was pressure on you to conform with a government narrative on any topic in your career as a journalist?

**Michael Welch**

**Like I said at the outset, one of the reasons I came to the radio station in the first place is because this is a place where I can ask these questions, and I'm wide open to go wherever I like, as long as it's carefully measured. So no, I didn't. Now, it's different. And I don't know where this is headed. Hopefully, it can be stopped, perhaps through an inquiry like this one. But I don't know.**

**Shawn Buckley**

And just so that things are clear, this station did drop your show.

**Michael Welch**

Well, they said it would be withdrawn temporarily, and that was two years ago. So it looks like it was a permanent.

**Shawn Buckley**

Right. So CJSF in Vancouver has dropped you for two years now.

**Michael Welch**

Yes.

**Shawn Buckley**

And some other stations have dropped you, also.

[00:20:00]

**Michael Welch**

Yes.

**Shawn Buckley**

And then for the first time, the Board of your local station on this issue, basically, made it clear to you that you have to be careful.

**Michael Welch**

I heard from, I think, it was the Chair of our Board. I mean, I met her outside, and we were just having a conversation. But then at the same time, the conversation got kind of serious. And she looked me in the eye and said, "We've got to be keeping with the government narrative. All the doctors are saying that, all across the board." And she's trying to say, "So you're going to align with these policies, aren't you?" And I basically said, "No." But I mean, yeah, that's definitely something that's pretty sharp on our mind.

**Shawn Buckley**

So if there was one thing that you would like to see happen in the area of journalism going forward, what would you like that to be? Where do you think we've gotten off the rails where journalists like you are being basically pressured to follow the government narrative?

**Michael Welch**

Are you talking just in my journalism or journalism broadly?

**Shawn Buckley**

However, you'd want to answer that. You're an expert in the field; you've been a journalist for the last 15 years. So I'm really just asking for your insight, whether it's locally or do you think nationally, however you'd like to answer.

**Michael Welch**

I think that we have to be more open to other ideas, like I have been. I think we have to listen; we have to, in particular, we really, really have to be in touch with community members. Because I am a community broadcaster, and I think that local people should really take precedence, and we should listen to them. Like we've listened to a lot of fine people— I've listened to a lot of fine people today, and I think I have a colleague who's already collecting information for people to interview.

I remember talking to someone who had been vaccine injured. And she said that when she talked to a mainstream media person about— Is she going to get her story published? She ended up, he or she, I guess, ended up saying, "Well I can't because if I do, I'm going to lose my job." I haven't confirmed that. But I'm just reporting what that person says. Me, I don't think we should be fired for trying to do our job and reporting from actual people.

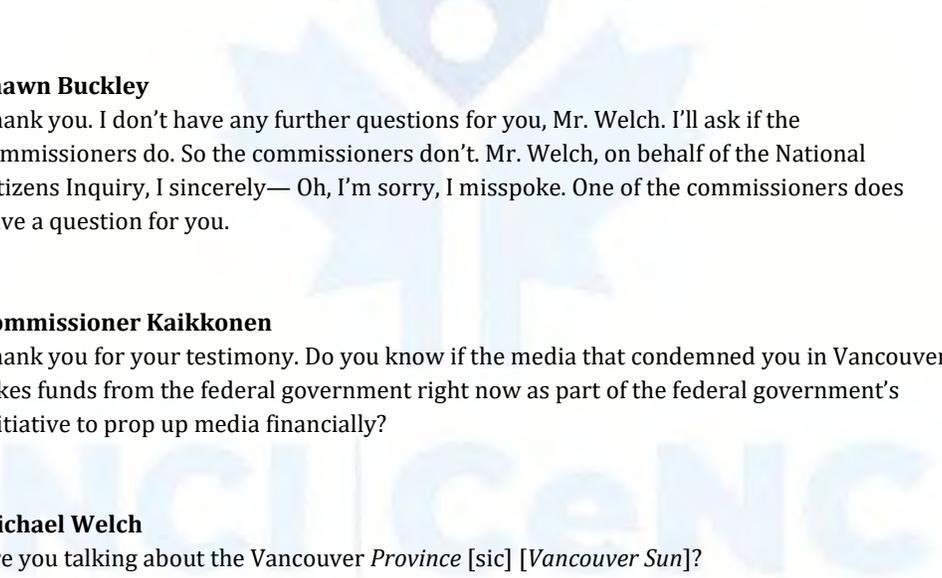
**Shawn Buckley**

Thank you. I don't have any further questions for you, Mr. Welch. I'll ask if the commissioners do. So the commissioners don't. Mr. Welch, on behalf of the National Citizens Inquiry, I sincerely— Oh, I'm sorry, I misspoke. One of the commissioners does have a question for you.

**Commissioner Kaikkonen**

Thank you for your testimony. Do you know if the media that condemned you in Vancouver takes funds from the federal government right now as part of the federal government's initiative to prop up media financially?

**Michael Welch**

Are you talking about the Vancouver *Province* [sic] [*Vancouver Sun*]? 

**Commissioner Kaikkonen**

Yes.

**Michael Welch**

Oh, yeah. I haven't really looked into it to tell you the truth. It's quite possible because a lot of them are. But I don't know. I mean, the way it started in my view is that it started with an individual. The whole CJSF saga began with one individual attacking the station and talking to the program director and trying to get her to take that awful "Global Research" show off the air. And I think she even threatened to find a way of condemning him if they don't.

[00:25:00]

And so she went to this reporter, and then the reporter took interest and that's all. But, yeah, to answer you, I honestly can't say.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

But in a way, and sorry, we have another commissioner question. But I just wanted to interject. In a way it's interesting. So here we have one media station, or *The Province* [sic] [*Vancouver Sun*], so a media outlet, basically complaining about another media outlet reporting. Like, when we all think about that, that in itself is interesting. Do you see what I'm saying?

I mean that would be like your radio station, your show, complaining about what some other media outlet is doing in order to create pressure for that other media outlet to drop a story or position. I mean, that's an unusual take in the absence of fraud or corruption, is it not?

**Michael Welch**

Yeah, I personally wasn't fond of it. I guess it's a bit of a conflict of interest. You know, it's not the way I want to be introduced to the people of Vancouver. But yeah, it's unusual to see radio stations going against each other that way.

**Shawn Buckley**

And I'm sorry Commissioner Massie, I jumped in.

**Commissioner Massie**

I was going to ask you: How do you see the future of this type of journalism in Canada or in other countries in the environment we're in right now? Because I'm not seeing a lot of news stations that are able to openly go counter-narrative and make a decent living out of it. Do you see that people will ask for it, eventually, and it will actually come back? Or is it going to be suppressed, like it is right now?

**Michael Welch**

I hate to be negative. But it doesn't look too good. I know that the campus community radio network, like it's the network of stations that arrange things. And even though we are charged with the responsibility to dig deep and find a different view of things, collectively, we seem to have marched pretty much in line. And so even myself and a few others who are countering the narrative, even in this network, it's more the minority than the majority. I find that things, so far, are not working in our favour. And even in internet media, there's these increasing tentacles of conforming to standard narratives. It's something that I had not thought would be possible five years ago.

**Commissioner Massie**

Thank you.

**Shawn Buckley**

Mr. Welch, I think that's it for questions. And again, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony and sharing with us today.

**Michael Welch**

Okay. Thank you very much.

[00:29:12]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

For further information on the transcription process, method, and team, see the NCI website:  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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Witness 10: Michael Vogiatzakis (Part I)

Full Day 1 Timestamp: 09:47:03–10:05:50

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

#### PART I

[00:00:00]

**Wayne Lenhardt**

Mike, could you give us your full name and tell us where you live, and then I'll do the oath with you.

**Michael Vogiatzakis**

Michael Vogiatzakis. I live in St. Andrews, Manitoba.

**Wayne Lenhardt**

Okay, and you own a funeral home?

**Michael Vogiatzakis**

I'm general manager of Voyage Funeral Home

**Wayne Lenhardt**

Okay. And do you promise to tell the truth, the whole truth, and nothing but the truth?

**Michael Vogiatzakis**

I do.

**Wayne Lenhardt**

Pick your own starting date, Mike, and tell us what you noticed that was different during the COVID epidemic relating to what you were seeing at your funeral home.

### **Michael Vogiatzakis**

I think it all starts when COVID started and the government put so much fear into us that even myself was afraid and thought I'd never see my family again because I thought I was going to die. I thought, geez, we're the guys who are going to be touching these bodies that are dangerous and that have COVID and the blood is infected. Am I going to see my family again? Every time we went to a care home, we were frightened. We had staff meetings talking about this and offering staff to maybe not come to work if they didn't want because of what we were going to be facing. The fear was so real that it scared us.

**I remember my mom— When they said you couldn't go see your parents and you couldn't be with family. My dad had passed away a few years earlier. When I went to my mom's house, I sat across the table from her, and I said, "Mom, don't come near me. I don't want to get you sick. Please, mom, stay on that side of the table." And she goes, "Oh, don't be silly. Give me a hug." I go, "Mom, I can't hug you, stay on that side of the table!"**

And then reality kicked in one day when I went into a care home. A friend that I grew up with since I was a little boy, his dad came to the funeral home and said, "Mike, I have stage 4 cancer. I'm going to die. My last wish is for you to come to this care home and take me into your care once I die." He goes, "You promise me you'll do that." I said, "Yes, sir." It was three months into COVID, and I got a call from the care home, and this gentleman passed away. So I made my way up to the care home.

As I was proceeding to take him off the hospital bed, it was just me and a nurse alone in a room. I looked at this nurse, and I said, "Do you mind me asking how this person died? I'm just curious." And she said, "Oh, he died of COVID." I said, "Yeah, but this is a palliative care ward. This is comfort care. Aren't people here just for comfort care? Aren't the people in here, everyone on this floor, don't they have cancer?" And she said, "Yes." And I said, "Can I ask you a question?" I said, "What does the death certificate say?" She says, "It says COVID." And I banged my hand on the table and I said to her, "Listen, I want the truth. This is my friend's dad, and I want to know how he died." She said, "I don't want to lose my job. I don't want to lose my job. He died of cancer." Of course, he died of cancer. And I said to her, "You have five minutes to change this death certificate to the proper cause of death, otherwise, I'm going to turn on my phone. I'm going to go on Facebook live, and I'm going to make a mess out of this." Five minutes later, this nurse came back with a new death certificate that said that this gentleman died of cancer.

My fear of getting sick and dying, instantly, went away. I knew there was something wrong and I knew that I was not in danger. And I was in every COVID room that you could imagine. Double COVID, double mask. You can't do this. You can't do that. That puts a lot of fear into a person. From that day on, I walked into care homes with confidence. At times, I didn't wear a mask because when you're removing somebody from a bed, you don't want **things poking in your eyes. You want to be able to see what you're doing. You want to be comfortable with what you're doing. So that day changed my life as a funeral director, and it changed the staff's perspective on things.**

**During these two years of COVID, I want to go behind closed doors: behind closed doors where families weren't allowed, where I was able to look at your families in the eyes and see the fear that they were going through, the confusion. A lot of these families were lost and they were scared. It puts tears in my eyes when I talk about this because it is real. What the government did is real, and it hurt a lot of families, and it hurt a lot of people. And it killed a lot of people. People died alone, and nobody should ever die alone. Nobody should ever be alone at the end of life. To hold your dad's hand or to say, "I love you" or just for your loved ones to know that you're at the corner of that bed means everything in the**

**world. But no, they took our rights away as human beings to say goodbye. They took our rights away as parents to be there for our children.**

[00:05:00]

**They took our right away to go into a hospital and say goodbye.**

**It reminds me of a story of a lady that was in the hospital, and she could hear her mom calling her clearly. And as her mom was calling her, the hospital called security and escorted this lady out of the hospital. On the two-way radio, she heard that somebody had passed away, and she looked at the security, and said, "Was that my mom's room?" It was her mom's room. They took her right away to say goodbye to her mom on her death bed.** And how's that right? How's that right for us as human beings to put up with that? How's that right for a government that we voted in to do this to their people, to straight out lie to us?

I want to just take you behind the scenes. I want to share some stories with you: stories that are going to touch your heart; stories that caused division and hate and anger and split a world in two, instantly, just like that. It breaks your heart to be able to go into these rooms and to see the hurt in people's eyes, to see the fear in their eyes, to know that they're going to die alone.

I'm going to share a story with you about a care home that I went into. As I went into this care home to take this lady into my care, I was about to put her onto our stretcher. In the bed beside her, there was an older gentleman. He looked at me and he said, "Please take me with you, please; they're going to kill me, please take me with you." I looked at him and I didn't know if he was mentally sound or if he was just being delusional. Then he looked at me and he said, "There's a glass of water just over there." He goes, "Pass me that glass of water; I just want a sip of water." And I said, "Sir, I can't give you that water." I didn't know if he had congestive heart failure. I didn't know if something was wrong with him, and I didn't give him that water. I put this lady into my stretcher, and I started to take her out of the room. He looked at me and said, "My kids hate me. My kids haven't been here for me. What did I do wrong? Why are my kids treating me like this?" And I said, "Sir, this is not your kids. It's the regulations that the government's put forth. Your kids can't come and see you because they're not allowed to come and see you." And this gentleman started crying, and my heart was truly broken for him. It reminded me of my dad, laying there helpless, nobody to help him, nobody to talk to.

Our older generation was locked in homemade prisons—homemade prisons, locked in their rooms, three or four people. As funeral directors, when we go to a room and we take somebody from that bed, we clearly see if a person was changed, if a person was taken care of, **if there was bed sores. And we saw all of that and more. At times, I had to call people to take the catheter out because that's not my job. What they did to people was disgusting. These older people worked so hard to build this country for us. They left their countries to come to Canada because Canada was a land of opportunity. Canada was a place where you could raise a family. Canada was a place where you could have freedom. Bang. In a fast second, they took the freedom away.**

**This gentleman, as he was crying, he said to me, "Can you say a prayer for me? Can you please say a prayer for me?" I didn't know this gentleman. It's really not our job to talk to other people in the hospitals. Our job is to go in and take the person out who passed away. I went over to that gentleman. I held his hand and I said a prayer for him. He cried the whole time and he said, "Don't leave me here alone. They're going to kill me."**

I had to leave for the funeral home. As I left the room, you walk down this hallway where all these eyes are just staring at you. These poor people who were in hallways in wheelchairs were waiting for their turn. Waiting for their turn to die. These are your parents, your loved ones, that nobody had a chance to see what was going on behind those doors other than funeral directors and doctors.

Let me tell you, the screaming and the noise and the beepers. There's nights I can't sleep at night. There's nights I wonder what's wrong with my head because I hear these noises. And I see these people's eyes, and I see their tears and I feel them. I go home many times and I hug my son, and I say, "Buddy, dad loves you." "Dad, don't hug me. What are you doing? Are you crazy?" But he doesn't know what you've went through that day and the pain that you felt and the pain that you saw in other human beings.

When I got to the funeral home with this lady, it wasn't even an hour later, I got another call from this personal care home. The gentleman that I prayed for, the gentleman that he begged me to take him with me, he passed away. So I took this gentleman into my care next, and my heart was broken. I'm a man, and I cried for this gentleman all the way back to the funeral home.

[00:10:00]

I told his story to his family, and the kids were heartbroken. Is that something you can get over, to hear that? To know that your family member died alone, that there was nobody there to help him, that there was really nobody to care because the care homes and the hospitals were overstaffed? Confusion—

#### **Wayne Lenhardt**

Mike, did they change any of the regulations relating to how you ran your funeral home? Did that impact the families?

#### **Michael Vogiatzakis**

Absolutely. I mean, everyone has a right to have a funeral service. Everyone has a right to say goodbye. Everyone has a right to have closure and healing in their hearts. And they took that away from us. They took your right away to say goodbye to a loved one. The only thing that gives you closure sometimes is to attend a funeral service, to be comforted with friends, to hear a pastor say those comforting words that you need to hear to heal your broken hearts. They took that away from us in a fast second.

They suggested that we should cremate people, and there should be no viewings. We did the opposite because we stood up for the people of Manitoba and Winnipeg. When somebody said they wanted to see their loved one, we 100 per cent allowed them to see their loved one. And nobody got sick. We embalmed people and we didn't get sick. We had our hands in people's bodies, because that's what happens during embalming a lot of times, and we didn't get sick. We were breathing in the fumes. And a lot of times when you're in these rooms, you don't want to wear masks because you don't want to poke yourself with something.

They changed the way funeral service ran. They changed the way funerals were held. You would go to a church service with a casket where you need six pallbearers. But the limit is five. How do you carry a casket? These poor families had to carry a casket of their moms and dads by themselves, five people. I broke the rules finally and I said, "Enough of this.

**Enough of this. We're going to hire your pallbearers at the funeral, and they're going to work for us that day." The inspectors didn't like it, but that's just the way it was. Because families suffered enough, and we weren't going to tolerate this anymore. Somebody had to stand up and make a difference for these families. And that somebody just happened to be me.**

**We had an outbreak of suicides like we've never seen before. Suicides that would break your heart. The families come in. Not only are they dealing with a suicide, but they're dealing with vaccinated and unvaccinated and all this silly nonsense and tossing people out of the arrangement office because they weren't vaccinated and they didn't have a right to be there. Well, little did they know that their funeral director was unvaccinated too.**

It was a game that they were playing with our minds. It was a game that they were winning because of fear. You throw a little fear in the air. You throw a little anger in the air, a little confusion in the air. Bang, you got everyone. Would it happen again? In a fast second, because people are weak and fear overrides everything. All they have to do is tell you you're going to die. Nobody wants to die.

**Wayne Lenhardt**

Did you see any difference in the mortality statistics, the kinds of deaths you were seeing and numbers?

**Michael Vogiatzakis**

Sir, I can honestly tell you that our funeral home went out and bought extra equipment. There was so much hype that there was going to be so many deaths. We bought extra stretchers. We bought extra tables. We bought extra shrouds. We did everything we had to do to prepare for this overwhelming amount of death that was going to happen. And I can tell you that never happened. The death rate was exactly the same. As a matter of fact, the death rate was probably lower. But the suicides and the drug overdoses rose that death rate to be even as it was other years.

The one year, our funeral home lost a whole whack of money. When do funeral homes lose money? They don't. You weren't allowed to have services. You weren't allowed to do this. You weren't allowed to do that. Families changed the way they did things.

So many families are in pain right now. So many families are suffering mental illness. When you're suffering mental illness, you can't even get help. I talk to a lot of people. A lot of families call me and say, "Could you talk to my son? He's thinking of committing suicide." I've taken these kids, personally myself, to the hospitals, and they're simply turned away. **No help. And one of them did commit suicide. One of them committed suicide after I did my best to help my friend's son. But there was nothing I could do.**

**Wayne Lenhardt**

Is that unusual in your business?

**Michael Vogiatzakis**

**Suicides have been here since the beginning of time. But not at this rate. And they continue. Drug overdoses, we've never seen at this rate. I can tell you right now that if you lost a loved one during COVID of a drug overdose or a suicide, there was a six- to eight-week hold**

because they're going to do an autopsy. Imagine that: you've lost your loved one; you're suffering this pain; now you've got to wait six to eight more weeks, in your mind, picturing that your loved one is sitting on some cold table somewhere. It was heartbreaking to see for families.

I want to share a story with you about suicide. A heartbreaking story that makes me cry every time I think about it.

[00:15:00]

**Christmas will never be the same for me because of this story. There was a gentleman who was non-vaccinated, and he was going through school to be a professional. He wasn't vaccinated; he refused to get vaccinated. And that was his right. It was his right not to get vaccinated. But in turn, he lost all his friends because his friends wouldn't hang out with him anymore because he was going to make his friends sick. He lost his job because he wouldn't get vaccinated. He got behind in his rent, in his apartment. It was close to Christmas when he was at his house, depressed, lonely, and hurt when the phone rang. And how I know this, I read the suicide note.**

The phone rang, and it was his parents. He was so happy to see that his parents were going to call him, somebody that loved him, somebody that cared about him. And his parents said, "We have some bad news for you. We don't want to hurt you, but you can't come over for Christmas this year because we don't want you to get us sick and we don't want to die. So it's best if you stay home this Christmas." This man told his father and mother that he loved them unconditionally and he understood. But deep down in his heart, they put a huge sword. You know how they say, "The tongue is sharper than the sword."

After he hung up with the phone, he wrote his suicide note and he took his life. I could tell you a few weeks later, just before Christmas, that family was at the funeral home crying over his casket instead of having him home for Christmas. These words the dad said are stuck in my head forever. "If I can only turn back time. If I can only turn back time." And I said to him, "Sir, you can't. What was said was said and what was done was done. We just need to move on."

#### **Wayne Lenhardt**

We talked outside about what you were seeing when you were preparing the bodies. We talked about blood clots that you were seeing. Can you tell us a bit about that and was that unusual?

#### **Michael Vogiatzakis**

**So blood clots are part of life. When a person dies of a stroke or dies of a heart attack, they had a blood clot. So blood clots have been here forever. Have blood clots been here like the way we're seeing them now? Absolutely not. I have one of my funeral directors here, and mortician, and it would be great to get him to come up here and tell you what he's pulling out of bodies. He's our main mortician. He's the one who does the majority of the embalming for the funeral home, and you should hear his story because it needs to be heard.**

**Wayne Lenhardt**

Well, maybe I'll put it to the commissioners right now. If you have any questions and if you're interested in exploring that phenomenon of the blood clots, we'd be happy to bring Mr. Mike's associate that works with him, who apparently is quite knowledgeable on this.

It's getting late, but is that your wish, Commissioners? Okay. Are there any questions of Mike at the moment, and then I'll let his colleague come up and talk just on the blood clots for three or four minutes. Any questions from Commissioners for this witness?

Okay, thank you very much, Mike.

We'll bring Mike McIver.

[00:18:47]

[Michael Vogiatzakis' testimony (Part II) continues on Winnipeg Day 3, Witness 11, Full Day 3 Timestamp: 08:25:10-08:30:48.]

***Final Review and Approval:*** Margaret Phillips, August 10, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 1**

**April 13, 2023**

### EVIDENCE

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**Witness 11: Michael MacIver**

**Full Day 1 Timestamp: 10:06:15–10:16:03**

**Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>**

[00:00:00]

**Wayne Lenhardt**

Could you give us your name, spell it for us please, and then I'll do the oath with you.

**Michael MacIver**

Michael McIver, M-I-C-H-A-E-L M-A-C-I-V-E-R.

**Wayne Lenhardt**

You live in Winnipeg?

**Michael MacIver**

I currently live in Winnipeg. Yes.

**Wayne Lenhardt**

Do you promise to tell the truth, the whole truth, and nothing but the truth during this testimony?

**Michael MacIver**

I do.

**Wayne Lenhardt**

Could you tell us about your experience with these blood clots that apparently were unusual that you guys were seeing.

**Michael MacIver**

Well, I've been a funeral director for over 40 years and embalmed thousands of bodies. And basically, there's two types of clots. There's an ante-mortem clot, which is a white fibrous clot that occurs prior to death. And then there's the post-mortem clot, which is a red jelly-like clot. And I've been seeing a high preponderance of these white fibrous clots since the COVID thing.

And at the offset of COVID— I consider myself a critical thinker and try to disseminate the information as I see it. Right at the offset, Teresa Tam was giving me some information that seemed to be conflicting, and then soon after that, the message was politicized. Prime Minister Trudeau was up there. Pallister government was up there. And I become highly suspect of some of the information that was being presented to us, the public at large.

So I started to look in terms of my profession at what I was seeing in the way of COVID. And I was seeing these white fibrous clots. Over the years, I've seen them occasionally. But almost with every single embalming, I would see these large clots. And I brought Mike in and we have video footage of this. I don't want to be disturbing or anything, but part of my job as an embalmer is to facilitate the removal of clots. And usually, that's relatively simple. I use pressure, and it removes the clots and these sorts of things.

But because of the size of these clots, I have to use a new technique of embalming, a restricted style of embalming that expands the vascular system to facilitate the removal of these clots. And I lack the scientific reasoning to explain why this is. But I see a strong correlation from the COVID thing to these clots, and I can't explain why. But I thought it would be an interesting adjunct to a strong testimony that's been presented here today.

And God bless each and every one of you who've suffered through this, and as a funeral director, I've seen many. And as Mike just testified, we've seen people suffering because of the, I would say, the ineptitude of the government. The government was elected. They're an extension of us, the people. They should be operating on our behalf and not be a dictatorship and telling us how things are.

**Wayne Lenhardt**

I don't want to get too far afield here, but I think it's fair to say then, from what you're saying, is that you've practised for 40 years as a mortician and you have not seen the severity and numbers of these clots.

**Michael MacIver**

That's correct.

**Wayne Lenhardt**

Except when COVID hit, is that fair?

**Michael MacIver**

Shortly thereafter. Especially, I'd seen reports of the various clots in Europe with the AstraZeneca thing, and this and that. And so, I started looking to see if I could physically or visually see clots myself, and sure enough, almost every body I was embalming that was affected with the COVID. And then, shortly after the vaccine implementation is when I'd seen a higher preponderance of the clots.

**Wayne Lenhardt**

Okay, I think I'm going to ask for any questions from the commissioners now. It's getting late.

**Commissioner Drysdale**

I just want to be clear about your testimony. Are you saying that you started to see these clots in 2020 before the advent of the vaccines?

**Michael MacIver**

Well, just prior to 2020, St. Boniface Hospital had a high respiratory— They had a high incidence of flu and they had this unknown thing circulating. It wasn't defined as COVID at that point.

And then a few months later, in around the end of March of 2020, they put down the restrictions and all those sorts of things.

[00:05:00]

And then shortly thereafter, they fast-tracked some of these vaccines. And I think AstraZeneca was one of the first, and there was a lot of, especially in Europe, they seemed to purport that there was a lot of people suffering strokes and heart attacks and all these sorts of things.

It was shortly thereafter where I started seeing more incidents of these clots. All the bodies at the various hospitals—the Health Sciences Centre, St. Boniface, and all the rest of them—they had the bodies clearly marked with a magic marker, COVID+. And, so, of course, I'd be practising aseptic techniques: protecting myself in the eventuality if I got stabbed or something with a needle or these sorts of things. I was very vigilant in observing what was happening with the body. And, of course, you try to minimize your work area to prevent contamination of the area and these sorts of things. And as Mike alluded to earlier, we didn't see the danger.

Initially, there was a large fear factor, you are kind of apprehensive about— Especially since I have suffered 33 heart attacks, I got blood cancer and all these sorts of things and probably have a greater propensity towards catching something if ever. And I didn't catch anything, and I soon thereafter lost my apprehension and trepidation of going into the prep room.

But it was shortly thereafter that I started noticing these clots. And I called Mike in, and he **started photographing and videotaping what I was seeing. It's too graphic for the screen here or the public, but, you know, in the future, if something ever does come of it, I just wanted to present this information as an adjunct to what's already been presented here today.**

**Wayne Lenhardt**

Mike, I've just talked to Shawn here and he has three photographs that came out of the Toronto hearings. We'd just like to put this up and ask you whether the ones you were seeing were similar to these.

**Michael MacIver**

Yeah, that's exactly what I was seeing, and those are what we call ante-mortem clots. Basically, the body— When it suffers a vascular injury, the body goes through hemostasis. It wants to prevent the body from bleeding out. So the liver kicks out an enzyme that reacts as a catalyst to the thrombin that's circulating through your blood. It converts the fibrin, which is a liquid protein, into a string-like protein and that forms a patch to plug up the vascular damage. And sometimes, if too many white blood cells and plasma get built up in there, it starts backing up and forming an extra-large clot. For the number of clots, I can't surmise that everybody that suffered COVID is suffering some form of vascular accident. You know, they talk about maybe some sort of heart damage or these sorts of things. And again, I lack scientific reasoning to explain it.

**Wayne Lenhardt**

Can you recall even the month that you started seeing these?

**Michael MacIver**

That would probably be more towards May, June, because we were kind of restricted—

**Wayne Lenhardt**

Of which year? May, June of which year?

**Michael MacIver**

We were restricted in what we could do at the funeral home originally. They limited the capacity of the funeral to like five people at one point. And then Mike was getting very frustrated with the rules and regulations and seeing all the heartache and heartbreak out there, where he just said: "Let's just do it," you know, pardon a better term, "the hell with these government officials and their—"

**Wayne Lenhardt**

I'm going to press you one more time, was it May or June of 2021 or 2022 or '20?

**Michael MacIver**

Yeah, it would have been in around 2021.

**Wayne Lenhardt**

Okay.

**Michael MacIver**

Yeah.

**Wayne Lenhardt**

Okay, any more questions from the commissioners? Okay, well, thank you very much then.

**Michael MacIver**

Well, thank you and God bless each and every one of you. Thank you.

[00:09:48]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 13, 2023

Day 1

### EVIDENCE

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Closing Statements: Ches Crosbie and Shawn Buckley

Full Day 1 Timestamp: 10:16:13–10:21:45

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

#### Ches Crosbie

Ches Crosbie is my name. I'm the Commission Administrator. I have a Queen's Council. I'm from St. John's, Newfoundland and Labrador.

Commissioners and everyone in the audience and out there, we've heard very compelling testimony today, but you may recall that in the opening remarks of counsel, he talked about hatred. Well, we've certainly heard the theme of hatred throughout the testimony of the folks who testified before this Commission today.

People may wonder why this is an inquiry into the truth because oftentimes we hear of inquiries which are inquiries of truth and reconciliation. But this, I submit, cannot be an inquiry of truth and reconciliation until the perpetrators, the perpetrators of the hatreds and I believe the crimes we've heard about today, come to terms with what they've done. There are apologies. There is true reconciliation. And there is accountability, which may often include—and for many people, those in leadership positions, must include—answering to the criminal law.

Can I have the slide that we made available a little earlier?

In this country, we have something called hate crime. Section 319, sub 2 of the *Criminal Code of Canada* says, "Everyone who, by communicating statements, willfully promotes hatred against an identifiable group, is guilty of an offence." So what is hatred? It's not defined in the code. Rather, it's defined in case law from the Supreme Court of Canada. For example, *Keegstra*, written by Chief Justice Dixon in 1990: "Hatred is an emotion that, if exercised against members of an identifiable group, implies that those individuals are to be despised, scorned, denied respect, and made subject to ill treatment on the basis of group affiliation."

You see before you an editorial or opinion piece that was published in the *Toronto Star* on August 26th. I think it says 2021, and it goes like this: "If an unvaccinated person catches it from someone who is vaccinated, boo hoo, too bad. I have no empathy left for the willfully unvaccinated. Let them die." And it goes on in that vein.

**We can get into the reconciliation phase of this Commission if and when the authorities in Toronto, the police and the prosecutors, lay charges for this act of hate speech.**

Thank you.

**Shawn Buckley**

Thank you, Honourable Mr. Crosbie.

**We will be adjourning our first day of the Winnipeg hearings of the National Citizens Inquiry. Every time we have a full hearing day at the National Citizens Inquiry, I tell people that your life will never be the same. And I think those of us that have watched this online and have experienced it, personally feel that way. And I just thank all those brave Canadians that have been willing to tell their story.**

I have to tell you that as with every set of hearings, we've had a number of witnesses withdraw even just today. It's because of fear of repercussions, some for fear that they will lose their jobs, some for fear that there will be backlash from their friends and family. And so here we are in mid-April 2023, in Canada, where a lot of us still do not feel that it is safe to simply share our story. And that is the ultimate of silencing: when we're not free to even just tell others what our experience has been. So that's why this is so important. We're going to continue tomorrow. We're going to continue marching across the land. And we're going to continue telling our stories.

Thank you.

[00:05:32]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
WINNIPEG HEARINGS**

**NCI | CeNC**

**Winnipeg, Manitoba, Canada  
April 13 to 15, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:42:50–01:30:20

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

#### Shawn Buckley

We're very excited that you're participating with us today. We actually are going to have two asks for those of you that are in the audience and those of you who are watching online. We are a band of citizens that just got together with the idea that we needed an independent look at how all levels of government have handled the COVID-19 pandemic because this is the most significant event for most of us alive today in Canada.

We've never gone through an experience that has so shaped our country and so divided us and so shaken us up. And we all know that we're going to be facing the consequences and the changes that it's going to bring forth going forward, for generations. And so we were just passionate about the need for an independent look. But this adventure that we've started, that's growing and growing, is only going to succeed if we can reach all Canadians and, in fact, really the entire world. This needs to be done in every single country: an independent-of-government, citizen-run inquiry into why the decisions were made the way they were and why all the institutions acted the way they did.

Now we're here today. We've run three hearings in Truro, Nova Scotia. We've run three hearings in Toronto. We ran a day of hearings yesterday in Winnipeg. We have had one mainstream media outlet here for maybe 40 minutes in this whole time, and yet on social media, we're starting to have tremendous success. But the reality is the mainstream media is not going to cover us. And there are some clear reasons for that: because if the citizens in Canada get control of their institutions again, get their institutions working for them again, then it is most probable, in my opinion, that the editorial boards of the mainstream media will be facing criminal charges. So why would they cover proceedings such as this?

So how do we get the word out? And this is our call because what we're finding is there are a number of you out there that have a large footprint in social media. Some of you are podcasters, and I'm talking to you all around the world, not just in Canada. We've got to ignite this around the world. If you are a podcaster, start podcasting about the NCI and we'll give you guests, we'll give you our spokesperson, we'll give you witnesses. We'll help you put us out and plug in and tag us. If you've got a Twitter account—or look, we're on every social media—tie into us and push us out on your networks.

Again, this is a citizen initiative and it only works if you the citizens, and not just of Canada but of the world, start participating. Start taking personal responsibility for doing something. Stop watching. Start doing or this fails, and it doesn't fail just for me: it fails for you and it fails for your kids. Time is short for us to get our institutions working for us again and so the time for sitting on the couch, the time for not participating is over. You are here to decide who you're going to be, and it's decision time, and I'm inviting you to make that decision.

We also have a second call out. In Toronto, we had an embalmer who was very nervous about testifying, very nervous about sharing her story about what she was seeing in the bodies after the vaccine was released. But she was brave and did it, and she placed a call out to other embalmers to participate. Yesterday, we had a surprise at the end of the day where it turned out we had an embalmer in the audience and—without us knowing this, just a witness on the stand told us—that embalmer took the stand. We were able to show that embalmer one of the exhibits that Laura Jeffery, the embalmer in Toronto, had shared with us,

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and he confirmed, "No, I'm seeing this in the persons that I'm embalming also." And so now we have two. Now we're putting a call out for embalmers to contact the NCI because we need your testimony. Can you imagine if we put together a panel of you to have an open discussion amongst yourselves for the public to watch about what you're seeing because your evidence can't be disputed.

You are finding things, at least this is what we're being told now by two embalmers: you are finding physical changes that cannot be discounted in the persons in whom you are embalming. You are finding—I don't even know what to call them because they're not blood clots, they almost look like earthworms to me. And they're making it difficult for you to embalm because they're plugging up the arterial and vascular systems, and you're having to remove them. And this is new. That you've never seen this before, and the public needs your confirmation: You've seen changes in the blood and the blood clot. You have seen changes in the types of death following vaccination, including different changes in pattern for baby deaths. You have seen things that the public, if they become aware of it, will not be able to deny your evidence is crucial. So we're calling on all embalmers to contact the NCI because you have a special type of evidence that we need to get out there.

Now for my opening, I have to just say, because I'm going to be commenting on the legal system, that this is my opinion. And isn't it funny that I have to say that to try and protect myself because we know that when doctors or nurses, any medical professional steps out, they're sanctioned; they basically lose their licence to practise. It's a form of punishment to create censorship and scare the rest of them from actually taking self-responsibility for their actions and speaking out regardless of the costs and acting ethically regardless of the costs. I haven't seen lawyers being disbarred for taking on COVID cases or speaking out, but to borrow the title from Mr. Huxley's book, we truly are in a brave new world today. And so, to try and protect my licence to practise law, I'm just saying this is my personal opinion. I'm hoping that lawyers are still allowed to have personal opinions on the legal system amongst other matters.

Now, there is in my opinion, in my experience, there is—and people in this room will agree with me—a perception that during the COVID crisis, and to today, the court system has failed us. I've heard that time and time again from persons that are concerned about how

governments handled the COVID crisis. There is a perception that the court system failed us and that is my perception also. I have to say that I am personally grieved with how the court system has handled the COVID crisis, and I was called to the bar in February of 1995, so I'm working on my 29th year of practice.

I've tried to focus on constitutional issues. I've done a lot of criminal work, a lot of *Food and Drugs Act* work to try and keep our access to natural remedies available. Probably within the first 10 years of my practice, I had run a thousand trials. I was a high-volume trial lawyer trying to ensure that our rights were protected. That's always been my focus. And so when I give you my opinion of the legal system, I want you to understand that that comes from basically my entire career of practice, working on my 29th year.

The rule of law is simply the principle that the law applies to everyone equally. It's a very simple process or concept.

[00:10:00]

You don't have to think long and hard to understand how that is important to a liberal democracy. If we're not all subject to the same laws, if we're not all treated fairly in that the law applies to us equally, we don't have the rule of law. What we have is tyranny. And it's funny, the word tyranny, it conjures up negative emotions, but if you look at the definition, I mean, it's actually not a scary thing at all except in its application. But tyranny is just absolute discretion.

You could have a tyrant that actually made really wonderful decisions for the populace. We could have Plato's philosopher kings making great decisions for the benefit of the populace. That would be pure tyranny, but our experience wouldn't be negative. But why it's negative is because in all of our recorded history with the very rare exception, as soon as a government or a ruler has absolute discretion over our lives, very bad things happen to the populace. So that's why when I use the word tyranny, we react to it actually emotionally. So you understand that the rule of law is our protection against tyranny. Because if the government or our kings or our rulers or our bureaucrats, if anyone who has been delegated power over us is subject to the same application of the law as we are, then we're protected. Then we don't have tyranny, and that is why the rule of law is so important.

Now what shocked me with this COVID experience and I think what shocked so many people is that we were expecting the court to basically be a mediator between ourselves and the government. I mean, I know I was expecting— Okay, the government's doing things. I'm going to expect that the court is going to be between the government and myself and if we are going to have the rule of law, then both parties have to be treated equally in the courts.

Now we have a fundamental problem in how our court system and how our justice system has been designed. And that is that we have built into it a conflict of interest that is not consistent with the rule of law, and when we get control of our institutions again, we are going to have to get rid of this conflict of interest. So I just want to speak a little bit about how this played out and how unfair it was. And one thing I've seen in trial after trial where I've had clients that said, "You know, I didn't know that was illegal; like, I didn't know that was a problem—" And invariably, the court will say, and I've heard it time and time again: ignorance of the law is no excuse. Early in my career, I would just accept that as a reasonable proposition.

Actually, I agree it is a reasonable proposition. Because if you have laws and somebody could just say, “Well, I didn’t know it was there,” and that was some reasonable excuse, then basically you don’t— The law is invalid, like you basically can’t apply it. There’s actually a good policy reason for ignorance of the law not being an excuse into whether or not you’re culpable. It could speak to what should flow from a penalty.

But why I’m going into this is— You know we have an inner voice? As time went on and I watched how the legal system was applied to government and I watched how courts would allow our police system to get away with breaking the law over and over again,

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and just who was charged and who wasn’t charged, it came to me that whenever I would hear a judge say to one of my clients, “ignorance of the law is no excuse,” that inner voice would add “except for the government and the police.” This has happened because of a conflict of interest that I’ll explain. But what disappointed me about the COVID experience was kind of a complete abandonment of the law by both the police and the government.

Now we all know about our *Charter of Rights and Freedoms*. We all know about our Charter rights, and actually there are some really wonderful rights in that document. You know section 7: Everyone has the right to life, liberty, and the security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice. What a beautiful right. Courts have made it clear: that includes rights that we already had under the common law to autonomy over our own bodies, where, you know, you can refuse a medical treatment. Prior to COVID, that was sacrosanct in our legal system, in our medical system—the right to deny a treatment—and it’s guaranteed in our Charter.

We have freedom of conscience, we have freedom of expression, we have freedom of religion, we have the Charter right to freedom to assemble. I mean, it’s a fundamental right to be able to protest. It’s a fundamental right to be able to go to church and worship. It’s a fundamental right to have your own opinion according to the Charter. Now what’s interesting is, here we are in Winnipeg, Manitoba, second day of the National Citizen Inquiry hearing in the year 2023. And the year’s important because in this time in 2024, will it be legal in Canada to hold proceedings like this? Will it be legal for me to share this opinion in a year? I don’t know and if I’m a betting man, I wouldn’t know how to bet.

But we have these wonderful Charter rights and then we have section 52 of the *Constitution Act, 1982*, the same British statute that includes our *Charter of Rights and Freedoms*. It sets out that the Charter is the supreme law. I mean, it basically reads: the Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force and effect. And what that means is, if you have any law— Let’s say a mandate saying you can’t assemble, you can’t have a group of more than 40 people outside, you can’t go to church. Well, that law is below our constitutional right to worship. That law is below our constitutional right to assemble.

So one of the things I learned—probably about a year and a half ago—I was involved in an organization that was forming to start looking into crimes that were committed in the COVID pandemic. I got segued into this NCI, I want to call it an “experience.” It’s really a movement. This is a movement because this is just Canadians getting together. I mean the strength of this is that it doesn’t depend on any person or any groups of persons. So when I’m inviting the podcasters of the world to get involved, when I’m inviting every listener to push us out, I don’t care if your social network is 10 people, push us out because

that's how we're going to make a difference. And that's what we are. We're a movement of people that are basically demanding to know what happened so that we can collectively decide how we are going to manage our affairs in a peaceful way going forward. That's what this is about. We're not here to grind an axe. We're here to find solutions so that our children's future is protected and that Canada once again becomes a beautiful place to live where we treat each other with respect and kindness. That's why we're here and that's what this movement is about.

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Now one of the things that grieved me, though, is when I'm talking to police officers—in fact, you know, it might have been Vincent Gircys, who testified in Toronto; he might have even been one of them that told me. In fact, it might have been him who first shared it with me, saying, “You know when I talk to police officers, a lot of them don't understand that actually the Constitution is the supreme law of Canada. They're not familiar with section 52. They actually haven't been trained.” So you, literally, could have police officers that, to their core, want to enforce the law—who are dragging people out of church, who are pulling veterans out of a line and throwing them on the ground and kicking them—who don't actually understand that they are not upholding the law, that the supreme law of Canada is the Constitution. If they had been trained in this, if they had truly understood that for us to continue to be a free nation, free of tyranny with equal application of the law, and that the supreme law was our Charter—were the rights that were being encroached upon by the police— And you know what? It's not an excuse to say you were following orders.

We established that at Nuremberg, and I explained this principle on an earlier opening address. People in authority that want other people to do bad things understand that if they take away your personal responsibility that you can get people to do terrible things. So it was Himmler that was the head of the SS and he was giving a speech to a group of SS that were about to go out and murder a whole bunch of people. It might have been the speech given before the Night of the Long Knives, but it was a speech given before they were basically to go out and murder a list of individuals. And he literally said, “It's not you. It's not your finger on the trigger, it's not you pulling the trigger. It's me.” And he was saying this because he understood if he took the responsibility for what they were doing, they would follow orders.

And so when we had the Nuremberg trials, and I say “we, the civilized world,” “we, the citizens of the world” had to establish the legal principle that it is not an excuse to harm and kill other people that you were following orders. And so, police officers that dragged people from church services, that threw protesters into cars—it's not an excuse that you were following orders. And doctors that are following orders from your colleges, whatever those are. In Alberta, there was a direction that you were not to treat early COVID. It's not an excuse for you legally that you were basically following directions from your college. If we get control of our institutions, there will be inquiries into criminal liability for the actions of a lot of players here. So police officers didn't understand that in enforcing the mandates, they were violating the law.

But let's turn to the courts because we have just experienced the most significant government intrusion into our lives that any of us have experienced—and more significant intrusions than many would have experienced during wartime in Canada. I used to have clients that did pretty terrible things and would be subject to house arrest with conditions that were more favourable than conditions that you and I were subjected to by our government. And we had not committed a crime.

So here we have the biggest government overreach in our history, and we're all expecting, "Well, okay, but surely the courts are going to step in and be that mediator between the government and the citizen—not treat the government with any privilege because we can't have the rule of law if one side is privileged over the other." Because remember, the rule of law is the equal application of the law to everyone including governments. We have court cases where citizens are saying,

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"Well, the government went too far; the government encroached upon my rights." We don't have the rule of law if the government position is privileged in any way. We have tyranny, by definition.

It is April 2023. I cannot think of a single court decision in Canada that will, if the government does a similar thing— Let's say monkey pox. Remember we heard that one? We're being told that there might be another pandemic. So let's say something else comes along and they do the exact same things: They lock us down. They force us to wear masks. They do everything they can to coerce us into taking a vaccine or some other treatment. I cannot think of a single court case that will act as a brake on government actions going forward. Now there may be one that I'm not aware of. But I can tell you, I ask other lawyers whenever I have a conversation, "Can you think of a single case?" And no one can.

And there have been a few tricks that have been used by the courts to do this, and one of them is mootness.

So here we have this supreme law of Canada, these Charter rights, and people would start court cases saying, "Wait a second, I have the right to assemble. Wait a second, I have the right to get on a plane without a passport." They start these court proceedings and a whole bunch of resources goes into them on both sides. I mean, affidavits are sworn. People go through examinations for discovery. Arguments are made. There's motions, blah, blah, blah. They get all the way down this path and then the mandate is dropped. Then the Crown prosecution service applies to court saying, "Well, throw this out. It's moot because they can get on a plane now. They can get on a train. They can assemble however they want. They can go there right now to the park and assemble." You can't grant them any relief and case after case after case is thrown out, dismissed by the court.

What they've done then is they haven't made a decision that would put a brake on the government going forward. I'm sorry, when I'm locked in my house for not doing anything wrong, I want a court to decide whether that's okay or not. If you're told you can't go on a plane and fly within Canada or a train, it doesn't matter that you can now. You want to know, was that legal? Did that violate our constitution? Because, otherwise, they can do it again. I mean these are the most fundamental decisions that need to be decided by a court and they have not decided them.

Now the few that have allowed— This has proceeded, either the mandate is still there or the court had said, "No, I'm not going to throw this out for mootness." They have agreed, "No, there's been a Charter violation, but the government's action is okay." We've got this silly clause, section 1 of the Charter, which is kind of a safety valve. Section 1 reads, "*The Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it," and here's the mischief, "subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society." What the courts do is basically say, "Well, yeah, there is a Charter breach, but the government was okay, in this instance; it's demonstrably justified in a free and democratic society."

So basically, those decisions tell the government, “Not only is there no brake on you the next time this happens, but you are justified in doing this.” So basically, rubber stamping what the government has done. Now this is part of a systemic problem and that’s indisputable because in all of Canada, I can’t think of a single case. We’re in a situation where we cannot deny to ourselves that the court system is giving deference to the government.

Many of you have heard—and I know there’s going to be a witness today who might speak about it—Ontario Court of Appeal case *CG v. JH*. For anyone watching, the site is 2023 ONCA 77. So there was a family court case.

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Basically, one parent wanted to get a child vaccinated and the other didn’t. They’re having a fight in court and at the trial level, the family court judge didn’t side with the father who wanted to vaccinate and just said: “Listen, we shouldn’t give deference to government, so I’m not just following the public health authorities.” Well, it goes to the Ontario Court of Appeal and the Ontario Court of Appeal has said “No, courts, you can take judicial notice,” is the term. “You can consider it as fact, without proof, that if Health Canada approves a vaccine that that is prima facie evidence that they have considered it safe and effective. And you can then draw the inference that it’s safe and effective.”

It is clear that the Ontario Court of Appeal had no idea that the legal test for the approval of the COVID-19 vaccines didn’t require proof of safety and efficacy. In fact, the word “safety” and the word “efficacy” isn’t even found in the test, and we had Deanna McLeod speak to us about that yesterday. So the vaccines didn’t have to be proven to be safe and effective and they weren’t. And yet, we have the Ontario Court of Appeal directing lower courts to take judicial notice that if Health Canada has approved a COVID-19 vaccine, it’s been proven safe and effective. But let’s say they had been proven to be safe and effective, the problem is that the court is giving deference to the government line and that is not consistent with the rule of law.

So there are three things inconsistent with a court system that protects its citizens. I’m just going to speak mostly about the third one. Judges funded and appointed by the government are not consistent with the rule of law long term. A professional government prosecution service is not consistent with the rule of law. And if you want to hear an Orwellian term, I can’t think of a better one than Department of Justice. The big problem is, and the elephant in the room is, the conflict of interest caused by the fact that the Attorney General, federally and in every province—that directs our justice system; that sets the priorities for the police; that set the priorities for the prosecution service, which is a government prosecution service—is a member of the Government.

**Think about that. We want the courts to not treat the government any differently than us. But the person who sets the priorities for enforcement, the person that sets the priorities for the police, the person that sets the priorities for the prosecution service is the Government. The Attorney General is a member of cabinet. This is a clear conflict of interest that is inconsistent with the rule of laws, and in my experience, the Attorney General is almost a hundred per cent of the time against citizen rights and for Big Government. I told you before, it was probably within the first 10 years of my practice, I’d run over a thousand trials. I have time and time again been in court arguing that there’s been too much government power and that rights have been encroached.**

I can tell you that unless it's just so clearly obvious that the prosecutor would be embarrassed not to admit that there was a Charter violation and something should be done, where you just simply can't deny it, a hundred per cent of the time they have argued against rights.

Let me tell you about a case that has haunted me for a long time, just to illustrate why I've refused, although I've been asked several times. I do a lot of circuit courts and courts in small centres in BC, and I've been asked if I would be the prosecutor. I've refused a hundred per cent of the time in my career because of the culture of the service.

But I had a case when marijuana was still illegal,

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and this would be, probably, a good 15 years ago. We hadn't gotten even to our debate forced upon us by the compassion clubs, which led to legalization. So according to the Federal Department of Justice this was really serious stuff. I forget now whether it was just a neighbour smelling cannabis while they're outside barbecuing. But the police came to believe that that my clients, a young couple—they were probably both around 26, 27— young married couple, no kids, had some personal use cannabis in their house. I know this is a shocking crime.

So the police get a search warrant that they execute in the middle of the night. It was like one or two in the morning. So this couple actually wakes up with the police turning the light on in their bedroom, surrounded by SWAT people with machine guns pointed at them in bed, with the police's faces covered, and everything. They're just shocked because they're being screamed at to not move. And the husband tells the police, "Let me slip out of bed and get some clothes for my wife so that she can dress under the covers because she's naked." But "for officer safety, we can't tolerate that," so they rip the bedsheets off and embarrass the hell out of her. I'm just upset talking about it. I get to watch the Crown counsel explain to the Court why this is okay. And you know what? It's not okay.

Time and time again, just go sit in a court, whenever there's a Charter argument, and you will never see the Crown counsel argue for our rights. That is because the person directing Crown counsel, the person directing the priorities for our justice system is in cabinet of the government. They are not directing the prosecution service—they are not directing the police—to privilege our rights. And slowly and slowly and slowly our rights have been reduced and reduced and reduced. Our Charter came into force in 1982, and with a splash, courts were creating all these rights. We've got this machine: this prosecution service is a machine. I remember on one constitutional case it was me against 12 DOJ lawyers. There's unlimited resources and they just wear you down. But this machine is in there, time after time with all these resources.

You know, for most of my practice in legal aid for a criminal file— So from picking up the file to when you finish the first day of trial, and most of them finished in the first day of trial, you get paid five hundred and forty dollars. It's hardly enough to run your office, but the Department of Justice lawyers are getting their benefits and big salary and yet, ask the police to jump, and you have every expert you want. Legal aid, you have to beg and beg and beg and beg, and you might get an expert in 10 per cent of your cases. It is so unfair by design, by the government that controls the justice system, deliberately allocating resources so that they can slowly and surely grind away our rights. And what happens is, we've now seen the cage door shut. That's what we saw with COVID. It's been a slow and

steady erosion, and now we've seen this cage door shut. And it's because of a conflict of interest.

So I'm going to end there. We're going to have a witness later today who's a retired judge, who is—I don't want to be a spoiler, but the way this person put it kind of just encapsulates how far down we have gone and how much we need to get that institution working for us again.

I wanted to, before we call our first witness, just briefly watch a video of some of news clips that we experienced during COVID. We just thought this would be appropriate to bring us back to the type of experience we had. So, David, if you want to run that video; then, we'll march into our first witness.

[00:40:00] [Video is missing audio from 00:42:50–00:42:58]

[A video of news clips was played announcing emergency measures, including school closures and restrictions on indoor and outdoor public gatherings. Below are transcripts of the audio content.]

**[Video clip] Kelvin Goertzen, Minister of Education**

Today we are announcing that we will be suspending classes in Manitoba effective Monday March 23rd for a period of three weeks, a week before spring break and a week after the regularly scheduled spring break. We believe that our schools are safe. However, the experience in other provinces and other parts of the world tells us that proactive measures lessen the impact of the spread of COVID-19 and lessens the negative impact on individuals.

**[Video clip] Dr. Brent Roussin, Chief Provincial Public Health Officer**

I've recommended the closure of all Manitoba schools effective March 23rd. It's hoped that these proactive actions will help limit the impact of COVID-19 on our communities.

**[Video clip] Brian Pallister, Premier of Manitoba**

Manitobans are stepping up and they are doing what they can to help flatten the curve, and we thank them for that. Manitobans have led the way by listening to the advice of experts, and I commend all Manitobans for recognizing the critical needs for social distancing and for proactive measures to keep themselves and others safe. We are taking further decisive action by declaring a State of Emergency in the province. This will be valid for 30 days and prior to the end of that 30 days, of course, we will evaluate to see if there's a need to continue.

This puts us on an emergency footing and gives us a readiness that we need in these uncertain times. Understand that this is a temporary measure. Understand that we do not enter into this lightly, but this is part of our need to respond to ensure that we can continue to assist Manitobans in doing our part to protect the well-being of all of us here and all Canadians and global citizens. We respect the rights and freedoms of our citizens. We have stood above throughout our history in protecting the rights and freedoms of others.

Recently, of course, we have stood out and up on behalf of the rights of people who we feel have their rights threatened in another Canadian province by legislation that's been put forward there. And so we respect rights. However, we must continue to use every tool we have in our possible availability to flatten the curve here and to protect, do our part to

protect all Manitobans. The measures that we're taking today will enshrine, quite frankly, what has already been happening in Manitoba. We have not had reports of people violating the advice that Dr. Roussin and others have been giving. And so I want to say clearly that my promise and our government's promise to Manitobans is that these measures will end as soon as possible and will only be used if absolutely required.

**[Video clip] Heather Stefanson, Minister of Family**

Our government is continuing to take unprecedented steps in response, to respond to COVID-19 in every sector across all government departments. Based on the advice of the Chief Provincial Public Health Officer, licensed child care centres are suspending services at the end of the day and for the next three weeks. During this uncertain and challenging time, we need Manitobans to rise to the challenge.

**[Video clip] Brian Pallister, Premier of Manitoba**

We now have the mandate through law to be able to ensure the 50-person gathering. But I would ensure, I would ask Manitobans to participate. The best defence we have isn't just a government officer going and trying to stop a restaurant from opening. The best defence is if you come across a situation, and I encourage Manitobans, if you come across a situation where people are not observing the social distancing rules, I'd like you to go on the internet and tell everybody not to shop there.

Don't go there. Do the necessary things right now, the short-term pain that we have to, we know we all have to share in to make sure we have a longer-term gain. So we're not making the decision today that it will not change because we have to be nimble. We have to be ready. But we think we're taking the right steps based on science, and Dr. Roussin is the more qualified person to speak to this.

Know the penalties are onerous, and they're there, and they're there for a reason. They're there to deter behaviour that's unsafe, unhealthy, and that, frankly, is not in keeping with Manitobans' reputation as good citizens. So we don't make laws for the majority of people. We make laws as a consequence of the behaviour of some in the minority. And that is not something we've seen yet, but if we see it, we want people to know we're serious about clamping down on it, and that is what these measures are there for.

**[Video clip] Dr. Brent Roussin, Chief Provincial Public Health Officer**

As you have just heard the province has declared a State of Emergency. Today I am issuing orders under the *Public Health Act* to reinforce

[00:45:00]

the social distancing measures that we have already been applying. The following measures will be in place effective 4 p.m. today and will be in place for a period of 30 days.

We are limiting public gatherings to no more than 50 people at any indoor or outdoor place or premises. This includes places of worship, gatherings, and family events, such as weddings and funerals. This does not apply to a facility where health care or social services are provided. Retail businesses, including grocery stores or food stores, shopping centres, pharmacies, and gas stations can remain open, but must ensure separation of two metres between patrons assembling within the business. Public transportation facilities must also

ensure that people are reasonably able to maintain a separation of one or two metres from each other.

We are limiting hospitality premises where food or alcohol is served, or any theatres offering live performances of music, dance, or other art forms as movie theatres to 50 people or to 50 per cent of the capacity of these premises, whichever is less. These establishments must also be able to ensure social distances of one to two metres between their customers.

I'm ordering the immediate closures of all bingo and gaming events. All wellness centres offering physical activities, gyms, fitness centres, and athletic clubs and training facilities will be closed. We are taking these steps to ensure people make changes to their day-to-day lives, which you have already seen many Manitobans do. This is to strengthen our message regarding the need for social distancing and the need to act now. With these orders in place, Manitobans have a clear message on the roles that they can play to protect themselves, the people around them, and our communities.

Pharmacists are being required to limit the number and quantity of prescription drugs being dispensed. This is being done to ensure continued supply and prevent the stockpiling of prescription medications. Only a one-month supply will be provided at this time. Stay home if you're sick, cancel events, and very important, use reliable sources for your information. The Act makes it an offence to contravene any order, and so it can be fines or even a term of imprisonment under the Act.

[00:47:31]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

### EVIDENCE

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**Witness 1: Patrick Allard**

Full Day 2 Timestamp: 01:30:26–01:55:56

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

**Kyle Morgan**

So our next witness is Patrick Allard. Could you state your full name, sir?

**Patrick Allard**

Patrick Allard, P-A-T-R-I-C-K A-L-L-A-R-D

**Kyle Morgan**

Do you promise to tell the truth, the whole truth, and nothing but the truth?

**Patrick Allard**

I do.

**Kyle Morgan**

How old are you sir?

**Patrick Allard**

Oh. Nineteen eighty-one: forty-two? Forty-one.

**Kyle Morgan**

Where are you from?

**Patrick Allard**

I'm born and raised in Winnipeg. Winnipeg's north end. Been there my whole life.

**Kyle Morgan**

What kind of trade do you have or what work do you do for a living?

**Patrick Allard**

I've owned and operated a renovation company, a residential renovation company, for the better part of 20 years.

**Kyle Morgan**

I understand you got quite involved in the community in Winnipeg during the COVID period, if we can call it that. Can you tell us a little bit about what happened in 2020 when all this started happening?

**Patrick Allard**

Yes, watching those videos that we just watched with Premier Pallister and Heather Stefanson, who's our premier now, who used to be the health minister, and Bruce, in here. It brings back a lot of memories, probably for everyone watching. You could tell that they had no idea what they were doing. And I knew that when I was watching it, and I thought, somebody has to step in, somebody has to do something. And like a fool, I waited for my government to do what was right. That wasn't happening. We saw these arbitrary closures of businesses. I mentioned I was in renovations. I was deemed essential. I didn't know how insulting that was to be elevated amongst other Manitobans just because of what I chose to do for a living. I didn't realize that the tattoo artist or the hair stylist, they also have mortgages and kids to feed. So how was I any more important than that? So I had to speak up for those who were deemed non-essential, those who were harmed. I decided to be very loud, public, put my renovation company on hold, and use my voice to stick up for the little guy.

I saw a lot of pain, a lot of hurt. I started being vocal on social media for starters in early 2020. I heard stories of people not being able to see their grandparents or their parents in a nursing home. And I didn't just hear stories, but we had a family member of ours—a 95-year-old matriarch of my wife's family—was locked away in a nursing home for three weeks and never recovered from that loneliness. And we had a funeral shortly after that. My family has pictures in their minds as to what their mother looked like, their grandmother, after being alone for three weeks. Mike Vogiatzakis testified about some of these people that he saw as well. So it's not an anomaly. So speaking of the little guy—that I had to help protect and speak up for—was these elderly people who had no one to talk for them.

**And then they shut the schools. They put placards on play structures. They were harming children mentally by making them feel that they're going to harm their grandparents, they're going to harm their friends by playing with them. The two segments of our society that we needed to protect are the ones that we did not. We alienated the elderly and locked them away to rot.**

[00:05:00]

I keep saying they're our most precious resource because they have stories and a lifetime of things in their minds that you don't get until you get to their age. We pushed them away like they were yesterday's news. And then our children, we were scarring them right from

the beginning, scaring them, and that we're going to have to fix for 10 years or so. Or it could take decades. I saw this very early.

So we organized our very first protest for May 9th, 2020, in front of the legislature. And I thought we were doing a good thing. I thought we were going to attract a lot of positive attention, but it was exactly the opposite. The *Winnipeg Free Press* labelled us as a bunch of right-winged extremists, racist, white, Anglo-Saxon, everything that they could do to try to get us painted in a negative light. And I didn't understand that. I didn't understand, why is this? Why? Hasn't protest always been an encouraged event, no matter what? And now we're being labelled all these names. I didn't quite get it. So that was May 9th of 2020. And that's where the story really begins, I guess.

After being defamed in the paper, people started gravitating towards myself and Dr. Gerry Bohemier, who's going to testify later today, who was part of that as well, took the face of that one. He took the brunt. I didn't like them picking on Dr. Gerry, either. So I became somewhat the face of the opposition in Manitoba against these measures. It started going from there. We started holding rallies and attracting more people. People could see that they're not alone anymore. And we were doing a good thing. That continued on.

There were more press conferences that Pallister went on and threatened on TV saying, "If you break the public health orders, you'll get your name mentioned on TV." Dr. Roussin mentioned about possible jail time. And we continued protesting. I continued awaiting these fines, these tickets. They were not happening. So I thought the government was just bluffing. We continued on.

November 4th of 2020 was when I was first ticketed for breaking the COVID health orders. That was for gathering in a public outdoor place with more than, I think it was five people. And we were more than five people. We were about 30. I got ticketed. And to my understanding, that was the first ticket in Winnipeg. There was another gentleman who was ticketed along with me. I believe the ticket fine was for \$1,200 and \$1,296. And it just continued on from there. November 29th, 2020, I heard that there was a church, Minister Tobias' church, the Church of God, out near Steinbach that was going to hold a service. And because the churches had been locked down or shut down, I decided to go and— If I wasn't going to get answers from the government, let's see if we can get answers from God. And being raised in a Christian home, I decided I'm going to go and maybe this is the time to go back to church. So I went out there.

Growing up, my father always told me that the police are your friend. If you need help, you can go to the police. I showed up there in Steinbach. And on the side of the road, as Minister Tobias testified, there was about 30 police vehicles, probably about 40, 50 police officers, RCMP officers, all in a line with masks on, and preventing these churchgoers from going to church. It was at that moment that I realized the police are not always your friend.

[00:10:00]

The RCMP, at that time, were on the wrong side of the law. And that's really the moment when I realized—I think the gloves are off now.

So I continued being a loud voice, continued protesting. We held many wonderful rallies. We had mental health rallies because as Mike Vogiatzakis has testified yesterday, mental health was on a huge decline. He's seen a high rise in suicides. We heard Ms. Vickner talk yesterday about her thoughts of despair. And we had mental health rallies, just to get people together to hold hands, to sing, to hug, to shake hands, to know you're not alone.

For those efforts, I was ticketed as well and I was dragged through the media. I asked for all of this because I knew the good that was coming out of it was, I believe, worth it. The joy I would give people just to make a post that there's going to be a rally, that they get happy for 20 minutes of their life: I think it was worth it. And from that point on, from the Church of God incident, I believe I received another 14 tickets. Kyle, you might know better. You might have it there. But all for gatherings.

And after about 10 tickets, the promise of Premier Pallister about getting your name mentioned on TV was brought to fruition when the Winnipeg police put out a press release saying that there's been an arrest warrant set out for five Manitobans plus another visiting individual. And out of that, we became the infamous Manitoba Five. Five of us were arrested for breaking COVID health orders—put in jail. The police exercised a warrant. I was put in a cell, just treated like every other criminal, I guess. But my crime, as per the police officer's disclosure, was that Mr. Allard was seen shaking hands and hugging people. This was the extent to my criminality because they didn't have anything else.

To be the police officers to write that, I don't understand how they could even do, how they thought like that. I might be missing parts of the story, but I know you'll refresh my memory. But that led me to having some bail restrictions. And I was, like Sharon talked yesterday, she was not allowed to communicate with certain people. The five of us that were arrested with those warrants, I was named on that as well. Thankfully, I have a family that I could speak to, but some of the other people didn't and were left alone.

One of my bail restrictions was that I do not plan, promote, or incite gatherings that fall contrary to the public health orders. So it kind of put a stifle on my protest planning. So when Dr. Roussin allowed 150 people to be present at a private or a public outdoor location—unless you were at the time vaccinated because there was no limit for vaccinated individuals—and so we were allowed, if we weren't checking vaccine passports, to have a group of 150. So I made a Facebook post asking for 150 people to block the road to the Winnipeg Blue Bomber Stadium. I think it's a dumb move to block any road, but I was angry that the Winnipeg Blue Bombers were hosting a game with 40,000 people—could be 30,000, 40,000 people, vaccinated individuals only—when people like me were not allowed in. So I wanted to put a wrench in their works.

I got a knock on the door,

[00:15:00]

plainclothes police officers. What that means, those are detectives. They announced themselves as the major crimes unit. People who arrest murderers, rapists, drug dealers, all the worst crimes you can imagine in your life, show up at my door, and I'm in a towel. They said I'm under arrest for the Facebook post. And I said, "Well, would you allow me this—" Shawn just talked about a similar story. I asked, "Would you allow me the decency to get dressed?" And they said, "Nope." They shoved me against the wall and my towel dropped down, outside on my front steps. And thankfully, I was wearing some undergarments. But nonetheless, that's quite tough for the neighbours to see. Quite tough for me to have the neighbours see. My daughter sees this. And she's seven now, and that's the first time that I spent the night away from my daughter. She remembers this. Why was Daddy gone that night? Because I spent the night in jail with wet underwear. They were wet because I was in the hot tub. I should clear that up; they didn't let me get dressed. They pulled me away, and I spent the night in jail. And once again, got out on bail restrictions.

I think shortly after, restrictions were removed, and it kind of gave me a little bit of freedom. I was treated a little bit like all the other unvaccinated people. I wasn't discriminated against as much. But then that led me to filing some Charter challenges. We were in court. We had our challenge dismissed because of a previous court ruling in the *Gateway* challenge. We're at the appeal process with that.

Through this all, I also received two mask tickets. One was shopping without a mask. One was going to the law courts without a mask. And I got to say, I brought up my daughter. She was the only kid in her whole school of 600 that never wore a mask. And people asked me, "How did you do that?" And I said, "Well, I went and spoke with the principal. And I kindly mentioned that my daughter does not wear a mask. And we had the conversation respectfully." We have to respect people, even if they disagree with you.

And she was allowed to participate in two years of school with no mask. His deal was that she was going to set her off into the corner and have her own little workstation. And I said, "Well, if you put the other individual that looks a little bit different than the rest of us in that corner, you put the disabled child over there, and you can put the person with dark hair over there, and then you can put my daughter in the fourth corner." And he said, "Well, that doesn't sound appropriate." And I said, "You're right." So she got to spend the two years with all her friends like a normal kid treated like all the others, even though she didn't have a face covering. I understand, listening to Mr. Attallah yesterday, that not all the children had that luxury of being able to do that. And that hurts me.

Sorry if I'm rambling. But I just saw a need to speak up, especially when I knew from very early on that this was a— they say, "trust the science," this was political science. Before it came to Canada, there was COVID deaths in Italy, in nursing homes. I thought, that's very sad that people are dying in the nursing homes. Of course, it is. But this is a fact of life. People do die. What are the numbers? And I started doing some comparisons, and I compared the numbers of deaths in the Italian nursing homes year over year over year, month over month, and it never changed. So I thought, what's going on?

[00:20:00]

I knew that this wasn't an unusually deadly killer, like people bring up the Spanish flu. This was nothing to do with that. So I don't understand the government—what they did, how they jailed me, how they ticketed me, how they treated everyone else for just going shopping without a mask, getting together, going for church. Yeah, I got so many stories to tell, so many things to say, but I don't want to ramble on too much. I kind of want to give you the gist of—

**Kyle Morgan**

Mr. Allard, I know that you attended a lot of rallies in Winnipeg. There's a lot of different gatherings that were going on. Do you recall your observations about what was taking place at those rallies and the enforcement that was taking place?

**Patrick Allard**

If you were protesting the COVID orders, you would be ticketed. You would be fined; you could be jailed. But if you were protesting other events, perhaps Black Lives Matter, Every Child Matters, these seem to be accepted. Some members of our legislative assembly here called for our arrest for protesting. Then the very next day, they would participate in a

protest for the Manitoba Hydro Union or the Black Lives Matter rally, and that was okay. The rule of law is supposed to apply to all, I thought.

**Kyle Morgan**

Were you present at these other gatherings?

**Patrick Allard**

I was.

**Kyle Morgan**

So you had firsthand observation, is that right?

**Patrick Allard**

I was actually identified by police officers and asked me why I was there. I said, “Well, I heard there was a rally and I’m the rally guy.” So they pointed me out, and I made a point of this because now I was participating in a rally that was approved, still against the COVID orders. They knew me, and I’d already been ticketed at this point, but they didn’t give me a ticket for that one. Only if you protested the COVID orders.

**Kyle Morgan**

Thinking back about everything that’s happened, how do you think society should have responded to this COVID phenomenon?

**Patrick Allard**

Well, I think we could have taken Dr. Jay Bhattacharya’s advice with his Great Barrington Declaration, and instead of locking away and forgetting the elderly and the vulnerable, we should have protected them. We should have allowed the rest of everyone to govern themselves how they see fit: to raise their families the way they want to raise them, to live their life they want to live. The government should be there not to take our rights away but to protect our rights. And they should tell us when there’s a danger, tell us what the possible issues could be if we take the danger into our own hands, and that’s it. We understand that by going out, we had the potential of being sick or whatever, we took that on ourselves.

But we learned in the *Gateway* challenge that the government themselves had zero evidence: the government admitted this under oath that they had no evidence to suggest there was any outdoor spread. That’s how I interpreted it. And yet, they still put a prohibition on outdoor gatherings. We also found out in that same *Gateway* challenge that the PCR test that allowed all of this to happen— Dr. Jared Bullard from Cadham Laboratory, who did the majority of the COVID tests in Manitoba, testified under oath that 56 per cent of the PCR tests were false positives. So if they told you there were 1000 cases, that’s only 460. So it was not as severe as they were telling you. They were not following the science themselves. That’s what we could have done. We could have followed the science, the real science. But I fear that we’ve gone down this path, and like Shawn said at the opening, we may go down this path again and there’s really nothing that we can do

[00:25:00]

besides just stand up and say no. And without rambling any further, if you have any other questions, Kyle.

**Kyle Morgan**

I don't think I have any more questions, maybe some of the commissioners do. Okay, thank you very much for your testimony.

**Patrick Allard**

Thanks a lot.

**Kyle Morgan**

Thank you.

[00:25:36]

**Final Review and Approval:** *Margaret Phillips, August 10, 2023.*

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 14, 2023

Day 2

### EVIDENCE

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**Witness 2: Jeffrey Tucker**

Full Day 2 Timestamp: 01:57:43–02:28:09

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

**Wayne Lenhardt**

I have Mr. Tucker on my screen. Good morning, Jeffrey.

**Jeffrey Tucker**

Yes, good morning.

**Wayne Lenhardt**

If you could give us a brief bio for our listeners. I gather you're with the Brownstone Institute. I don't have much more information on you, but apparently—

**Jeffrey Tucker**

Yeah, that's fine. I'm an economist by training and I've worked at a number of different institutions. I was working at an institution that hosted the Great Barrington Declaration in October of 2020, and then subsequently founded the Brownstone Institute, which specializes in public health and economics. I have several books that I've published and one I've written on the subject of the government response to COVID, which is, in my view, universally negative in every country it was tried, without exception.

**Wayne Lenhardt**

Some of the people that know you here at the Frontier Institute have said that you're very versatile and that you would be able to, perhaps, give us some idea of what actions we could take as citizens for a phenomenon like this.

So to give you a bit of context to work with, I watched this right from the beginning. And it became obvious to me after Donald Trump was diagnosed with COVID and was cured in a couple of days that early treatment was clearly available, not only available but actually worked. And early treatment was basically prohibited for most of the COVID phenomenon. And I think if it had been allowed, a lot of—for example, Dr. Bhattacharya's testimony yesterday would probably be irrelevant because I think the treatment very clearly worked.

We had Trump. We had Rudy Giuliani, got cured in a day. We had personalities— Joe Rogan got cured in a couple of days and so did Dan Bongino. I mean, this was available, but it was prohibited. And we were told that there was no cure for COVID. All you could do is go off and quarantine for 14 days and take aspirin. So let me throw it to your discretion here. Is there something we could have done in order to lessen or basically eliminate most of COVID?

**Jeffrey Tucker**

Public health has always said that when a new respiratory pathogen comes along, the most important thing is to find out the ways to make sick people well. And medical science has a long history of dealing with respiratory infections, and this is what medical doctors were saying throughout February of 2020. They were saying, “don’t panic. We know how to fix this. We have plenty of cures. We know that getting out in the sun is very good for you, vitamin D. There are other medications that are available you can use in a combination, whether it’s vitamin supplements or ivermectin can be very good, antibiotics for secondary infections.” A lot of people thought hydroxychloroquine had seen some success with SARS-CoV-1, and subsequent random control trials have confirmed that.

**Wayne Lenhardt**

Can I stop you for just a moment? I’ve forgotten to swear you in. So will you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

**Jeffrey Tucker**

I do.

**Wayne Lenhardt**

Thank you.

**Jeffrey Tucker**

So this is the priority of public health, always in the presence of a new pathogen. And by the way, there’s always a new pathogen. So everything mutates from everything else. And this is the way the microbial kingdom works. It’s just constantly mutating. And a pandemic means that it’s not yet endemic, meaning that it impacts a lot of people at the same time. And then the usual way you get out of a pandemic is through natural exposure and an upgrading of the immune system. That has been going on since the beginning of time, since **the beginning of the human experience on earth, we evolved to coexist with pathogens.**

**So the role of medical doctors in public health has been to focus on making sure that sick people have the means to get well.**

[00:05:00]

That was not a consideration. At least, I can only speak for the U.S. case because that’s the one I know the best, but it was not a consideration at all. The NIH and the CDC just completely rejected the idea of early treatment.

And all my research points to one very grim reality: which is that very early on in the pandemic response the sole goal was to protect everybody from the pathogen through lockdowns and restrictions of mass meetings, closing of all indoor and outdoor congregate venues in order that we could wait for the vaccine to come along. The idea of the vaccine was that it would protect you against infection and transmission. And then we'd end the pandemic through this new technology called mRNA platform technology. And that would give the pharmaceutical companies a big boost, and everybody would love them and be grateful.

Well, that was the scenario that was mapped out sometime in February of 2020 by English and American public health officials. None of that scenario turned out to be true at all. First of all, the lockdowns and the banning of meetings, the dividing of the workforce between essential and non-essential, the plexiglass, the masking, none of that actually stopped the pathogen. It probably redirected or delayed maybe, although it's hard to say that there's a whole lot of evidence in that respect either. We don't see any real difference in virus trajectories between areas that were locked down and those that were not.

I mean, we have the case of Sweden, which had never had any lockdowns or school closures. They went through the pandemic like everybody else and they have some of the lowest mortality losses in all of Europe and no deaths among healthy children at all. So the lockdowns didn't really work to protect people from the virus; people were going to get it anyway. And the masks, all the random control trials show no evidence that the masks actually protected against the pathogen.

And the vaccine was— People think it came out fast. It was actually delayed relative to what they believed. I thought it was going to be rolled out by the summer. It kept being delayed and delayed. Some speculation that it was delayed for the U.S. election in November. It came out two weeks later, but once it was deployed, the evidence came in pretty quickly that it would not protect against infection. Whatever protection it did provide was very short term, maybe a couple, three months, and that it certainly didn't stop the transmission of the pathogen, which is to say it had no real contribution to make in the achievement of herd immunity.

So all this entire time, people kept getting sick. Now, remarkably, the people that were advocating for early treatments and had found a nice cocktail of things for people to take who get sick were censored; their voices were censored online by social media companies, and they were dismissed and denounced by major media at the behest of government officials that were running the pandemic response.

So this went on for the better part of two years. Now, in a lot of countries, and I'm speaking about Central America and Eastern Europe and many places around the world, people figured out that a combination of ivermectin and zinc and doxycycline, to prevent against secondary infections, was enormously successful. India had a miraculous experience really with ivermectin, and it was true all-over Central America. Mexico, El Salvador, these are not prescription medications. They were available over the counter and handed out to everybody, and it really helped the population. But in the U.S., and probably true in Canada too, these things were almost impossible to get.

And it was all because we were relying exclusively on the vaccine to solve the problem of the pandemic. The vaccine turned out to have not achieved anything like what they had predicted. And in fact, there's a lot of evidence that the highly vaccinated were also even more, and this is from all over the world, more likely to contract COVID. And sometimes even more likely to have adverse reactions

[00:10:00]

due to immune dependency enhancement. So what that means is that the vaccine rewires the immune system in ways that make it smart only against one variant, but when the variant changes, it increases individual vulnerability to the new variant.

So all of this could have been anticipated. In fact, was anticipated. I'm not a medical doctor or a scientist in this field at all. But I knew all of this from just ninth grade biology class and from reading a first-year medical textbook on virology that I downloaded in the early part of the pandemic. So I could have predicted everything that happened. But for some reason, the officials behind this response did not understand this. And so they began to impose vaccine mandates and threaten people with their jobs.

Our data indicate that millions of people were displaced from their professional positions, either by being outright fired or just being afraid of the vaccine mandates, not wanting the vaccine, being afraid of being fired, getting fed up with being badgered and harassed and criticized and then demonized as being unvaccinated. You remember the U.S. administration said that the pandemic was entirely the fault of the unvaccinated, which is completely false. So lots of people's lives were dramatically disrupted through these vaccine mandates that turned out to have absolutely no public health justification at all.

#### **Wayne Lenhardt**

Do you see anything that the average citizen or any groups of citizens could have done in order to derail this process as it was happening?

#### **Jeffrey Tucker**

There was a great deal of fear in the air. We all have fantasies of alternative scenarios. What if the artists had stood up and said, "We're not going to be silenced?" What if the dance halls had not closed? What if the churches had stood up and said, "We're going to continue to let people worship God?" What if the small stores had just opened in any case?

The problem with all those scenarios is that while they might have worked on a mass level, we have plenty of evidence of the people who did do that were arrested, like the previous person who testified here, were arrested and harassed by the government. And a lot of people can't afford fines; they don't want legal entanglements. They certainly don't want to go to jail. So many people were just terrified into going along.

You also have the additional problem that mass gatherings now, even protests, are not as easy as they used to be due to facial recognition technology. We saw in the case of January 6, 2001[sic], everybody who was on Capitol Hill that day has been chronicled in a book and many have been jailed. Others have been harassed and forced to testify, and their lives have been ruined solely for speaking out for political reasons. So these days, it becomes much more difficult to protest these kinds of actions due to these new technologies. So I understand why people were afraid to get out and protest: nobody wanted to be demonized, and even private gatherings in those days were extremely difficult.

In western Massachusetts, I can tell you that anybody who held a house party was in danger of being demonized by the local media. What people were doing, and it's not necessarily the police but individuals were doing, was flying drones around the community and discovering houses with lots of cars parked out front in the evening and taking pictures of them and sending them to the local press, which would put these pictures of these

houses on the front page of the newspaper and claiming that super-spreader events were going on. That alerted the local public health authorities, who went in and fined and harassed people there, including chasing down people and their licence plates. So this was a kind of reaction that we never would have expected in any kind of civilized country that calls itself free with rights for the individual. It's almost like all that stuff just got put on the shelf.

**Wayne Lenhardt**

So what do we do going forward to make sure this doesn't happen again, in your opinion?

**Jeffrey Tucker**

Well, I think in the first instance we need to find out more truth about why all this happened.

[00:15:00]

And why is it that our representative government suddenly became disabled? I mean, the people we vote into office to protect us and serve our interests were silenced and disempowered. We need to find out exactly why that happened.

A major problem, I'm not sure about that in the Canada case, but in the U.S., a major problem is that a lot of this is clouded under secrecy under the excuse of national security. So it was a national security response. This began on March 13, 2020, where the policy rulemaking power was transferred out of the Centers for Disease Control over to the National Security Council. That meant that everything is locked in secret. So this is a major problem. Just finding out the truth about what went on is extremely difficult.

I've got a whole team of researchers that's dedicated to this on a full-time basis. And we've run into all kinds of stops. I mean, even filing Freedom of Information requests have not been entirely successful due to redactions for national security reasons. So that is a major problem. So finding out the truth is one thing we have to keep at it.

The second thing we really need to do is convince our legislatures and the people who represent us to end the possibility that anything like this could happen again. And the only way to end that, to my mind, is to completely repeal the quarantine power of federal governments because we've seen how they've massively misused this. I mean, quarantines in the past have never been used for healthy populations. You would never use a quarantine for a healthy population. That just never happened at all in human history. And then suddenly, whole populations, hundreds of millions of people, were subject to **quarantine rules by governments. So that power needs to go away. Most governments in the world never had that kind of extreme quarantine power until sometime in the 1940s. And the reason they didn't have it was because it was so subject to abuse. So I would like to see that completely gotten rid of.**

**Another thing that we really need to tackle is the inordinate power of the public health bureaucracies. That really has to come to an end. And the only way I know how to do that is to permit our elected representatives to be able to fire employees when they're up to no good or even just dramatically cut their budgets. I think something needs to happen to prevent that from happening again.**

On the problem of censorship, we saw many cases, we have vast amounts of evidence, amounting to tens of thousands of pages of documents, that show that governments were cooperating very closely with social media companies, big tech companies, and media companies generally to censor dissenting voices in ways that are contrary to all conceptions of free speech. So that sort of close, collaborative relationship between Big Tech, Big Media, Big Government, and for that matter, big pharmaceutical companies, really needs to come to an end. We need a clear wall of separation between government, media, tech, and the pharmaceutical companies, or else we're going to face the situation of continuing collaboration and abuse of the population's rights in the future. That's extremely important.

**Wayne Lenhardt**

Is there anything that we could have done in order to do that while this was happening that you can see?

**Jeffrey Tucker**

I think we were all very naive in the early days. We didn't really want to believe that companies like Facebook or companies like Microsoft and LinkedIn and so on were cooperating so closely with the federal government. I think we've all been shocked to discover this.

We knew that people were being censored or throttled in their reach or just blocked and banned. We didn't know it was happening at the behest of government agencies. So I don't think there was really anything that we could have done. One thing I think we'll know for next time is just to have less trust in our public health agencies and these big social media platforms and the

[00:20:00]

major media that served as a mouthpiece for government for the better part of two and three years.

So to my mind, citizens need to start looking at alternative media sources and using different kinds of technologies and getting promises from the companies that we're dealing with that they're not going to cooperate with Facebook and Google and Microsoft and the rest of these companies that have showed themselves to be so thoroughly compromised. I think it's extremely important that citizens get control of their privacy again. That could mean turning to completely different forms of communication between ourselves, bolstering our local communities, in-person meetings, and relying less on these centralized sources.

I hope that happens the next time they try to pull something like this because they certainly have lost trust. Every poll in the United States—I'm not sure about Canada—shows that there's a mass loss of trust in media and Big Tech and in public health, generally in government as a result of this experience. I hope that loss of trust translates into something good, which is that we stop relying on these companies and trusting big media as much as we have in the past.

**Wayne Lenhardt**

Yeah. Okay, I think I'm going to ask if the commissioners have any questions for our guest.

**Commissioner Drysdale**

Good morning, Mr. Tucker, and thank you for your testimony.

I have a question. You talk quite a bit about, and there's been a lot of news about the cooperation between the big tech companies and the government. You know, I was raised in a time when every town, every city, had its own little newspaper and its own little set of reporters. And I'm wondering, I haven't heard a lot said about what happened to those traditional media sources, those newspapers with those reporters, working at them in every community, who were competing against each other and telling the story and doing investigations. Can you comment a little bit about what happened, or what you believe may have happened in those traditional print media areas?

**Jeffrey Tucker**

Yeah, everything changed over the last 25 years. Print media began to be replaced by the internet. And then, the industry became entirely reorganized so that even local media was entirely dependent on centralized media sources, to the point that they no longer really had much independence, and that remains true today.

Another problem is that a lot of the reporters— And this became a huge source of frustration for me over the course of three years. A lot of these local reporters know better than to report things that are contrary to what the dominant mainstream media is saying because they don't want to harm their careers. Because every local media essentially wants to be bought out by a more centralized media, and the reporters want to hang on to their jobs and then experience advance.

So these days, we really are having more and more to rely on citizen journalism, which is taking place at places like Substack and Twitter, ever since Elon Musk took over, and other venues. It's really the only place you're going to get kind of independent news because the entire industry has gone through such a dramatic upheaval to the point that local news is not really local news anymore. I mean, I know this myself. I remember one time I got a call from CNN to talk about some economic subject, and I was surprised over the following week that my one clip appeared in thousands of local venues all over the country, all branded by the local station. I mean, it wasn't local news, but it was all branded under the local station. So this is how it works. It's all become industrially centralized and canned, and therefore, easy to control by government.

**Commissioner Drysdale**

You know, we always talk about, in Canada and the United States, the free market, free market of business, free market of ideas. It sounds to me like you're not describing a free market of information.

[00:25:00]

**Jeffrey Tucker**

Yeah, not at all anymore. It became very important during the pandemic years especially for centralized government powers to control information flows. And that impacted everything from early treatments to opinions on lockdowns. You know when groups in the U.S. and Canada protested, the media swung into action demonizing them as disease spreaders without any evidence. So you know, controlling the news has become very important to corrupt bureaucracies and governments.

**Commissioner Drysdale**

You know I'm old enough— Perhaps I shouldn't bring this up, but I'm old enough to remember the Vietnam War and the coverage that the American and Canadian press had of that event. And to my mind, that was not quite comparable; this is an order of magnitude different. But it was something that tugged at the very fibres of the American society. And can you comment a little bit about the difference between the way the press either challenged or did not challenge the government narrative and how they reacted at this time?

**Jeffrey Tucker**

This time, it was almost a universal agreement that these actions, we should be clear, are without precedent. I mean, in our lifetimes, they're really— In hundreds of years, really, we've never seen anything like this. It was as if rights and liberties that we had won over the course of a thousand years of historical progress suddenly didn't exist. You'd think that it would have been a greater source of controversy, but it was just the opposite. I mean, the media was acting as if this is just the way you do pandemics. I can promise you: this is not the way you do pandemics.

The actions of governments all over the world, which basically are copying the China model, had no historical precedent whatsoever and should have been enormously controversial. But instead, the media just completely fell into line. And now, you see what's going on: They just basically stopped talking about it. Media these days will report on things like ill health, or the loss of education on the part of students, or growing amounts of teen and young adult mental disorders and problems, and the rise of depression and drug abuse, and all these things that are a fallout from the lockdown years. And yet, never mention that it has anything to do with the public health response. So the censorship, some of it self-censorship, is still going on.

**Commissioner Drysdale**

In Canada, and I believe the United States is the same, we have legislation, and in Canada it's called the *Anti-Combines Legislation* [sic]. I believe that's not quite the real name, but the intent is to prevent monopolies from removing our free market. The reason I say that is because when I listen to what you say, and you being an economist, I listen to what you say and I believe what you're describing is a monopolization of these venues, and that is supposed to be illegal in Canada and the United States.

**Jeffrey Tucker**

Well, when the monopolization benefits a very powerful people, apparently there's nobody left to object to it, which is why I think the ultimate solution to this is a kind of decentralization citizen journalism. I mean, it's a very painful process. People have to wean themselves from their attachments to national media, you know, turn off those notifications, delete those apps. It's the only way we're going to get from here to the truth. I don't think the antitrust authorities in any country are interested in busting up big media at this point because it's serving their interest too much, sadly.

**Commissioner Drysdale**

Is there not precedent, particularly in the United States, for antitrust laws to be applied to large industries?

**Jeffrey Tucker**

Yeah, there is. But not usually when those large industries became monopolized with the cheers of themselves. And so we've seen over the pandemic period that these monopolies have served very powerful interests. So they don't have any interest in busting them up, unfortunately. There's plenty of antitrust to do these days. But it's not likely to happen. And in fact, I'm not even sure how it really would happen. I think the most important thing we could do right now is to unplug national security from its controls over our big media venues. And we're nowhere near being done with that, unfortunately.

[00:30:00]

**Commissioner Drysdale**

Thank you very much, sir.

**Wayne Lenhardt**

Are there any other questions from the Commissioners? No. Okay, well, thank you very much for your interesting presentation.

**Jeffrey Tucker**

It's my pleasure. Thank you so much for having me.

[00:30:26]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 3: Diedrich Wall**

**Full Day 2 Timestamp: 03:01:37–03:40:21**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Shawn Buckley**

So now, if that's it for questions, I would like to call our next witness, Mr. Rick Wall, who is attending virtually. And Rick, can you hear me?

**Diedrich Wall**

Yes, sir.

**Shawn Buckley**

Okay, so first of all, I'll ask if you can state your full name for the record, spelling your first and last name.

**Diedrich Wall**

Yes, sir, my full name is Diedrich Wall, D-I-E-D-R-I-C-H, last name is W-A-L-L. Most people call me Rick, but that is my full name.

**Shawn Buckley**

And we'll call you Rick, because that's what you're comfortable with, and I'll ask you if you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Diedrich Wall**

I do.

**Shawn Buckley**

Now, Rick, you're almost being provocative today because you have a Canadian flag behind you. And I never thought I would, as a Canadian, where my inside voice will say, "Oh, boy, that's kind of an act of rebellion, a Canadian flag."

But you have some interesting involvement in what I'll call the Trucker Movement. So let me just introduce you, and then I'll ask you to explain your story and what happened. But my understanding is that you are the owner of a trucking company in southern Manitoba. And your company does a lot of cross-border shipping since 2009, but you've been running the company for 11 years now.

**Diedrich Wall**

Correct.

**Shawn Buckley**

And that you became very involved in the trucking protests. Am I correct about that?

**Diedrich Wall**

Yes, sir.

**Shawn Buckley**

And in January 2021, you started getting involved in anti-mask rallies in Winkler.

**Diedrich Wall**

Yes, sir, correct.

**Shawn Buckley**

And then for the first couple of months of 2022, you became involved in the Freedom Convoy?

**Diedrich Wall**

Right.

**Shawn Buckley**

But you were actually involved in what might be the very first cross-border blockade on January 17, 2022. You were one of the organizers of the first blockade. We'll talk about that later, but I'm just introducing you right now.

**Diedrich Wall**

Correct.

**Shawn Buckley**

Okay. But before we get to the trucking part of this, I want you to share with us something that happened with you in an outdoor church. Because my understanding is in May of 2021, you got involved in an outdoor church. So can you share with us your experience there and what happened?

**Diedrich Wall**

Certainly can. I'd just like to take a quick opportunity to say thank you to the entire team at the NCI. I feel extremely humbled that I was asked to present or to share my story here today. And just thank God for all of you people on the Commission that you guys are donating your time in doing this. I think it's an extremely important part of Canadian history, so I commend each and every one of you for doing that.

Again, I'm a God-fearing father of three, and the last couple of years have been rather interesting to say the least. But yes, my journey in the freedom fight, well, I guess I became quite leery early on when the pandemic first started. There wasn't much scientific proof or anything at that point on which way was maybe the right or the wrong approach on this whole thing. But my critical thinking got the best of me early on.

Early in 2021, a good friend of mine organized the first freedom drive within the Winkler, Manitoba area. And I started helping and participating shortly thereafter. And then in early May of 2021, at this point, churches and everything were locked down. And of course, we as Canadians, or I guess like-minded people such as myself, felt extremely violated that our constitutional rights to worship freely were now officially stripped from us.

And so, we thought it'd be a good idea to organize outdoor church worship services. You know, "what's the harm in that" was our thought process during that time. But this was, of course, when the implementation of the outdoor gathering size had decreased to five, I believe it was. Outrageous to think that, that you're only allowed to gather with five people outdoors. But, yes, it was during that time.

So we organized— The first one was on May 5th, correctly. It was just at a public park. We made sure we stayed off— Like there's a big stage in the city of Winkler where we conducted this. But we stayed off public property, except for the fact of the actual grounds that we were at.

[00:05:00]

We stayed off the stage. We just kind of set up our own little setup and had somebody come out to bring a message, sang some praise and worship songs.

All the meanwhile, we had our Chief of Police not in uniform, off duty, with his personal vehicle. He parked close to the stage and monitored basically our every move and counted how many people attended and therefore got in trouble for it sometime later.

**Shawn Buckley**

So can I ask how many people would have come out to this event?

**Diedrich Wall**

If my memory is correct, I would say between 70 and 100 people. We did this two consecutive Sundays in a row. So both times, I think, it was probably pretty average between 50 and 100 people, or somewhere in there.

**Shawn Buckley**

Okay, and I just want to make sure that I understand. So you've got 70 to 100 people in an outside park, am I right about that?

**Diedrich Wall**

Correct.

**Shawn Buckley**

And they're singing hymns,

**Diedrich Wall**

Hmm, hmm.

**Shawn Buckley**

and they're listening to somebody give a message.

**Diedrich Wall**

Correct.

**Shawn Buckley**

So basically, they're listening to preaching.

**Diedrich Wall**

Yes.

**Shawn Buckley**

And the Chief of Police who's known, because this is a small town, is there in his private car photographing who's there.

**Diedrich Wall**

I understand your question. Oh, so you're asking whether he was in his private car taking photographs? Is that your question?

**Shawn Buckley**

Yes. Yes.

**Diedrich Wall**

Yes. In fact, that was the reason why he was there. He documented the event. Therefore, I guess, justifying them later on, fining all three of the organizers for these two events. We were all ticketed for each event. Ticket amounts were— They were for not complying with public health orders and they were for \$1,296 each. I received two of them.

**Shawn Buckley**

Right, so for your participation outside, singing hymns and listening to a sermon, basically over \$1,000 in fines.

**Diedrich Wall**

Correct.

**Shawn Buckley**

And this is in the town of Winkler, Manitoba.

**Diedrich Wall**

Yeah, it's actually a small city. It's considered a city, but yeah, in the city of Winkler.

Yeah, it was very saddening to witness this time, especially when it came to church-related things. I mean, you think we live in a country where we should have the right to worship.

And it was hard to put it into meaning, what those times are like. And again, when you guys play these clips in between of our public health officers and Premier announcing these measures— Those raw feelings come back. And yeah, it's still hard to believe that we went through that time.

**Shawn Buckley**

So can I ask you how it affected both you and your family not to be able to attend church? Because my understanding is because of the fines, you guys only did the outdoor church twice.

**Diedrich Wall**

Correct. Yeah, they made it pretty clear that any time going forward we were going to organize anything like this, that more tickets could be issued. So, and again, memory doesn't serve me well enough to know exactly if that was one of the only reasons why we stopped. Because at this point, I myself was in the same shoes as Patrick that just testified.

You know, you get to a point where you see how unlawful, within the sense of law, all of this was at this point. And where do you finally draw that line and say, you know, it doesn't really matter how many fines I'm going to get. I'm going to do what I'm convicted to do: what I feel God's leading me to do and what I know is true to do.

So I mean, again, I don't recall exactly what the reasons were why we quit doing the outdoor worship services. But at this point, we continued on and had consistent outdoor rallies in the city of Winkler, kind of like they did in the city of Winnipeg as well.

And that was ongoing. And again, even at those rallies, we had consistent police presence again, documenting, and so forth. But as far as tickets go, those are the only two tickets that I received throughout the entire duration of the last couple of years.

**Shawn Buckley**

I know that we've been asking witnesses what could have been done differently, and it seems to me clear that for protesting, the freedom protesters just had to get the Black Lives Matter people there and they would have been okay. But we live and learn.

Now you got involved in what I'll call the Emerson, Manitoba—the first protest on January 17th, 2022.

[00:10:00]

Can you tell us about how that came about and what that looked like?

**Diedrich Wall**

Yes, certainly. Shawn, you're breaking up a bit there, so I hope—

**Shawn Buckley**

And you were too, but you're better now. Are we okay on your end?

**Diedrich Wall**

There we go. Okay, you're just breaking up there a bit.

But yes, so basically, I run a trucking company, cross-border trucking company. So for our company, it's extremely important that we can cross the border. That is [inaudible:

00:10:32]

And me and my wife talked about it many times and prayed about the whole situation. If the time would come— I'm sorry, I seem to be breaking up here.

**Shawn Buckley**

We can hear you fine here.

**Diedrich Wall**

Okay, awesome. So we basically said, too, when the time would come for the truckers to take a stand, we were not going to take a back seat. And again, there was talk about the vaccine mandates being imposed on the truck driver, which again we have to remember: The truck drivers were the heroes throughout the entire duration from when COVID started up to this point. You know, willing to go where nobody else was going to go. And so, they basically went from hero to zero pretty quickly.

And now, when they had basically imposed the mandates, I think, on most industries at this point, it was time to [inaudible: 00:11:27] truck drivers as well, for those that had chosen for whatever reason, some very obvious reasons at this point, to not get the vaccination.

And again, we told ourselves that if that point came, we were going to take a stand. And when it was announced that on January 15th, '21, Canada would start to implement drivers needing to be vaccinated or have a negative PCR test upon arrival or, otherwise, would need to quarantine for 14 days, and also, could likely be ticketed.

With that said, within literally a couple of days, and a bunch of help from a whole lot of people, we were first. We called it a slow-roll protest at the Emerson— That's the Manitoba-U.S. border on highway 75, just south of Winnipeg, and that was on January 17th. We arrived there at 3:45 a.m., if I remember correctly, or maybe it was 4:45 a.m. But it was very strategically planned: we know how busy that port is when it comes to truck traffic, and Monday mornings are always the busiest.

So we did that very strategically, and of course, our plan was to basically abide by all traffic laws. We had no intentions of blocking the road. We just basically wanted to slow traffic down and come out with our flags and signs, and basically, show our dislike with the decision the government had made for truckers at this point. And so, that's what we did. We basically showed up there and we started— When I say “slow-roll” for those of you that don't know what that is, it's just literally going basically as slow as a big rig is going to go, low-gear idle. You're walking faster than that. So that's what we did there on January 17th.

**Shawn Buckley**

So basically, you backed up the traffic probably for miles. Can you still hear me?

**Diedrich Wall**

Oh, now I can hear you, Shawn.

**Shawn Buckley**

Okay, so I asked, did you back up the traffic for miles?

**Diedrich Wall**

Yes, certainly did. It was very effective. We had a lot of support out there from our supporters. And it was pretty interesting to see how many truck drivers that were basically caught in a slow-roll taking up a lot of their day were very supportive as well. Of course, there was some that were very upset, rightfully so. They didn't understand what was going on there. But, yes, we definitely accomplished what we set out to do.

And I mean, the event caught media attention globally after the first couple of days. And it was the start of the trucking movement. While I have to state that the Freedom Convoy to Ottawa, this was already in full stages of planning. I had no participation in planning for the Freedom Convoy to Ottawa.

But we just saw it was important to do this protest at the border on January 17th, literally, two days after they imposed this mandate for the truckers on the Canadian side. We thought it was strategically important to do it at that time.

**Shawn Buckley**

Now, you didn't plan the Ottawa trucking protest,

[00:15:00]

but you did have your trucks participate. Can you tell us about the participation of the trucks from your company?

**Diedrich Wall**

Yeah, for sure. So yeah, we were very much involved, not in an organizing aspect of it. But again, I go back to what I stated earlier that me and my wife prayed about it and thought about it long and hard and our involvement, our company's involvement, because we all saw what happened to a lot of people that participated. And I'll get into that a little bit later

and to what our involvements ended up costing us. But in that sense, we were content with the fact that we could literally lose everything.

It was a pivoting moment in the whole movement, I feel, but we just felt totally at peace with it because I go back to stating what I said earlier. You know, it felt like a true conviction that this is what we needed to do. And no matter what the outcome would be at the end of the day, we would still feel good about that decision because we followed the path of what's true and right instead of just sitting back and—

**Shawn Buckley**

I'll just interrupt you, but if you can, because we've got some time constraints, if you can tell us about your participation, what your company did.

**Diedrich Wall**

Absolutely. So we had nine trucks in total from our company that participated in the Freedom Convoy going to Ottawa. Only four of them went all the way to Ottawa. Five of our trucks went slightly, just a little ways into Ontario—Kenora, Ontario. It was a stopping point there, turned around and came back and started organizing for the next protest in Manitoba. Four of our trucks carried on to Ottawa and stayed there for the entire duration.

**Shawn Buckley**

Then my understanding is one of your trucks in Ottawa got towed at the end when the government marched in.

**Diedrich Wall**

Yes. I have to make a correction on that. The truck didn't in fact get towed, but basically what the enforcement group— I don't know what group confiscated these trucks, but basically what they did— The trucks they could drive out, they drove out, and the ones they couldn't drive, they towed out. Our driver's truck, they were able to get into it. Our driver still to this day doesn't know how they started it because he had both sets of keys with him, and he was not present when his truck was taken. I must also state that it was an owner-operator truck. The driver owned his own truck but leased on to our company, and yes, it got confiscated and was impounded.

**Shawn Buckley**

And there was a \$1,300 fine, I think.

**Diedrich Wall**

Correct. Yeah, that wasn't the exact amount but, yeah, within the realm of \$1,300. After a week of confiscation, we were able to get it out. But the interesting part was, it didn't just sit in the compound and we could just pay our fine and get it out.

This was a truck and trailer. They physically ripped the licence plates off of both power and trailer unit. And of course, I mean that's a registration to travel up and down the road, so we had to get permits just to get the truck back home. I thought that was a rather interesting—something that I don't think would have been necessary, but, yeah, it was just very unique.

And then, also, our permits to operate within the province of Ontario was pulled for an entire month.

**Shawn Buckley**

Well, maybe those people that took the plates off were some of these good Canadian ambassadors.

**Diedrich Wall**

That could likely be.

**Shawn Buckley**

Yeah.

**Diedrich Wall**

I thought it was interesting.

**Shawn Buckley**

Now you talked about a Manitoba protest. And this is an important topic because we're in Manitoba today, and people from Manitoba know about the Manitoba protest and it did get some media coverage in the nation. But a lot of Canadians actually don't know what happened in Manitoba with your protest and definitely internationally. Like internationally, everyone knew about the Ottawa one. And I think it's important for you to share in some detail what happened here in Winnipeg, Manitoba.

**Diedrich Wall**

Yeah, certainly. So like I stated earlier, obviously my heart was set to go to Ottawa as well. I really wanted to go, but after doing some more thinking about it, we thought it was important to organize something in Manitoba because a lot of people couldn't go to Ottawa. It just wasn't feasible for whatever reason.

So we decided to stay back and organize another slow-roll, actually right back at Emerson. And again, this was strategically organized for the date of January 29th. This was when the Ottawa convoy was to be expected to arrive in Ottawa. So we thought it would just be uniform. Again, we're all in the same fight to do it on the same day to get back to the border at Emerson.

**And this time, we were there for a longer duration. We were there from January 29th to,**

[00:20:00]

I believe it was, February 2nd. So we were there for quite a few days. Same thing again, you know, just a slow-roll. We didn't block the road, but again, it was much more effective even this time than it was the first time. We definitely had our voices heard, we feel. So I'll just carry on here with how we ended up at the legislature building, if that's alright?

**Shawn Buckley**

Yes, please do.

**Diedrich Wall**

We were at the border slow-rolling until February 2nd. I believe it was on February 1st, I had somebody reach out to me from another group of organizers within the city of Winnipeg. They were saying that they were planning a protest there and they would love for the truckers to join them. So we did some thinking about that and thought it would be a good strategic move if we go to our local legislature building within the city of Winnipeg. And of course, it would be smaller scale, but, in a sense, the same thing as to what was happening in Ottawa.

So we took that opportunity to refocus our efforts and took a day off. But then on January 4th [sic], once again early in the morning, I believe it was at 3.30 a.m. or something like that, we arrived in front of the legislature building and set up the trucks. And the trucks that we had there currently, four of them, I think we came there with big rigs, and then the rest of it kind of just formed on Broadway and Memorial. The rest of it formed kind of like Ottawa, smaller scale. People started setting up, you know. We had people with food trailers come out, all kinds of things like that.

**Shawn Buckley**

Can I just stop you? It wasn't just your trucks that were there. There were other truckers, there were like 40 or 50 trucks.

**Diedrich Wall**

Yes, sir, I think at the height of it, there was around 50 trucks and then, of course, a lot of other participants. There was one Saturday where a whole bunch of farmers came out and brought their tractors out; I mean, the boulevards were lined with the farm equipment, farm tractors. And yes, a lot of big trucks and a lot of local supporters came out throughout the duration of the protest there. It was an amazing expression of, not expression but it was just the whole event was just—I can hardly put it into words, you kind of had to be there. It was very interesting from an organizer perspective. It was a very unique and interesting experience. I can only speak on behalf of myself who went through it. I was one of the organizers there throughout the entire time.

So the continuation of the negotiations with the Winnipeg Police, they were awesome. I can't give them enough credit: they were very respectful to us, but they had a job to do. There were daily negotiations as to things we could and could not do. But I mean their strategy was to eventually get us to leave, which that ultimately did happen after a couple of weeks.

**Shawn Buckley**

Now was the protest peaceful?

**Diedrich Wall**

Yeah, 100 per cent. The only un-peaceful event at the legislature protest was what we believe was an Antifa supporter. It was somebody that did not support the movement, that basically came through the crowd with an automobile and struck several supporters that

were there at the event. That was a pretty scary moment that happened early on in the protest. That individual was arrested, I believe, if I remember correctly. I didn't follow the story too much afterwards.

But that was the only un-peaceful thing that I would have recalled. It was just like Ottawa, just a smaller version, all the stories you hear: People coming to support. Farmers coming out bringing fuel for the big trucks. Huge groups cooking food every single day for everybody. No, there was just more unity there than anything else.

**Shawn Buckley**

So it was really the community coming together in a joint protest to seek change.

**Diedrich Wall**

Absolutely. I'd like to also add, just to answer your question more thoroughly whether it was a peaceful protest. And someone might be able to correct me and remember this better that was at the event— The Chief of Police, after everything was said and done, deemed this to be one of the most peaceful protests in the history of Winnipeg. So we took some credit for that. And there too, we tried to do our utmost throughout these negotiations daily with the Winnipeg police to meet with what their ask was of us, at the same time, trying to hold the line and keep reminding them as to why we were there as well.

**Shawn Buckley**

Now, my understanding is the purpose of being down there was you guys were requesting a dialogue with the provincial government and Premier Stefanson. Am I correct about that?

**Diedrich Wall**

A hundred percent. That was our ask. We merely wanted a conversation with the Premier's Office, and we were denied that right the entire time.

[00:25:00]

And what was kind of painful about that, I'll make it really quick. I believe it was a week, or maybe two weeks, after we left the site that our protest ended, the Ukraine thing started. And of course, I respect everybody. I mean, I respect the Ukrainian people. They definitely had the right to do— Well, they gathered at the legislature building, basically.

And Heather Stefanson had no problem coming out addressing her concerns and her support for these people, which I think is awesome. That's great that she did that.

But we just thought as organizers for our event— We're Canadians. We're pleading for you to have a conversation with us. And our ask isn't anything complicated, right? We're asking to simply have our constitutional rights and freedoms back.

But yet, she had no problem addressing them when she denied our rights and ignored us the entire time we were there. I thought that was a pretty sad example of a public servant that's supposed— That's there for all Canadians, not just for a select few.

**Shawn Buckley**

Now, we've heard the same from some people that were at the Ottawa protest. We had Tom Marazzo indicate that at no time did any member of the federal government actually speak with them.

But at the end of the day— And I just thank you on behalf of Canadians and actually the entire world because you truckers woke us up. And at the end of the day, there were some changes made because of the actions of truckers like you. And I know you've thought about that, but it just seems to me that you guys exposed some things. Can you share with us what you think was accomplished?

**Diedrich Wall**

Absolutely. So the question was asked many times by a lot of people: What do you guys feel that you accomplished? What was your wins? For me it was pretty simple, as most will remember. During the protest time, different provinces started to announce that they were going to start lifting restrictions, including Manitoba. Before we left, they announced that they were going to lift the mask mandates, which we thought was huge. I mean, no credit to self or any of the organizers. I think most of us were all fairly like-minded: it was all a group effort. But the group effort, we believe, was a huge contributing factor to them announcing these mandates being lifted.

I strongly feel the mandates would have been in place for much longer had we not protested. Some of the biggest wins that I would take away from it: First of all, the corruption right down to the core from our local municipalities right up to the federal government that was exposed. I think many people did not realize how deep it went. I know for myself I didn't.

It was amazing, again, going back to Ottawa where the *Emergencies Act* was invoked, I believe for the very first time, for breaking up a group of peaceful protesters. I thought that was the definition of insanity in a so-called free country that we live in. So huge wins I would say was basically exposing the corruption.

And another one, just the unity that the government had worked so hard to try to break apart within Canadians for a couple years. We saw clearly that Canadians, when it just came human to human, we respect and love each other. We love our country, and there was such a massive movement of support for the trucking protests.

I thought that that was a huge win, just showing the world that no, Canadians don't hate each other. It doesn't matter which side of the aisle you're on, especially when it comes to the vaccine. I mean, that's been a disturbing conversation to me for the entire time. **Respect each other for who you are as individuals, not for medical decisions you make, which the government wanted us to do.**

So it was a sense of unity and bringing people back together. Again, those are a couple of the big wins. Again, like I said, we saw mandates started to lift and so we thought we accomplished much. And to this day, I mean, had it not been for the entire process of what the truckers did, I think we would live in some very different times.

**Shawn Buckley**

I think most people would agree with the statement, and I've heard people internationally say it to me, that watching the Canadian trucker movement actually was the first glimmer

of hope because we can't think of any other example where a group of people actually stood up to say no. And the fact that you guys accomplished something shows that actually the only way for us to get our rights back is for groups of people to stand up and say no.

Before I hand you over for commissioner questions—

[00:30:00]

But I just wanted it to be clear. You guys didn't end the protest in Winnipeg just because you decided to go home. It was made very clear to you guys, by the police, that they were going to move in and basically do what was happening in Ottawa.

**Diedrich Wall**

Yes, correct. So just trying to rethink here now what the date was. The date lapsed my memory. But yeah, there came a day where, again, this was just one of our morning sessions with Winkler police, just a typical negotiation session. And they did come in with a document basically stating that we had a day, I think it was February 22nd if I remember correctly, but that we basically had a day to get everything off the premises and have everything cleaned up or trucks were going to start to be towed. Same thing as was happening in Ottawa.

They stated the fact, as well, that the *Emergencies Act* was still in effect and that they would use it if needed. So yeah, we were definitely forced off the property; again, we all left willingly. There was no hesitation from anybody; as we stated earlier, it stayed peaceful from beginning to end.

**Shawn Buckley**

Thank you. And I'm just going to ask the commissioners if they have any questions for you, Mr. Wall. And they do have questions.

**Commissioner Drysdale**

Thank you for coming out this morning, Mr. Wall. There's a few things you said that I was curious about. I've heard testimony over the last number of days from folks like yourself who were facing making a decision, and they weighed whether or not they would speak up or whether or not they would take an action, perhaps make an arrest or break up a protest. And they weighed that against the loss of their income and their pensions. I think, Mr. Erskine, I believe it was, a police officer who had made that statement. And what you said, and I wrote it down, was that you and your wife discussed whether or not you were going to protest and you realized that you could lose everything.

Can you tell me what you meant by that? Is that what you really believed? Why did you believe that? And how did you come up with the decision that you were going to move ahead anyway?

**Diedrich Wall**

I think that's a great question and thank you for asking it. Basically, when I say that we could lose everything, I guess I was pertaining that we basically were putting our entire company on the line. And we employ about 40 people, so that's a pretty substantial number, and of course, we'd be putting all those jobs in jeopardy as well.

But at the same time, we felt content with the decision, to the fact that— Like I said, I felt truly convicted. I felt a conviction from God, I'm a God-fearing man, that this was something that we needed to do. And the Bible teaches us that he will provide regardless, and so we felt we were going to be okay, whatever that okay looked like. If everything you know— Let's say, for example, that our participation would strip our rights to our registrations, licences, and so forth to be a trucking company, which it did within the province of Ontario. And I mean, there was many threats throughout the duration of the Ottawa convoy or Ottawa protest. So that concern was very real at that point already, and we knew going into it that there was a real risk of that happening.

**Commissioner Drysdale**

So I just want to be clear I understood what you were saying. So you were fully aware that you weren't just risking your own income, your wife's income, your family support, but there were 40 people working for you, which would have translated potentially into hundreds of people that would be affected by that decision. But you still felt the conviction to go ahead with this.

**Diedrich Wall**

Yes, sir, yep that's 100 per cent correct. And it wasn't without much consideration and then talking to our office staff. I mean, I can't think of one that wasn't supporting what we were doing.

And again, I felt it was a very bold move for a business owner. You didn't see many businesses, especially larger businesses— I shouldn't say you didn't see many, you saw lots of smaller businesses participate, but I mean it was a pretty bold stand to take. But again, my convictions were very bold, and there wasn't much question about it. And again, it was with the support of our office staff, which I am extremely grateful for to this day.

**Commissioner Drysdale**

My last question has got to do with your community in Winkler.

[00:35:00]

Winkler is a rural city in Manitoba; it's quite a close-knit community and it has a reputation for a faith-based life.

My question to you is— When you took the initial actions where you had the services, if you will, in the city park, how is that portrayed in the local media and how did that affect your relationship within the community of Winkler following that?

**Diedrich Wall**

That's a great question. So basically, our local media wasn't really much different than the mainstream media when any of these events were covered. So there wasn't much, and to this day, there isn't great support. I mean, some of the stuff that's happening to this day, they're starting to cover it a little more accurately, I feel, but there was no real support from the local media.

As far as support from the local community, it was absolutely huge. And you're absolutely right, I think Winkler's considered the Bible Belt of Manitoba, if not for Canada. And I truly

feel that these last couple years have really brought that out into light because the community like you said, it's very tightly knit. And yes, there's those that don't agree, which God bless them for it. We live in a country where we should be allowed to disagree with each other respectfully. But yeah, like I said, very well received by the community. There was never a sense of feeling that we really should stop doing this because the community just isn't supporting it and really rather have us not do it. So yeah, it was very empowering to continue ploughing forward.

**Commissioner Drysdale**

Thank you, sir.

**Diedrich Wall**

Thank you.

**Shawn Buckley**

And there's more questions.

**Diedrich Wall**

Thank you.

**Commissioner Kaikkonen**

Good morning. I just have a quick question about the service in the park, and I'm just wondering if you saw the Chief of Police at other points come out in his own vehicle, his own personal vehicle without a uniform, when you were doing the slow-rolls or any other moment in time? Or whether you felt that at this time, it was maybe your faith that was being targeted?

**Diedrich Wall**

That's a great question. I think with all due respect, I actually know this Chief of Police personally, and I'll be honest, I would consider him a friend. What he did the last couple years, I don't think was a nice thing to do to a friend quite honestly, but I do understand he has a role and a position, public servant duties that he needs to uphold as well. You know what? With all due respect, I don't think it was an attack on religion.

The Winkler police, they were very much monitoring all the different rallies. Like, we have so many different rallies within the city of Winkler and area. They were constantly monitoring us regardless of— And I mean, most of the other ones were just protesting against all the other mandates. So yeah, it was pretty consistent monitoring, regardless.

**Commissioner Kaikkonen**

Thank you.

**Diedrich Wall**

Thank you.

**Shawn Buckley**

Rick, it looks like the commissioners have no further questions. On behalf of the National Citizens Inquiry, I want to sincerely thank you for sharing your testimony with us.

**Diedrich Wall**

Thank you all so much and God bless each one.

[00:38:44]

***Final Review and Approval:** Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

### EVIDENCE

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**Moderator Statement: Shawn Buckley**

**Full Day 2 Timestamp: 02:43:54–03:01:33**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Shawn Buckley**

So welcome back to the National Citizens Inquiry in Winnipeg. We thought that after this break we would start with another video clip. So just to kind of bring us back and remind us of what we've experienced. So I'll just ask David if he would switch us to the clip.

[A video of news clips was played informing the public of emergency measures, including restrictions on public gatherings, closing of non-essential businesses, school closures, the community ambassador program, masking restrictions, vaccine mandates, and vaccine side effects. Below are transcripts of the audio content.]

**[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer**

Effective April 1st, all non-critical businesses will close. We know that in effect currently, public gatherings are limited to no more than 10 people at any indoor or outdoor place or premises. This includes places of worship, gatherings, and family events, such as weddings and funerals. Effective April 1st, all restaurants and commercial facilities that serve food are prohibited from serving food to customers in their premises. Bars will be closed. Personal service businesses such as hair salons and massage therapy offices will be closed.

**[Video clip] Kelvin Goertzen, Minister of Education**

Today following the advice of Manitoba's chief provincial public health officer, we are announcing that Manitoba's K-12 schools will have their in-school classes suspended indefinitely for this school year.

**[Video clip] Brian Pallister, Premier of Manitoba**

Stay home. Stay home and stay safe. This is not the time for large family gatherings. Don't risk making this weekend's Easter dinner a celebration with fewer people around the kitchen table next year. Do not do that.

**[Video clip] Brian Bowman, Mayor of Winnipeg**

Starting Saturday, we'll be initiating a community service ambassador program that will get ambassadors out in the community to look for, to help educate, and create awareness to those who are not respecting the public health directions. This includes closed city areas like athletic fields, skate parks, play structures, and picnic shelters. We'll be utilizing our bylaw enforcement officers to start warning and ticketing those who will be making use of the closed city facilities with penalties of up to \$1,000 and the potential of up to six months imprisonment.

**[Video clip] Brian Pallister, Premier of Manitoba**

We must do everything we can to continue flattening the COVID curve. We must stick to the fundamentals that have allowed us to be where we are today. And that is why we are extending the state of emergency for an additional 30 days. What we are doing is working. And we must continue to do everything we can to continue flattening the COVID curve.

**[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer**

The Prairie Mountain Health region is being elevated to the restricted level or orange in our pandemic response system immediately. Group size will be reduced to 10 individuals both indoor and outdoor. Masks will be made mandatory for indoor public places as well as any public gatherings. The entire province of Manitoba is moving to critical or red on the pandemic response system.

**[Video clip] Brian Pallister, Premier of Manitoba**

I'm feeling so sad at the loss of so many Manitobans, I can't begin to describe to you.

**[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer**

This sacrifice over this time will save lives.

**[Video clip] Brian Pallister, Premier of Manitoba**

Manitobans have a chance to point fingers and blame people like Dr. Roussin or me and that is unproductive behaviour. Everybody's afraid, everybody's stressed and the way to deal with this is not to panic. It's to have a plan and follow it and that's what we're outlining today.

**[Video Clip] Actor in Santa Claus costume**

I know some of you are worried about me, but I am well. In fact, I'm feeling great. Mrs. Claus and I have been self isolating. In fact, we've been doing it for years. Many, many, many years. Ho ho ho ho ho ho. But even with my Christmas magic, which keeps me strong and healthy, I am always careful when I visit all my little friends. I have custom-made masks designed by the elves that fit my beard. And of course, I always clean my hands well. Ho ho ho ho. I will certainly be visiting you all on Christmas Eve. Ho ho ho ho.

**[Video Clip] Dr. Theresa Tam, Chief Public Health Officer of Canada**

Wonderful! It's been a very tough year for kids, but they've all been doing their best to keep up with staying safe: washing their hands, wearing their masks, and keeping a safe distance.

**[Video Clip] Actor in Santa Claus costume**

Dr. Tam, between you and me, the good list is a long one this year.

**[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer**

Pandemics all have an end and this one is no different. We have a tool now to manage this pandemic quicker and that is a vaccine, which we should all be optimistic about.

**[Video clip] Dr. Joss Reimer, Medical Lead and Official Spokesperson, Vaccine Implementation Taskforce, Government of Manitoba.**

Despite the findings that there was no increased risk of blood clots overall related to AstraZeneca in Europe, a rare but very serious side effect has been seen primarily in young women in Europe. So out of an abundance of caution, Manitoba will be recommending that these vaccines only be used in people who are 55 and older at this time. I do want to say that this is a pause,

[00:05:00]

while we wait for more information to better understand what we are seeing in Europe. Typically, the symptoms happen four to twenty days after immunization and the symptoms can mirror the symptoms of a stroke or a heart attack.

**[Video Clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer**

Even though our mask mandate is for indoor public places, even if you're gathering outdoors, I recommend wearing a mask if you're gathering with people outside of your household. If we are going to see a steep increase in cases like we've seen in other jurisdictions, then we're going to fall behind on that approach. That's why it's imperative to be cautious. We should be optimistic. We see spring, we see summer, we have vaccines, we have effective and safe vaccines, so there are reasons to be optimistic. But for the next many weeks, next couple months, we need to still be cautious as we roll out more and more vaccines.

**[Video clip] Unidentified speaker from an unidentified media station**

How the University will check for proof of vaccination or accommodate 6,000 foreign students without Manitoba health cards are also works in progress. Other schools are also developing policies. The University of Winnipeg, Canadian Mennonite University, and Red River College have all signalled there will be a vaccine mandate. University College of the North in The Pas is also instituting one. Brandon University said it will strongly encourage but not require vaccinations before the fall term begins but will examine a potential vaccine mandate in the near future. Assiniboine Community College in Brandon says its policy generally will require all students, staff, and visitors to campus to be vaccinated.

This afternoon the Louis Riel School Division said it would mandate vaccinations for all its employees returning to work in the fall. Now Winnipeg School Division, Manitoba's largest, hopes that the government will mandate vaccines in schools.

**Shawn Buckley**

I think that everyone watching this, both in person and online, are troubled by these reminders, and I don't want to apologize that we put these clips together to remind us. I have to say that I have strong emotions when I see things like that Santa Claus clip.

There was a witness in Toronto, Rodney Palmer, who also brought our attention back to the CBC piece where if Uncle Bob is talking about the conspiracy theory about COVID being in the lab, how do you basically defuse Uncle Bob? The fact that we are targeting specific messages at our children to create fear and to create compliance is one of the most alarming things I've ever experienced in my life. And what is going to happen going forward with this generation of children that have literally been indoctrinated?

The other thing that I think most of us have found disturbing with the two sets of clips is the government basically calling for ambassadors. It's almost like we're in, you know, East Germany while the wall was still up, and Stasi, the secret service. And when the wall fell and people were able to look at their files, what shocked them the most was how many of their close friends and family members had been snitching on them. And this is a core feature of police states.

And so for all of you good ambassadors out there in Manitoba and other provinces, the good ambassadors, the good Canadian ambassadors, who turned in their neighbours and their friends and people they don't know, please understand that we cannot have a police state without your participation. Police states depend on good ambassadors like you. You are the police state. You are the reason we lost our freedoms. Not you alone, but you were an important contributor. And going forward, I wish three things, really two things for you: I wish that you will never, ever be treated as you treated us. And I also wish for you that you will for your entire life be treated with respect and kindness. So I would like to call our next witness.

[00:10:00]

Oh, I'm sorry, one of the commissioners has a comment.

**Commissioner Drysdale**

You know, over the past number of days in Truro and in Toronto, and now all day yesterday and today, we've been listening to all kinds of Canadians giving us their testimony about what's going on and how this affected their lives.

You just showed our group videos of the premier of the province, the chief medical officer, and others. And my question is, why are they not here? What efforts has the National Citizens Inquiry made to have these people appear before us? So just like ordinary Canadians or all those Canadians who've taken time from their jobs and they've come here to testify, what efforts have we made, has the NCI committee made, to invite or ask these people who planned this, who executed this, to come before us and answer to the Canadian people?

**Shawn Buckley**

Commissioner, I can tell you that for the Province of Manitoba—and I can provide you with the names for other provinces—we sent summonses, as were permitted by the rules at the direction of the Commission Administrator, the Honourable Ches Crosbie. We sent summonses both by registered mail and emails to Dr. Brent Roussin, Chief Provincial Public

Health Office, Audrey Gordon, Minister of Health, Premier Heather Stefanson, former Minister of Health, Cameron Friesen, former Minister of Health, and we received no reply. I'm not going to read for the record, but I can provide to the commissioners right now two documents that set out to date, basically, what summonses have been issued.

**Commissioner Drysdale**

And can you describe how they were invited? And what I mean by that is, you know, these are busy people, we're told, and what kind of options were they given in order to testify before our committee?

**Shawn Buckley**

That's a good question. I can advise the court, or I'm sorry, the Commission, and anyone can go online and look at our rules. Our summons, our draft summons, is Appendix C. And one of the things that we were told before we finalized our rules is that we're likely to get responses from public health officers or ministers of health or other people that we send summons to, if they reply at all, that perhaps they're just simply not available on the date for which we issue a summons.

Because in all fairness, apparently a lot of them do have very busy schedules, and it's a legitimate concern to just give them notice of a date that we're requesting they attend. So the summonses are all drafted to make it clear that the NCI hearings are being held over several months. And that they can attend virtually so that if they're not available on the date for which the summons is requesting them to attend, they can contact the Commission Administrator and have a different date chosen. And the summons also indicates that the Commission has the opportunity to schedule a special appearance for them and that if that would be necessary, we could do so.

So we have taken every effort in drafting the rules and the summons to make it as easy as possible so that none of these people that were making decisions can, with any credibility, say that we did not give them ample opportunity to attend at the NCI. And of course, we want them to attend. We want them to explain why they made the decisions they did. We want them to explain what evidence they relied on. And you know, basically what they felt they were facing at the time.

So we truly feel it's a loss—not just to Canadians but to the international community watching these proceedings—not to have these people, choosing not to attend with us. Because this is something that we're supposed to be doing jointly.

[00:15:00]

We're not here to grind an axe. We actually want this to be a healing exercise where we understand each other. And we can't understand anyone if they won't come and tell their story and won't share it in this format where people are treated with respect, where the proceedings are managed, and where the evidence is given under oath. So that's the best I can say, Commissioner.

**Commissioner Drysdale**

Were they also given the option of attending virtually or in any of the nine cities that the Commission will be holding hearings in Canada?

**Shawn Buckley**

Yes, yes, the summons form, which we have only varied on one occasion, makes it very clear that they can attend virtually. And when I say it's only been varied on one occasion, is in Saskatoon, we're hoping to have Stephen Kirsch attend virtually as a witness. And he had asked one of the people connected with the Ontario College of Physicians and Surgeons, Nancy Whitmore, to engage him in a debate. And so we've issued a summons to her requesting that she would attend virtually on that date to be able to have a safe forum for which to debate with Mr. Kirsch. But aside from that, we've never deviated from the standard form summons, which makes it very clear people can attend virtually.

**Commissioner Drysdale**

Will these subpoenas be included in the information or the archives for the commissioners and for the Canadian public?

**Shawn Buckley**

Yes. So there should already be, and I apologize, I didn't check personally— But my understanding is that on the NCI website, we are listing, and actually having copies of the summonses that have been issued listed, so that Canadians and, again, people internationally can understand that the NCI is taking efforts to invite those officials that were making the decisions both federally and in each province to attend so that this can be as comprehensive of an inquiry as possible. And we're not sure what else to do. So I feel like I need to apologize to the Commissioners that we have not been successful to date in encouraging any of these people to attend.

**Commissioner Drysdale**

Thank you, Mr. Buckley.

**Shawn Buckley**

And I'll just hand out— Because it should be four copies. If each of you just takes two pages, you'll have a list of them to date.

[00:17:39]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 4: Natalie Kim Björklund Gordon**

**Full Day 2 Timestamp: 03:40:44–05:03:40**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Kyle Morgan**

Good day, Ms. Björklund Gordon. Could you state your full name for the record and also spell your first and last names?

**Natalie Kim Björklund Gordon**

Natalie K. Björklund Gordon. N-A-T-A-L-I-E, K for Kim. Björklund B-J-Ö with an umlaut, R-K-L-U-N-D, Gordon, G-O-R-D-O-N.

**Kyle Morgan**

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

**Natalie Kim Björklund Gordon**

I do.

**Kyle Morgan**

I have a copy of your CV here. I understand that you have degrees in science, a PhD from the Department of Biochemistry and Medical Genetics from the University of Manitoba, is that right?

**Natalie Kim Björklund Gordon**

The biochemistry degree that I did was in microbiology and chemistry at University of Manitoba and my PhD was in the Department of Human Genetics.

**Kyle Morgan**

I understand that, would it be fair to say, you have an expertise in epidemiology as well as public health and biostatistical analysis?

**Natalie Kim Björklund Gordon**

Yes, my work involved about three-quarters of the same type of coursework that is done for those training in public health. There's a lot of overlap between human genetics and public health.

And I also did my education on a part-time basis because I had small children, so I took a lot of courses on a slower basis, and I accepted positions, contract positions and short-term and long-term administrative assistant positions, teaching, and additional private work for physicians as part of paying for my education. So I prepared grants in ethics, and I did statistical analysis for physicians. And I also tutored medical students, and as part of my PhD program, I taught medical students genetics and statistics.

**Kyle Morgan**

Great. So we have your CV. It's Exhibit WI-1 for the record. I don't know if the commissioners have seen it. If we can add that to the record. Oh, can you swear, Miss Björklund Gordon that the CV is a true copy?

**Natalie Kim Björklund Gordon**

Yes, I swear that that is a true copy of my CV.

**Kyle Morgan**

OK. Now I understand that you have prepared a slideshow [Exhibit WI-1b].

**Natalie Kim Björklund Gordon**

Yes. This is to keep me on track, and I'll try not to run over time. I consider this more a personal testimony so if at any point something I've said is not clear or you wish to interrupt to ask for clarification, please do so. This is a less formal presentation.

**Kyle Morgan**

Very good.

**Natalie Kim Björklund Gordon**

So can we have the, there we go. Okay

So this is about my concerns as an expert. And we've already gone over my qualifications. I would like to point out that I have 17 peer-reviewed publications. And I published one book in embryology. And I have a second book in preparation. So I'm semi-retired. I'm not part of the academic community anymore, but I am still working as a scientist and producing quality material that is considered part of the scientific literature.

So if you were to summarize what my work has always been about, this very complicated picture, which comes from my book, is a whole bunch of proteins and how they

interconnect with each other and how signals go from the top of the cells down into the nucleus of the cell and result in changes in gene expression.

This interacting biochemical complicated system is present in all the cells of our bodies and work that way. And all of us have genes for each of these proteins, and there are individual variants of the genes within the population that can make them more or less efficient. And that is the main reason why we need to do a lot of epidemiology and statistical analysis. Because studying any one of these proteins is an entire PhD project all by itself. So you can't do this in isolation. You have to be able to examine the literature and see what everyone else is doing and put all the pieces together.

So my awareness of the pandemic began in January of 2020. I was hearing news reports that were concerning to me. When I was in my final year as a biochemistry undergraduate, I did a project in virology.

[00:05:00]

My mentor was working on the mRNA viruses. And so, I had a very intense interest in virology and in pandemics. And I almost considered that as a career choice. I ended up going into human genetics instead for other reasons. But I followed it very, very closely.

And by mid-February 2020, given the reports we were reading, my husband and I became concerned enough that we went into town and stocked up on large amounts of food, plastic sheeting, medical things for isolation, because we were really beginning to think that it was going to be a very serious pandemic.

At the end of February, my husband and I both became ill. And as it happened, we had a friend whose mother-in-law came to visit from China. Before she left China, she was visited by relatives from Wuhan. And the relatives from Wuhan had colds when they arrived. And she felt sick during her trip and initially put it down to jet lag. And eventually, a very nasty flu circulated in our community and my husband and I both became quite ill. I was sick for five days, basically bedridden. My husband was not as sick as that.

But I contacted public health thinking that, quite possibly, we had the Wuhan virus because by my understanding of contact tracing, we had a direct connection with symptomatic people to Wuhan where the pandemic was originating. But we were told we were not eligible for the PCR testing.

And I also found the PCR testing to be puzzling because I've done PCR myself. One of the labs I worked at, we had a full-time technician who did nothing but PCR. And that was his specialty. And he was noted for being able to get consistent, excellent results, which is something that's normally very hard to do. And I couldn't really understand how a PCR test could be being used as a diagnostic test. I figured maybe, well, I've been out of academia in the lab for five years, ten years, whatever it was at that point. And maybe they had some new technology that I wasn't familiar with.

But it was shocking to me that the airports were still open. People were still coming and going at this point. And there was no real contact tracing going on. I couldn't understand why this was happening. It didn't make any sense to me. It contradicted what I understood.

Shortly after we both recovered, my husband developed what we now know to be consistent with COVID toes. His toes looked blue and bruised. And he woke up at 3 o'clock in the morning, got up and collapsed on the floor, and it turned out that he'd had a right

lateral pontine stroke. And he ended up in the hospital. Fortunately, my dog woke me up, my wonderful dog, and we called an ambulance. He was taken in. And my husband's quite a bit older than me, so at the time, he was 78, which would have made him very high risk for this kind of complication from the virus. While we were in there, the staff were wonderful. I stayed with him most of the time that he was in there. It was very patient-centred. I was very happy with the care he got.

I mentioned to the doctors I thought that his stroke was related to the virus because I had been reading already about neurological effects from the virus. But the doctors kind of poo-pooed it. And they said, "It's not COVID. COVID isn't in Manitoba yet. And COVID is a lung disease, not a neurological disease." I didn't argue with them. It wouldn't have affected my husband's care.

The last Thursday that he was in hospital, I was very alarmed by what I was hearing about lockdowns, and I decided I needed to get my husband out of the hospital. And the staff was initially resistant. They wanted to send him off for rehab. They wanted to move him from Dauphin to Neepawa, where I had family to stay with, so he could have a longer recovery. I was becoming very, very frightened about him being locked up in the hospital. And I was beginning to hear stories about the spread of the virus in nursing homes. And I decided I was going to get him out of the hospital, no matter what.

And then the last Thursday, before he was released, which was right before when the lockdown started, I recall sitting in the room with him across from the nursing station and a bunch of men with suits and clipboards came in. And there was a lot of conversation and everything changed in the tone of the hospital. All the staff became frightened, rushed. And they went out of their way to help me get my husband out of the hospital. So an occupational therapist and physiotherapist came in and worked with me for a couple of hours. And the very next morning out we went, and I took him home.

And then the lockdowns happened. And that was an incredibly difficult period for me because my husband was recovering from a stroke, and I had no help of any kind from the government. I couldn't talk to the doctor.

[00:10:00]

There was no physiotherapy. There was no occupational therapy.

Now, a right lateral pontine stroke, patients can make a complete recovery from that particular type of stroke in about six months, but only if they receive intensive therapy. And there was no way to do it.

Now, I spent over \$1,000 purchasing equipment to take him home. And then after we were home, in order to get him the therapy he needed, we spent another \$1,000 buying a specific designed computer game called "Fit Me" that would allow him to do the therapy at home.

My daughter had an undergraduate degree in kinesiology. And she worked with me looking at YouTube videos and so forth so that we could come up with a therapy program for him. And our nurse across the street, who was a very dear friend, violated the rules of the lockdown and came over and helped take his blood pressure, make sure he took his medication.

And during this period, I really wondered. I had resources, education, and funding to take care of my husband in this position. What was happening to all the other people who were

dealing with something like this in the middle of this lockdown? And everything about it felt just wrong, wrong, wrong. And it was initially going to be only 14 days to flatten the curve. That didn't make any sense because what was going to happen when the 14 days were up? How was it going to help? And then it became another week, and then another week, and another week. And the community that I live in is a very small community.

After we retired, we moved into Alonsa, Manitoba. There's about 73 people, if you count the dogs. And it was a very tight-knit community and a farm community. And all of the seniors were basically abandoned. Their families weren't allowed to come and visit them. They didn't know how to use computers. I helped some of them to set up computers so they could maintain contact with their family. But it was a nightmare to see people. They were depressed. They were angry. They were frightened. And they were so isolated. And this was a very tight-knit community, where families were always getting together and everybody looked out for the elders. And all of a sudden, all of that changed.

**Kyle Morgan**

Miss Björklund Gordon, can I just ask you one point here.

**Natalie Kim Björklund Gordon**

Sure.

**Kyle Morgan**

I understand you did have some expertise in virology, or you had studied that.

**Natalie Kim Björklund Gordon**

Yes.

**Kyle Morgan**

And I think regarding the COVID-19 respiratory disease you had some understanding of how that disease was spread.

**Natalie Kim Björklund Gordon**

Yes, that's correct. And I was very disappointed with the government because I had had some very peripheral involvement in setting up the standards for pandemic response that would occur from the SARS-1 virus outbreak. And it seemed like the pandemic response I expected to see from the government didn't happen.

They suddenly went off on a new tack that was completely different from everything I understood that was appropriate. The only country that I knew of that was following what I felt were, based on my training, appropriate pandemic responses at that time was Sweden.

**Kyle Morgan**

And why do you say that?

**Natalie Kim Björklund Gordon**

Because they weren't doing proper isolation and contact tracing and they were locking down healthy normal people instead of just the symptomatic. And it felt more like a punishment than a way to stop the virus. And the other thing about it was the intense fear that they were putting into everyone. By this point, it was fairly obvious from the data coming out that this was a nasty bug and it did kill people, but it wasn't really much nastier than the common flu. And you just don't terrorize an entire population with stories of people dropping dead because of a flu. And it didn't make any sense, it just it didn't make sense.

**Kyle Morgan**

Can I ask you: Do you think it's reasonable to try to tackle a respiratory virus using lockdown—

**Natalie Kim Björklund Gordon**

No.

**Kyle Morgan**

restrictions of that nature?

**Natalie Kim Björklund Gordon**

You cannot eradicate a respiratory virus. At that time, we were told that this was a virus that came out of an animal reservoir. If you have a virus in an animal reservoir that occasionally crosses over to humans, you're not going to be able to eliminate it, ever. It's just something you're going to have to live with. And yet they were approaching this response to this virus as if they could eradicate it in the human population. And that made no sense to me either. Of course, we now know it probably came out of the lab and maybe at that time, they knew it and that's why they did it. I don't know.

**Kyle Morgan**

Now, I think you said you were familiar with mRNA technology? Is that right?

**Natalie Kim Björklund Gordon**

Yes.

**Kyle Morgan**

What were your thoughts about that leading up to what we saw happen with the development of the vaccines?

**Natalie Kim Björklund Gordon**

I was puzzled by the use of the PCR as a diagnostic technique. I was also puzzled by— I heard that they were doing 44 cycles of PCR, and

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based on my understanding, that's far too high and you're going to get an enormous number of false positives.

At some point the CDC had also made two different standards for looking at different populations that were being affected by the virus. So they were using 44 cycles for the general population as a diagnostic tool, but in other situations they were using 17 cycles so that they could be very sure that they weren't getting a false positive.

So the way they used the PCR test guaranteed that huge numbers of people were going to be diagnosed as having COVID who didn't have COVID or who had flu or who had something unrelated. That was my opinion.

### **Kyle Morgan**

So okay, regarding the development of the Pfizer vaccine, did you have any thoughts about how that was developed? Given you're familiar—yeah, go ahead with that.

### **Natalie Kim Björklund Gordon**

If I carry on. I chose not to take the mRNA treatment for a very specific reason. The government was telling me things that didn't make any sense to me. For example, they were saying, the Government of Manitoba, I'm referring to now, that the vaccine would not stop transmission, but we all had to have it to stop the pandemic. And that was nonsensical to me.

They said the vaccine stays in your arm. So you're going to inject something into highly vascularized muscle in your arm with connections through the lymph system, but it's going to stay in your arm? And it's not going to stay in your arm.

They said that the mRNA could not be reverse transcribed into DNA because that's not the way cells work. Well, it's nonsense. Most of the time it's DNA, RNA, protein, but particularly when cells are rapidly dividing, you can get the mRNA back into the DNA. So I was concerned about how that was going to work. I was also concerned about the mRNA technology as a whole because we'd been hearing about mRNA technology and the great miracles that it was going to do for at least 15 years before. And to my perspective, it had not lived up to its initial promise.

We heard stories that were discussed in group seminars that there was a young man who had cystic fibrosis and they were going to use mRNA injections in an adenovirus in his particular situation as an experimental treatment to try to cure cystic fibrosis. And everything looked right. All of our knowledge and everything showed us that this would **have been the right thing.**

**Now I was not personally involved in this. This is just reports I heard from other scientists who were involved. And this young man accepted the risk. He was informed that it was experimental. He took the drug and he was dead in 24 hours. And they had no idea why he died. And to me, the mRNA technology was a failed technology. And the reason it failed was not because the ideas were wrong, but because we don't understand enough about how cells work to be able to guarantee that the mRNA was going to work the way it worked. And that really bothered me.**

And I also wondered, how do they control how much of this spike protein is going to be produced? And this spike is the infective portion of the virus and it's what binds to the

receptors. And if you recall my very complicated diagram, when you have something bind to a receptor up at the surface level, it's going to send massive numbers of biochemical signals all over the place. So why were they using the spike as the thing they were going to inject you with? And why were they using this strange new technology when we already have a whole vaccine technology that we have used successfully? It just didn't make any sense.

And I'm not an anti-vaxxer. As a medical person, I have been vaccinated far more than the average member of the general public. All my children were vaccinated. I had to attend autopsies, so I had extra vaccines that the general public aren't even offered. I had the Shingrix vax. I got the flu vax every year. I am not an anti-vaxxer. I just, everything about this bothered me.

And then I decided, well, maybe I'm crazy. Maybe the government knows what they're doing. So I decided to pull up the Pfizer EUA [Emergency Use Authorization] memorandum on the drug itself and have an actual look at their statistics. And I recall reading it and as I was reading it, I literally felt hairs in the back of my neck start rising. There were so many things that were wrong with this.

There were four cases of Bell's palsy in the case group that weren't in the control group. And Bell's palsy is a neurological condition.

[00:20:00]

And you can't miss that because the person's whole face is like— So that indicated to me that this could mean that this virus was having neurological effects. And if you look at Table 2, page 18 of that, there were 311 cases and 60 placebos that were excluded for protocol deviations.

Now a properly conducted study, those two numbers should be identical. You shouldn't have five times as many people who are excluded for protocol deviations. That's just wrong. And that shows there's something seriously wrong with your study. And they didn't comment on that. And I recall thinking at the time, what was the protocol deviation? Did these people die? Because there was no explanation. And the demographics were wrong. They were doing this on younger people, not older people. They made this dismissive little paragraph about antibody-dependent enhancement and how it wasn't a problem.

Every time that there has been an attempt to have a coronavirus vaccine, it has created this problem of antibody-dependent enhancement. And that means that the second time and the third time that you get the infection, the antibodies interact with the binding protein and cause it to bind more readily. So you end up getting sicker, not better, from being exposed to the vaccine.

And all Pfizer had was this little statement that we did some non-laboratory experiments with no explanation as to what those was. And they had just ruled it out as a possibility.

And I was also disturbed because they were using relative risk, not absolute risk. They didn't actually say what they were using, but it was obvious from the way it was being phrased and what they were doing that they were using a relative risk, not absolute risk. And relative risk, if you pick your population carefully and you have a low infective rate in your population, you can make it look like you've got really, really good efficacy, but it's meaningless because so few people in either side got infected. And these were things that bothered me.

And I decided that the last thing that bothered me the most was they had this one person, a 36-year-old male who had no medical comorbidities and who developed what appeared to be full-blown COVID the next day after having his shot. And the symptoms began on day two and Pfizer attributed it to one of three things: a false negative COVID, an infection process, or an adverse vaccine reaction. To me, that said, their spike protein that they were injecting people with was giving people COVID.

And I noticed as well that in their report, more people in their control group than in their vaccine group were getting it. Now, it was not a statistically significant difference, 409 versus 287, but if I had been in charge, I would have immediately said we need a much bigger group and we need to rule out this as an adverse side effect. And based on that, I decided I was not getting the vax.

And then came the vaccine passports and those were absolutely repugnant to me because they violated everything that I believed was ethical. You just don't do that to people. You just don't say that you get this shot, or else.

I mean, I was banned from attending social events. I couldn't go play curling at the curling centre anymore. I suffered direct discrimination in health and dental care from people. I had a dental hygienist ask me why I wasn't vaccinated. And I was waiting for a referral to an allergist because I've had anaphylactic reactions. So I just said, "I'm still waiting for referral to an allergist." And she said to me, "Well, since this is an innocent and real reason for you not taking the vax, I'll go ahead and do this. But if you were just refusing the vax because you don't want to do this and you don't want to do your responsibility, I wouldn't clean your teeth." So that's the kind of discrimination that was going on.

My eight-year-old grandson, I went to visit him even though it was a violation of the lockdown rules, and he refused to hug me. And he started to run to me, and he stepped back, put his arms behind his back. And I said, "What's wrong? Don't you want to give grandma a hug?" And he says, "Grandma, I can't. My teacher says, if I hug you, you'll die because you're unvaccinated."

What they did to children was such a disgrace. And I found myself suffering depression and anxiety to the point where I even began having fleeting thoughts about killing myself. And at that point I decided, this is really bad. We can't continue down this path. And I went and I adopted this little kitten, and she kind of changed everything because she didn't care who was vaxxed and who wasn't. And I could cuddle her and I could hug her. And I took her to visit my grandson and he was playing with her. And by the end of the time that he was playing with her, he was hugging me again.

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So the kitten changed everything for us.

Then my daughter decided she had to get vaccinated because she needed to fly for her work. And if she didn't fly, she wouldn't have a job. And she took Moderna vax. I should state that I did not do much investigation into the Moderna vax. I looked mostly at Pfizer. My rationale was that they were both the same basic technology. So what I had learned about the Pfizer vax probably applied to Moderna.

And she had a very severe reaction, and it began eight hours after her shot. And by 12 hours afterward, she began to worry she was actually dying. She had many, many symptoms.

She called— When you went and got vaccinated in Manitoba, you got this information thing and there was a number you were supposed to call if you felt you were having an adverse reaction. And she called them, and she got someone on the other end. And this person said, “You can’t possibly be having a vaccine reaction because I have a list of the things that the vaccine does and that isn’t it. So you must have been exposed to COVID and been incubating COVID before you got the vax and you’re only getting your COVID symptoms now.” And they said, “Do not call an ambulance. Do not go to the hospital because you don’t want to risk the health care workers. Stay home, self-isolate for 14 days.”

I think that she would have died except for the fact that with us being allergic people, we had medications and things in the house so she could treat herself at home. And I wonder how many Canadians died at home because they followed that advice.

This led me to examine the 14-day rule. See, she was told that she didn’t have an adverse reaction, she had COVID. And all across Canada, it was 14 days, zero to 13 days. If you got sick, it wasn’t the vaccine. Twenty-one days in Saskatchewan and BC, I’ll have to point out. And I started trying to investigate this and I found this on the Alberta health page. I couldn’t find any good explanation for the 14-day rule anywhere else, but this was the best I could find.

This came off the Alberta Public Health Services page [Exhibit W1-1a]. And I’ll just go through this in a little more detail. I’ve been accused when I’ve brought this image up of lying and creating it myself. So for that purpose, here’s two links that prove— Joey Smalley was another independent investigator who found the same thing and posted about it. And that’s the link. When people began asking questions about this, Alberta Health Services took it off their website, but they forgot about the Wayback system. So I already had a copy. Joey was able to have a copy. I was able to go get a copy from Wayback.

And if you look at this particular blow-up of the upper left-hand corner of that, you can see that there is a huge surge in the people who got infected with COVID immediately after they got their shots.

And if you go a little further, you can see that a number of people ended up in the hospital after getting their shots during that 14-day period, particularly the older people, the 75, because this has been broken down by age group.

And if you look at who died, it really hit hard in the community 75-plus. So people were getting their shot. They were getting sick. They were ending up in the hospital and they were dying in the hospital, and they were being counted as COVID in the unvaccinated. And I think a lot of these were not COVID in the unvaccinated. I think that they were adverse vaccine reactions. I have to put a caveat in there. I wrote to Alberta Public Health and asked for more details over what period of time did this occur, how many people were involved, what percentage was it, and they never responded to any of my requests.

This really made me think that we shouldn’t be vaccinating the elderly. And I came across this particular paper where Norway investigated a series of deaths in what they called the fragile elderly population. These were 80-plus people who were in long-term nursing care, and they went in and vaccinated everybody and a whole large segment that they vaccinated died. So Norway began recommending not vaccinating fragile elderly people.

Now I tried to do my own little analysis, and this is excess deaths in Manitoba. The blue line represents what was expected and the orange line represents the published data that’s come out of Manitoba. Now these are not COVID deaths. These are excess deaths, the

number of deaths above that that would be expected. And I put in there the various points in time when certain parts of the mandate system came into effect. And my data is incomplete.

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I wrote to the Government of Manitoba and asked them for more data and they either completely ignored every request I made or one time, I got a phone call back saying that if I put in an access to information formal request in writing, they would provide the data in the anonymized form that would protect privacy, but it would take them two years to do it because they were very busy with COVID, and it would cost me \$10,000.

So basically, they made it impossible for a private citizen like me to look at their data. But you can see spikes in excess deaths that occurred as each of these mandates came in and people went streaming in and began getting shots. So when the youth sport mandate came in, there was a large spike in excess deaths. And again, I think without being able to say for sure that this indicates it was possibly all adverse vaccine reactions that were going on, but there were also things like lockdowns and stuff that were causing excess deaths.

Now this particular picture here is important because 28 days after the first jab and 28 days after the second jab are marked on here. And you can see there's a dip where nothing happens and then there's a little hump and then it kind of calms down. And then there's this great big spike.

And what I think is going on is based again on what happened to my family. One of my family members ended up in the St. Boniface Cardiac Care Unit, 38-year-old female with young children. She developed pericarditis. Her pericarditis occurred more than 28 days after her last jab and therefore was considered unrelated to the COVID jab by the definitions that were being used by public health.

So her cardiologist told her, "Don't get another booster. I'm seeing this, I think it's the jab, but I can't give you an exemption if the government starts mandating boosters because I'm not allowed to. The only ones that are allowed to are certain specific very limited numbers of people." There was only one cardiologist in all of Manitoba who was allowed to give exemptions, and she wouldn't get it anyway because he never gave anybody exemptions. She's still having symptoms to this day.

And then my family got hit again. My son, my eldest son had a benign brain tumour that was about two centimetres. It was discovered when he was 16 and had head injury, and he had another head injury again and it was scanned again. These are familial in my son's father's family, some of his cousins and his father has an identical twin brother who had one of these. They are benign tumours. They don't go anywhere; they just sit there. And all of a sudden, his started growing.

So five months after he had his second Pfizer injection, his tumour had grown from two centimetres to 4.5 centimetres, and he had a seizure and he had to go in and have a craniotomy. They split his head open and cut a chunk of his brain out. He was diagnosed as having an anaplastic oligodendroglioma with an MRI signature of 1p/19q deletion, which is a specific type of brain tumour but only in the very centre portion of the tumour, the rest of the tumour— I've read a lot of pathology reports over the years. My son got copies of the pathology reports for me to read, and I've never seen ones like the ones they had with him. They sent his results off to four different pathologists around the world trying to interpret what was going on, and you could just read from what they were saying that this wasn't a

typical tumour; this wasn't what they were used to seeing and they didn't know why they were seeing it.

He's had seven MRIs since the surgery. They're clean, so far. He just had another one yesterday. We're hoping again that the cancer won't recur and that he'll be okay.

And being a mom that I am, I also went into the literature, and I found a whole lot of scientific support for the idea that the vaccine itself may be causing this to occur. There was a study from Poland that was done by exposing brain cancer cells and normal cells to the spike vaccine. And they noted a whole lot of biochemical changes and alterations that occurred after introducing the spike protein to these cells in an in vivo— But both in the laboratory putting it in cell culture and seeing what happened to their patients.

Then the vaccine passport came along. So six members of my family,

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five of whom did not want to get the vax, because they wanted to listen to their mom when their mom said, "This isn't safe, don't do it," but they felt that they were being coerced to do it or they would lose their job.

My middle son told me he did a mental calculation and if he refused the vaccine, he would lose his job, his family would lose their home, they would lose everything, but if he took the vax and he was okay, then they'd be fine. But if he took the vax and it killed him, he had a very good insurance policy at his work and he had disability, and so forth. So his family was better off with him taking the chance so that's why he took the vax.

Fortunately, so far, he hasn't shown any bad signs, but that was his rationale. In my family, my three children and their spouses, we had six members who— One refused the vax altogether. The rest, the other five had it, so we had two members affected seriously with health conditions that potentially are life-shortening and one that could have died in the first few hours after the vax.

So my son, he was in an artist's rendition because he's a health care aide. He does patient transport in the hospital, that's the son with the brain tumour. He was out of work for four months after his brain tumour before he could go back to work. And in the early parts of the pandemic, he was the big hero, but as soon as the vaccine passports came out, he was no longer the big hero. And that's an artist's rendition of him and one of his coworkers dressing up to go take care of COVID patients before the vaccine mandates turned the refusers and the anti-vaxxers into criminals.

**So my conclusion from all this is that adverse vaccine reactions are very common. They're not rare, and they include this anaphylaxis septic shock in the first few hours afterward. There are vascular effects that appear in the months following the shot. There are potentially neurological and cancer effects, which require more research to understand. And one of the more frightening things to me that I have seen is that the vaccine, when it's injected, accumulates in the testes and the ovaries.**

I am very concerned that we're going to find that a large portion of the people who got the vaccine are now infertile. And if that is the case, the way it's going to affect our population with the number of people in our population who have been vaccinated, it's going to make the one child policy in China look like a church picnic. I mean, imagine 70 per cent of Canadians got vaxxed and there isn't going to be any grandchildren or great grandchildren.

And I don't know if that's going to happen and I hope and pray that it is not going to happen, but we don't know, okay.

So I'd just like to very briefly touch on the differences between public health and human genetics. The two of them work hand in hand, but they have very different approaches. Public health is always top down. The officials in public health, the experts decide what is good for us, and they issue orders and then they try to get the public to follow through with them.

In the 20s and 30s, eugenicists within the public health movement decided that 70 per cent of the population of the USA was unfit to reproduce; that's in their literature. And I put this little note about William Randolph Hearst. He was a newspaper person at the time, and he somehow got a hold of their documentation where they were discussing this: "We need to find a way to sterilize 70 per cent of the population of the USA because they're unfit to reproduce." And he wrote this really scathing editorial about them. And they came back at him and said, "Oh, you misunderstood it. You took it out of context. This isn't really what we were planning on doing; this is just speculation." And they didn't use the word conspiracy theory, but that's basically what they said.

And these public health officials that were eugenicists—I'm not saying all public health officials were, I'm saying a portion of them who were eugenicists—they did things like found elected representatives that cooperated with them in trying to bring in laws. They found lawyers that agreed with them.

They had one particular case where both of the lawyers were actually working with the eugenicists trying to bring the law in. But one was pretending to be fighting against the involuntary sterilization of one particular woman, and they ran that course right through to the Supreme Court in the United States. And they eventually won in the Supreme Court to have the right for public health to involuntarily sterilize people that they deemed to be unfit to reproduce because they were morons or epileptics. And moron was a technical term at that time.

And that ended with Nazi Germany because of the reaction of horror to what happened during the Holocaust. And that was also the birth of human genetics.

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Now, human genetics is a bottom up. It's not a top down; it's bottom up. So the geneticist who is dealing with something, presents to the patient: "This is the problem; this is everything we know. Here are all of your options." You are never supposed to say or do anything to try to influence your patient to choose one option or another. And then, **whatever choice your patient as an individual makes, you never, ever do anything except help them to achieve what their choice is based on their fully informed consent. You don't coerce them; you don't lie to them; you don't give them personal anecdotes about how you feel.**

And these ethical standards, they were codified, beginning when the Nuremberg trials—Afterward, there have been other instances of places and times where disgusting things happen to individuals in the name of improving society, and each time the world has responded with these ethical standards. These are taught in schools. They're designed mainly to prevent abuse of individuals by us experts.

**When I come in and say to you, I have a BSc in biochemistry and a PhD in human genetics and I think this is what you should do, I am exerting a great deal of influence on you because I as an expert have power over you. And so, these ethical standards are designed to protect people from abuse by experts.**

**So it is my opinion that the following of ethical standards were violated during the pandemic: There was no risk–benefit analysis. Everybody got the same treatment. There was violation of the principle of utilitarianism, where you use the minimum amount of treatment that you can to affect what you need to do.**

**Locking down children who are at very low risk of COVID and vaccinating them is a violation of the principle of utilitarianism, and so is locking down and closing a business or telling people they can't meet in a church.**

We were subjected to psychological manipulation, and we now know the military was involved in that. And I'll give you a very specific example of one form of manipulation that I saw.

My daughter and I were having a conversation. It was during one of the breaks in between the lockdowns, and there were lots of conversations going on in the background; it was like a cocktail party. And during the course of our conversation, she said the word "ivermectin" and behind us, the room went absolutely silent, just silent.

And then there was a chorus—"horse paste, horse paste, horse paste, horse paste"—and then all the conversations went back. And that, to me, is an example that people were being literally brainwashed to think if they heard the word "ivermectin," they'd think horse paste. And if they could elicit that kind of reflexive response to a word like ivermectin, what other things were they doing to our heads? We don't even know how much they did. We don't even understand the depth and the length that they went to in their manipulation of us.

But our autonomy as individuals was totally violated. We were told where we were allowed to go, who we were allowed to meet, when we were allowed to meet, how often, and we were told you must take this injection in your body. So our autonomy was violated. Our confidentiality rights were violated.

When that passport came out and the community centre started asking, "show me your proof of your vaccine so you can come into the community centre," well, within 24 hours, everybody in my town knew who was vaxxed and who wasn't. And the pressure was on immediately on us un-vaxxed.

I had a neighbour say on Facebook that he hoped that I would drop dead in a hospital parking lot, not allowed to go in and get medical care and that I should be driven out of town because I had chosen not to be vaccinated.

I had people who I thought were my friends walk up to me, notice who I was, and turn around and walk away. They were either afraid of me or they didn't want to have anything to do with me because I was one of the evil un-vaxxed. And in a normal situation with medical choices, you don't know these things.

So they violated our confidentiality in order to go after us. And they used enticement and coercion and that is an absolute no-no. You can go back to the Nuremberg Code. You must never use enticement, which means things like offering a prize if you accept it, offering money. "Now, if you agree, we will let you go out to a restaurant to eat." That's an

enticement. And they used coercion—no jab, no job. Well, that's about as big a coercion as you can get.

I also want to mention what I saw happening in the Indigenous community. Where I live,

[00:45:00]

the Ebb and Flow Reserve is to the north and the Sandy Bay Reserve is to the south. And there was particular targeting of the Indigenous community by so-called pandemic coordinators. Pandemic coordinators went into each reserve, and they set up clinics. The Indigenous community was given much earlier and much broader access to the vaccine. So it was typically— If you were 40 and up and you could go and get the vaccine, it would be 30 and up if you were Indigenous.

Much more vaccine was delivered to these clinics than they needed. So they always had a great big excess. So every time there was a big clinic, there would be excess vaccine and rather than have the vaccine go to waste, they would say to everybody who was there, "Call your relatives, call your auntie, call, call, call, call. And all the people in the community that you know, your friends and your relatives and things, they can all come in and get vaccinated even if they're not Indigenous and even if they're not yet eligible." And so, in the community that I live in, at least half of my neighbours and friends are Treaty Status. If they're not Treaty Status, they're probably Métis. And if they're not Indigenous or Métis, they probably are married to someone who's Indigenous and Métis.

And by doing that, they were able to very rapidly get this vaccine out into the entire Indigenous community, far ahead of the rest of the population. And they did it by emphasizing special respect for your elders. And they made personal home visits to people who are hesitant.

Some of them came to me and asked me if I thought the vaccine was safe, and I gave them my reasons for thinking that it was not safe. And I always tried to be ethical and say, "You know, this is your choice. This is what I found. This is what the government's saying. You make the decision."

And some of my friends came back to me and said that the vaccine coordinator came to visit them in their home and brought the material with them, to give them the vaccine right on the spot. And told them that I was not the right kind of scientist to understand what was going on and that I was a dangerous anti-vaxxer spreading misinformation and they should not listen to me. And urging them right then and there in their homes to get the vax.

And to me, that violates, again, all kinds of ethical principles. You're slandering and preventing opposite opinion. You're putting pressure on people. When you go into somebody's home and offer them basically, you know, "I'm here. Let's do it now. Why are you listening—" This is coercion.

And I still don't understand why the Indigenous community was so particularly targeted. But given the history of Canada and what they've done to the Indigenous community, I have to wonder, was it necessarily because they had the best interests of the Indigenous community? I don't know.

So I have some specific recommendations that I would like to make that would help prevent this from happening again. Florida's instituting laws like making it illegal to deny

elderly visitors. One of my friends, her mother had a stroke. She ended up in a nursing home. She says that her mother died of loneliness from being locked up for months.

There should be absolute laws that end the ability of public health to shut down businesses for precautionary purposes. I mean, if public health wants to go in and shut down a restaurant because it's full of cockroaches and the patrons are getting listeria, fine. That should go ahead and be allowed. But they should never again be allowed. That power has to be taken away from them. They've proven that they will abuse it.

And I'll also mention at this point that public health is very much a closed shop, and you don't get a job in the government and public health unless you have a mentor or you yourself have also worked in the WHO and the UN.

So the people in public health have a vested interest in what is going on at the level of the UN and the WHO, not just what is going on with the local community and Canadian traditions, laws, and that kind of thing. And we have to strip them of their power. They can never have this again.

We have to have protection for health care professionals and journalists who are acting in good conscience. I had doctors who privately asked me my opinion knowing my expertise. They listened carefully, they would not say anything, and they told me if they said anything, they would have their licences suspended. But they thanked me for speaking out. These people need to be protected. These professional associations should not have the right to take away a licence because somebody says something the government doesn't like.

The fact that I was denied the access to the raw data, that I needed to do an independent analysis is another thing. We have to remove the need for these access to information acts

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and the huge fees involved. The raw data should be made available to the public. You can anonymize it so you're not going to give away private information of any individual, but that anonymized raw data should be available immediately so that independent experts like me, like Joey Smalley, can pull that data out and look at it. And challenge the government whenever anything like that is going on.

And there should be independent experts that are added to all of these committees and these groups that make the decisions about the safety of the vaccine and whether or not we should go ahead and have these other things.

And there should be absolutely no more support for journalists for Big Pharma. One of the big problems with what we saw was the guy gets on CNN and he talks about how terrible the pandemic is, and on the bottom, it says sponsored by Pfizer. We don't let tobacco companies do that. We shouldn't let Big Pharma do that.

And there should be no removal of liability protections. Everyone who administers these vaccines from the person in the lab who is working to develop the original vaccine, right through to the public health nurse who is injecting it in the arm of the person should be liable, if it can be proven that they did something where they neglected someone or they did something that was unsafe. No liability protection. This vaccine would never have been distributed if every single person in the chain was liable.

There are no excuses. There were pandemic protocols that were set in place, and they had a long and successful history behind them. They were abandoned. The ethical protections of us as individuals were in place. They were all ignored.

Now, Dr. Bret Weinstein had a very interesting podcast, and he said a coup has taken place in western nations. And I think he's right.

Something happened in public health so that they just took over and they brought in rules and regulations, and they violated our rights and the government cooperated. And I don't know what happened and I don't know who the bad guys are. I have my suspicions, but public health is now an oxymoron.

And I'm going to close just with this picture of my family. This was one of the happiest days of my life. My middle son married his beautiful wife who has become a major part of our family. We're standing together. We're all cuddled up. We're smiling. We don't have masks on. It was a wonderful, wonderful event. And I would just like to remind everybody that we were robbed of this. Our weddings, our funerals, they were taken away from us without a good reason. My family is lucky. At least so far no one has died in my family from the vax. Lots of people have lost people to the vax.

We were robbed. And I don't know for sure who it is who is responsible for this robbery but in my opinion, it is a crime against humanity and should be treated as such.

Thank you.

**Kyle Morgan**

Thank you, Ms. Björklund Gordon. I just had one question. I'll try to keep it brief because I'm sure the commissioners might have some questions. Just about the data from Alberta that you had brought up on the slides.

**Natalie Kim Björklund Gordon**

Right.

**Kyle Morgan**

From my understanding, the data that's presented here occurred right when the so-called Delta wave occurred.

**Natalie Kim Björklund Gordon**

Yes, my daughter had her vax in August, late August, I think it was, and that was when the reaction came, and I began looking and trying to dig this up and finding it. It was on the Alberta website for about a year. You had to scroll way down to find it. And then, when Joey Smalley put his first analysis up and people began asking questions, then it vanished.

Oh, and there's another thing that vanished. Just yesterday, I noticed when I was doing my presentation, I was hoping to be able to refresh my memory on the Medical Association of Canada's [sic] [Canadian Medical Association] ethical standards. In 2018, they were updated, and I read that with great interest. And I went back and looked so I could refresh my memory and make sure I was remembering correctly. And they have also removed their ethical standards from their website.

**Kyle Morgan**

Okay, what I was getting at there with the data was that there was a notable increase in the cases that were being reported of COVID in the Delta wave,

**Natalie Kim Björklund Gordon**

Yes.

**Kyle Morgan**

and that appears to have coincided with when the vaccines were rolled out.

**Natalie Kim Björklund Gordon**

Yes, I'm not sure because I don't have access to the data,

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but it seems to me that Delta was generally acknowledged to be far, far worse than the previous one. I wonder if all or some portion of that Delta was, in fact, adverse vaccine reactions, not the virus. I don't have any way to tell, but I think that that is something that really needs to be investigated.

**Kyle Morgan**

I think those are all the questions I had. I'll turn it over to the commissioners.

**Commissioner DiGregorio**

Thank you so much for sharing your testimony with us today. I just was hoping you could help me understand a little bit better about this 14-day rule that you described in the Alberta data.

**Natalie Kim Björklund Gordon**

The explanation of the rule that I have heard from public health is that when you have the vaccine, you don't actually begin producing protective antibodies at a high enough quantity to be considered immune to the virus. And so, for that 14-day period, you are considered to be an unvaccinated person for the purposes of public health. So the zero to 14-day rule means that if someone gets sick and ends up in the hospital, and they have a COVID test, which could be a false positive, they will be counted by public health as being unvaccinated, **not vaccinated.**

**Commissioner DiGregorio**

So just to make sure I'm really clear. So when the health authorities were reporting COVID cases in unvaccinated people, it included people who had been vaccinated

**Natalie Kim Björklund Gordon**

Yes.

**Commissioner DiGregorio**  
in the prior 13 days.

**Natalie Kim Björklund Gordon**

Yes, that's correct. And in fact, there's a statistician epidemiologist in England who challenged the U.K. data on the basis of that. The U.K. has a commission that's responsible for overseeing and double-checking when a government agency releases data. And he complained to this agency. I'm trying to remember, there's a Canadian group that oversees the government and puts reports out regularly when the government is doing something naughty. In the U.K. they have one specifically for statistics and he complained to them about this, and they examined the zero to 14-day rule and decided that this was causing the data for the U.K. to be totally muddled and useless. And the U.K. health services were ordered to go back and fix it.

And after they went back and fixed it and the data came out, it showed very clearly that the more vaccinated you were, the more likely you were to get COVID or the more likely you were to have a severe reaction to COVID. And I think that probably if it were not for that 14-day rule, zero to 21 days for BC and Alberta, the Canadian data would show the same thing, but that's my opinion, and I don't know.

**Commissioner DiGregorio**  
Thank you.

**Natalie Kim Björklund Gordon**  
Yes.

**Commissioner Drysdale**

Thank you very much. I have a couple of questions because I've heard quite a bit of testimony about various things that you mentioned. The first thing that I wanted to ask about and be clear in my own mind about is the PCR testing. And I believe you said that you were surprised that that would be used for a diagnostic tool.

**Natalie Kim Björklund Gordon**  
Yeah.

**Commissioner Drysdale**

Now, you also talked about cycles, and I just want to confirm, one of the previous testimonies was from Dr. Braden. And I asked her this question about cycles and essentially, she explained it to me that if you go from 17 to 44, or sorry, let's make the numbers easy. If you go from 20 cycles to 40 cycles, that's not just a doubling of the material, it's a logarithmic.

**Natalie Kim Björklund Gordon**  
Right.

**Commissioner Drysdale**

So that if I had one particle when I started, and I went through 44 cycles, I would theoretically have two times 10 to the 44. In other words, two with 44-zeros-behind-it particles after 44 cycles is that correct?

**Natalie Kim Björklund Gordon**

Yes, that's correct because the DNA is double-stranded. It is opened up in part of the cycle and then each of the double strands gets another strand built on it, and then it's cooled so that the two double strands form. And then it's cycled by heat again, and those two open up and become four, and then four becomes eight, and then eight becomes— And it is an exponential increase. And that's one of the reasons why the more you cycle, the more dangerous it is,

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because the PCR is not perfect. There are always a certain number of errors that are incorporated, and you can very rapidly end up with a false result because of the errors that not only get incorporated but get magnified with each round of the cycle.

**Commissioner Drysdale**

I've heard the PCR test referred to as a genetic photocopier. Is that somewhat—

**Natalie Kim Björklund Gordon**

Yeah. More than a photocopier. I kind of think of it as if your fax machine gets stuck and it keeps sending you the same thing over, and over, and over again. That's kind of what the PCR is.

**Commissioner Drysdale**

Now, I also heard another testimony— Hopefully I get this terminology right, now. I would like you to explain to me because when I heard previous testimony, I wasn't sure I got it right. You used the term reverse transcription of RNA to DNA.

**Natalie Kim Björklund Gordon**

Right. Yes.

**Commissioner Drysdale**

Can you explain that in lay terms for me and why is that such a concern?

**Natalie Kim Björklund Gordon**

Okay, the normal course, the way it usually works in the cell, is you start out with the DNA, and the DNA is transcribed into messenger RNA. The messenger RNA is then moved outside the nucleus of the cell into the main body of the cell. And when it's out there, it's then used as a code to create a protein. So you have this one-way trip up through the system.

Reverse transcription refers to mRNA that is in the cell body itself that then ends up being pushed back into the nucleus and then incorporated into the DNA, and then the normal repair mechanisms— And there are several different ways it can happen. But the normal response of the cell when hitting this piece of mRNA that's in the wrong place, and isn't properly marked, is to copy it and stick it into the DNA.

And the reason that that is potentially such a problem is, like, if you had this happen in the cells of your testes or your ovaries, you could introduce a mutation that would go down into subsequent generations. And that's the most dangerous thing you can do because you can change the genome of your offspring.

And it can also go into other cells, like, for example, liver cells is where this has been demonstrated to happen from the mRNA. And cells that are rapidly dividing, like in a developing embryo. Every time the cell divides, the nuclear membrane dissolves away to allow the cell division to take place, and during that part of the cell cycle, the cell is vulnerable to accidentally incorporating the mRNA that's present into the DNA.

So under normal conditions of cell division, all of that protein production is first stopped, and then the nucleus is dissolved, and then the DNA is divided. And then the nucleus reforms, and only after the nucleus reforms, the cell continues that process of making proteins.

So the other issue with reverse transcription, and I think this may play a role in causing cancer, is if you have an insertion occur in the wrong part of a gene, you can turn a good gene into a bad gene or you can turn a gene that prevents cancer from functioning. You can cause breaks in the DNA. And if you look at what causes cancer, it's cells that are expressing inappropriate proteins at the wrong time and in the wrong place, and the cells are doing things that are wrong. And when you randomly start inserting bits of DNA into the wrong place, you can cause very serious problems.

So this reverse transcription is potentially quite dangerous. There are viruses that do it deliberately and they have specific enzymes for doing that, but it can happen for other reasons, not just for that reason.

That was one of the reasons I did not understand why they went with an mRNA virus. Why not just take the virus and inactivate it and grind it up and throw little bits in? That's the way we've always done viruses. That works very well, and it is relatively low risk, so why did they do this other thing?

**Commissioner Drysdale**

So essentially, if I can put it into terms I think I understand: The DNA is like the blueprints for just about everything in your body.

**Natalie Kim Björklund Gordon**

Right.

**Commissioner Drysdale**

And this reverse transcription is potentially or has the potential for changing that blueprint or that recipe or that plan. And with that potential change in that recipe or plan, the cells that are being built may be corrupted or they might be something else.

**Natalie Kim Björklund Gordon**

Yes. That's a very good way to think of it.

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Normally, our bodies are very good at picking up if one of these things are going on. And the cells will either stop dividing and sit there or they will release signals that indicate that something's gone wrong. And the immune system will come in and destroy that cell or they will begin affecting the cells next to them and those cells being affected will put out distress signals to the immune system to come and clean it up. But sometimes that doesn't happen.

And one of the more frightening aspects of the COVID vaccine is that there appears to be immune suppression. So you get a situation where viruses that were inactive become active. The immune system is not scouting properly, and you have this mRNA ending up in the cells and causing all kinds of problems and the immune system is not responding appropriately.

I've heard tales from pathologists who of course would never say so publicly, but they talk about turbo cancer. And that's a cancer that appears and spreads very rapidly far more and not in a characteristic fashion. And again, I don't know if that's true. I don't have access to the data, but I can understand how a turbo cancer could happen.

**Commissioner Drysdale**

There are some other terms that are almost ubiquitous, or in other words, they're being talked about all the time. We had a witness yesterday who mentioned it, and I want to make sure that I understand this properly.

Am I right in saying that when the government was telling us that we were going to get 97 per cent efficacy, that they were talking about something called relative efficacy versus absolute efficacy?

**Natalie Kim Björklund Gordon**

Right.

**Commissioner Drysdale**

Okay. And from other testimony when I've asked this question, it appears to me that if someone gives you a relative efficacy number, it gives you no idea of what your overall risk to that thing is. And I think, someone compared it to two cars speeding down the highway at 300 kilometres an hour. The relative speed is zero, and their absolute speed is 300 kilometres an hour. So if I was to tell you the relative speed, you'd have no idea whether they were driving safely or not.

**Natalie Kim Björklund Gordon**

That's correct, but I like to explain it differently. Imagine you have two groups of people, one hundred in one group and one hundred in the other. And one group is your case group, and one group is your control group. And if, just by random chance, three people get sick and two of them happen to be in your case group and one happens to be in your control group, you have a very high relative risk [RR] occurring in your case group because twice

as many people got sick in your case group as in your control group. So you can say that's a very high relative risk.

If you want to talk about absolute risk [AR], you'd have to expose all two hundred people to the virus and see then what your data would be. Now, if you do your relative risk and you know 75 per cent of the population has been exposed in both groups, your relative risk is going to be very similar to your absolute risk.

But in a case like where Pfizer— I mean, they did some of their analyses while we were all under pandemic control conditions. And they did not specify what the infection rate was in the populations that they were looking at. And so, there's absolutely no way to know if this 95 per cent or 97 per cent or whatever it was, was a real value that had any real meaning.

And normally, except if you're dealing with Big Pharma, you will be quoted an absolute risk or you will be quoted a relative risk and they will put that after 97 per cent, RR or AR, and they'll specify what it is that you've got. And they didn't do that. Big Pharma generally doesn't.

**Commissioner Drysdale**

So if I understand your example where you talked about a hundred people in one group and a hundred people in the next and you got so many sick in one and so many sick in the other— If I was to increase that sample size to 10 million in each group, and I still had your number, I think it was three sick in one and six sick in the other, my relative efficacy in the 10 million sample is the same as the relative efficacy in the 100 sample. But of course, the absolute efficacy has changed significantly because in the first one I had 100 people in the group and one got sick, 100 people in the other group and two got sick, so relative efficacy of 50 per cent.

But if I increase it to 10 million people in each of the groups and have one, again, that's sick in one group and two sick in the other group, it's still a relative efficacy of the same number.

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**Natalie Kim Björklund Gordon**

Yeah.

**Commissioner Drysdale**

And in your opinion, did the general public understand that difference?

**Natalie Kim Björklund Gordon**

My experience has been that many physicians don't understand that difference. So I would not expect the general public to understand that difference.

**Commissioner Drysdale**

Okay. You did talk about informed consent.

**Natalie Kim Björklund Gordon**

Yes.

**Commissioner Drysdale**

Based on what we just talked about, did folks who were told that it had a 97 per cent or 98 per cent efficacy, were they able to form informed consent on that basis?

**Natalie Kim Björklund Gordon**

It's my opinion that they were lied to.

**Commissioner Drysdale**

Let me ask you another question: Did they do testing? You looked at the Pfizer results or the Pfizer testing that was submitted to Health Canada.

**Natalie Kim Björklund Gordon**

Yes.

**Commissioner Drysdale**

Did they do testing on pregnant women?

**Natalie Kim Björklund Gordon**

No.

**Commissioner Drysdale**

Did they do testing on children?

**Natalie Kim Björklund Gordon**

As far as I know, no.

**Commissioner Drysdale**

Did they inject pregnant women in Manitoba with the vaccines?

**Natalie Kim Björklund Gordon**

Yes, they in fact they made it so mandatory that a friend of mine who refused to take the vax was told by her doctor that he would not attend her delivery. And she and her husband made a decision that they would deliver the baby at home. It was her fourth. It was an uncomplicated pregnancy.

But the labour started four weeks before her due date, so they became concerned that they might be dealing with the preemie, and they decided she should deliver in the hospital. And when she arrived in the ambulance bay in labour, no one from the obstetrics and gynecology department at that hospital where she was at would come downstairs and treat her because they said she was un-vaxxed and they didn't want anything to do with her. So

she sat in the ambulance bay for 30 minutes and finally delivered having a paramedic attend her, while her husband sat outside in the parking lot trying to follow on a cell phone.

The pressure on pregnant women was extreme and totally unethical. They were told they must have this vaccine, "or I will not attend your delivery. You must have this vaccine or else your husband won't be able to be with you when the baby's born."

**Commissioner Drysdale**

I think I heard you say that there was no fertility testing on this vaccine?

**Natalie Kim Björklund Gordon**

As far as I know, no one has looked at the fertility in this vaccine. But they did know, well before the vaccine was even released to the public, that the vaccine was accumulating in the ovaries and testes on rat tests that they did in Japan.

As far as I know, there's been no testing done to see if fertility's been affected. I have heard anecdotal reports from people in the in vitro community that they're seeing an increase in infertility in women who previously had successful pregnancies. But that's anecdotal. And again, I have no way of knowing if that is actually factual or not.

**Commissioner Drysdale**

Prior to the release of the vaccine, and based on your review of the information, was there any carcinogenicity testing? In other words, did they do any testing to see if this may or may not cause cancer?

**Natalie Kim Björklund Gordon**

No. And one of the things they did is they cut the testing short after two months and declared that it was safe. And cancer takes years to develop. Normally, even turbo cancer takes months to develop. They cut it off at two months. There's absolutely no way that they could have done any kind of, had any ideas about testing. They did some rat work, I think, but rats are very different physiologically from humans and just because you get a result in rats, it doesn't mean that that applies to humans.

And I don't know. I'm not familiar. I could be wrong because I haven't seen everything. There's been a lot of literature. I read somewhere that at one point there was 700 publications a day coming out on this topic. So speaking from what I personally have seen and bearing in mind that there is stuff that I have not seen, I am not aware of any testing that was done on fertility or cancer.

**Commissioner Drysdale**

We had a previous witness describe to us the initial testing or the testing that was submitted to Health Canada for the Pfizer vaccine. And what that witness described to us was that they had a control group or a placebo group, and they had a second group. And after the close of two months, they took the placebo group and injected them with the vaccine thereby eliminating the placebo group after two months of testing.

**Natalie Kim Björklund Gordon**

Yes, I understand that's correct.

**Commissioner Drysdale**

Is that common practice?

**Natalie Kim Björklund Gordon**

It's common practice for Big Pharma-type people to do stuff like that. It would not be appropriate practice as I understand it. And I don't know how the regulators let that go. As far as I can tell, and I wasn't in the room when this was done, Health Canada did no independent testing of their own. They simply accepted what was being done in the United States as gospel.

[01:15:00]

**Commissioner Drysdale**

Did I hear you right in the beginning when you were talking about your credentials that you had taught or tutored medical students on medical ethics?

**Natalie Kim Björklund Gordon**

Yes, in the work I was in, the medical students broken up into small groups for tutorials of about 12 or 15 students. And one of us would each take one of those groups and we would be presenting them with a specific case. And it often included an ethical component that they had to discuss with us. And then they had to understand all of the aspects, medically speaking, as far as how this gene worked and so forth. But they also had to understand the treatment proposals and how those would impact and what kind of ways that they could provide informed consent and treatment.

We do practise the form of ethics in Canada right now, and I'm not talking about MAID. I'm talking about if you have a woman who has a baby, who has a specific defect of some sort, she can go and talk to her doctor and under normal circumstances that I saw when I was involved in human genetics and when I attended clinics, women would be given all the information that we had. There's a 70 per cent probability of this or a 20 per cent probability of that. And then the women would make a choice as to whether to terminate the pregnancy or not.

And some of us, myself included, are very much against termination of pregnancy, but we remained absolutely silent about what our personal opinion was. And sometimes a woman would say, "I'm going to have the baby anyway." And we might think she was crazy, but we never said anything against her, and we would support her through that.

And one of the most valuable lessons that I learned watching that was, you know sometimes a mother would come in and say, "There's something wrong with this baby, I can feel it." And every test we had would show there was nothing wrong with the baby, but she would go on and give birth and there would be something wrong, something desperately wrong.

And other times we would say there's this or that problem with the baby and she would say, "Nope, this baby's fine." And she would go through with the pregnancy anyway. The baby would be born and the baby would be fine.

And to me that illustrates why informed consent is so important because we as experts, we don't always know everything. And sometimes the gut intuition of some farm wife with a Grade 10 education is better than what we experts think.

Anyway, that's why informed consent is so important. You give them all the information and they make the decision as to what the right thing is to do. And that was what was missing during the pandemic.

**Commissioner Drysdale**

My last question has to do with your family. And I believe you reported out of the six, four had adverse reactions?

**Natalie Kim Björklund Gordon**

Yes, four had adverse reactions.

**Commissioner Drysdale**

Were any of those four adverse reactions reported to and included in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system in Canada?

**Natalie Kim Björklund Gordon**

No, my son's tumour has been dismissed by the neurologist in his care as being irrelevant and not in any way related to the vax.

The family member who developed pericarditis, it was more than 28 days. So it's considered unrelated. My daughter's situation was recorded as COVID in the unvaccinated. One of my relatives had long COVID and repeat multiple COVID infections and in her case, it's been attributed to the virus not the vaccine.

**Commissioner Drysdale**

Were those decisions to attribute it to the virus done at the upper level of that system or were they triaged by the doctor that you were dealing with or the nurse?

**Natalie Kim Björklund Gordon**

It was always done by the doctor or the nurse. Part of the problem is that there's tremendous pressure on members of the medical community to not notice these adverse reactions. Doctors who report too many get in trouble. And they don't want to see it. And the other thing is I've talked about the brainwashing and the reflexive reaction out of the medical community.

I think that the medical community has been more heavily brainwashed and targeted and hit with this stuff than the general public. And they don't want to see it. And if you take the

case of the pericarditis in my family, the doctor involved acknowledged that it was probably the vaccine, but there was no way he was going to speak up about it.

**Commissioner Drysdale**

Thank you very much.

**Kyle Morgan**

Ms. Björklund Gordon, I just was hoping to adopt your slideshow as an exhibit [Exhibit WI-1b]

[01:20:00]

**Natalie Kim Björklund Gordon**

Of course.

**Kyle Morgan**

You swear to the contents of that slideshow? You created those?

**Natalie Kim Björklund Gordon**

Yes.

**Kyle Morgan**

They're true to the best of your knowledge?

**Natalie Kim Björklund Gordon**

They're true to the best of my knowledge, yes.

**Kyle Morgan**

So help you God?

**Natalie Kim Björklund Gordon**

So help me God.

**Kyle Morgan**

I will hand it over to Shawn.

**Shawn Buckley**

It's unusual for me to step in and ask some questions, but I was just hoping to clarify a couple of things that you'd said. One of the commissioners had asked you about, had the reactions in your own family been reported to CAEFISS and I think you said, "No, with the pericarditis, it was 28 days after." Do you mean after the vaccination?

**Natalie Kim Björklund Gordon**

It was 28 days after her second jab, and therefore, was classified as unrelated.

**Shawn Buckley**

Okay, so she would be considered unvaccinated for 14 days after the second jab.

**Natalie Kim Björklund Gordon**

Well, no, she'd be considered un-vaxxed for 14 days after her first jab. Then between the first jab and the second jab, she would be considered partially vaccinated.

**Shawn Buckley**

Okay. So my understanding is, in Alberta, people were considered unvaccinated until 14 days after their second jab. Was it different in Manitoba? Since using Alberta statistics and I live in Alberta, so I think in Alberta, they were considering a person unvaccinated until 14 days after their second shot. Would you know?

**Natalie Kim Björklund Gordon**

I don't know what the Alberta standard was. I know that in Manitoba for a long time they had a classification of partially vaccinated and later, partially vaccinated got rolled into unvaccinated in some jurisdictions. I don't know if Manitoba did that, but the category of partially vaccinated vanished. So you had only vaccinated and unvaccinated, and I don't know where that middle group of partially vaccinated went.

**Shawn Buckley**

Ok. So in Alberta, you are not sure.

**Natalie Kim Björklund Gordon**

No, I'm not sure.

**Shawn Buckley**

What I was wondering is, if it's true that in Alberta, you weren't vaccinated until 14 days after your second vaccination, you'd have a group of people that just had one shot, and whether they had any reaction at any time that would be a vaccine injury after that, they would still be un-vaxxed.

**Natalie Kim Björklund Gordon**

That would be the case if you're rolling partially vaccinated in with un-vaxxed, yes.

**Shawn Buckley**

Right. Okay. Thank you very much. And on behalf of the National Citizens Inquiry, we thank you so much for your testimony today.

[01:23:00]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*

*<https://nationalcitizensinquiry.ca/about-these-transcripts/>*



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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

### EVIDENCE

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**Witness 5: Brian Giesbrecht**

Full Day 2 Timestamp: 05:40:30–06:25:55

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

**Shawn Buckley**

Day two. Our next witness is joining us virtually. Brian Giesbrecht. Brian, can you hear me?

**Brian Giesbrecht**

Yes, I can hear.

**Shawn Buckley**

Okay, and we can hear you. I'll ask if you could state your full name, spelling your first and last name for the record.

**Brian Giesbrecht**

Brian Giesbrecht, B-R-I-A-N, Giesbrecht, G-I-E-S-B-R-E-C-H-T.

**Shawn Buckley**

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

**Brian Giesbrecht**

I do.

**Shawn Buckley**

Now, my understanding is that you were a provincial court judge in Manitoba for thirty-one years.

**Brian Giesbrecht**

That's right.

**Shawn Buckley**

And for 15 of those years, you were the Associate Chief Judge of the Provincial Court in Manitoba.

**Brian Giesbrecht**

Yes.

**Shawn Buckley**

And for eight months in 1993, you were actually the Acting Chief Judge.

**Brian Giesbrecht**

Yes.

**Shawn Buckley**

You are retired now, and you've been retired for approximately 15 years, but since retiring you have been writing extensively on free speech and Indigenous issues.

**Brian Giesbrecht**

Yes.

**Shawn Buckley**

And prior to COVID, you had regular columns in a few newspapers.

**Brian Giesbrecht**

Yes, I wrote for various publications.

**Shawn Buckley**

So can you tell us when COVID hit, what happened with your writing?

**Brian Giesbrecht**

Well, I'm associated with the Frontier Centre for Public Policy and my colleagues and I, fairly early on, began to look particularly at what was happening in Sweden. The approach that they were taking in Sweden seemed to simply make a lot of sense to us. And really what it was, was the traditional pandemic policy that the provinces had followed, in fact, all of the Western world had followed for many decades. So I began writing most of the articles on that. But I began writing articles such as, one was titled "Sweden Is Doing It Right, We're Doing It Wrong," that sort of thing.

And then I teamed up with an emergency planning expert by the name of David Redman; he's known to, I think, a lot of people here. He's done very extensive work in this field and

he's a retired Lieutenant Colonel with the Armed Forces, very experienced in emergency planning. And he had been trying to make some headway in his own province of Alberta, trying to speak to the senior people and basically talking about the emergency plans that had always worked in the past that they'd always used. The lockdown plan is practically the opposite of the normal plan.

So we wrote some articles together and basically what I expected was that there should be some reasonable discussion about which parts of Sweden's approach worked and which didn't. In other words, there would be an objective determination about this. And that's, in fact, what the Swedish architect of the plan, Anders Tegnell, originally said. He said, "Look, this is a good opportunity for everybody because Sweden would be basically like a test tube experiment. We could compare results and we can adjust and say, 'Okay, what's working in Sweden, what is not, and we can transfer that to the other country.'" That didn't happen.

I was very surprised that the reaction was almost uniformly hostile. We had mainstream newspapers, even internationally— *The New York Times* wrote a scathing account about Sweden and how people were just dying like flies. It wasn't true. It's not true. As a matter of fact, Sweden has done at least as well and probably better than most of its European counterparts just by taking its very hands-off approach during the lockdown. They did not close schools. They did not shut down businesses.

#### **Shawn Buckley**

And Brian, I'm just going to focus you onto what happened with your writing, as I have to keep witnesses focused today, and so I'm just really curious about what happened to your writing and have you contrast that with, you know, pre-COVID.

#### **Brian Giesbrecht**

I get that, Shawn.

[00:05:00]

My point there is that the reaction was hostile. The idea that anybody could take a different view on any lockdown subject seemed to be absolutely discouraged. The mainstream newspapers were particularly harsh on anyone who didn't sort of conform. So that was my experience.

I was writing articles throughout the pandemic and David Redman was making presentations to many people. But people were very divided because there were certainly people interested in what the non-lockdown people were saying, but half of the population at least, seemed to be hostile to any suggestion that things could be done a different way. That was my point there.

#### **Shawn Buckley**

Okay, I want to switch gears and actually talk about your experience as a judge because being a judge for a full 31 years itself is quite exceptional. And some of us, we walk into a courtroom and the judge is up there in their robes and it's almost like they're in a different world. And I think the average person does not appreciate that judges are part of our community and that they're also influenced by what the political or social trend is at the time. And I'm wondering if you can speak about that and maybe give us some examples, as

when you were a judge, how you felt pressure on you to go certain ways depending on what was happening in the community at the time.

**Brian Giesbrecht**

Yeah, I can think back to one time, and this was during the 1980s, when what were called the satanic ritual abuse cases were being heard. And there were a couple of sensational cases where children had been coached, I guess, to come up with these stories about satanic sexual abuse, et cetera. There were actually people who spent years in jail as a result of false claims.

In any event, the pressure on people, not just judges but police officers, social workers, et cetera at the time, was to believe all children. In other words, every claim a child made, no matter how preposterous, must be accepted. Now, of course, that's not reasonable. Children don't always tell the truth, neither do adults, but there was a great deal of pressure at the time. But I don't think that that was anything compared to the pressure judges must have been under when this pandemic struck and I'm here as an armchair quarterback. I will be critical of what the Canadian courts did or didn't do. But I am speaking as a private citizen here.

**Shawn Buckley**

Can I just back you up because I really do want people to understand that judges do feel pressure about what's going on. So you were talking about this time where there was kind of this hysteria about satanic child abuse and pressure on the authorities. Was there pressure on you as a judge to, basically, kind of believe children when they were witnesses in court because of that social pressure?

**Brian Giesbrecht**

Yes, exactly, and that was just an example that I can think of. But I don't think it was nearly as strong an influence as what it must have been like to be a judge, or really people in any position of authority, when the pandemic struck. Because, of course, people were taken by surprise and everything was new to people, and in most cases, people had not really undergone anything similar before.

**Shawn Buckley**

And I'm just going to take you back there—

**Brian Giesbrecht**

So before I criticize, I want to recognize this fact.

**Shawn Buckley**

So I just want to take you back there because again, I want to make sure that people understand that point. We were talking on an earlier occasion and you expressed to me that you felt similar pressure when spousal abuse became a big issue, and arguably, in the court system, could be described as a political issue. And I'm wondering if you can describe that period and also whether, as a judge, you felt pressure then to basically find that certain witnesses were credible versus other witnesses.

**Brian Giesbrecht**

Yes, I think so. At one point, again, fairly early on, spousal abuse began to receive a great deal of attention, and it deserved it

[00:10:00]

because for many years the abuse of a spouse was considered no big deal. Well, the law took a turn; it got a lot of attention, as it should have. But then, as the pendulum very often swings too far, there was definitely pressure on people, on judges, to say, “believe all women,” which is just as silly as the idea that you believe all children. All human beings of every gender and age and ethnic group, et cetera, either tell the truth or don’t tell the truth or think they’re telling the truth when they’re not. So there was a great deal of pressure during that time, and judges were very often under pretty strong criticism if the account of an abused woman was not accepted. So that is another example I would offer of something similar, yes.

**Shawn Buckley**

And then you were sharing with us already that in your estimation the pressure on judges to basically follow the COVID narrative, and appreciating you’re now an armchair judge, but you’re giving us the impression that you felt that that would have been quite enormous pressure on judges.

**Brian Giesbrecht**

I think so. I think so. The pandemic was a shocking event for everybody. So I expect that judges were just as affected as everybody else. They had to live through things as well. They had to completely adjust their work routines, et cetera. And I think they probably generally were all from the demographic, say middle-aged, upper-middle-income people who were more likely to be within the group of people who perhaps were most concerned or even afraid of the virus. I think statistically that’s true and that the younger people were less afraid and the older people, particularly in the upper income groups, were much more conscious than the other people.

**Shawn Buckley**

Now, can I ask you, because as a former judge you would be interested in what the courts were doing with COVID— Can you share with us your thoughts on how the courts handled COVID, just even to focus you more concerning perhaps defending the rights that we had under both common law and under our *Charter of Rights and Freedoms*?

**Brian Giesbrecht**

Well, like many people, I think I’d say I was surprised and quite disappointed with the response of the courts when people did make challenges to the lockdown rules, particularly the most overreaching of the rules. I think, generally, that the citizen expects the judge to stand between him and government overreach. And I have to say that in Canada, I don’t think generally that did happen.

And again, it’s easy for me to criticize because I’m sure it’s very tough hearing these cases, but the response seemed to be, generally, that well, if the government and their health people make some sort of rule, policy rule, then who are we as judges to question that? And

so often, they simply, almost always, they just deferred to the health authorities. And I think that was wrong.

I was comparing this to the decisions that were coming out of the United States. Now I would expect, in something like this, most of the decisions would uphold the government regulations. That only makes sense. But there, they did have a lively and vigorous testing of the rules, and I think that was very necessary and helpful.

I'll just give one example if I can, or maybe two. That judge that struck down the mandate requirement for masks on airplanes in the United States— Well, the government was going to appeal,

[00:15:00]

but they never did. I think the judge actually got the government off the hook on that one because the mask mandate on planes at that time made no sense and did not cause any problems when it was removed. But the fact is that Americans, for many months, were travelling on airplanes while Canadians still had to wear masks on the planes. And for some people that causes real problems, especially on a long flight.

Vaccine mandates were the other example where American courts had struck down several of the most egregious vaccine mandates months and months before these things were finally put to rest in Canada. And those vaccine mandates caused, especially for people who say had previously been infected and didn't need the vaccine in the first place or whatever, they caused tremendous hardship. People lost their jobs while all of this was going on. Well, I do think that if people had the sense that they could go to court and get a fair hearing and have a chance to have the most egregious government policies removed, they would have done so. But I think the feeling was, at least my impression is, that people felt that there really was no purpose in taking something to court here because nothing would happen.

**Shawn Buckley**

Sorry to break in, but can I ask you to give us a couple of examples, perhaps from Manitoba, of cases that would have given people in Manitoba the feeling that there was really no point in going to court?

**Brian Giesbrecht**

Well, I was following the church cases and we had, in Manitoba as you know, some situations, for instance, where the Southern Manitoba churches were even going to the extent of holding church services outdoors or sitting in cars and yet the police were still called. Or even the funerals where people were not able to say goodbye to dying relatives. Well, I think that was government overreach. I don't think that even in Wuhan China the government went that far.

**Shawn Buckley**

Brian, I'm just going to have to stop you and ask if you can turn off your video because your audio is breaking up, and so I think we need the bandwidth so at least we have your video. We just must have a bad internet connection.

**Brian Giesbrecht**

I'm sorry. Okay.

**Shawn Buckley**

Yeah. No. Sorry about that, but it's important that we hear what you say. So you're talking about the lockdown case. Can you tell us what happened in that case and why that might have caused Manitobans to think that the court was not going to stand between the state and themselves?

**Brian Giesbrecht**

Well, just generally, and I'm not putting myself forward as an expert on any of these cases. But I think, just generally, the people who did bring the case to court thought that they had a very legitimate point and basically being able to attend church, especially if it's done outdoors sitting in your car, that would be reasonable. I think that there are many other examples of overreach by the government. For instance, my personal example is going out for a hike in a park and finding that the outdoor hiking trails were closed.

**Shawn Buckley**

Brian, I just want to focus you because I'm trying to get you to a place we talked about in an interview. So you were telling me about Justice Joyal in the Manitoba lockdown case and about him privileging the Government's position, and so can you please share that with us?

And then I wanted to take you to that Ontario Court of Appeal case and your thoughts on the judicial system generally.

**Brian Giesbrecht**

Okay. And I don't want to be critical of Justice Joyal. He's an excellent judge. He's a very excellent judge. But just generally, I think that some of the bylaws, some of the rules that were made in Manitoba were particularly unreasonable. And I think that I'll just say this, that citizens should have the expectation that they could go to court and have a reasonable chance of having the judges, and I'm not critical of any particular judge here,

[00:20:00]

have judges look at that and not simply tell them, "Well, whatever the public health authorities decide is good enough for me." So I think I'll leave the Manitoba one at that. I'm certainly happy to discuss that Ontario case, by all means.

**Shawn Buckley**

Sure, if you can. So before we leave the Manitoba lockdown case, would I be fair in summarizing that it's the fact that there was deference given to the provincial public health authorities and basically accepting that as true without actually testing it, that was the concern?

**Brian Giesbrecht**

Yes, I think that's right. I would just say that generally, being too quick to simply accept the decision of the public health officials is not something that the judges should do. And I think

that judges probably are having a lot of discussion about the role they played or didn't play during the pandemic. And I just point out once again: it's easy for me to criticize, I didn't have to do it.

**Shawn Buckley**

Right. Now, so the Ontario Court of Appeal decision we're referring to as *JN v. CG*. Do you want to share your thoughts on that and then your thoughts on what the ramifications are for the court if this continues?

**Brian Giesbrecht**

Yeah, as I recall, in that particular case, a mother who had custody of children did not want to have the two children she had custody of vaccinated, and she had definitely done her homework. She was obviously a very capable person and the separated father went to court and wanted to have the children vaccinated. Now, I read the decision of the motions judge and I was totally impressed. I thought that judge really took a lot of time to objectively review the evidence, and the judge came to the decision that the woman, as she had custody after all, should have the right to decide whether those children were vaccinated or not.

But when it was taken up to the Court of Appeal, and not to be too smug here or too quick to judge, but I think that the Court of Appeal basically just said, "Whatever the provincial authorities decide, that should stand." So I would be critical, if I'm right about that, that they gave too much deference to the provincial health authorities. And just because it was under the name of health or emergency, they didn't properly look into the findings that the motions judge made and the evidence that the wife in that case presented. I would be critical of how they decided that case.

**Shawn Buckley**

Well, you had said something profound to me when we had a conversation. You had said to me if the Ontario Court of Appeal is saying that you can take what the government says at face value, then you don't need courts. And I'm wondering if you, first of all, remember saying that, and if you do, if you can comment on what you mean.

**Brian Giesbrecht**

Yes, if the court is simply going to accept any decision that is made by a government official, then what is the purpose of the court? The citizen needs the court to stand between himself and the government and relies on the court to protect civil liberties. And if the court is really not doing that, then I do ask that question, "What is the purpose of the court?" And I think on an even larger scale, I think all of us are going to have to ask: Is Canada still the country we thought it was before the pandemic? In other words, our individual liberties, are they valuable? Or have we somehow decided to give them up whenever a virus comes to call?

[00:25:00]

So I think there are some pretty big questions that we all have to ask ourselves. And I do believe that the legal profession and judges are probably asking themselves these questions right now. And they're pretty big questions.

**Shawn Buckley**

Brian, I know that the social media team at the NCI is going to be very upset with me if I don't ask you to turn your video on, and then I ask you that question again. Because your answer, I think, is of tremendous importance. And I think people should see you when you say it.

So I brought back to you that in an earlier conversation you had shared with me that if the Ontario Court of Appeal—and I think we could say courts generally—are saying that you can take what the government says at face value, then you don't need the courts. And so if, once again, with your video on, can you comment on what you meant by that and what the ramifications for us as a nation are?

**Brian Giesbrecht**

I wasn't trying to be disrespectful. But I am suggesting that now that this pandemic episode has passed, everybody has to ask themselves some pretty big questions.

I think judges have to ask themselves whether or not they did play the proper role during the pandemic in protecting people's rights. And the country as a whole has to ask itself the question: Are civil liberties and individual rights important to us any longer? Or are we, after this pandemic episode, wanting to live in a different country where we don't have to exercise individual rights, where we rely upon the government to do everything for us?

So I think these are very big questions, and I've been pondering this for some time because it seems to me that Canada is not the country—right now, as we're emerging from this pandemic—is not the country I think it was before the pandemic started. So I do expect that many people, media people too, and our politicians, are going to have to ask themselves some very, very serious questions about the role they've played during this pandemic. And I live in Manitoba, and Manitoba was, I think in many cases, particularly draconian in some of the rules of law, it must be said. And I refer to the cases where people couldn't even attend their funerals for dying family members, et cetera, or even go to church.

**Shawn Buckley**

Brian, we have to keep the witnesses a little tight today, and I want to give the commissioners an opportunity to ask you any questions if they have any. And there are questions.

**Commissioner Kaikkonen**

Thank you for your testimony. Have you ever noticed a time when the world came together as it has in the past three years in one mind—all levels of government, the judiciary, the administrators at school board levels, for example—where everybody seemed to be of one mind except for the people, excepting the people who were arguing that our civil liberties were being deprived?

**Brian Giesbrecht**

No, this was new to me and it was, to be quite honest, a very frightening experience. And I don't know how to explain it, but it does seem that there was some sort of— I don't know if the various leaders all made this at the same time or how it came about. But I have never experienced such a thing and I do not believe it was a healthy experience.

**Commissioner Kaikkonen**

And my second question is on social media. Somewhere in the middle of the pandemic, there was a photo circulating on social media that had the Supreme Court judges saying they were all vaxxed in unity. And the message to the people was that the judges were vaxxed, why aren't we? So I just wondered— It seemed to me that there was a lot of posturing in that photo circulating, and I'm going to admit that I don't know the authenticity of that photo. But what are your thoughts on the separation of powers? Because we've always had the legislature on one side and the judiciary on the other.

[00:30:00]

And what was that picture circulating around social media doing in terms of promoting the government narrative as opposed to that perceived independence of the judiciary?

**Brian Giesbrecht**

Well, just generally, I believe from the start that vaccination should be a personal decision. Without going into the vaccine too much, because I'm not a medical doctor or a scientist, but I mean, it was known from the beginning that people who chose to be vaccinated would still be infected and could still spread the disease just like unvaccinated people. So there was never a reason in the first place to somehow demonize unvaccinated people, people who chose for whatever reason they cared not to be vaccinated. And I think the campaign, which was more than just a health campaign, became something quite unhealthy when people were pushed and more than pushed into choosing vaccination. And here in this province, Manitoba, we saw what was almost a demonization of people who were called anti-vaxxers. And this was particularly targeted. It was quite ugly against the people of southern Manitoba and even our main newspapers seemed to—

**Shawn Buckley**

Brian, can I just—

**Brian Giesbrecht**

I have to say, the politicians sort of took aim at these people.

**Shawn Buckley**

David, can I have the mic for a second?

So, Brian, sorry, but I think the Commissioner was asking you really about whether it was appropriate for the Supreme Court of Canada to pose saying that they were vaccinated because then they're basically participating in politics. And traditionally, we've had a separation between the legislative branch of government and the courts that are supposed to be apart. And so, I think the Commissioner was asking you to comment on what seems to be the courts engaging in a political message in support—

**Brian Giesbrecht**

Yes, and I apologize for not being clear, but I'm agreeing. I'm saying that this campaign, which even included the judges in this vaccination claim, this is not something that should have been done, and it contributes to division. It did not contribute to anything healthy. So I'm agreeing with this person; I'm sorry to make it too long of an answer.

**Commissioner Kaikkonen**

And I just have one more question. When you think of, and you alluded to this, the newspapers being bought off and independent reporters being dismissed as professors of false information— How do ordinary people influence the judiciary, apart from going to court and having legal precedent set that will go against the populace in the future? How do they influence judges to say that there is a different side to the narrative?

**Brian Giesbrecht**

Yeah, I don't think that there is any very simple answer. If the courts aren't available to people and if politicians are not willing to listen to the point of view of someone who does not accept the prevailing narrative, then there are very few options. And I think that's what we see. What we've seen, I think, is we've seen basically half the country feeling that they've been not listened to and not treated very well and the other half wanting, at times, even more restrictions.

I'm sorry I don't have a real answer there, but what I'm saying is that it's just a plea for people to try to be more objective and not get caught up in some type of groupthink-type of thing, which I think happened during this pandemic, particularly once we got into the idea that everybody had to be vaccinated. I think that's when things really went off the rails.

**Commissioner Kaikkonen**

I want to say thank you.

**Commissioner DiGregorio**

Thank you, Justice Giesbrecht,

[00:35:00]

for giving us your testimony today. We had a witness in Toronto, Mr. Pardy, who talked to us a little bit about— Well, he covered a few things: one being the deference being given by the legislature to the administrative state; paired with the deference that courts have been giving to the administrative state, which I think you've touched on today; and paired with maybe some weaknesses within our Charter that we weren't expecting, having led to the results of where we are today. And when I questioned him on how to address these particular positions, he seemed to think that addressing the legislative deference to the administrative state and even possibly, although not realistically, amending the Charter was a good way of approaching it.

I'm wondering if you have any recommendations on how the courts could look at addressing the significant amount of deference that has arisen.

**Brian Giesbrecht**

Well, I don't know that I have any recommendations. I'm just suggesting that the judges, in their discussions, should be thinking a great deal about the role that they did play or didn't play during the pandemic: Do they feel that they properly protected civil liberties? Or do they feel that perhaps they gave too much deference to provincial policies, even ones that were quite extreme?

So I'm not sure if I have any suggestions as far as different laws or anything like that is concerned because I don't think that's what is required. I think there needs to be a little more attention given to the individual rights of Canadians. And I really hope, as a Canadian, I hope that we haven't entered a time when we're going to lay down our carefully acquired civil liberties whenever there is any type of a health threat. That's my personal hope.

**Commissioner DiGregorio**

So you're suggesting really a self-reflection exercise by the courts and the judges?

**Brian Giesbrecht**

Yes, I am.

**Commissioner DiGregorio**

Thank you.

**Commissioner Drysdale**

Good afternoon. I have a couple of questions on some specific things that I believe you said. And the first one is, you were talking about, in a number of instances, how judges feel pressure. You are part of the community; you feel pressure. What do you mean by the judges feel pressure? Maybe that's a silly question, but I want to know. You mean pressure to be fired from their jobs? Do you mean pressure to be ridiculed and oppressed? What were you talking about when you said judges feel pressure, sir?

**Brian Giesbrecht**

Well, judges are sort of under the public eye every minute of the day. It actually is a very high-pressure job because the judge is absolutely aware that everything he does and says is being very carefully scrutinized. So I think it's fair to say that a judge might feel even more pressure than somebody in a less high-profile type of job. So that's what I meant by judges feeling pressure.

**Commissioner Drysdale**

I'm actually asking more specifically and I'll let you know why I'm asking.

We had testimony earlier today by a gentleman by the name of Rick Wall. He and his wife own a trucking firm that employs 40 people in Winkler, I believe he said. Now, he, at least in his opinion, recognized that there was something going wrong in this country, and he and his wife sat down and they literally discussed losing everything. But on the principle of what they knew was right, they proceeded with the risk of losing everything, not just for themselves, but for their 40 employees and their families.

So my question is, I can't imagine a pressure stronger than that, sir. And I'm wondering, if I understand what you were saying, you were talking about political pressure on a judge and I'm talking about real pressure. I'm talking about losing everything you own and still doing what you think is right. Can you comment on it from that perspective, sir?

**Brian Giesbrecht**

Well, I take your point,

[00:40:00]

and I'm certainly not suggesting that the pressure any individual judge would feel when hearing a case involving pandemic restrictions would be anything like that or anything as serious as the knowledge that you're going to lose your life, et cetera. So, no, I wasn't meaning to compare it to any particular person; I'm simply trying to explain why it may be that Canadian judges generally did not play nearly as active a part as their American counterparts did. There was no vigorous testing of the restrictions, et cetera. So I'm not meaning to suggest that the person you're describing was not under much more pressure than any particular judge deciding a case.

**Commissioner Drysdale**

Would you agree with me that certain vocations within our society are granted certain privileges, and along with those privileges comes special responsibility? And I point out a police officer. A police officer carries a gun, has the ability to take away your freedoms, at least temporarily, so in my mind there's a significant additional responsibility that we have on those people.

Do judges fall in that category of special privileges, special responsibilities, more than the average person like myself for instance?

**Brian Giesbrecht**

Yeah, I would agree generally that the more power one has, the greater one's responsibility is, if that's what you mean. Yes, I do accept that.

**Commissioner Drysdale**

One last thing I wanted to ask you about is— I believe you also said in your testimony that people thought there was no point to go to court. And I bring that up because— And I honestly don't recall who told me this, it may have been a judge, that apart from the obvious functions of a court, the court also acts as a pressure relief valve to society. In other words, things are going wrong in society and people feel that they can go to the courts and get relief.

And if the country of Canada and the society that we live in was being affected to its very fibre—and that's what has been testified here today by other witnesses—if our very fabric of our society was under pressure and they could not go to the courts to relieve that pressure or get some kind of remedy, would you say that was dangerous for the safety of our society when they have no way to get justice, no way to get protection from the administration?

**Brian Giesbrecht**

Yes, I would agree with that. I'd also add that the other function of the court there is to act as a break on some of the excesses of the legislature. And if the lawmakers had the knowledge that a judge would strike down an unnecessary restriction, the legislators probably wouldn't have put in nearly as many restrictions as they did. If I can just give a

personal example: I think I mentioned going for a hike in a public park and finding that all of the trails had been closed, which makes no sense to anyone.

And again, I don't want to be touting the American system, but I think the American legislators were more aware of the fact that if they made ridiculous restrictions, they would not be allowed by a court. And unfortunately, in Canada, I don't think that they felt any pressure from the courts at all. And consequently, some of their—and I would say that the vaccine mandate for flying and taking a train in Canada was an example of a ridiculous requirement that served no purpose and hurt many people—but I think if the legislators knew that such unreasonable restrictions would be struck down, they would not have put them in place in the first place.

**Commissioner Drysdale**

Thank you. Thank you for your service to your country.

**Shawn Buckley**

Thank you and there are no further questions. So Justice Giesbrecht, we thank you so much on behalf of the National Citizens Inquiry for giving your important testimony today.

**Brian Giesbrecht**

Okay, well, I'd like to say you're doing a very useful job, and I wish you the best.

[00:45:25]

***Final Review and Approval:*** Margaret Phillips, August 10, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 6: Martha Voth**

**Full Day 2 Timestamp: 06:26:20–06:58:13**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Alexander MacKenzie**

Yes, thank you. For the record, my name is Alexander MacKenzie and I'm a practising lawyer in Winnipeg here. Mrs. Voth, would you mind stating your full name to the Commission?

**Martha Voth**

My name is Martha Voth.

**Alexander MacKenzie**

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

**Martha Voth**

I do.

**Alexander MacKenzie**

Thank you. Mrs. Voth, you reside in Niverville?

**Martha Voth**

Yes.

**Alexander MacKenzie**

On May the 24th of 2021, you tested positive for COVID. Is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And you also were with your husband, Alvin, and he tested positive as well.

**Martha Voth**

Yes.

**Alexander MacKenzie**

You, yourself, had symptoms?

**Martha Voth**

Not as much by that time. I was on my way, getting better.

**Alexander MacKenzie**

I see, and how about your husband?

**Martha Voth**

No, he was not. He was having difficulty breathing, and he had no energy, but he went to get tested so he could go back to work.

**Alexander MacKenzie**

I see.

**Martha Voth**

Nothing could keep him down.

**Alexander MacKenzie**

I see, and what did he do for a living?

**Martha Voth**

He was a flooring specialist, so he installed flooring for 50 years.

**Alexander MacKenzie**

And he was very physically active?

**Martha Voth**

Very, and it's a rigorous job so he had to be physically fit to do it, and he still worked five days a week.

**Alexander MacKenzie**

And he was 66 years old at that time, is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

You say that he was becoming ill. He had symptoms that were flu-like, is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And on May the 26th, 2021, what did you do as a result of that?

**Martha Voth**

Phoned the Walmart walk-in clinic because we wouldn't have been able to get into the clinic in Niverville without an appointment, but at the walk-in we would. And he simply prescribed a drug, an antibiotic, for him, which he sent to the Niverville pharmacy, was picked up by our daughter, and she dropped it off at our door.

**Alexander MacKenzie**

I see. The Walmart drop-in was in Steinbach?

**Martha Voth**

Steinbach, yes.

**Alexander MacKenzie**

And so you got the prescription and what happened then on May the 27th?

**Martha Voth**

Well, it seemed that he was getting progressively worse. He couldn't walk very well because of the breathing difficulty. And so, I called the walk-in to ask if we could come in and they said, no, we couldn't because I admitted we had tested positive for COVID. They said we had to go to emergency in Steinbach.

**Alexander MacKenzie**

And that's the Bethesda Hospital.

**Martha Voth**

Bethesda Hospital, yes.

**Alexander MacKenzie**

And Alvin then was speaking and breathing with some difficulty?

**Martha Voth**

Yes.

**Alexander MacKenzie**

So you drove him then to Steinbach, to the hospital, and how was he feeling then?

**Martha Voth**

Well, he opened the window on the drive in, which gave him a lot of fresh air. And by the time we got to emergency, he admitted to me that he was feeling so much better because he had gotten a lot of fresh air. I went in, got a wheelchair so he wouldn't have to walk, and brought him to the registration desk.

We got him registered and we were then put into a plexiglass cubicle where we sat and waited till they admitted him, which was about 15 minutes. And then, when they did admit him, they said I could not stay in the waiting room, I had to go home. And I said, because I'd driven a bit of a distance, I wasn't going to go home; I was going to wait in my car until they released him and I could take him home. So I sat in the car about 45 minutes before they called me and said they were going to admit him and keep him overnight, and that's when I went home.

**Alexander MacKenzie**

I see, and then you were at home and at around seven o'clock you received a phone call. Is that correct?

**Martha Voth**

Yes, it was later on in the evening. I would say it was more like 9 or 9:30. They said they had put him on oxygen. His oxygen level was at 58, which is pretty low, but with a mask on the oxygen level did come up. They just wanted to let me know that he was very, very sick, and they were going to send him either to Brandon or fly him to Ontario. And I just said, "No, you're not flying him there and you're not bringing him to Brandon. We want to keep him close to home so that we could—"

[00:05:00]

**Alexander MacKenzie**

Brandon is about a three-hour drive. Is that correct?

**Martha Voth**

Yes, yes.

**Alexander MacKenzie**

And that would have been very hard for you to see him there.

**Martha Voth**

Right.

**Alexander MacKenzie**

And of course, Ontario would be an airplane trip.

**Martha Voth**

Yes, right.

**Alexander MacKenzie**

So you objected to that.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And what were you told?

**Martha Voth**

They were going to try and get a room somewhere in Winnipeg, but they said all the hospitals were full and didn't actually have room, but they were going to try. And they said they were in contact with HSC.

**Alexander MacKenzie**

HSC is the Health Sciences Centre—

**Martha Voth**

Health Sciences Centre, yes.

**Alexander MacKenzie**

In Winnipeg, which is about a 40-minute or a one-hour drive.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And then, was there anything else that occurred that day on May the 27th?

**Martha Voth**

No.

**Alexander MacKenzie**

And on May the 28th, can you tell us what happened then?

**Martha Voth**

My husband called me in the morning, asked me to bring the batteries for his hearing aid and his cell phone charger, and I asked him how his night had gone. He said it was good. He had slept well. And I said, "And how do you feel this morning?" He said, "I feel good" because he was getting the oxygen he needed and he felt good.

**Alexander MacKenzie**

And how was he getting the oxygen?

**Martha Voth**

Just with a face mask.

**Alexander MacKenzie**

I see. Now, you had been asked to bring the cell phone charger and batteries and so what were you doing then? You were preparing to go—

**Martha Voth**

I was. I was trying to get ready, but I kept getting calls and so was a little slow at getting ready. But then the doctor called and informed me that they were going to ventilate him. I said, "No, no, why are you going to ventilate him? Why are you rushing this?" And he said, "Well, we're not actually rushing it, we would have done it last night because he was dangerously low in his oxygen." I said, "Okay, so wait till later in the day to see how the day goes." Well, no, because they didn't have enough oxygen for him and he needed 60 litres per minute and they just didn't have enough oxygen.

**Alexander MacKenzie**

Okay, now just stop a moment. He had been getting oxygen?

**Martha Voth**

Yes.

**Alexander MacKenzie**

His oxygen levels were up. He had said he was feeling much better.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And so they were wanting to ventilate him. What did that have to do with the amount of oxygen?

**Martha Voth**

If they ventilated him, the oxygen would go directly into the lung and they wouldn't need as much oxygen to keep his levels up.

**Alexander MacKenzie**

In terms of the ventilation, did you get to speak to him about that, that is to Alvin, your husband?

**Martha Voth**

Well, after the doctor had explained to me why they had to ventilate him now, instead of waiting, one of the reasons was the anesthesiologists only had eight-hour shifts and were going to go home after their eight-hour shift. And if anything drastic happened and he did need to be ventilated, nobody would be around to do it and then he would die.

**Alexander MacKenzie**

So then, they were going to take him off the mask, where he seemed to be doing not badly,

**Martha Voth**

Right.

**Alexander MacKenzie**

and they were going to ventilate him.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And the reason for that was an oxygen shortage, partly?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And also, partly because their staff would be gone who could install the ventilator?

**Martha Voth**

Right.

**Alexander MacKenzie**

And also, partly, because they'd called an ambulance?

**Martha Voth**

Right. That was another reason why they had to do it now because the doctor had already called STARS [Shock Trauma Air Rescue Service], which is the emergency medical team that picks people up and flies them to different locations.

**Alexander MacKenzie**

I see.

**Martha Voth**

So because he had called them 20 minutes prior to my call, I said, "I can't get there in 20 minutes." And he said, "Well, they'll be here in 10 minutes." And I said, "Well, I'm just not ready to get there; like just hold off." "Well, no, we cannot waste their time because they're flying all over Manitoba, picking people up. So we can't waste their time."

**Alexander MacKenzie**

And so, again, what is the distance from Niverville, in time, from Niverville to Steinbach?

**Martha Voth**

Half hour.

**Alexander MacKenzie**

Half hour?

**Martha Voth**

Twenty minutes to a half hour.

**Alexander MacKenzie**

So the STARS was going to be there in 10 minutes and it would have taken you a half an hour?

**Martha Voth**

At least a half hour to get there, yes.

**Alexander MacKenzie**

And so what happened next?

**Martha Voth**

Then my husband called again and again he sounded great. He sounded normal and he asked, "When are you getting here?" And I said, "I can't get there before STARS gets there." And then I asked him, I said, "Are you okay with going on a ventilator?" He said, "I don't know. I have nobody to talk to about this. They just tell me whatever, but I don't know how to gauge whether I should go on it or not."

**Alexander MacKenzie**

And he very much wanted to be able to speak with you about that? Is that correct?

**Martha Voth**

Yes. Yes. Yes.

[00:10:00]

**Alexander MacKenzie**

However, you didn't get there, and he was moved from the Bethesda Hospital to the Health Sciences Centre by STARS?

**Martha Voth**

Yes.

**Alexander MacKenzie**

Did you become aware of any conversation that the STARS attendees had? Were you ever told of any conversation that is significant?

**Martha Voth**

Yes. A doctor called from the hospital in Steinbach and let me know that they had discussed to let me into my husband's room there in Steinbach because I had also had COVID. But then, I talked to him about the ventilator because he had told me he was ventilated and he's on his way to Health Sciences Centre.

And I talked to him about, why did he need to go on it? Why couldn't he just stay on the mask? And then the nurse informed me that the STARS attendees— And my understanding is that STARS has their own doctor that they fly with, that they had questioned the staff in my husband's room asking, "Why are you ventilating him? He seems like he's doing fine. His oxygen level is up with the mask. He got up on his own out of bed and went to the bathroom. He is cooperating. He is not feeling sick, as such. Why are you ventilating him?" I don't know what their answer was.

**Alexander MacKenzie**

You've never received an answer to that?

**Martha Voth**

No, just the doctor's reasoning for ventilation.

**Alexander MacKenzie**

Then, at some point after Alvin had been moved, you got a call from the Health Sciences Centre. Is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And what were you told there about your attendance and so on?

**Martha Voth**

Well, even though he was close, not in Brandon or Ontario, they still were not going to allow us to go in to see him, but we could set up Zoom calls or video calls with him. And I kind of vetoed that idea because I didn't think there was a point to it. He wasn't responsive anyway. He was in a drug-induced coma. I didn't see the point of it.

**Alexander MacKenzie**

And that was all on the day that he got moved from Bethesda to the Health Sciences Centre?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And then the following day, on May the 29th, you got another call from the Health Sciences Centre, is that correct?

**Martha Voth**

Yes, it was by the doctor. He informed me of Alvin's condition and just saying that he was very sick and didn't think he'd make it.

**Alexander MacKenzie**

And was there anything further to your discussion that day that you can recall?

**Martha Voth**

Well, I asked him to put him on the drug that, and I'm not a medical expert, but that everybody seemed to think was working well, the off-label drug called ivermectin. And he said, "No, we only use scientifically and medically proven drugs that work."

**Alexander MacKenzie**

I see, okay. And then was there anything else to that conversation?

**Martha Voth**

No.

**Alexander MacKenzie**

Okay. Then on May the 30th—again, this is all in 2021—you requested regular video calls. You took them up on their offer. Is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And was that arranged for you and how did that work?

**Martha Voth**

Yes, they said they would start the next day with the video calls.

**Alexander MacKenzie**

And during that time too, I understand that you had regular calls and discussions with the medical staff at the Health Sciences Centre as to Alvin's condition.

**Martha Voth**

Every morning I called to see the how the night had gone. Every evening I called to see how the day had gone and about 2 o'clock in the afternoon, the kids and I would do a video call with him being in a comatose state. We would sing, we would talk about our day, and we would pray with him, and generally, it was about an hour-long call.

**Alexander MacKenzie**

And in those conversations, I understand you had the video calls, but you also had conversations with Health Sciences Centre staff, is that correct?

**Martha Voth**

Yes. They informed me what they were doing to him and with him every day. One of the nurses in particular was very kind, would speak to him, would turn his face to the sun in the window. And then, they started to tell me that his condition improved when they proned him,

[00:15:00]

and proning means turning him on his stomach, and all the numbers on the machines would be better if they proned him.

**Alexander MacKenzie**

Okay, and did they tell you any disadvantage to proning?

**Martha Voth**

No.

**Alexander MacKenzie**

Okay. And so if he was lying on his back, as I understand what you're telling us, he would have less strong vital signs than when he was lying on his stomach, is that correct?

**Martha Voth**

That was my understanding because when they did prone him, his stats, his numbers, always were better on the machines.

**Alexander MacKenzie**

Okay, thank you. And then these calls went on through to June the 7th or June the 8th. Is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And then, on June the 8th, you got a call from the Health Sciences Centre.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And what were you told then?

**Martha Voth**

They said that all the ports and the needles that were in his body, for all the medications and things, were badly infected, and now they were dealing with a new infection in his blood that was causing his organs to shut down, and um. . .

**Alexander MacKenzie**

And what were they going to do to try to resolve that?

**Martha Voth**

They were going to try and find new places for all the ports and needles. And they said they would have to work on it all day, and he was in a very bad place.

**Alexander MacKenzie**

I see. And then on June the 10th, you were called again from the Health Sciences Centre.

**Martha Voth**

Yes, they wanted us to come in so that we could agree with them to put him in comfort care.

**Alexander MacKenzie**

And what did you understand that the words "comfort care" meant?

**Martha Voth**

Kind of in palliative care where they don't actively work anymore to get him better.

**Alexander MacKenzie**

Okay, thank you. So I understand that on June the 10th then you, two daughters, you have three daughters, two of your daughters and your son attended the Health Sciences Centre, is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And your other daughter attended by video, did she?

**Martha Voth**

Yes.

**Alexander MacKenzie**

Were you masked when you attended?

**Martha Voth**

No.

**Alexander MacKenzie**

I understand you saw some sign on the door, on the 10th when you attended?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And by the door, I mean the door to the room in which Alvin was?

**Martha Voth**

Yes, it said COVID recovered.

**Alexander MacKenzie**

COVID recovered?

**Martha Voth**

Yes.

**Alexander MacKenzie**

In terms of Alvin's condition, how do you square the sign COVID recovered on the one hand and the fact that he's getting worse on the other hand?

**Martha Voth**

Well, it was the infection that you can get only in ICUs,

**Alexander MacKenzie**

It was the infection—

**Martha Voth**

like a sepsis.

**Alexander MacKenzie**

It was the infections and sepsis

**Martha Voth**

Yes.

**Alexander MacKenzie**

that was the problem for him, not COVID?

**Martha Voth**

Yes, not COVID.

**Alexander MacKenzie**

Was Alvin on his back or on his stomach?

**Martha Voth**

He was on his back, and we were there for a few hours, two or three hours before we actually had the meeting with the doctor and some of the nursing staff, the chaplain.

**Alexander MacKenzie**

And so you had been in Alvin's room,

**Martha Voth**

Yes, a couple of hours.

**Alexander MacKenzie**

and you were sitting with him for a time with your children.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And then you went to another room, is that correct?

**Martha Voth**

Right.

**Alexander MacKenzie**

And who was in that other room?

**Martha Voth**

It was the doctor, together with the head nurse and some of the nursing staff and a chaplain.

**Alexander MacKenzie**

And in those discussions, did the issue of comfort care come up again?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And how did that come up?

**Martha Voth**

He told us how bad the situation was and that his organs were failing and their suggestion was that he should be put in comfort care. And so I said, "It's too bad that you cannot give him that drug, ivermectin." And he said, "No, we don't use that here." And then I said, "Well, could you prone him and would his numbers be better then?" And he said—

**Alexander MacKenzie**

And so, you asked for him to be proned?

**Martha Voth**

Yes. Yes, and he said, "Yes, it has improved when we do prone him, but he could have a massive heart attack, and then it'd be over."

[00:20:00]

And I said, "But he has a good, strong heart." And he said, "Yes, he does."

**Alexander MacKenzie**

So on the one hand, they're saying that he is not going to survive for more than a few hours, yet they are afraid to give him the ivermectin because it might hurt him and they're afraid to prone him because it might hurt him. Is that what I understand from you?

**Martha Voth**

Yeah.

**Alexander MacKenzie**

Thank you. It's hard for me to understand that. In any event, they did prone him, did they?

**Martha Voth**

Yes. We were left alone in that waiting room to discuss whether we wanted him proned or put on comfort care, and it was a no-brainer. We wanted him proned because we still believed in a miracle. So we went back to the nurses' station and the same people that were in that waiting room were around the nurses' station, and we told them we had decided we wanted him proned. And they said, okay, they had to get a few people out there to help with that.

So then I asked the doctor, "You know and I know it's scientifically and medically proven that when a baby is born and doesn't have any human touch that the baby dies." He said, "Yeah, that's true." And I said, "Don't you think that if we spent time in his room touching him, talking to him, and that we were there physically instead of video calls that he would improve"? And he said, "Yes, I believe that." But he said, "I can't make that decision." And he turned his head and looked at the head nurse and said, "Can we make that happen"? And she said, "No, it's not our protocol."

**Alexander MacKenzie**

And by this time had Alvin been proned?

**Martha Voth**

No, that was just before.

**Alexander MacKenzie**

Just before he was proned?

**Martha Voth**

Yes.

**Alexander MacKenzie**

So you had asked to be able to stay at Alvin's bedside and—

**Martha Voth**

Well, we just thought we were there, so we thought we may as well just stay

**Alexander MacKenzie**

Right.

**Martha Voth**

as long as we possibly could.

**Alexander MacKenzie**

To talk to him.

**Martha Voth**

Yeah.

**Alexander MacKenzie**

To sing to him in person.

**Martha Voth**

Yes.

**Alexander MacKenzie**

To hold his hand.

**Martha Voth**

Yes.

**Alexander MacKenzie**

To do those things in the hopes that it might revive him.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And you were told—

**Martha Voth**

Well, after they pruned him, then the nurse said, "Well, now you can't be in his room anymore because now his numbers are better."

**Alexander MacKenzie**

So you could— just so that I believe I understand every word you say. So long as he was on the edge of death and going to die, you could stay for comfort care?

**Martha Voth**

Yes.

**Alexander MacKenzie**

But the moment it looked like he might live, you had to go?

**Martha Voth**

Yes, and then the nurse did say, “Well, I will allow you to stay one more hour, but then you have to leave.”

**Alexander MacKenzie**

I believe you recalled to me some specific words that were spoken to you when you asked if staying there might help and the doctor asked the nurse if that would be possible, and the doctor was told— What were those words?

**Martha Voth**

“No, it’s not our protocol.”

**Alexander MacKenzie**

And so you left with your children and went home?

**Martha Voth**

Yes.

**Alexander MacKenzie**

I understand that on June the 11th, you continued your video calls.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And they continued right through to June the 24th.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And each day you and some of your family would sing and talk to your husband, Alvin?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And that each morning and each evening you would call and get updated information from the Health Sciences Centre.

**Martha Voth**

Yes.

**Alexander MacKenzie**

Now, on June the 22nd, you received a call from the Health Sciences Centre.

**Martha Voth**

From the doctor.

**Alexander MacKenzie**

And that was doctor—

**Martha Voth**

Clare Ramsey.

**Alexander MacKenzie**

Dr. Clare Ramsey. And what were you told?

**Martha Voth**

She said, "He didn't have very long, that he was in really, really bad condition. All his organs had shut down by that time because of the massive infection that was running through him." And I asked her if his condition was strictly due to him being in their ICU, and she said,

[00:25:00]

"Yes, you only get this infection in the ICU," and that's what was killing him.

**Alexander MacKenzie**

Now, on June 25th then, you received yet another call from the hospital. Is that correct?

**Martha Voth**

Yes, they said he wouldn't make it the day.

**Alexander MacKenzie**

He would not survive for the day? He would not make it, he would die that day?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And you were told you would be allowed to come in again. Is that correct?

**Martha Voth**

They asked us to come in, yes.

**Alexander MacKenzie**

And so what did you do?

**Martha Voth**

The girls and I went in. Our son was doing concrete and he was in the middle of a pour, and it is sensitive work, so he couldn't leave. He was trying to get somebody to do his job, but he couldn't find anybody, so he had to wait until the concrete set. So we went in; the girls and I went in. We got there shortly after lunch.

**Alexander MacKenzie**

That is, you and your three daughters, yes?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And again, your son could not attend, not because he didn't want to, but because he was in the middle of pouring concrete.

**Martha Voth**

Right. He was trying hard to get there. And we were there all afternoon, and the nurse kept coming in to ask when the son was going to be there because she said he's going to die any minute. But I mean, the machines were still all on him, so—

**Alexander MacKenzie**

What did she tell you about keeping the machines on?

**Martha Voth**

She said, "You're not doing him any favours by keeping him on these machines. In fact, it's worse for him to be on all these machines."

**Alexander MacKenzie**

And you arrived about what time?

**Martha Voth**

About one o'clock in the afternoon, somewhere in there.

**Alexander MacKenzie**

And I understand that your son did finally arrive at around seven?

**Martha Voth**

He finally came at seven, yes.

**Alexander MacKenzie**

And I understand also that then you and your family were allowed to sit with your husband?

**Martha Voth**

Yeah, we were there in his room all afternoon and then all evening. And at some point, the kids decided to go get some food.

**Alexander MacKenzie**

And you had one of your children, you have three daughters,

**Martha Voth**

Yes.

**Alexander MacKenzie**

One of your daughter's name is Rebecca, is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And you were about to say that your children decided to get up and go have a bite to eat while you were going to remain with Alvin.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And what happened then?

**Martha Voth**

As they were walking, Rebecca, who is our youngest, she was pregnant. But she started bleeding and she had a miscarriage because of the stress of that day.

**Alexander MacKenzie**

And I understand that you did stay with your other children. Rebecca went home and that she, nonetheless, stayed for much of the time on the phone and you made a phone connection so that she would be there too.

**Martha Voth**

Yes.

**Alexander MacKenzie**

Now, that went on until past midnight on the 25th, is that correct?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And then tell us what happened then.

**Martha Voth**

Well, we went back and forth trying to decide: should we keep the machines on and wait for a miracle or take them off and wait for a miracle? So we went back and forth all that time to try and decide what to do. Because of course you want him to live, right?

**Alexander MacKenzie**

But you also hoped for a miracle?

**Martha Voth**

Yes.

**Alexander MacKenzie**

And so, sometimes different of your family would think, "time to take him off," and other times people would change their minds,

**Martha Voth**

Yes.

**Alexander MacKenzie**

and ultimately though, you made a decision.

**Martha Voth**

We made a decision after midnight to take him off all the machines.

**Alexander MacKenzie**

And so I'm presuming you called on the medical staff.

**Martha Voth**

Yes.

**Alexander MacKenzie**

And just tell us about what happened then.

**Martha Voth**

Well, they had promised us that when they would take all the machines off, they would take the hose out of his mouth so that he would look normal right at the end. And when they did come in to do that, they said, no, they would leave part of that hose in his mouth because there could still be a particle of COVID in his lung. And then, we would be at risk. My kids and I would be at risk. And if they took it all out and we were in the room, then they would have to fumigate the room and that would take at least half an hour and he would be gone before that time.

**Alexander MacKenzie**

So they were still worried about COVID and you getting COVID and that was foremost in their mind in terms of—

**Martha Voth**

So they said, "Well, unless you had the N95 masks," we couldn't stay in there. And we said, "Okay, we'll wear those masks." Well, they didn't fit right; they wouldn't fit right on our faces. And so we said,

[00:30:00]

well, they had promised that we could stay and we were going to stay and they had to take that hose out. So the nurses walked out and discussed it and came back in and said, okay if we took the N95 masks, we could stay in the room, so that's what we did.

**Alexander MacKenzie**

And then they proceeded to—

**Martha Voth**

They proceeded to take all the machines off, unplug everything, and whatever air was in his lungs from the ventilator just puffed out in three puffs, and then seven minutes later his heart had stopped.

**Alexander MacKenzie**

I feel almost foolish asking this question, but I've been asked to ask it. What do you think should have been done differently?

**Martha Voth**

Well, he did have pneumonia from the COVID and a blood clot. And in my opinion, if they could have just treated that, which they did, and they later on admitted that wasn't even a big deal, the pneumonia or the blood clot. But if they could have just kept him on the mask instead of the ventilator, things in my opinion, would have turned out different.

**Alexander MacKenzie**

Thank you, Martha. I'm going to just have the commissioners ask you any questions they might wish to ask. It appears that there are no questions. Thank you very, very much.

**Martha Voth**

Thank you.

[00:31:52]

***Final Review and Approval:*** Margaret Phillips, August 10, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 7: Sara Martens**

**Full Day 2 Timestamp: 06:58:27-07:20:21**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Kyle Morgan**

The next witness is Sara Martens. She's just making her way through the room. Good day Mrs. Martens, can you state your whole name?

**Sara Martens**

Sara Martens.

**Kyle Morgan**

And can you spell your first and last names for the Commission?

**Sara Martens**

S-A-R-A M-A-R-T-E-N-S

**Kyle Morgan**

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

**Sara Martens**

I do.

**Kyle Morgan**

I understand you're from Manitoba, southern Manitoba?

**Sara Martens**

Yes, Mitchell and Steinbach.

**Kyle Morgan**

And for your whole life, you've resided in that area?

**Sara Martens**

Yes, pretty much.

**Kyle Morgan**

Can you tell us what profession you have, what type of work you do?

**Sara Martens**

I've worked with Southern Health for 39 years. I'm not a nurse. I am a health care aide. In the last 10-12 years, I've worked only in a clinic, which is a treatment clinic in Steinbach, also under the home care. We treat people with IVs, injections, a lot of wound care, and that kind of stuff.

**Kyle Morgan**

I understand that an unfortunate accident happened involving your husband.

**Sara Martens**

Yes.

**Kyle Morgan**

It would have been I believe October 20th, 2021?

**Sara Martens**

[Affirmative nodding]

**Kyle Morgan**

I don't want to skip ahead too much, ultimately his death was ruled to be a COVID death?

**Sara Martens**

[Affirmative nodding]

**Kyle Morgan**

Why don't you tell us what happened on October 20th, 2021?

**Sara Martens**

So October 20th, 4.30 in the morning, he got up to get ready for his job. He had retired from his previous job that he did forever, and this was a casual job. And what it was, is he would drive a half-ton truck with a closed-in trailer, delivering tires all over Manitoba. So that is what he was getting ready for that morning. I woke up and we chatted for about 10-15 minutes, and then he was off to work. Do I just continue?

**Kyle Morgan**

Sure, yes.

**Sara Martens**

So then around 8 o'clock, I got a call from an RCMP that he had been in an accident close to the Austin area, Manitoba. And they just told me that— They asked me a bunch of questions about him. Had he been drinking that morning? Some different questions, I answered them.

And then EMS called me shortly thereafter and told me what had happened. And what appeared to have happened is, he was driving and he must have had a blackout. And he just left the main highway into the ditch over another road and back into a ditch. They had had about three to four inches of rain. And I guess he got stuck in that ditch.

And so when they got to him, the truck was still in drive. The accelerator was pressed all the way down. There was a lot of mud and water flying. And he was just sitting at his wheel, holding on. One of the guys had gone to the window, knocked on the window; he had looked at him. I guess it didn't register. He looked straight ahead. Glasses were hanging on his face. His hat was all crooked and he couldn't respond.

And apparently, according to the EMS, he didn't seem to know who he was, where he was going, what he was doing. And so I'm not sure how long they worked with him. But somewhere towards the end, I think he had managed to say his name. And that was it. The EMS informed me, he said, "You probably should just get ready and go to the hospital." But then he said, "No, actually, you can't go there." So he just changed his mind on that because they wouldn't let me in.

**Kyle Morgan**

Which hospital was that?

**Sara Martens**

The Health Sciences Centre.

**Kyle Morgan**

Here in Winnipeg? Okay.

[00:05:00]

**Sara Martens**

Right. So I kind of sat at home on my couch, and I feel like I was there for two weeks and two days, always sitting by the phone, always waiting what the next call would be, what the next report would be. They had done scans and tests. And what they told me when I called there after a couple of hours was that he had spinal injuries. He had brain bleeds. I believe there was two. He had bruising. He also had a bleed in the abdomen. I think probably that was about it.

Very confused. And I want to say he was confused. They told me that so many times, "He's so confused, he's so confused." And so I did then ask to speak to him, which I did, on Wednesday, the day he had the accident. And I found him to actually be pretty coherent. He said to me, "Did you hear I was in an accident?" And I said, "I did."

He was very concerned that someone else had been hurt. And I said, "No, it was just the truck, just you. It's okay." I said, "How are you doing?" He said, "I'm good. I'm good." And I think he probably had a lot of drugs in him. I'm sure his body was really hurting. But he was very upbeat. We chatted for a while, and Cork is not a phone talker, and I know that.

**Kyle Morgan**

Just to interrupt you, who's Cork?

**Sara Martens**

Cork is my husband, that is his nickname. He's had it forever.

**Kyle Morgan**

Okay.

**Sara Martens**

Anyway, and I know he doesn't like phone talking, so I thought, I'm not going to bore him; I'm not going to keep him on the phone and blah, blah, blah. And so I just wished him well. I actually prayed with him. Just telling him the things that I did. "We love you. We're here for you." Sorry.

**Kyle Morgan**

Now I know that a couple days later on Friday, you spoke to him again. Is that right?

**Sara Martens**

Yeah.

**Kyle Morgan**

The accident happened on a Wednesday, and on Friday you did speak to him.

**Sara Martens**

Right. I did. The days in between, like from Wednesday night to Friday, he was on some oxygen, doing good, pretty stable. There was nothing very eventful.

They did tell me, though, either Wednesday night or Thursday, they called me to tell me that he had tested positive for COVID. And I'm like, "Really?" And after that, there was two different nurses that actually said to me, "He tested positive for COVID, but he wouldn't even have known it. It was so mild." So, you know, you go with what they tell you; there's not a whole lot you could do.

We were not allowed to go there, not ever. We were told he was in ER till Saturday. He had to have a room before we could come. But I feel that they misled us. My children say, "No, they lied." They're a little bit more direct than I am. But they really wanted his story out. So I say, thank you for this opportunity.

During this time, they were telling me that a cardiologist was coming in to see him. They're going to fit him for a back brace. There was a few things that they were going to do. And so each time I asked, "Has the cardiologist been there? Has the back brace been measured?" "No, no."

And then, finally, one day, the nurse just said, "We're not doing anything because he has COVID." And they did not one more thing for him, other than give him whatever medication they pumped him full of.

On Friday, I called him. And it was probably noonish. And I talked to him, and he was confused, very confused. He said to me, "Sara, do you know my neighbour?" We have a neighbour lady. Her name is Jan. "She brought me bales for the cattle." And we had a little conversation. I said, "Wow, that's nice of her." And he said, "Yeah, she's so good." And I said, "You're still working and you're in the hospital?" He said, "Oh, yeah." He said, "I'm good."

So there was a lot of confusion there. Because that wasn't true. We didn't have cattle. We did years ago. But none of that was true.

[00:10:00]

So then the funny thing at the end of that conversation, was kind of cute, kind of funny, confusing. I said to him, "Goodbye. I love you." And he said, "Oh, thank you." And then, that was it. And that was strange. And I found it a little bit humorous.

But, you know, you're in a state of such an emotional place. There's a lot of stress. There's a lot of unknown. We couldn't be there. We never could see him. We never could touch him. We could do nothing. We had to trust that what they were doing was the best.

### **Kyle Morgan**

Were you able to speak to a treating doctor? At all?

### **Sara Martens**

And that was the other thing. Every day I asked to speak to a doctor and every day I was promised and every day it didn't happen. On Saturday morning, and twice, two different nurses said, "Well, what do you know?" And I said, "Well, I know what you tell me."

So on Saturday morning, I got a male nurse, and I asked him how the— I did the same, I called every morning, every evening and sometimes there's things in between. So Saturday when I called, this male nurse said, "Well, what do you know?" And I said, "I just know what I know, what you tell me." I was thinking, they're hiding something from me. And I said, "You know, I've asked to speak to a doctor, I've been promised, and I haven't yet heard from a doctor."

So he said to me, "I promise you, I will have a doctor call you." And he did. It didn't take too long, and the doctor called me. He was rude. He was hard. And he told me that they had intubated him last night, the night before, and I felt so deflated. I'm like, what? How? And

why? I spoke to him on Friday. I never heard a wheeziness, a hoarseness, a coughing. I never heard a thing.

And I do work in a clinic where we do see these kinds of things. We have PPE protection, things that we wear when these kind of people come in. And I know kind of, what the obvious you would hear. For them to intubate him so quickly. And I said, "Well, could there have been other contributing factors?" Like, he had a kidney stone problem. He had a stent put in to bypass the stone that was lodged so that he can go to the bathroom. And actually, that Friday they were going to blast the stone and he's had it done a number of times. He had an infection. "No." And I said, "Could any of that have been a part of the blackout?" Because that was my question: Why did he black out?

And that doctor, and that's why I say he's rude, and he was hard and cold. He just says, "No, that was COVID blackout. That's what that was." And so, none of these other things were factors. They were not even considered.

### **Kyle Morgan**

To interrupt you, you're talking about when the accident happened in the car. The doctor was saying that's a COVID blackout, that's what caused the accident?

### **Sara Martens**

Yes, the reason he had the accident was a COVID blackout. And all these other things were irrelevant. I will just say, in all the medical records, that never came up. It was an unknown reason for the blackout. So first, it's one way and then it's another. He said, "I spoke to Cork last night. I explained to him what it would be to be intubated. It would make his breathing easier and so on. And he consented."

How do you ask a confused person to give a consent? And it was definitely not an emergency intubation because he had all this time to sit and talk to him. He could have called me. He had time to call me. And so it was such an incredible shock when I found out that they had intubated him. And you know the sad thing about that is? I'll just back that up for a minute. The doctor assured me "There are no flags here. There are no concerns. He will be on the ventilator three days, maybe five, no concerns."

Well, he never did wake up from that ventilator.

[00:15:00]

He never did, ever. But you know what's so sad and the thing that I have to deal with and my children is— Why did you not let us have a conversation? Why did you decide that you were doing that? And it took away from all of us, any of us, to talk to him one more time. And I believe doctors know how many people actually survive the ventilator.

And you know, honestly, things just went from that point. It just was a big, fast slide. And then he had a hole blown in his lung from the ventilator, and then he had blood clots and they were deliberating whether they should give him blood thinners because he had brain bleeds. But should they do that? And then they decided, well, yeah, it was fair to try. So it was back and forth. They had restrained him because he got up and walked around, and they didn't want that because of his back injuries. So, they restrained him.

In the end, when it all went through WCB—I'm jumping ahead here a little—they threw his case. He didn't qualify because his injuries weren't what took his life. None of this actually mattered. It was COVID.

**Kyle Morgan**

So you're saying that you tried to make a claim through the Workers Compensation Board?

**Sara Martens**

Yeah, they actually— They and MPI [Manitoba Public Insurance] contacted me that I could do that; I didn't even know. So I did with WCB. They went through all the paperwork; they said, "Well, he didn't die from his injuries." But yet, in the beginning, everything had to be about his— He couldn't walk around. He couldn't do anything because of his injuries and his brain bleeds, and all of that. And now, none of that played into effect.

Then came the day where— "He was just very sick," so they said, "He was very, very sick." I asked the question, how long they would keep him on a ventilator? And that nurse at that time said, "You know, seeing you asked, I will put you through to a doctor." So a doctor actually called me, and so then that discussion started. And she too said, "It's not good for him to stay on this for so long."

They were really hoping that I would make a decision by that following— This was, I believe, on a Monday, and they wanted me to make that decision by that weekend. "Anything past that weekend," she said, "you are only hurting him. It would not be good for him."

**Kyle Morgan**

And I understand it was November 5th, 2021?

**Sara Martens**

He passed away November the 5th.

**Kyle Morgan**

And the original accident was October 20th?

**Sara Martens**

Yeah. We were never allowed— They told us that we could come in— If at time of death or the end of life, we would be able to come in. While that was coming closer, we were not allowed to go in. And we never were allowed to go in. We never saw him. We did Zoom calls after he was fully intubated. Then they completely paralyzed him. So there was nothing. The machines kept him alive. That's all it was. And that's how we saw him.

And you know, I feel angry about some of that stuff. And I feel like, those nurses feel so safe and protected with their PPE protection. Well, I have the same. I have the N95. I have all the same. Why could we not go in there? But they told us, "Oh, no, he's shedding. You can't go in there."

**Kyle Morgan**

I'm mindful of the time, but I wanted to ask you, how do you think things could have been handled differently?

**Sara Martens**

I think that, and it's been said many times, I think people should have the freedom to have a vax or not. I feel that they should not— They should take care of you whether you're vaxxed or you're not. I think, just like Martha said about people coming in and touching your loved one and talking to them, I think that would have been a big thing. But I think the protocols were what they were.

[00:20:00]

And you know, not to mention the meanness that people— How mean people become. I had a person in the family call me about six months later, and she just tied into me and said, "That death was so useless. If he would have only been vaxxed, he would never have died." And you know, you're already down. I was recovering from a full knee replacement 30 days prior to his accident, and that surgery wasn't that successful because I had to have it redone about four months ago.

And so, you're dealing with all of that. You're dealing with the unknown. What's going to happen to him? Every phone call was a negative one. You dreaded even picking up the phone. There's times I just, I couldn't even phone. And then I did phone, and it was just such a hard time.

And then you have people who are so mean and rude. And where's the freedom? Where's the freedom for us to do what we want to do? You know, it's so ironic: there's lottery tickets if you're vaxxed. There's money given at the place of work if you get vaxxed. It's just so crazy. And you try to maintain relationship with those kinds of mindsets; that's pretty difficult, and it gets pretty ugly out there. And we have felt that, very much so.

**Kyle Morgan**

Those are all the questions I had to ask you. I don't know if the commissioners had any questions. I want to thank you very much for your testimony. It's very appreciated.

[00:22:01]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 8: Sean Howe**

**Full Day 2 Timestamp: 07:29:50–07:41:48**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Wayne Lenhardt**

Our next witness is Sean Howe. So, Sean, if you could give us your name, spell it out for us, and then you have to do an oath for me.

**Sean Howe**

Yeah, Sean Howe, S-E-A-N H-O-W-E.

**Wayne Lenhardt**

And do you promise to tell the truth, the whole truth, and nothing but the truth, during these proceedings?

**Sean Howe**

I do.

**Wayne Lenhardt**

You live in Winnipeg or close to it, am I correct?

**Sean Howe**

Yeah, just outside of the city.

**Wayne Lenhardt**

I don't know that much turns on it, but let's call it a Canadian railroad, and you have been employed for a number of years with a Canadian railroad, correct?

**Sean Howe**

Yes, as a conductor first, now a locomotive engineer, going on since 2011.

**Wayne Lenhardt**

And you have been an engineer running the engines for how long?

**Sean Howe**

Since 2015.

**Wayne Lenhardt**

The mandates developed over time. From our discussion, they were talked about in September of 2021, then they were put off until October. And they finally came into effect November the 15th of 2021, is that correct?

**Sean Howe**

That's correct.

**Wayne Lenhardt**

And what happened to your employment after that?

**Sean Howe**

I was placed on unpaid leave of absence with an undetermined end date.

**Wayne Lenhardt**

And you understood that the mandates were coming, correct?

**Sean Howe**

They kept on hinting at them and then kept pushing them back. The first one was supposed to take place immediately after the federal election that year.

**Wayne Lenhardt**

And were these a railway mandate in itself?

**Sean Howe**

No, it's a federally regulated mandate, so any business or employed federally person would have fallen under the umbrella of these mandates.

**Wayne Lenhardt**

And railways fall under that requirement because they're federally regulated, correct?

**Sean Howe**

Correct.

**Wayne Lenhardt**

You determined that you were not going to take the vaccine, and so you were placed on indefinite leave. What happened to your finances after that?

**Sean Howe**

Well, it's no secret that railroaders make a lot of money. Basically, it's up to how much you work. But I essentially went from \$160,000 a year to almost a third of that, just because I did find employment thereafter, but like I said, at a fraction. Similarly to what the police officer kind of went through.

**Wayne Lenhardt**

And at some point, those mandates were rescinded.

**Sean Howe**

Yeah, in June of 2022.

**Wayne Lenhardt**

Okay, and that left you on indefinite unpaid leave for how many months?

**Sean Howe**

Around eight months.

**Wayne Lenhardt**

Okay, so how did you cope during that time?

**Sean Howe**

Well, fortunately, I was not affected in a way that the previous two witnesses were. Coming up here and talking about economic losses kind of falls short compared to their stories. But seeing in my wife's behaviours, how worried she became—

**Wayne Lenhardt**

Did you qualify for any kind of assistance?

**Sean Howe**

No, no, I never applied. I've never applied for EI in my life; I refuse to do that. But through the channels by which I spoke to other people who were also put off work, I had been made aware that they were being denied their employment insurance claims based— Because their record of employment showed that they were, in fact, "dismissed with cause."

**Wayne Lenhardt**

But did you ever check your status?

**Sean Howe**

No, I did not.

**Wayne Lenhardt**

Okay. But in any event, they did rehire you at some point, correct?

**Sean Howe**

Yeah, I was graciously invited back to my job.

**Wayne Lenhardt**

Okay. But that took eight months while you were on unpaid. What losses did you incur in that time?

**Sean Howe**

We estimated we lost probably around \$80,000.

[00:05:00]

**Wayne Lenhardt**

That's 80, as in eight-zero. 80,000?

**Sean Howe**

Yeah, and we have about \$40,000 in new debt.

**Wayne Lenhardt**

So are you still in the process of paying that off?

**Sean Howe**

Yep.

**Wayne Lenhardt**

Okay. How did you survive in the meantime, while you were on eight months of unpaid leave?

**Sean Howe**

Like I said, a like-minded individual offered employment when he heard about my situation. Prior to the mandates in May of '21, we had sold our house and moved outside the city. And it was basically the equity from that sale that we subsided on, which we had

obviously other plans for, other than just to survive on it. And then racked up the line of credit, credit cards, so on and so forth.

My wife, she has her own small business that she's trying to get going on the side. So that has helped too. But it was looking like I was going to have to go back out west after nearly 20 years of not working on the pipelines or the rigs. I was in the midst of my physical aptitude testing for that. At 40 years old, I was going to go back onto the drilling floor. That was the plan.

**Wayne Lenhardt**

From our chats you had mentioned that you had been an oil rig worker at one point, and you had also done some construction work. So did you pick up some of that during the eight months?

**Sean Howe**

Yeah, that's primarily what I did. We worked on some small apartment renovations in an elderly complex, which I didn't have to mask up for, and nobody got sick as a result of it.

**Wayne Lenhardt**

We chatted about this briefly. Were there similar mandates for all of the Canadian railroads? There aren't a huge number, but—

**Sean Howe**

So it was a blanket mandate, but I was informed during our time off that exemptions were granted to other railways, some in part and some total in full. Because for one of these railways to lose their unvaccinated employees, it would have meant that life-saving resources would not have gotten to the mostly fully vaccinated northern communities here in Manitoba.

**Wayne Lenhardt**

Okay. There was an exception of some kind for those?

**Sean Howe**

After speaking with one of the general managers, yes, that was what I was told.

**Wayne Lenhardt**

Okay. I think I'm going to turn it over to the commissioners in a minute. But is there anything else you want to add to the hardships that you sustained in that period?

**Sean Howe**

In terms of hardships, it's mostly economical. But as we all know, economies, economics, it has an impression upon people in a wider variety than just the money in your pocket. It does factor into mental health, into emotional health. It hasn't been easy, but it could have been worse.

**Wayne Lenhardt**

Okay, do the commissioners have any questions? Yeah, Dr. Massie.

**Commissioner Massie**

Thank you, Mr. Howe, for your testimony. I was wondering now that you're back on the work, what's the work environment in terms of the relationship with your colleagues or boss?

**Sean Howe**

For me, it's mostly been positive. There's obviously some individuals who are not happy that we are back. They've made it apparent through some literature or some words they've scribbled here and there. But I've had more positive interactions from people coming up to me and saying that they admire what we did. By taking our stand, that they wish they could have too.

**Commissioner Massie**

And you also mentioned that there was some exemption for some of the employees. You have any idea of what were the criteria to grant those exceptions?

**Sean Howe**

There was religious exemptions that in some cases were honoured and some not. Somebody I know personally applied for an exemption based on his Treaty Status and his belief system through that, and this was granted.

[00:10:00]

It was not something that I was willing to consider, personally, because at that point in time, I hadn't quite found my faith. So in all good honesty, I couldn't have put that forward. And I had intentions of joining the Rocco Galati lawsuit, and that was one of the things that you couldn't have done in order to be eligible. You couldn't apply for an exemption.

**Commissioner Massie**

Thank you.

**Commissioner Drysdale**

Good afternoon. Were there others that you knew of from your employer that also were sent home without pay?

**Sean Howe**

Yeah, there's hundreds.

**Commissioner Drysdale**

Correct me if I'm wrong. Is there a glut of locomotive engineers in the railway industry?

**Sean Howe**  
Is there a lot?

**Commissioner Drysdale**  
Is there an excess? Are there lots and lots and lots of locomotive engineers?

**Sean Howe**  
There's quite a few people qualified, but working engineers, I want to say it's probably around 3,000 to 5,000 across Canada.

**Commissioner Drysdale**  
What my question really is— Are there too many locomotive engineers? What I'm trying to say is, if they put you out of work and sent you home without pay, did that affect the operation of the railway?

**Sean Howe**  
It didn't seem to be the case for us, but for others, perhaps.

**Commissioner Drysdale**  
Thank you.

**Wayne Lenhardt**  
Okay, any other questions? Okay, thank you very much, Sean, and we appreciate your testimony.

**Sean Howe**  
Thank you.

[00:11:58]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### **EVIDENCE**

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**Witness 9: Michelle Kucher**

**Full Day 2 Timestamp: 07:41:55–08:13:46**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Shawn Buckley**

So our next witness is going to be Michelle Kucher, who is going to be attending virtually.

**Alexander MacKenzie**

Again, for the Commission's records, my name is Alexander MacKenzie. And Michelle—Sandy MacKenzie—we have spoken on the phone.

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

You can hear me clearly and I can hear you.

**Michelle Kucher**

Yes, I can.

**Alexander MacKenzie**

Michelle, I wonder if you would give your full name to the Commission, and perhaps, spell it.

**Michelle Kucher**

My full name is Michelle Kucher, K-U-C-H-E-R.

**Alexander MacKenzie**

Thank you.

Michelle, do you promise that the testimony you are about to give to this Commission shall be the truth, the whole truth, and nothing but the truth, so help you God?

**Michelle Kucher**

I do.

**Alexander MacKenzie**

Thank you.

Now, Michelle, you're testifying virtually from somewhere in the United States, is that correct?

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

Thank you. And you reside in Matlock, Manitoba.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And that is a small town on the edge of Lake Winnipeg, about a one-half hour drive from the north end of Winnipeg, is that right?

**Michelle Kucher**

Approximately, yes.

**Alexander MacKenzie**

And Michelle, both your father and your mother are now deceased, that is correct?

**Michelle Kucher**

That's correct.

**Alexander MacKenzie**

Yeah, your father passed away in 2010.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And your mother, when did she pass?

**Michelle Kucher**

My mother passed away January 10th, 2022.

**Alexander MacKenzie**

You were close to both your mom and your dad?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And what was your mother's name?

**Michelle Kucher**

Mildred Kucher.

**Alexander MacKenzie**

Thank you.

Now, following your dad's death in 2010, your mother lived alone in Garden City. Is that correct?

**Michelle Kucher**

Yes. Technically, it was the last street of the north end, but it was in the Garden City area.

**Alexander MacKenzie**

In the Garden City area and that, again, is about a one-half hour drive from Winnipeg.

**Michelle Kucher**

From Winnipeg Beach? Yeah.

**Alexander MacKenzie**

Which is very near Matlock, where you lived.

**Michelle Kucher**

Yes. Where I lived, yes.

**Alexander MacKenzie**

And what was the condition of your mother's health starting in 2010 through to early 2020?

**Michelle Kucher**

My mother was a fiercely independent woman. She was extremely active. She belonged to many, many organizations. She managed to stay in her own home, even after my father passed away. She drove her own car until she was 91 years old. She went to—

**Alexander MacKenzie**

What year would that have been?

**Michelle Kucher**

When she was 91?

**Alexander MacKenzie**

Right, that she was 91.

**Michelle Kucher**

I have to do math.

**Alexander MacKenzie**

She turned 95, I understand, on October 9th, 2021.

**Michelle Kucher**

2021, yes, that's correct.

**Alexander MacKenzie**

So she would have been 91, four years earlier than that.

**Michelle Kucher**

Correct. Thank you.

**Alexander MacKenzie**

And that's good enough. Thank you.

Now her health was good then, is that fair to say?

**Michelle Kucher**

It was good considering she was the age she was. She had, like, cognitively, she was a 100 per cent. She had some issues walking because she had arthritis in her knees. Other than

that, she was very active; she attended two different day programs during the week, so that's three days a week she was out of the house—

**Alexander MacKenzie**

I'll get to that in a moment, okay?

**Michelle Kucher**

Okay.

**Alexander MacKenzie**

Thank you very much.

Now at the beginning of 2020, you were employed in two different jobs. Is that correct?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And what were those jobs?

**Michelle Kucher**

I held a full-time position at Selkirk Mental Health Centre in the Acquired Brain Injury Unit, as a psychiatric nursing assistant, and I held a part-time job at Selkirk Regional District Hospital in the day surgery,

[00:05:00]

as a health care aide.

**Alexander MacKenzie**

Were either you or your mother vaccinated for COVID?

**Michelle Kucher**

Eventually, yes. Not at the beginning of 2020; COVID hadn't really hit us yet.

**Alexander MacKenzie**

When would you—

**Michelle Kucher**

We did get vaccinated. I believe it would have been May of 2020 [sic].

**Alexander MacKenzie**

And you, personally, didn't like vaccinations, is that correct?

**Michelle Kucher**

That's correct.

**Alexander MacKenzie**

But you chose to get a vaccination so that you would fit in with all of the things that were required of you, is that fair to put it?

**Michelle Kucher**

That's a fair statement, yes.

**Alexander MacKenzie**

And so in early 2020, you had become concerned about the possibility of your transmitting COVID to your mother who was aging.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

Okay, and how did you deal with that concern, in terms of your employment?

**Michelle Kucher**

In February of 2020, I moved in with my mother to be her primary caregiver. I would return to her house from work and I would immediately shower and throw my clothes in the washing machine. And I'd always have a change of clothes in the shower in the basement just in case there was any remnants of any kind of virus lingering on my clothing. And then, you know, every night after work, that's what I would do.

**Alexander MacKenzie**

Right, and again, I'm not sure if it was absolutely clear, but you had been living in Matlock, but you then took up residence in your mother's basement.

**Michelle Kucher**

Yes. So she had a brief hospital stay and was released from the hospital in January of 2020, and I moved in with her February of 2020, so she could remain in her own home and be safe.

**Alexander MacKenzie**

And when you say you became her primary caregiver, that's a formal name, is it not?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

Yes. And what did that mean for you and your mother, you living in her basement as her primary caregiver? What other arrangements were you able to make?

**Michelle Kucher**

Well, we used the Self and Family-Managed Care option of the home care services in Winnipeg. It was through Winnipeg Regional Health Authority. Essentially, I became the manager of my mother's home care and did the payroll, scheduling of employees, hiring, firing, things like that. And I employed two health care aides to take care of my mother while I was at work.

And so my mother was entitled to, and assessed to need, 55 hours of care a week, which is, essentially, the maximum allowable through home care. I managed to get all my shifts to be evening shifts, so the two health care aides that I hired would work during the day and I'd come home from work in the evening— Sorry, I stayed with my mother during the day and the health care aides would work in the evening while I worked, and then I'd wake up the next day and do it all over again.

**Alexander MacKenzie**

Now, at some point, you did quit your job at the Selkirk Hospital, is that correct?

**Michelle Kucher**

I took advantage of a leave of absence. As a government employee, I was entitled to take a leave of absence to care for a family member, and so, I took advantage of that opportunity and I stayed home. I stayed with my mom.

**Alexander MacKenzie**

And you also— You had been working two jobs. You took a leave of absence from the other, as well, is that correct? From the Selkirk Mental Health Centre.

**Michelle Kucher**

Yes, and the Selkirk Hospital. Yes.

**Alexander MacKenzie**

From both. And had you ever discussed with your mother the possibility of her living in a care home?

**Michelle Kucher**

It came up on occasion, especially when she was being assessed by her case managers. She was never, ever deemed unfit or would qualify for a personal care home because she was too high functioning cognitively. Assisted living: She was not interested in that at all

because it would be the same kind of care she would get at home, only in a strange place. And she wanted to die in her own home.

**Alexander MacKenzie**

And your mother's health at the beginning of 2022 was— How would you say? What was her mental health?

[0010:00]

**Michelle Kucher**

At the beginning of 2020?

**Alexander MacKenzie**

2022.

**Michelle Kucher**

2022 is when she passed.

**Alexander MacKenzie**

Yes.

**Michelle Kucher**

Yeah, she had declined drastically as a result of isolation and depression and just really lost her will to live at that point.

**Alexander MacKenzie**

Now, leading up to that time, while you were living with her in her home, in her basement, can you describe— I believe you have described your mother to me as a social butterfly.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And could you tell me all about her being a social butterfly?

**Michelle Kucher**

Well, I mean, all her life she was surrounded by people, but during her last few years of her life, especially after my father died, she really needed to take care of her own mental health. She joined two different seniors' programs and attended seniors group meetings three times a week. Every Friday, she attended a lunch meeting with another program, called Links. She would go for lunch on a weekly basis with ex-coworkers. She was a legal secretary at the Federal Department of Justice and maintained friendships from that time in her life. She would go to church every single Sunday, rain or shine. She would do her own

grocery shopping. She, really, did everything for herself. And for me, it was quite difficult to actually get a date with her because her social calendar was so full. She thrived on being with people and she never missed an opportunity to tell her story.

**Alexander MacKenzie**

And some of these places that she was going to were the Gwen Selter facility, once a week; Holy Family, twice a week; St. Nicholas Ukrainian Church, once a week; and then these lunches for various people and so on.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And how about family gatherings, was she interested in those?

**Michelle Kucher**

Absolutely. My mother's house used to be a hub of activity throughout her life. We would have family dinners where 32 people would be eating at our table. She had ten grandchildren, seven great-grandchildren. They were the light of her life. She always, always welcomed the opportunity to spend time with them: whether it was in Winnipeg, or whether she had to fly to Vancouver or Toronto, or wherever her other grandchildren were at the time.

**Alexander MacKenzie**

And all this was before there were COVID mandates.

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

Did anything change? And tell us about that.

**Michelle Kucher**

Well, the COVID restrictions— Our TV would bring us daily regulations and daily vaccine availability, and of course, there was the ominous death count that was on TV all the time.

My mother couldn't attend her seniors' programs because one of them was at a personal care home, and personal care homes had sort of gone into lockdown. Gwen Selter had shut down because there were restrictions on gatherings. Restaurants were closed, so going out for lunches was no longer possible. Church services were halted as a result of the inability to have gatherings.

Essentially, everything that meant anything to my mother had been taken away from her. Even having family gatherings, we had to keep our circle small. There was the social distancing regulations that were put in place. And as a result of all those things being taken

from my mother, her cognitive abilities drastically declined, and she became very withdrawn, very depressed, and really felt like she had nothing to look forward to in life.

**Alexander MacKenzie**

Did any of her friends pass away during those restrictive times?

**Michelle Kucher**

Absolutely. There was actually several that passed away and funeral services could not happen at the time. Many of her friends were residents of a care home that had a COVID outbreak and many of them died in care.

[00:15:00]

And then, yeah, we could not attend the funerals.

And those types of rituals for a person of my mother's age, who's very old school and quite a devout Catholic, those things were very important to her and her peers.

**Alexander MacKenzie**

Now, I understand that one of her granddaughters was a ray of light in all of this. How did that work?

**Michelle Kucher**

Well, when we were doing the Self and Family-Managed Care, one of the health care aides that I hired was my daughter. When the restrictions became very tight, that we had to not have people outside of the household visiting, my daughter decided to move into my mother's house with me. So we made our circle just a little bit bigger. And during that time, she had a baby, her first child, and we brought the baby back to my mother's house. And she was able to be a part of this little girl, sort of, crawling for the first time, walking for the first time. And that was, really, the only ray of sunshine that she had in such a bleak world.

**Alexander MacKenzie**

Now, I understand that things went on, more or less, in this way until September of 2021.

**Michelle Kucher**

September?

**Alexander MacKenzie**

Yeah, I'm sorry, is that— I believe at some point your mother had fallen?

**Michelle Kucher**

Yes, my mother did fall on September 20th of 2021. She had, for the first time ever, fallen forward and ended up with a bit of a rug burn on her forehead and quite a bruise. Usually, she would fall backwards and she would never hit her head because her back was so rounded, but this time she fell forward and that affected her a little bit.

**Alexander MacKenzie**

And in terms of her health, generally, then—in terms of respiratory health and fevers and so on—how was she doing?

**Michelle Kucher**

My mother had been diagnosed with congestive heart failure many years prior to this and she was entering the end stages of congestive heart: So she had a lot of swelling in her legs. She had a lot of breathing issues. She had a lot of fatigue, some confusion at times.

**Alexander MacKenzie**

And these things were all related, and diagnosed as being related, to congestive heart problems, right?

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

So in October, I understand, she was admitted to a hospital, is that correct?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

Which hospital was that?

**Michelle Kucher**

Seven Oaks.

**Alexander MacKenzie**

And that was for her congestive heart problem issues?

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

And that was made plain to everyone?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And how old was your mom then?

**Michelle Kucher**

She had turned 95 years old October 9th, approximately two weeks prior to her going into the hospital.

**Alexander MacKenzie**

Okay, and did you visit your mom?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

At the hospital?

**Michelle Kucher**

Yes. We all managed to make sort of a schedule so that she was being visited by different family members and friends on a regular basis.

**Alexander MacKenzie**

And did she let you know how she felt about these visits?

**Michelle Kucher**

They were the only thing that really kept her going. Yeah. But because of some restrictions, we could only visit one at a time.

**Alexander MacKenzie**

And how long did that continue?

**Michelle Kucher**

Up until towards the end of December 2021. Excuse me—

**Alexander MacKenzie**

You can take a moment if you wish. Take a moment if you wish.

**Michelle Kucher**

Sorry about that.

**Alexander MacKenzie**

No, no, that's all right.

**Michelle Kucher**

Towards the end of December of 2021, there was a COVID outbreak in Seven Oaks General Hospital,

[00:20:00]

on a different floor than where my mother was situated, and as a result of that, visiting was banned or stopped. The hospital went into a Code Red, I believe it's called.

**Alexander MacKenzie**

That was a lockdown, basically, then.

**Michelle Kucher**

Basically, yeah. The only people that could go would be staff and people who were deemed essential care providers.

**Alexander MacKenzie**

Now, you were your mother's care provider, were you not?

**Michelle Kucher**

I was her primary care provider, yes.

**Alexander MacKenzie**

You've used two words here: you use primary care provider for yourself, but the words you used a moment ago is essential care provider. What's the difference?

**Michelle Kucher**

An essential care provider would be somebody who would be attending the hospital to care for a patient on a regular basis. For example, coming every day to feed them their meals. Basically, taking over a job for the health care aides.

**Alexander MacKenzie**

I see. So in your capacity as your mother's primary caregiver, you were not qualified, is that right?

**Michelle Kucher**

That's correct.

**Alexander MacKenzie**

And so, your visits were cut off.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

Did any other members of your family get to visit?

**Michelle Kucher**

No. No, the only people that my mother saw after that point would be the staff.

**Alexander MacKenzie**

Did you have occasion to discuss with any hospital staff your concerns about your mother's isolation?

**Michelle Kucher**

I did. I had gone to the hospital to visit my mother and was turned away by the screening staff at the door, saying that they're— That's how I found out that they were in a lockdown. They told me to phone the next day and talk to the unit manager to see if I could, possibly, get this designation given to me, to be the essential care provider.

I had phoned the hospital the next day and the nurse at the desk told me— Because I explained to her that my mother was 95, and quite possibly dying, and she was extremely lonely and the loneliness was what was killing her. It would have been hard for anybody in that situation to not have people visiting. And I, sort of, tried to make my case to be declared this essential care provider, and she told me that my mother's loneliness wasn't a reason enough to declare me as an essential care provider.

**Alexander MacKenzie**

Do you remember her exact words?

**Michelle Kucher**

Off the top of my head right now, no. I do know that I've said them to you, but I do not recall them exactly.

**Alexander MacKenzie**

You did say to me that the words spoken to you were, "Your mother's loneliness is not a priority." Is that accurate?

**Michelle Kucher**

Yes. That's correct.

**Alexander MacKenzie**

I don't know if you want to answer this question, but how did you feel about that?

**Michelle Kucher**

I was extremely angry. I sent emails and letters and left messages in a variety of different offices, expressing my disgust, actually, at that comment and just the whole situation in general.

**Alexander MacKenzie**

You never did see your mother again, prior to her death.

**Michelle Kucher**

Not alive, no.

**Alexander MacKenzie**

Now, you mentioned that your mom passed away on January the 10th.

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

And so all of this was taking place, roughly, three weeks before her death.

**Michelle Kucher**

Correct.

**Alexander MacKenzie**

And when you were barred from going to the hospital, what did you do to try to keep in touch with your mom?

**Michelle Kucher**

Well, we attempted phone calls. There was a phone in her room and we would try to call, but most of the time the phone was out of her reach. And when it was in her reach, she really couldn't figure out how to use it. Often, we would have to phone the nursing station and say, "Look, I'm trying to call my mom and I don't know if she can reach the phone," and they would tell me that they would put the phone on her bed for her and then we could— Very rarely did we actually get through to my mom.

[00:25:00]

My brother would phone from his house in Toronto and hardly ever got to talk to my mom. It was a horrible, horrible experience. We thought about providing her with a cell phone, but, at that point in my mom's life, I don't know if she would have been able to use it.

**Alexander MacKenzie**

Now, in terms of your mom's health, what were you led to believe? She'd gone in for the congestive heart problems and what were you led to believe, as all this time was passing?

**Michelle Kucher**

Well, the goal was always to get her home, to stabilize her and get her home. And she was medically stable and the plan was, of course, like I said, to get her home. What held things up, essentially, was a lack of staffing for home care services.

**Alexander MacKenzie**

So when she was being cleared to come home, that was at the beginning of January, is that correct?

**Michelle Kucher**

Yes. Yes, we had been working on her getting home and getting staff in place for quite some time. The Self and Family-Managed Care Program was no longer available to us and she actually did get a discharge date.

**Alexander MacKenzie**

And what date was that?

**Michelle Kucher**

January 10th, 2022.

**Alexander MacKenzie**

So she was going to be discharged on January the 10th, 2022. Did you speak to her that day?

**Michelle Kucher**

I did speak with her on the phone and I let her know that she was coming home. I made arrangements for Stretcher Services to bring her home because I couldn't do it myself and she would not have been able to get in and out of my vehicle. And we made arrangements: Stretcher Services was to pick her up at 6:30 p.m., January 10th, 2022.

**Alexander MacKenzie**

But that didn't happen.

**Michelle Kucher**

No, it did not.

**Alexander MacKenzie**

What did happen?

**Michelle Kucher**

At approximately 5:15 to 5:30 p.m., I got a phone call from her doctor telling me that she had been found unresponsive. She was actually sitting on the toilet at the time. They brought her into her bed and there was nothing they could do to— She never did regain consciousness after that and she passed away.

**Alexander MacKenzie**

On the very day, an hour and a half before you were going to take her home.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

What happened then? You had discussions with the doctor, I believe.

**Michelle Kucher**

I did. I asked him if I could come and see my mother and he told me that I could.

**Alexander MacKenzie**

And he made arrangements with the hospital, did he?

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

And then you did go to her.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

Yeah.

**Michelle Kucher**

I went—

**Alexander MacKenzie**

Sorry, go ahead.

**Michelle Kucher**

Oh, yes, I went to the hospital and I went in— She was still in the room that she shared with her three other patients, curtains drawn, so she had some privacy. And I was able to sit with my mother, I was able to hold her hand, and I was able to talk to her. After she passed, I was sitting with her dead body. But I could not sit with her live body the day before or the day before that.

**Alexander MacKenzie**

You know, you've talked about your mother's sense of loneliness. Can you share with us how all of this made you feel?

**Michelle Kucher**

I mean, we always knew that, like, my mother was going to die, right? Obviously, she was 95 years old; she's in end-stages of congestive heart failure. We never got a chance to say goodbye. We couldn't go see her; we couldn't hug her. There were no more "I love you's" given. She died, alone, you know, possibly neglected because of the chronic short staff-ness, but I can't really comment on that because the nurses and the staff that worked there were really working hard.

I was angry. I was angry and I was sad. She didn't deserve that. We did everything right: we got our vaccinations; we kept our bubble relatively small; we socially isolated; we followed all the rules.

[00:30:00]

And still, the government that she was so obedient to failed her in the end, is the way I feel. I'm angry for her. I'm sad for her. And I think that what happened there was extremely wrong. My mother said to me, about three months into the pandemic, that she would rather die of COVID than die of loneliness, and she did not have that option.

**Alexander MacKenzie**

Sounds like, ultimately, she exercised that option. In any event, did you ever test positive for COVID?

**Michelle Kucher**

I did, just last October. I'm vaccinated. I've got two boosters on top of that. I work in a medical facility, so it's somewhat necessary. We have to be vaccinated in order to work under those circumstances. And I had been exposed to one of the patients having COVID.

**Alexander MacKenzie**

So your positive test was 10 months after her demise.

**Michelle Kucher**

Yes.

**Alexander MacKenzie**

Is there anything else that you would like to add, Michelle?

**Michelle Kucher**

I don't think so.

**Alexander MacKenzie**

If you will, I'll ask the commissioners if they have any questions that they would like to put to you.

Okay, it appears as though they do not. Thank you very, very much for attending.

**Michelle Kucher**

Thank you for the opportunity to tell my mother's story.

**Alexander MacKenzie**

Thank you, Michelle.

[00:31:51]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

### EVIDENCE

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Witness 10: Charles Hooper

Full Day 2 Timestamp: 08:14:15–09:06:00

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

**Shawn Buckley**

Charles, can you hear us?

**Charles Hooper**

Yes, I can. Can you hear me?

**Shawn Buckley**

Okay, so we've got a good Zoom connection. My name is Shawn Buckley. I'm going to be calling you as a witness today.

So can I ask you, first, to state your full name for the record, spelling your first and last name?

**Charles Hooper**

Charles Hooper, C-H-A-R-L-E-S H-O-O-P-E-R.

**Shawn Buckley**

And, Charles, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**Charles Hooper**

Yes, I do.

**Shawn Buckley**

I just want to introduce you a little bit [Exhibit WI-9]. Right now, you are president of a consulting company, called Objective Insights. And my understanding is that your company

consults for pharmaceutical and biotech companies, that you basically help companies to make business decisions by doing forecast models that include epidemiology. So for example, if a company was going to introduce a drug for third-line non-Hodgkin's lymphoma, how many people are out there with that and what public policy implications would the company encounter? Your company does things like that. Did I explain that well?

**Charles Hooper**

Yes, you did. Thanks, Shawn.

**Shawn Buckley**

So now, you used to work for the pharmaceutical company, Merck, and you were actually there when they came out with ivermectin.

**Charles Hooper**

Yeah, I was there. I think it was just shortly after ivermectin first launched.

**Shawn Buckley**

Okay, and then we can't leave out that you worked at NASA as a scientific applications programmer.

**Charles Hooper**

Yeah.

**Shawn Buckley**

Okay. Now, you became an expert on ivermectin. I'm just curious if you can explain for us what led you down that path.

**Charles Hooper**

Well, that's actually a good question. So first of all, I knew a fair amount about ivermectin working at Merck. Merck was actually quite proud of ivermectin when it first came out. And so, when the COVID pandemic hit and I saw ivermectin mentioned, I looked into it a little bit more. I was kind of curious, having a little bit of background, and then that just kind of snowballed. And here we are.

**Shawn Buckley**

Right, so you just, basically, read every study there was on ivermectin and became an expert. And bearing in mind, you already have expertise in the pharmaceutical field and research.

**Charles Hooper**

Right.

**Shawn Buckley**

Now, why should we care about ivermectin?

**Charles Hooper**

Well, the COVID-19 pandemic led to substantial loss of life, along with large social and economic costs, and ivermectin was presented—and still is available—as a potential drug to treat COVID-19. And I think that it has some legitimate claim to being a good treatment for COVID-19. Therefore, many people who suffered and potentially died, maybe, shouldn't have or wouldn't have if ivermectin was more widely available.

**Shawn Buckley**

Right. Okay, so can you explain for us, when the pandemic started, obviously there was no vaccine or any other tool available. Can you explain to us the importance of the drugs that are on the market then, at the time, specifically ivermectin, and why it should have been considered.

**Charles Hooper**

Yeah. So when a pandemic happens, everything happens pretty quickly and drug development is a very slow and lengthy process. So we really have a mismatch of a fast-moving pandemic, a contagious virus, and then a slow-moving pharmaceutical industry and a regulatory environment.

And so, by nature, we really need to look at existing drugs that are either already on the market or are soon to be on the market because anything else would just take so long to be developed that the pandemic might have already run its course. So, we, by nature, have to look at older drugs, and it's actually a very well-known principle that using repurposed medicines,

[00:05:00]

with established safety profiles is a pragmatic public health strategy.

So people looked around at potential therapies that could work and ivermectin showed up as one because of some of the characteristics it has to attack parasites. Those mechanisms also attack viruses.

**Shawn Buckley**

And that was actually known before the pandemic started, am I correct?

**Charles Hooper**

The antiviral activity of ivermectin? I believe so, and if it wasn't before, it was definitely early on in the pandemic.

**Shawn Buckley**

I'm going to ask you, in a bit, on your thoughts as to whether or not you think it is a safe treatment and an effective treatment for COVID. But right away, there was some controversy about ivermectin and can you share with us about that?

**Charles Hooper**

Yeah, so if you followed the news over the last few years, essentially everything that's been said about ivermectin has been negative if it's been said by the established authorities.

First, we heard that ivermectin was a veterinary parasitic medicine that was intended for horses and cows. And then, second, a number of health and regulatory agencies came out against its use, for example, the Food and Drug Administration in the States. And then even the originator and inventor of ivermectin, Merck and Company, came out against its use. And then, we also heard that the largest study that showed that ivermectin worked was retracted for data fraud. Finally, we were told that the biggest and best study of ivermectin—the TOGETHER Trial—showed that ivermectin didn't work.

And I think there's a need to set the record straight because that's not the whole truth.

**Shawn Buckley**

Okay, so can you set the record straight for us today?

**Charles Hooper**

Yeah, I'd be happy to. Okay, so can I give you a little background on ivermectin?

**Shawn Buckley**

Yeah, do you want a screen share? I think we're set up for that if you need to.

**Charles Hooper**

Okay. Let's see. Oh, here we go.

**Shawn Buckley**

Okay, so we're seeing your screen now [presentation exhibit number unavailable]. We're seeing a slide *Ivermectin for COVID-19*.

**Charles Hooper**

First of all, we mentioned just a minute ago that older drugs are the way to go when a pandemic happens. So the three drugs that I've focused on, other than ivermectin, to treat COVID-19, they were available at day 235, day 661, and day 662. That's Gilead Sciences' Veklury, the generic name is remdesivir; Pfizer's Paxlovid, which is a combination of two older drugs; and then Merck and Company's Lagevrio, which the generic name is molnupiravir.

A little bit of history about ivermectin: It's an important drug and some have actually estimated that its overall public health benefit might be on par with that of penicillin. It was discovered in 1975 through the work of two individuals, William Campbell, at the Merck Institute for Therapeutic Research, and Satoshi Ōmura, at Kitasato University. And this discovery earned them the 2015 Nobel Prize in Physiology or Medicine.

Ivermectin was first used as a veterinary antiparasitic, with human applications coming just a few years after that. And in the developing world, it's proven so effective that it's on

the World Health Organization's list of essential medicines and it has been dosed four billion times

[00:10:00]

in parts of the world where parasites are common, such as Africa, Central and South America. It's been used to treat and prevent river blindness and other diseases. It's been used safely in pregnant women, children, and infants, which is saying a lot.

So my history with Merck goes back 34 years when I was newly hired there and ivermectin was newly launched. And people might say, okay, well, it's an antiparasitic, so why should we use it for COVID-19? Well, it turns out, in the pharmaceutical industry, a lot of drugs have application in multiple therapeutic areas. So just one quick example: The drug amantadine was originally developed to treat influenza, but Parkinson's patients taking amantadine for the flu serendipitously noticed symptomatic relief of their Parkinson's disease. Now, amantadine is regularly taken by Parkinson's patients.

So anyway, with ivermectin, it works through a variety of mechanisms to kill parasites and some of those mechanisms have been found to attack single-strand RNA viruses, such as SARS-CoV-2, which causes COVID-19. So this led scientists to test it in laboratories, in vitro, and they found that it did, in fact, kill 21 different viruses in cell cultures.

Shawn, should I just keep going?

**Shawn Buckley**

Oh, yeah, please. Please do.

**Charles Hooper**

Okay. So because ivermectin has been around for decades—it's safe; it's an oral pill; it's cheap; it's off-patent—it would be an ideal therapeutic for COVID-19 if it worked. So the question is, does it work? And here's where things get more interesting.

So Merck came out against the use for ivermectin and said, quote, "It is important to note that, to date, our analysis has identified no meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease."

Now, the FDA was a little bit less circumspect and the FDA tweeted, "You are not a horse. You are not a cow. Seriously, y'all. Stop it." But then the FDA also added a statement pretty much like I just read from Merck. But the FDA went further and the FDA put out a special warning to warn us against using ivermectin for COVID. And it said, quote, "You should not use ivermectin to treat or prevent COVID-19." But this statement went on and it included words and phrases such as "serious harm," "hospitalized," "dangerous," "very dangerous," "seizures," "coma and even death," and "highly toxic" [Exhibit WI-9a].

But this is a drug that is FDA-approved as safe for human use, so why would using this safe drug for a new condition make it dangerous? Well, the FDA didn't say. And in fact, a normal person reading this might think that the FDA was warning against some criminal agent who had laced pills with poison. Then, further, the FDA claimed, with no scientific basis, that ivermectin is not an antiviral, notwithstanding its proven antiviral activity.

So it would be nice to have somebody who's been within these organizations recently and involved in these decisions to explain them. But, absent that, what we can do is we can explore some of the structural reasons for why these organizations might have come out so strongly against ivermectin.

With the FDA, I think it's really two different things: it's the Emergency Use Authorization and then off-label promotion.

[00:15:00]

So the Emergency Use Authorization is a regulatory pathway that the FDA may use to authorize unapproved medical products or unapproved uses of approved medical products in an emergency to treat serious or life-threatening diseases where there are no adequate approved and alternative therapies. This might have given the FDA a reason to want ivermectin out of the picture because if there's no approved alternative therapy, then the FDA could encourage companies, like Gilead and Merck and Pfizer, to keep developing their products. And what this really implies is that the FDA knows how long the drug development process takes and it takes too long, so the FDA, maybe wanting to help during the pandemic, wanted to get these new drugs out there. Also, I think it's possible the FDA wanted to incentivize the drug companies to keep researching these treatments because if the FDA said, "okay, maybe your drug will be approved in 10 years, long after the pandemic's over," then those companies would have very little reason to keep researching their treatments.

The second reason is off-label promotion. So once drugs are marketed, physicians can use them for any condition that they think will help the patient. And such usage is called off-label promotion because it's for a condition that's not specifically on the label of that drug that's been approved by the FDA. While this off-label prescribing is widespread and completely legal, it is illegal for drug companies to promote drugs for off-label conditions in any way, shape, or form. And during a particularly vigorous two-year period, the Justice Department collected over \$6 billion in fines from drug companies in off-label promotion cases. So the FDA takes the position that it doesn't want to encourage off-label promotion, or off-label usage, but it knows it can't stop it.

So if the FDA were to make a statement on the efficacy of ivermectin for COVID-19, it would, pretty much, have to come out neutral or negative because if it promoted a drug for an off-label use, there would be obvious hypocrisy involved.

So Merck faced that same off-label promotion issue. You know, Merck is not going to promote a product and face substantial fines. Merck is too smart for that. Also, ivermectin has long since been generic, so Merck doesn't make much money off it. But Merck was hoping that its new drug, Lagevrio, molnupiravir, was going to be a successful treatment for COVID-19.

Now, sometimes, the sequence of events can prevent or work against the dissemination of balanced information.

#### **Shawn Buckley**

Charles, can I just step in and ask you a question? Because you were just offering an explanation, and I appreciate you don't know why the FDA made the statements that it did. But surely, the FDA could have just simply said ivermectin is not approved for treating COVID-19, and so, we don't know whether it would be effective for that. Which is very

different than, basically, making false statements that it's dangerous. Because, surely, it can't be dangerous with 4 billion doses out there and most of them would be non-prescription doses, just over the counter in other countries. So are you being a little gentle with the FDA in what you're suggesting to us?

**Charles Hooper**

Yeah. I really am curious what went on within the agency, but I don't really know.

[00:20:00]

**But I do think that authorities in that position are culpable for what's happened because, essentially, they were spreading misinformation.**

**Shawn Buckley**

Okay, and I'm sorry to interrupt, you were then going to go on about the TOGETHER Trial.

**Charles Hooper**

Yeah, so with the TOGETHER Trial. Sometimes the sequence of events of how information plays out can work against the dissemination of balanced information. The TOGETHER Trial was supposed to be the best and biggest trial testing ivermectin. But the press release came out at least a couple of weeks before the full study was published. Basically, the main news organizations, or some of the main ones, such as *The New York Times* and the *Wall Street Journal*— The only information they had was from the press release, and so, they basically parroted the conclusions of the study from the press release that said that ivermectin doesn't work.

Most people just stop there. The problem is, for those of us who like to scrutinize the studies, anything that we found was going to be weeks later, and at that point, it would look like old news. The news organizations might be hesitant to publish that because it could make their initial articles look premature or, perhaps, incorrect.

Anyway, after the full TOGETHER Trial was published, a number of researchers have looked into it and they've identified 75 serious problems with this trial. You know, even just a few serious problems would be cause for concern, but there were 75 problems identified. And worse, the trial that we were told proved that ivermectin doesn't work, actually, has results that suggest that it does work.

So in the TOGETHER Trial, the patients who were on ivermectin had a 12 per cent lower risk of death, a 23 per cent lower risk of needing mechanical ventilation, a 17 per cent lower risk of hospitalization, a 10 per cent lower risk of extended ER observation or hospitalization.

And then, using the results of the trial, I was able to calculate the probability of the benefit to patients who are on ivermectin. There were 10 different metrics in the trial and the benefit ranged from 26 per cent to 91 per cent. So 91 per cent was for preventing hospitalization. And for the most serious outcome, death, the probability was 68 per cent that ivermectin was helping these patients.

Now, another trial that got a lot of press was a trial that showed that ivermectin did work. It was a study by Elgazzar et al., but it was withdrawn on charges of plagiarism and faked

data. And so, this one study got a lot of press as if it was one of the only studies, but there's actually been quite a bit of research done on ivermectin for COVID-19.

So there's been 95 clinical trials, 95 studies, that have included 1,023 authors with patients in 27 countries, and the number of patients, if you added it up across all the trials, is 134,554. And if you pool all the results, the results suggest that ivermectin reduces the risk of death by 51 per cent.

So I just want to highlight that. This implies that if everybody had access to ivermectin, the death rate across the world could have been half of what it was and 29 per cent lower risk of mechanical ventilation, 41 per cent lower risk of ICU admissions, 34 per cent lower risk of hospitalization, 78 per cent reduced number of cases, 42 per cent improved recovery, and 45 per cent improved viral clearance.

[00:25:00]

In these results, two of them are significant to P less than 0.01, and the other five of them are significant to P less than 0.0001.

So the other thing that the studies show is the earlier use is better. So, for example, the benefit is 82 per cent if it's given prophylactically, 62 per cent benefit in early use, and 42 per cent benefit in late use. So 45 of these studies were randomized, controlled trials and 80 of the studies were peer-reviewed.

#### **Shawn Buckley**

And, Charles, can I just stop you for a second? So you're basically, in that last slide, indicating that the most significant benefit is for early use. And what I find curious about that is, in Canada—I live in a province called Alberta—the College of Physicians and Surgeons in Alberta, concerning the COVID pandemic, basically made it clear to physicians that they would lose their licence to practise if the physicians treated COVID early on. So it was really only possible for doctors who wanted to keep their licence to treat COVID once the patient arrived at the emergency department. But what your analysis is suggesting is that was completely wrong, aside from the fact that it just sounds insane to tell doctors that they can't treat an illness at its early stages. Am I correct that, based on your data, the College of Physicians and Surgeons in Alberta were completely wrong on this?

#### **Charles Hooper**

Yeah, I would agree with that. If you look at all the treatments that have any kind of efficacy for ivermectin, and this actually goes more broadly to viral diseases, you want to treat the patient pretty soon after they're infected. And in fact, if you treat them, something like, **eight days after they're infected, the treatments basically have no benefit at all because this is a viral infection. It comes and it goes, and if you don't get it early, you're not going to get it at all.** So it's a pretty established principle that, for a viral infection, you have to treat it pretty early.

#### **Shawn Buckley**

Okay.

#### **Charles Hooper**

So this just lends empirical evidence to that.

**Shawn Buckley**

Yeah, and I'm sorry for interrupting, just it was an interesting point you just made.

**Charles Hooper**

Oh, no, I appreciate your comments and points.

Okay, so we've talked about ivermectin. Now, there are some other drugs that have gotten clearance to be on the market to treat COVID-19, and I mentioned them in an earlier slide. But if you look at their efficacy, it's not as good as ivermectin. In fact, it's typically half or less as good as ivermectin. And further, the safety isn't as good.

So with Paxlovid, 15 per cent of the patients are contraindicated for Paxlovid, which means that they should definitely not get it. Remdesivir is associated with acute kidney failure. And molnupiravir is the most alarming: it's associated with creating dangerous viral variants and it's associated with mutagenicity, carcinogenicity, teratogenicity, and embryotoxicity, which in a little bit more plain English, means that there are risks to human DNA. So these drugs don't work as well, typically, as ivermectin; they're not as safe, and they also aren't as widely available and inexpensive.

**Shawn Buckley**

And yet they're permitted for treating COVID.

**Charles Hooper**

Right and they have the backing of the medical establishment behind them.

If you have any other comments or questions?

**Shawn Buckley**

No. Nope. Carry on. Thank you.

[00:30:00]

**Charles Hooper**

Okay, so I think to really understand how to interpret the results from clinical trials, we need to talk, for a minute, about the concept of statistical significance. And while it seems like an arcane and unimportant subject, we need to understand it because, essentially, it leads to many false conclusions, especially for ivermectin. What I want to do is show you the results of two clinical trials for ivermectin. Show you the results and then show you what the study authors actually said.

And so, again, statistical significance is a way that researchers try to make sure that the result is real and not due to luck. And so, what they've settled on is a number of 95 per cent. So they want to be 95 per cent sure that the results are real and not due to luck. What they do is if the results are good and the results are statistically significant, they say that the drug works. However, if the results aren't good or the results aren't statistically significant, they say that the drug doesn't work, which isn't true.

So here's one example: This is a study by Ravikirti et al., and as part of the study, they looked at the need for mechanical ventilation. Of the ivermectin patients, only one out of 55 needed mechanical ventilation. For the placebo patients, five out of 57 needed it. So if you just do the simple math, it looks like ivermectin reduced the risk by 80 per cent. But the authors concluded, "This study did not find any benefit with the use of ivermectin in... the use of invasive ventilation in mild and moderate COVID-19." And the reason they said that is because they were only 91.2 per cent sure that there was a benefit. In other words, it didn't match the 95 per cent threshold.

So here's another study: This is by Rajter et al. and this is, again, looking at mechanical ventilation. And so in this case, patients on ivermectin— so 36.1 per cent of them improved and got off mechanical ventilators, whereas only 15.4 per cent of the patients who got placebos got off the mechanical ventilators. So if you look at the results, you'd say that ivermectin benefited the patients by 2.3 times what the placebo response was. But, again, these authors reported no benefit and that's because they were 93 per cent sure that the results were true, but they wanted it to be 95 per cent sure.

Now why is this important and why does it affect ivermectin? Well, when a drug company does a clinical trial, it makes sure that the trial is big enough that it's going to get statistical significance. But with a drug like ivermectin, where there's no real money behind it, it's up to smaller organizations that don't have deep pockets to run the trials, and so, they typically run smaller trials. And so, frequently, you'll get a result like this where the study authors, based on using statistical significance, will say that the drug has no benefit. People who just look at the summary in that write-up of that study will say, "oh, ivermectin didn't benefit patients with mechanical ventilators." But if you look deeper, it actually does.

And so I wanted to just point out how ridiculous this can be. For example, imagine a pharmaceutical company testing drug X and there's two researchers, one researcher at each hospital, and they recruit 1,000 patients for this clinical trial, 500 at each hospital. So each researcher is managing 500 patients. Based on statistical significance, if they combine the results and publish together, they would say the drug works. If they, for whatever reason, maybe they had an argument over whose name should be first on the publication

[00:35:00]

—you know, Jones and Smith or Smith and Jones—and they publish separately, they would conclude that the drug doesn't work. So could it be that the drug works if these two authors get along together and publish together, and it doesn't work if they argue and publish separately? Well, that's ridiculous.

And so what's happened with ivermectin is you've had all these little studies, some of which aren't statistically significant, but together they are. So what I showed a few minutes ago, all those results, when they're pooled, are highly statistically significant.

In conclusion, and then, if you'd like, I can talk about possible solutions to prevent a problem like this in the future.

In conclusion, whenever we have a pandemic, we need to rely on existing medications because new drugs just take too long to develop. And older drugs, such as ivermectin, they're a known quantity: they're safe; they're cheap; the manufacturing is established; and then it's just a question of if they work or not.

And with ivermectin for COVID-19, the clinical evidence is pretty overwhelmingly positive and it's substantially better than for other treatments, and it's safer than other treatments, and it's cheaper than other treatments. And those who dissuaded us from using ivermectin are responsible for some of the problems that this caused.

So I'd be happy to jump into possible solutions. Or I don't know, Shawn, if you have questions.

**Shawn Buckley**

I do want to actually ask you about that. But just following up on your last point about people being responsible, would it be fair to characterize it— You've made it clear with your presentation that there's 4 billion doses. Am I correct that in many countries, in fact, most countries where ivermectin is taken regularly, you don't need a prescription to get it. It's just over the counter. Is that fair to say?

**Charles Hooper**

Yeah, I'm not an expert in that, but I believe that's true.

**Shawn Buckley**

Right and would it also be fair to say, literally, ivermectin is one of the safest drugs on the planet?

**Charles Hooper**

I think, yeah. Based on what I know, I would characterize it as one of the safest drugs on the planet.

**Shawn Buckley**

So here we're faced with a pandemic where the media is telling us we're in great danger, and from a safety standpoint, there would have been little downside, even if ivermectin wasn't as effective as the meta-analysis that you've shared shows it is.

**Charles Hooper**

Right, there was very little downside risk to using ivermectin, and early in the pandemic, there were indicators that it did have efficacy. So the efficacy of ivermectin was pretty well-established— Well, established enough to make decisions around mid- to three-quarters of the way through 2020. So there was no reason after, say, the fall of 2020 to not be using ivermectin.

**Shawn Buckley**

Now, you had sent me some studies, and I'm not going to go through them, but I'm just going to indicate for the commissioners that we've entered them as exhibits. So you've sent me a study that you are an author in called "Ivermectin and Statistical Significance" [Exhibit WI-9b], and I'll just ask if you would adopt that as true today.

**Charles Hooper**

Yes. Yes, I would.

**Shawn Buckley**

And then, we've also entered as an Exhibit WI-9c, where you're one of the authors: "Ivermectin and the TOGETHER Trial." Would you confirm and adopt that that's true today?

**Charles Hooper**

Yes. Yes, I will.

**Shawn Buckley**

And then, we've entered as Exhibit WI-9d, an article where you're a co-author, titled "Setting the Record Straight on Ivermectin." And do you adopt that as true today?

**Charles Hooper**

Yes, I do.

**Shawn Buckley**

So now, I do want to ask you, and then I'll turn you over to the commissioners for questions, but how could we have done this better?

**Charles Hooper**

Yeah, that's a really good question and I've got some ideas. We could debate them, probably, for the next year,

[00:40:00]

but let me just list them.

So one would be, allow drug companies to promote off-label uses. What this really means is drug companies have information about their drugs for certain diseases, and right now, regulatory agencies, like the FDA, don't allow them to share that information. So it's really a form of censorship.

The next idea would be to allow drug companies to benefit from finding uses for existing off-patent drugs. So, for example, if Merck really found that ivermectin worked for COVID-19, essentially, it might not make a dime from that investment. But if we change the structure somehow so that Merck did make money, then Merck might have been as interested in ivermectin as it was in its own drug.

**Shawn Buckley**

So can I just slow you down and spell that out because a lot of people might not understand what you're saying? So when a drug still has an existing patent on it, and Merck holds that patent, Merck can charge a high amount for the drug. And if somebody else wants to make it, Merck has to agree and then, basically, there would be a licence fee paid to Merck. But

when a drug like ivermectin is off-patent, then any generic drug company, or any other drug company, for that matter, can also make it and there's no financial benefit for Merck.

But you're suggesting in a pandemic if somebody like Merck could say, "Hey, wait a second, this data shows that it works for ivermectin," that then if there could be some financial incentive— like a licensing fee or something like that for its use for something like COVID— then that would be incentive for the drug companies to look into that and then, also, for them to share their data?

**Charles Hooper**

Yes, exactly what you just said. The financial incentive could be a number of different things. It could even be, like, a finder's fee or something that some organization pays to Merck, or whichever company it is. It wouldn't necessarily have to be Merck that would promote these uses for ivermectin.

**Shawn Buckley**

Right, but some financial incentive because we are dealing with companies that actually have fiduciary obligations to their shareholders, financially.

**Charles Hooper**

Right. And essentially, the generic market is so competitive, and the products are deemed substitutable that there's no way for a company to say, "Our generic is better," or "we know something about our generic, therefore you should pay us more money." Because as soon as that information is out there, then any customer could just use any generic and say, "Okay, well, this ivermectin is as good as that one, and I know that now it treats COVID-19, so why should I use Merck's?"

**Shawn Buckley**

Now, I interrupted you. It looked like you had a couple of more suggestions of how we could have done this better.

**Charles Hooper**

Yeah, so there are government agencies around the world that do a lot of medical-related research and the National Institutes for Health in the United States is one of those. And it has a budget, I think, of \$45 billion a year. So in the beginning of the pandemic, if the NIH just said, "Hey, we're going to find all these old medicines that potentially could be used to treat COVID-19 and we're going to do thorough testing of each one of them," these studies wouldn't just be dribbling in. It would be well-designed studies with plenty of people, statistical significance, and you just do that early on. And that could have had phenomenal health benefits.

So just to keep going down my list. I don't quite know how you do this, but prevent agencies, like the FDA, from attacking older drugs. Or maybe a better way to do it is to allow dissenting opinions. So have, kind of, a red team that's set up to challenge the establishment views.

Another perspective on that is, I think power within these organizations has become too concentrated. Maybe spread it out some, so there isn't so much emphasis on the one organization having the one viewpoint.

[00:45:00]

And kind of along those lines, maybe clean the house within these organizations, that if there are people who are knowingly dissuading us from taking medications that have potential benefit, that's not who we want in charge of our public health organizations.

And then, my last two points are to use statistical significance more wisely.

And then, the very last point is something that has other benefits, also, which is taking the responsibility for efficacy away from regulatory agencies like the FDA. And I'll just try to explain this very briefly. From 1938 until 1962, the FDA only mandated safety testing for drugs. And then, after 1962, the FDA mandated safety and efficacy testing. And it sounds like a wonderful idea, but economists have studied it and it's pretty easy to make the case that things have been worse since 1962.

So if the FDA wasn't concerned about efficacy, but was concerned about safety, then any statements the FDA would have made about ivermectin just would have been about its safety. Which, I think, is pretty clear that ivermectin is a safe drug.

**Shawn Buckley**

Right, you've put a lot of thought into these and we thank you for that.

I'm going to ask the commissioners if they have any questions for you. And they do.

**Commissioner Massie**

Well, thank you very much for this very thorough presentation. I have a couple of questions. In fact, the way I look at that is it seems that these small molecule drugs that have been around for a long time, they lose their value after they're off-patent. Doesn't that call for a serious rethinking of the patenting of these molecules? Because why is it that, all of a sudden, a chemical that has been synthesized and proven to be safe and effective in many indications would lose its ability to function in other indications, knowing that it's generally the case that molecules that have been around for a long time have several indications? We know that from the practice. So why don't we come up with a different model? Copyrights, for example, on books or music could last much, much longer than the lifetime of a patent. Isn't that part of the problem we're facing?

**Charles Hooper**

I completely agree. So when a drug goes off-patent, it basically dies because there's no financial incentive to look for other uses for that drug at that point. The only research that's typically done on drugs at that point is organizations that don't really have a financial incentive. I think your point is actually very important. If we could, somehow, figure out a way to incentivize drug companies or universities or research labs to research new uses for off-patent drugs, I think we would find phenomenal benefit because a lot of these drugs have to be useful for other conditions.

And it could be an issue with patents or it could be just some other kind of reward for finding something that's useful. Or maybe have generics that aren't substitutable, so you could actually say that this generic is different than this generic. We'd have to think about solutions, but the potential benefit is huge.

**Commissioner Massie**

Another question that I had is, you're in the business of, I would say, advising different drug companies on strategies to develop new drugs or maybe find new markets.

[00:50:00]

I'm a little concerned that the position you're taking right now would probably put your position on this marketplace at some sort of a risk because it clearly goes against the business model of some potential clients. So I'm wondering whether you're concerned about that for your activity.

**Charles Hooper**

The answer is I'm not very concerned and that's because I'd be very interested in finding new uses for generic drugs, but, also, I'm interested in finding uses for new drugs, and so, that's what I help my clients with. I basically want good medicines to be out there so that people live long and healthy lives. Whether they're a currently generic drug or whether it's some kind of cell therapy that's coming down the road, cutting edge cell therapy, for example.

**Commissioner Massie**

Thank you very much.

**Charles Hooper**

You're welcome.

**Shawn Buckley**

So that's it for questions.

Mr. Hooper, on behalf of the National Citizens Inquiry, we sincerely thank you for attending today and sharing with us your valuable testimony.

**Charles Hooper**

Thank you for your time and attention.

[00:51:45]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 11: Don Woodstock**

**Full Day 2 Timestamp: 09:06:00–09:20:05**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Shawn Buckley**

And so our next witness is, if he's here, is going to be Don Woodstock.

**Kyle Morgan**

Good day, sir. Can you state your full name for the Commission?

**Don Woodstock**

Don Woodstock.

**Kyle Morgan**

And can you spell your first and last names.

**Don Woodstock**

D-O-N W-O-O-D-S-T-O-C-K.

**Kyle Morgan**

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

**Don Woodstock**

Yes, I do

**Kyle Morgan**

Where are you from, sir?

**Don Woodstock**

Jamaican-born, but Canadian citizen since 1995-96.

**Kyle Morgan**

And I understand you live in Winnipeg right now.

**Don Woodstock**

Yes, I do.

**Kyle Morgan**

How long have you been in Winnipeg?

**Don Woodstock**

Since November 1999.

**Kyle Morgan**

Can I ask you your profession or line of work?

**Don Woodstock**

I'm the proud owner of JamRock Security. We're a security company providing some of the top-of-the-line products for home security, burglar alarm, commercial, industrial, residential security.

**Kyle Morgan**

And how long have you been in that area of work?

**Don Woodstock**

A little over nine years for myself, personally, but I started in the security business. It was my first job in Canada, in Toronto. I'm still doing it today.

**Kyle Morgan**

So when I spoke to you before, I was struck with the perspective that you have regarding what happened in our society during the COVID pandemic.

**Don Woodstock**

Yes.

**Kyle Morgan**

Can you tell us a little bit about your business, how everything affected your business?

**Don Woodstock**

Well, we started just before COVID. Just, sort of, sheer trying to diversify to try to get online and promote the business online instead of the door-to-door approach, which we're accustomed to. COVID hit, and we had to be very creative but, more so, push the envelope in terms of getting the business online.

So I had to be vaccinated to get into people's home because this is what I was told I had to do. We gave our customers the option to have a "vaccinated install" done, somebody who is vaccinated, or we have somebody who is not vaccinated, because some of the guys did not want to. Subsequently, all the guys, eventually, had to be vaccinated because nobody would entertain us.

Then we get into the business of self-install. So we would sanitize the product, do a lot of the back-end work to get the product to where it needs to be, and we would ship it to you. You get it and plug it in, and then we end up walking you through the process of installing it. So that was some of the major changes that we had to do.

**Kyle Morgan**

From talking to you, I understand that your business did relatively well during these years?

**Don Woodstock**

It's not something I am going to boast about because I've seen some of my clients being devastated by this. It pains my heart. But, yes, we have almost tripled our business because of COVID.

And I say that because when you get a phone call at 10, 11 o'clock at night asking for security because somebody thinks the neighbours are watching them, it speaks to a bigger issue. When they get a phone call that somebody, in an apartment block—eight, nine, ten stories up—saying they need security for their windows and the doors, it speaks to another issue. Who's climbing it, you know, Spider-Man? So it's real.

**Kyle Morgan**

Yeah. So what you're saying is that before the COVID pandemic era, you noticed a change between the patterns of your customers and their desires of your business during the COVID era.

**Don Woodstock**

Absolutely. It's night and day. Someone would call because they have a burglary, yes. And someone would call because they have a concern about their general security. But more people were at home, and they were afraid to go from one room to the next without making sure the door in that room was locked or the window was secured, or we had to put sensors.

[00:05:00]

One lady spends, pretty much, almost \$4,000 protecting her home and then turn around and have to sell it and move because there was nothing I could do to keep her mind focused, and just, "It's okay." It doesn't work.

**Kyle Morgan**

So what do you attribute this change in behaviour of your customers to? Do you have any thoughts about that?

**Don Woodstock**

Fear. Unnecessary fear being promoted by the propaganda-media frenzy. Neighbours not trusting neighbours anymore. People watching people.

Simplest move people make, they call me and ask me, you know, “Don, should I get a security system to make sure that the neighbour’s dog doesn’t come over my place to poo?”

“And how do you know the neighbour’s dog is pooing on your property?”

“Well, dogs do that, don’t they?”

“Well, have you seen any poop on your property?”

“No, but I want a security system just in case he does.”

Well, how do I secure that? It’s— Yeah.

**Kyle Morgan**

Okay, do you have any other observations or were there any other effects that your business experienced during these years that you want to tell us about?

**Don Woodstock**

I had to travel because guys who were not COVID could not do the work outside of Winnipeg. Because my business covers Manitoba and, so, we have clients— Rankin Inlet, Nunavut, all over the place. And I had to line up six feet, social-distancing. I’m vaccinated, yeah? I line up to go in the plane, six feet. I got to the door and I’m sitting shoulder to shoulder, like sardine, you know, with everybody for two hours. And if I need to drink water, I have to pull the mask down and drink and put the mask back on. And right there, tells me this whole thing was a hoax and it was a scam to, kind of, keep us confined.

But more power to the people out there. Power to the people who saw this coming and decided to fight it because, Tiananmen Square, it took one guy to stop it. Nelson Mandela stopped apartheid with his efforts. Gandhi did it. We are the Gandhis.

**Kyle Morgan**

Now, I understand that you experienced difficulty meeting with certain tradespeople and people you were working with.

**Don Woodstock**

Yes.

**Kyle Morgan**

Can you describe to us how you would deal with those issues?

**Don Woodstock**

Well, we discover, pretty soon, that the small businesses were closing, which was the engine growth of our economy. But the large businesses were open, so we decided to start meeting at Walmart and Shoppers Drug Mart and Home Depots. And it worked because I could go to Home Depot and spend the entire day—meeting my trades and walking up and down the aisle and discussing projects—and nobody said anything to us, so, why not? In fact, I did a petition in the middle of the thing that all churches should go to Walmart and conduct services. Nobody would stop them.

We have to adapt. I think that's one of the things that I, personally, have got from this whole thing is— Government is going to bullshit us as much as they can, but we, the people, have to stand up and realize what the truth is. And once we do, then we adapt and we overthrow them, eventually. We have to adapt to this and rise above it, beyond it, and don't buy into it.

And there was so much anger between people that even when I installed a person's home and keep them safe, they're still worried about their neighbour coming over. Like, your home is secure: if anybody came to the door, the alarm is going to go off, the siren goes off. And it still wasn't enough for some people. They still wanted more security. They still wanted something else, and I couldn't help some folks. Couldn't help some folks.

**Kyle Morgan**

Looking at what happened in our society, what do you think should have been done differently regarding the response to the COVID pandemic?

[00:10:00]

**Don Woodstock**

Media. Anything the government tells the media and the media swallows it, we should know, right away, it's a lie. If the media is promoting anything, you know it's supposed to be contrary. We don't have to look far from the last election: everybody thought that Glen Murray was the best thing since sliced bread. Anything people promoting where the media is concerned, and if they're pushing the agenda to say, "This is for you." Whenever governments use those terms, just remember Adolf Hitler. They all say, "This was for you," right? It's never for us, it's for them. To do what? Ultimate power.

So I think we need to find a way to look beyond and don't get to the point where we hate our neighbour, whether they're vaccinated or not vaccinated. The government did a fantastic job of letting us hate our neighbours because this one is vaccinated and this one isn't. And this one is wearing a mask and that one is not wearing a mask.

I see this whole thing as just, man, it's a big boo-boo that went down, and they managed to control it with the media. And for the people who stand up—for the people who are prepared to be the Gandhi and the Mandelas of this world—power to us all, you know.

**Kyle Morgan**

I think you mentioned something to me about engagement and people shouldn't have kept quiet. Do you recall talking about that?

**Don Woodstock**

Yes, too many people were prepared to take the income from the government and take the buyout from the government and be silenced by the government because it's an income in the pocket. I'm not a medical professional, in any way, but, you know, the medical doctors have the information, the scientists they have the information, yet still they were prepared to be silenced with it because the government were paying them to be silenced with it. And they should have sensed that something is wrong when things like those happen.

When people ask me whether or not I want to be vaccinated, I said, "no." But to satisfy you, Mr. Client, if I need to come into your home, I'm going to be vaccinated. And what do I do? I've had people call me four or five times and says, "I can't get anybody out to my house. I have two senior people in the home and we are both elderly and sick. We don't want anybody to come into the home without vaccination." The mask thing doesn't work. What do you do?

That motivated me to go, "You know what, I'm going to take this damn, stupid vaccination just to, kind of, get some action going." And my business was riding high, so what do I do? Do I drop it? Walk away from it? Or do I adapt? I chose to adapt. I don't like the fact that I have to take a vaccine to adapt. If I could do otherwise, I would.

**Kyle Morgan**

I think those are all the questions I had for you, sir. I'm going ask the commissioners if they had any questions. It appears there's no other questions.

**Don Woodstock**

Good.

**Kyle Morgan**

I really appreciate your testimony, sir. Thank you, very much.

**Don Woodstock**

You're welcome. Thanks.

[00:14:05]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 14, 2023

Day 2

### EVIDENCE

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Witness 12: Dr. Gerald Bohemier

Full Day 2 Timestamp: 09:20:07–09:58:57

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

**Shawn Buckley**

So I'd like to call Dr. Gerald Bohemier to the stand.

Dr. Bohemier, we'll begin by asking you to state your full name for the record, spelling your first and last name.

**Dr. Gerald Bohemier**

Gerald Bohemier, G-E-R-A-L-D. Bohemier is spelled B-O-H-E-M-I-E-R. In French it's Bohémier, but we'll go along with the Bohemier or Bohemier.

**Shawn Buckley**

Okay, well I do want to say it correctly, so I apologize if I'm not. And I'll just call you Gerald because I know you as Gerald. Do you, Gerald, promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Gerald Bohemier**

I do, so help me God.

**Shawn Buckley**

Now, I'm going to state your age, and I do that for a reason because it makes your story more compelling. But you are 72 years old.

**Dr. Gerald Bohemier**

I'm 73, almost 74 in a few months.

**Shawn Buckley**

Okay, so much for my notetaking during interviews. So you're 73 years of age, and you are a retired chiropractor.

**Dr. Gerald Bohemier**

That's correct. I've been retired for about 20 years now.

**Shawn Buckley**

Even though you're retired as a chiropractor, though, you basically spent your entire life looking into natural health issues.

**Dr. Gerald Bohemier**

Yes, and I continue to do that. I coach a lot of people. I've been asked by a lot of people to help them understand how they can naturally become healthy again, and many times, try to not have to rely on any kind of pharmaceutical medications. And I've been very proud and happy to have the knowledge and to be able to assist them when I can.

**Shawn Buckley**

Yes, you basically devoted your entire life to trying to be a healer to people.

**Dr. Gerald Bohemier**

Well, that's a word that I've never used about myself because the healing comes from the inside of the body.

**Shawn Buckley**

But you know what I mean.

**Dr. Gerald Bohemier**

The best thing a doctor can cure is bacon and ham and sausages and things that are dead. The entire healing is an automatic thing you're born with. It's part of being a human being. It's part of God's creation, basically.

**Shawn Buckley**

When COVID hit, you were working part-time doing some quality assurance work for a natural health product company. Am I right?

**Dr. Gerald Bohemier**

Yes, as a senior and having had the opportunity to be their spokesman at many health expos in Winnipeg and abroad, I was offered the job when they decided to open up a new plant here in Winnipeg to become their quality assurance supervisor. And to make sure that every product that is sent out to the market follows all of the rules, all the regulations, and that the lab tests show that the product is indeed safe and safely available for the public.

**Shawn Buckley**

Now, I'm not from Manitoba, but since coming here for the hearings, I have learned a lot about a notorious group called the Manitoba Five. And my understanding is that you are a member of this notorious group.

**Dr. Gerald Bohemier**

Proudly, a Manitoba Five member, yes.

**Shawn Buckley**

Can you share with us the journey of how you came to be an esteemed member of this group? My understanding is it basically began in January to February of 2020 as we were learning about this new virus called COVID-19.

**Dr. Gerald Bohemier**

So yes, I was like everybody else. I was listening attentively to what was going on in the media and my metres of non-truths were just firing on all cylinders. And that's because my whole upbringing and the whole professional training as a chiropractor believed in the terrain theory as opposed to the germ theory.

And therefore, I was never worried about a germ or a virus. I was always worried that if I was going to protect myself or my loved ones, I would train them to understand that the terrain, which is your body's physiology and chemistry, was always up to par

[00:05:00]

so that any bacteria or any microbe that could be coming in that's different, the body is going to be surprised by, but it's not going to have a big effect.

So that was basically how I felt, very strongly about, and how I'd been trained. How I had scientifically read and read and read. If you saw my collection of books that I have, you would see that I felt very strongly about that position. The terrain theory—

**Shawn Buckley**

Gerald, I'm just going to focus you because I'm wanting you to talk about you going to rallies, what you were protesting there and get into what those experiences were.

**Dr. Gerald Bohemier**

Right. So the minute I started hearing that there was going to be some rallies organized—and these were rallies that, initially, I had heard from a few of the ladies that were putting them on—I decided that we're going to attend these rallies and we're going to see what's going on here. Because hopefully, they are going to tell the truth about what's going on.

So I attended many, many rallies everywhere from the legislative building, the City Hall, at the Forks, where we have our very infamous— What's the name of that big building there, my mind is slipping up, the Human Rights building. We had rallies at that exact site on numerous occasions. And one of the times—and I'm just going to put this as an aside there because it is on my mind—there was at the Human Rights Museum, if you were not vaccinated you were not allowed in that building. And so, the dichotomy was just so

overwhelming. Then many of the rallies that I attended to and spoke at were out of town, in Steinbach and in Winkler, and elsewhere.

**Shawn Buckley**

Now, did you notice a police presence at these rallies?

**Dr. Gerald Bohemier**

I'm sorry, I didn't hear that.

**Shawn Buckley**

Did you notice a police presence at these rallies?

**Dr. Gerald Bohemier**

They were always present. They were always, initially, very kind and just observant. And then we started to see that they're taking pictures. And eventually, following these rallies, they started coming to the door and pounding the door. We would not answer them because we did not recognize who was that.

We're seniors. We don't let anybody into our homes, and especially when they have an attitude of pounding on the doors. They were there to deliver tickets, and the tickets were \$1,296. I thought that was pretty weird until somebody pointed out that that's the multiplication of six times six times six times six. And so, I thought, okay, we got some bureaucrats involved here.

There's no doubt that they're out to punish. They're out to punish a dissenting voice that on social media was completely censored. I, and many others that had the same ideas as I did, were censored. So the only place that my voice was heard was outdoors in public, in gatherings called rallies.

**Shawn Buckley**

So I just want to focus. So you were trying to have a voice online.

**Dr. Gerald Bohemier**

Yes.

**Shawn Buckley**

And you were finding that you were censored.

**Dr. Gerald Bohemier**

That's right.

**Shawn Buckley**

And your voice was about the government activities. You were basically trying to have a voice about what you thought about lockdowns and masking and mandates and things like that, right?

**Dr. Gerald Bohemier**

Absolutely, absolutely. They were all ridiculous, in my opinion, and I had to tell the people my story. Then don't forget: there were many, many, doctors worldwide and scientists worldwide that had a voice that was never heard.

**Shawn Buckley**

Right. But what I want to focus you on and you started to talk about it— Because I'm wanting you to share, basically, your experience with state power. Because you were going to protests to have a voice, to basically say, "Look it, I disagree with this." My understanding is you were always completely peaceful.

**Dr. Gerald Bohemier**

Yeah.

**Shawn Buckley**

And the protests were peaceful.

**Dr. Gerald Bohemier**

Very much so.

**Shawn Buckley**

But you discovered right away that the police were filming.

**Dr. Gerald Bohemier**

That's correct.

**Shawn Buckley**

And then you told us about people coming to your door. But these weren't the police coming to your door, were they?

[00:10:00]

**Dr. Gerald Bohemier**

No, it was very quick to see that they were tattooed, very large people with attitude. And I'd hear them say, "Come on, Bohemier, come on out here; put your big pants on, we've got something to give you." That kind of stuff. My wife was shaking. She still has PTSD. When somebody knocks at the door, she jumps right away. And this is three years later.

**Shawn Buckley**

And these people would, literally, be banging on there. Like a pounding on the door.

**Dr. Gerald Bohemier**

We're talking fists here.

**Shawn Buckley**

Okay. Because I think the world needs to hear what you're saying. So the state of Manitoba basically hired some Canadian ambassadors that were big.

**Dr. Gerald Bohemier**

Yeah.

**Shawn Buckley**

That were tattooed.

**Dr. Gerald Bohemier**

Yeah.

**Shawn Buckley**

That were not police officers.

**Dr. Gerald Bohemier**

No.

**Shawn Buckley**

And they were coming to your door to give you tickets for your protest.

**Dr. Gerald Bohemier**

Yes.

**Shawn Buckley**

And they would pound on your door.

**Dr. Gerald Bohemier**

That's correct.

**Shawn Buckley**

And they would yell through the door.

**Dr. Gerald Bohemier**

Yeah.

**Shawn Buckley**

Basically, taunting things. Can you repeat what they were saying?

**Dr. Gerald Bohemier**

Well, like I just said, the worst of the words were, "Come on, Bohemier; put your big boy pants on and come on out here. We've got something to deliver to you." And I did go out initially, the first time, or two times. But after that, they were not going to come to the property anymore. We put up a No Trespassing sign. They were always escorted by a real police officer. We recognized that there was always a cruiser car with a couple officers in there. Just in case that I would take out a baseball bat or something like that. But I'm not that kind of person.

**Shawn Buckley**

Okay, so there would always be a police car and then another vehicle?

**Dr. Gerald Bohemier**

Yeah, one or two other vehicles, up to three vehicles that I can remember at one time. Yes.

**Shawn Buckley**

Okay, and then you basically said that Rose would freak out. So can you explain for us who Rose is and give us more of an understanding there, what you're describing?

**Dr. Gerald Bohemier**

Rose and I have been together for 23 years. So she is my partner, and she's amazing in this. She has the same drive for natural health and natural health products. And so, we get along just incredibly that way. And she's diminutive; she's not very big and strong. And when these poundings happened, it was very threatening. It was very threatening, especially to her. I wasn't really bothered by that because I knew the door was secure enough that they couldn't pound their way in. And that there were police officers out there and that would never get to that stage.

But, nevertheless, it still left us with this impression that—my goodness, what is going on in this world? This cannot be happening in Canada. This is like thugs at the door here to give me a ticket? Why don't you just mail it to me? That kind of stuff.

**Shawn Buckley**

How many times would this have happened, where basically these big, tattooed people are showing up and pounding on your door to give you tickets?

**Dr. Gerald Bohemier**

Well, of the nine tickets that I received, I believe at least seven were delivered to the door. A couple more, the other two, would have been delivered, let's say at the Church of God, at

that one incident that was heard where the police were blockading people entry to that church.

I had shown up in support of that church and eventually stepped out of my car and walked over and stood between the tow truck and the van that they wanted—that the police had ordered towed out of the way on the highway. This van contained children and a family. And I started to yell, “Criminal Code 176, you are causing—” Yeah, what’s the word I used? They were doing a crime. How do you say that?

**Shawn Buckley**  
Committing?

**Dr. Gerald Bohemier**

You were committing a crime. “You’re committing a crime against *The Criminal Code of Canada*, section 176, where you cannot interfere with a church or a pastor when he’s in the process of wanting to give a sermon or his congregation a service.”

And when I started saying that, some young guy pulled out his cell phone, and sure enough, he was flashing it around, “Yes, Criminal Code 176 does say that.” All of a sudden, the police officers seemed to calm down. And the superior, the superintendent, not the superintendent, but the sergeant

[00:15:00]

from that detachment of the RCMP started to look at his officers. And then he seemed to melt away and tell the tow truck to back off. And we were very happy. At that time, the preacher approached the car that was on the highway, being blocked, and we had a prayer service right there on the car. And the family in the car. And we knew we had had a victory right there.

**Shawn Buckley**  
So getting back to these tickets.

**Dr. Gerald Bohemier**  
Yeah.

**Shawn Buckley**  
So you said there were roughly seven, at least seven times they came to your door.

**Dr. Gerald Bohemier**  
Yeah.

**Shawn Buckley**  
How would that be timed in relation to rallies that you attended?

**Dr. Gerald Bohemier**

Well, many of them were several days after a rally. Sometimes, I would get a ticket at a rally, like in that case of the Church of God. I was parked on the highway. When they recognized my car—that's easy, the plate number—they had surrounded my car. And they put a ticket in my—I wouldn't open my window to talk to them or anything. So they put the ticket in my windshield wiper. And I flushed it off. So that was a ticket for a previous occasion.

Shortly after that, they were banging on my door to give me one for having attended at that particular outdoor event that was against the rules of the government.

**Shawn Buckley**

How many thousands of dollars in total have you been ticketed, do you think?

**Dr. Gerald Bohemier**

The face value is 9 times \$1,296. I believe that's got to be close to \$12,000 plus, somewhere in that vicinity.

**Shawn Buckley**

Now as I understand it, you've also had the experience of being arrested.

**Dr. Gerald Bohemier**

Oh, my goodness, yes.

**Shawn Buckley**

And can you share with us what happened?

**Gerald Bohemier**

Yes. Unbeknownst to a warrant that had been, as I understand, encouraged by our premier of Manitoba at the time— "That we've got to do something. These clowns are not going to stop just with fines." We seemed to be just thumbing our nose at the fines. And we were, absolutely: got another one, no problem.

I was in the backyard doing gardening with Rose. And at the same time, I had lent my sound equipment—because I'm a musician, I have a very powerful sound equipment—to another group of people in Winkler that wanted to do a rally that day. I was not able to attend, but they had access to my sound equipment. And that gentleman's father was returning the equipment to me at the same time as the police officers arrived. They came into the backyard and said that I was under arrest. And I said, "For what?" "There is a warrant out for your arrest, and we're taking you in." Oh my goodness, and all hell broke loose.

Interestingly enough, the father that was returning the equipment had a phone, and he started filming the whole thing. So the whole thing is videotaped and available on Rebel News. It became quite the public embarrassment to me in public to get arrested. But, nevertheless, I took it with my big boy pants on. And off I went with some resistance, and eventually, they started hurting my shoulders too much. I begged them to not do that because at my age, I don't want to be injured. So they did handcuff me in front, and then I

went into the car. They escorted me downtown, into the elevator upstairs, and into the jail area where they began to process me.

They had told Rose, before leaving— Because she was so worried, “When are you going to come back?” “Oh, it’s a two-hour process. He’s going to be processed and released on a promise to appear. He’ll be back in a couple hours.” This was seven o’clock at night. And so by—

**Shawn Buckley**

Now did the officer tell you that he could have just given you the promise to appear at your home?

**Dr. Gerald Bohemier**

No, he never did that, never offered me that as an option, no. And it gets worse. I get processed. I’m still in the processed room. I was interrogated, blah, blah, blah. Three hours later, those officers that brought me in are still there, and I turned to one of them. He was a corporal, interestingly enough. I had learned subsequent to that, that two groups of officers refused to come to my house to arrest me. Why?

[00:20:00]

Because one of the officer’s father, who was significantly injured in a motorcycle accident and had suffered tremendously, was helped by my chiropractic adjustments. His son refused with his team of officers to come and arrest me, who had helped his father so much.

The second set of officers that were told to come and pick me up said, “There’s a conflict of interest. My mother’s his first cousin.” And so, that led only the corporal, so that’s probably one of the superior officers in the thing, to team up with somebody else to come and to arrest me.

So I’m talking to the corporal now, after three hours of being in this jailhouse, still sitting in the interrogation rooms. And I say, “You told my wife it’s going to be two hours, and I’ll be processed and released on a promise to appear.” And he turned all red. He says, “Yeah, that was our intention. But when we got here, we were informed that there was a memo sent out by the Department of Justice to hold us here until we appeared in front of a magistrate and not before. So therefore, you’re going to probably spend the night here, unfortunately.”

I found out recently that there were magistrates available up until 11 o’clock at night in a typical jailhouse like that. And I don’t know if that’s right. But if so, I was lied to that I would get out after a promise to appear. And I was told that the only way we’re getting out is in front of a magistrate, to make a contract with him or her. And that there was none available, and we are going to have to spend the night in jail. So there I was—

**Shawn Buckley**

So I’m just curious because I’m familiar with the criminal laws. The arresting officer can release you on bail conditions. You were not released by the arresting officer on bail conditions.

**Dr. Gerald Bohemier**

I was not given that option. No.

**Shawn Buckley**

Okay, and the officer in charge, which is probably the corporal, can also release you on bail conditions and that didn't happen.

**Dr. Gerald Bohemier**

That never happened.

**Shawn Buckley**

You were held, my understanding is, for 16 hours.

**Dr. Gerald Bohemier**

That's correct, by the time we were finally walking out the door.

**Shawn Buckley**

So you weren't in the interrogation room that whole time. You were put in a cell, am I correct about that?

**Dr. Gerald Bohemier**

Yeah, right about the time that he was telling me that you're going to spend the night here, that's when they escorted me to a jail cell. Because they had finished talking to me, asking me all the questions that they would ask, and I was assigned the jail cell.

And the problem is that when I entered there, I was told that there's only one layer of clothes that you can have on. And so by the time I would strip down to one layer of clothes, I would be in my underwear and a t-shirt. And I says, "At my age, I'm going to freeze to death here." And then one young officer said, "Well, put your sweater on and your sweatpants on, and that'll be your one layer of clothes. And then plus that, I'll get a little blanket or something like that when you're in there." And I thanked him for that because how incredibly smart was this young officer to give me that option.

So I stripped down and put on the warmer pants and the sweater. And therefore, I was definitely more comfortable for the rest of the evening. Because I got put into a concrete room, the lights on, with no soundproofing, so it's very noisy. Everything's concrete. I'm given this little flimsy, what they called a wool blanket. It's definitely not the kind of wool blanket that I've ever seen. I'm sitting on this concrete thing, embarrassed to death, not knowing what's going to happen next. I'm 70 years old. I've got an enlarged prostate. I've got to pee every hour. So I knock at the door. And all the way till midnight, the staff would open the door, allow me out, and put me back in, no problem, no questions asked.

**Shawn Buckley**

You mean allow you out to go to the bathroom?

**Dr. Gerald Bohemier**

After midnight there is— I'm sorry. I didn't hear you.

**Shawn Buckley**

I just want to clarify. They would allow you out of the cell so that you could go to the bathroom?

**Dr. Gerald Bohemier**

That's correct.

**Shawn Buckley**

Okay.

[00:25:00]

**Dr. Gerald Bohemier**

At midnight, there was a crew change. There was no way I was sleeping. There was noise, the doors slamming all the time. Everything's steel and concrete, and they're processing people all night long, and bing, bing, bang. I was not aware at the time that there was some of my friends that had been arrested that day either. But anyways, we met the next day.

Somewhere after midnight, it's time to pee again. I get up and knock at the door, and a lady shows up. "Yeah, what do you want?" "I've got to go to the bathroom." "Okay, put on your mask." "No, I don't have a mask, and I don't wear a mask, and I was allowed and processed in this facility with a mask exemption." "Well, we don't care about mask exemptions."

Well, hearing that discussion, the sergeant comes from the desk. He puts his face about 12 inches from mine, and he's turning red, and he's F-bombing me that, "You're going to wear this effing mask because I'm here to protect my staff. And I don't care about your effing medical, whatever it's called, to not wear a mask." And I says, "Well, I'm not going to wear a mask." I was looking at him. He turned so red, I thought he was going to explode. That's how livid he was. He wasn't wearing a mask. Anyways, I just stared him down, and I finally said, "I am not going to wear a mask." And he slammed the door, slid the window off. Basically, tough luck, buddy.

So I turned around very depressed about that and very innervated by the force of his voice and the closeness and the redness in his face. And his eyes were just bleeding. I thought he was going to blow a fuse. And I turned around, and oh my goodness, there's a floor drain in the corner. And so I relieved myself in a floor drain in a corner. How embarrassing is that? But it was a solution, and for the rest of the night, I didn't have to bang on the door and have that kind of treatment by this staff that had replaced the earlier staff, which was very kind, all the way through.

In fact, so kind that one time— Around 11 o'clock, they were ready to go. He knocked at the door, one of the jailers, a very young, obviously a very junior member. He said, "I've got good news for you." "Oh, what?" He says, "I've got news from your son." I said, "My son, he lives in Michigan."

"Yeah, but he went to school with one of the officers that refused to arrest you. And I'm not going to mention the name." But he said, "Your son sends off a message, 'Dad, I'm proud of you. You're my hero.'" And so, it was a moment of joy that this young officer, the jailer, had brought me. It was like a gift. It made me very emotional, and I still am.

And so after midnight, it's just regular freezing to death in there. There's no way to stay warm. The little blanket was used as a pillow because it's all concrete. A big concrete pad, probably the size of this table. And you have to stretch out in there and try to be comfortable. There was no way to sleep. I didn't get any sleep. And the next morning, they finally came around 11 or 12, saying, "You can call a lawyer. Which lawyer do you want to see?" I said, "Rocco Galati." "Okay, we'll get in touch with Rocco Galati, and we'll see if you can have an interview with him." And so they did call, and he was not available. So they came back and said, "No."

**Shawn Buckley**

Gerry, I'm just going to speed you up a bit because some of that we don't need, but—

**Dr. Gerald Bohemier**

Okay.

**Shawn Buckley**

But you were eventually released after 16 hours and put on conditions.

**Dr. Gerald Bohemier**

Got to see a magistrate, read the riot act, signed the—"Under duress." If you look at my signature on that release order, it's written, "under duress." They did not pick up on that, I guess, because I scribbled it. But you can probably see it. And I was let go.

I asked them, I says, "Can you call my wife and have her pick me up?" "No, we don't do that here,

[00:30:00]

but if you go downstairs, you'll go to the end of the block, and there's police services in there, and you can go in there and have them do that."

Well, I did that, and they wouldn't do it. So here I am, in the middle of, I don't remember the name of the street there, York or whatever. So I turn around, I say, "Okay, well, I'm just going to walk to St. Boniface. There's a couple restaurants that I could use their phones there," because I had no phone, no nothing.

**Shawn Buckley**

Gerry, I'm just going to focus you because we don't need that much detail. I was just trying to get that you were, basically, prohibited from having contact with people and the effect that was going to have on you under that court order.

**Dr. Gerald Bohemier**

But there's one interesting part about my walk back home, I have to say it. Because on the opposite side of the street, there was a release of another one of the top five, Miss Vickner. And all of a sudden, we get to Main St. You can imagine, she's walking on one side, I'm walking on the other side. And we say, "Oh, my goodness." And we went and we crossed and we looked and we were so timid. And we hugged. And then, we went each our own way, not to be all of a sudden discovered. Because we were told not to be within 200 metres of each other or any of the five.

But anyways, I got a hug in before I entered St. Boniface. Okay, go ahead.

**Shawn Buckley**

So how did it make you feel? Because once you were under the court order, it did basically stop your activities.

**Dr. Gerald Bohemier**

My voice was extinguished for over a year.

**Shawn Buckley**

Right. So for over a year, you couldn't participate in rallies.

**Dr. Gerald Bohemier**

None. Under the pressure that I would go to jail until the trial date, which was never revealed to us until many months later. It was almost a year, anyways.

**Shawn Buckley**

Right. So basically, the force of the state succeeded in silencing your voice.

**Dr. Gerald Bohemier**

I was depressed. I was sad. I was not permitted to do something that I enjoyed so much, talking to people about alternative health and how to stay well in spite of a so-called "virus" that's going to cause so much havoc. I didn't believe in that theory anyways.

**Shawn Buckley**

Thank you. I've got no further questions except that I want you to share how you learned about losing your job.

**Dr. Gerald Bohemier**

The night after the first rally we went to, there was a couple of young individuals that picked the pictures out of the *[Winnipeg] Free Press*, and on their Facebook, I guess, said, "Hey, we got to find out who these people are. We got to find out who they work for. And we got to get these people fired." And it got to the company that I was working at.

And oh, my God. So they, in a knee-jerk reaction, immediately published a letter to the Free Press and to the government saying that we have no affiliation with Dr. Bohemier. None. So

that night after the rally, when this was all happening— Because the Free Press had published the papers already, published the pictures already. I found out while at home celebrating that we had such a great rally that— You're being fired. You don't have a job anymore. They're saying that they've cut costs. I says, "What?"

No, I know these guys; I've known them for 35 years. They would never fire me without at least calling me and telling me, "Hey, we got a problem. We got a PR problem. We're going to have to let you go. We got to disassociate our company from your activities." That never happened; it still hasn't happened today.

**Shawn Buckley**

Right. So basically, you were fired because of people's actions and social shaming.

**Dr. Gerald Bohemier**

And it wasn't a big job. But for a 72-year-old, one day a week, I was in there doing paperwork, making sure that all processes got done properly so that we could certify that the product could be released to the public. So that's what the quality assurance person was entitled to do. The quality assurance person had to have a degree, and I did have a degree. So I fit all the criteria, and, man, it paid really well. A couple hours every Wednesday I'd drive in 75 kilometres from our farm and did all that paperwork for them, and said goodbye, and they gave me a big fat check every month.

**Shawn Buckley**

Right. Thank you. I have no further questions. The commissioners might have some questions for you.

**Dr. Gerald Bohemier**

Yes, sir.

**Commissioner Drysdale**

Good afternoon, Dr. Bohemier.

**Dr. Gerald Bohemier**

Good afternoon.

**Commissioner Drysdale**

When at the time that your employer fired you had you been convicted of a crime?

**Dr. Gerald Bohemier**

No, not at all. Never been convicted of any crime.

[00:35:00]

**Commissioner Drysdale**

I think somewhere in your presentation you mentioned that you felt you were under pressure. Did you feel like you were under pressure when you made the decision to go to these rallies? Were you apprehensive about doing that?

**Dr. Gerald Bohemier**

No, on the contrary, going to these rallies was like, oh, my goodness, my voice can be heard here. I really believed that the things that I had to say would help people, would help people lose the fear. I saw the fear campaign, and I needed to go to these rallies. I felt I needed to be there.

**Commissioner Drysdale**

But did you not understand that there was some potential for retribution or fining in any of these activities that you undertook?

**Dr. Gerald Bohemier**

Not at the time, not at the first ones. But once the tickets started being delivered, yes. I knew that it was game up. Because I had nine tickets. But we did probably 15, maybe 20 rallies.

**Commissioner Drysdale**

So there was at some point in time when you did understand that there may be consequences?

**Dr. Gerald Bohemier**

Yes, at that point, I thumbed my nose up at the consequences. I was going to speak, and people needed to hear that they don't have to be afraid of a virus.

**Commissioner Drysdale**

The reason I ask you that question is because previous witnesses today said that other people have felt pressure in their positions and that perhaps explained why they didn't serve the Manitobans. I'm particularly talking about the judge who testified today that other judges must have felt pressure. And my point is, you must have felt pressure, too, but you did what you thought was right.

**Dr. Gerald Bohemier**

I did so. And when I received the notice that I was no longer employed, I was expecting a phone call to tell me what had happened. They never did that. But I retired at that point. I made up my mind, I don't need that job. And therefore, although it was great people to work with and the products that they produced were great, I just quit. And so, basically, that was a relief off of my shoulders. I don't have to worry about Wednesday mornings anymore, going to spend a day at the factory. So no, I just— Get me out at a rally and give me a horn. I felt I was doing something. That was important to me.

**Commissioner Drysdale**

Thank you, doctor.

**Dr. Gerald Bohemier**

You're welcome.

**Shawn Buckley**

Thank you, Dr. Bohemier. On behalf of the National Citizens Inquiry— Oh, I'm sorry, there is another question. I apologize, Commissioner.

**Dr. Gerald Bohemier**

Oh, sorry.

**Commissioner Kaikkonen**

I'm just wondering: If you had another opportunity to speak to those ambassadors who came pounding your door, what would be the words that you would tell them?

**Dr. Gerald Bohemier**

Knowing that they were hired thugs, I would have not spoken to them. I would not have given them five minutes of my time. I would have gone to the police officers. I says, "Get these people off my property." And they would have had to. Because unless they had a court order to be on a property, they would not have been able to be there.

**Commissioner Kaikkonen**

Thank you.

**Dr. Gerald Bohemier**

You're welcome.

**Shawn Buckley**

Sorry to be premature commissioners.

So, Gerald, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story today. It was very important to hear your experience.

**Dr. Gerald Bohemier**

Thank you for the opportunity.

[00:38:52]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 13: Carley Walterson-Dupuis**

**Full Day 2 Timestamp: 09:59:16–10:08:39**

**Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>**

[00:00:00]

**Shawn Buckley**

Okay, thank you. So we'll proceed. Our next witness is going to be Carley Walterson-Dupuis.

**Wayne Lenhardt**

Could you give us your full name, and then spell it for me, and then you'll have to give us your oath.

**Carley Walterson-Dupuis**

My name is Carley Walterson-Dupuis C-A-R-L-E-Y W-A-L-T-E-R-S-O-N hyphen D-U-P-U-I-S.

**Wayne Lenhardt**

And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

**Carley Walterson-Dupuis**

I do.

**Wayne Lenhardt**

I'll try to help condense this almost two-year saga of yours that you've gone through after your shot. When did you get the Moderna shot?

**Carley Walterson-Dupuis**

On June 28th of 2021.

**Wayne Lenhardt**  
And why did you get it?

**Carley Walterson-Dupuis**  
I got it because I wasn't going to be allowed into sports facilities for my kids.

**Wayne Lenhardt**  
And right after you got the shot you started having symptoms.

**Carley Walterson-Dupuis**  
Yeah.

**Wayne Lenhardt**  
Is that correct? Can you tell us about that?

**Carley Walterson-Dupuis**  
Yeah. The day of, I felt fine. It was the next day that I started experiencing some stomach problems that lasted about three weeks. From there, I had vertigo for a week, which was new to me. I've never experienced dizziness like that before. Following the vertigo was the really scary part. I experienced heart problems: heart palpitations, loss of breath. I couldn't exercise.

**Wayne Lenhardt**  
And that developed over the course of the first four to five weeks after your shot. Correct?

**Carley Walterson-Dupuis**  
Correct.

**Wayne Lenhardt**  
One of your family members, I believe, took you into urgent care at about the five-week mark. Correct?

**Carley Walterson-Dupuis**  
Correct.

**Wayne Lenhardt**  
And what happened? Why did you go to urgent care and what happened?

**Carley Walterson-Dupuis**  
I was sitting at my desk at home; I was working from home at the time. And I could feel my heart beating out of my chest. It was very, very uncomfortable. I was losing my breath and

felt very scared. So I was talking to my mom, who is a nurse, and she took me into urgent care that day.

**Wayne Lenhardt**

And what did they do at urgent care?

**Carley Walterson-Dupuis**

They did an EKG. I got into a room and they had me lay down in a bed. I was hooked up to heart monitors, but everything came back normal. There were no abnormalities that were found on the EKG. The doctors that I spoke to would not consider it being from the vaccine, at all.

**Wayne Lenhardt**

And they sent you home. Correct?

**Carley Walterson-Dupuis**

They sent me home because everything looked normal.

**Wayne Lenhardt**

Okay. So you went back to your family doctor at that point. Correct?

**Carley Walterson-Dupuis**

I did, yes.

**Wayne Lenhardt**

What did he say?

**Carley Walterson-Dupuis**

My family doctor also didn't want to consider this being from the vaccine. But she's known me my entire life. She actually delivered me into the world, so she knows my entire health history, and I've never had a problem before. So she got me in to see a specialist. She recommended me to a cardiologist in the city.

**Wayne Lenhardt**

And that took you a certain amount of time to make that appointment, and your symptoms continued during that time. Did they?

**Carley Walterson-Dupuis**

Correct.

**Wayne Lenhardt**

What were the symptoms?

**Carley Walterson-Dupuis**

Heart palpitations, loss of breath, and by this point, I was also experiencing chest pain, on and off.

**Wayne Lenhardt**

You had to rest during the day.

**Carley Walterson-Dupuis**

I had to rest during the day. Yeah. My workdays, I work at a desk at home all day. But I had to actually go and lay down multiple times in the day to get my heart rate back to normal.

**Wayne Lenhardt**

Okay. So finally, you got to go in to see that cardiologist. What happened there?

**Carley Walterson-Dupuis**

He was aggressive, very dismissive, and rude.

**Wayne Lenhardt**

They did a second EKG?

**Carley Walterson-Dupuis**

He did a second EKG. Everything looked normal still. But he was aggressive and continued to push me to go and get another shot.

[00:05:00]

Which I refused.

**Wayne Lenhardt**

Okay. So then you went back to your family doctor, correct?

**Carley Walterson-Dupuis**

Yes.

**Wayne Lenhardt**

We're at about the ten-week mark from the time you got your shot. And you're still having problems, correct?

**Carley Walterson-Dupuis**

Correct.

**Wayne Lenhardt**

So your family doctor then did what?

**Carley Walterson-Dupuis**

She recommended me to an allergist just to make sure that this wasn't an allergy-related symptom, which I figured it wasn't. So I spoke to an allergist on the phone. I never saw him in person. He ruled out any of my symptoms being allergy related. He said he had a friend that's a cardiologist in the city, and he recommended me to see him.

**Wayne Lenhardt**

Okay. So you actually went to a second cardiologist at that point, didn't you?

**Carley Walterson-Dupuis**

Correct.

**Wayne Lenhardt**

And what happened then?

**Carley Walterson-Dupuis**

He was very kind. He made me feel validated. He verbalized to me that this is definitely from the vaccine. He also said that there are numerous other people going through this. It was nice to feel not alone.

**Wayne Lenhardt**

Is he the one that told you might have an [autonomic] nervous system disorder?

**Carley Walterson-Dupuis**

Correct. He is the one that diagnosed me with that.

**Wayne Lenhardt**

Did he prescribe anything for you?

**Carley Walterson-Dupuis**

I was prescribed beta blockers at that time.

**Wayne Lenhardt**

We're now at about the thirteen-week point after your shot. You went back to your family doctor at that point, and I'm trying to decipher my notes here. Was there another cardiologist that you went to at this point?

**Carley Walterson-Dupuis**

That was the only cardiologist. But at that appointment with my doctor, she brought up my medical files, and he wrote— The cardiologist wrote in my medical files that it was from COVID.

**Wayne Lenhardt**

Okay. So you started to feel somewhat better at this point, is that correct?

**Carley Walterson-Dupuis**

Yes, things were on and off. It wasn't as persistent as it was in the beginning where it was every day. I would experience on and off symptoms, so I'd have some good days, some bad.

**Wayne Lenhardt**

Around March of 2022, you started to go to a homeopathic doctor.

**Carley Walterson-Dupuis**

That's correct.

**Wayne Lenhardt**

And he prescribed vitamins and a food regimen and that type of thing, correct?

**Carley Walterson-Dupuis**

Yeah, I looked into alternative methods of healing as the healthcare system was failing me at that point, and I wasn't willing to live the way I was living.

**Wayne Lenhardt**

And you still have some symptoms today, although things have improved to some extent.

**Carley Walterson-Dupuis**

Yes. A lot of symptoms have improved. I would say my heart is back to normal at this time; although, we don't know what long-term effects could be. My only ongoing symptom is everyday dizziness. If I turn my head a certain way, I'm dizzy. So it's just something I've had to live with now.

**Wayne Lenhardt**

How was your health prior to getting the Moderna shot?

**Carley Walterson-Dupuis**

A hundred per cent.

**Wayne Lenhardt**

Did you have any ailments of any kind?

**Carley Walterson-Dupuis**

Never.

**Wayne Lenhardt**

Okay. At the present time, again, you still have dizziness during the day. Correct?

**Carley Walterson-Dupuis**

Yes.

**Wayne Lenhardt**

Is there anything else that I may have missed in your health saga here for those,

**Carley Walterson-Dupuis**

That sums up it.

**Wayne Lenhardt**

a year and 10 months, I think it is.

**Carley Walterson-Dupuis**

Yeah.

**Wayne Lenhardt**

Okay. I think I'm going to turn you over to the commissioners. Are there any questions that you have for this witness?

**Carley Walterson-Dupuis**

Thank you.

**Wayne Lenhardt**

Okay. Thank you very much for your testimony. Appreciate you coming.

[00:09:23]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 2**

**April 14, 2023**

### EVIDENCE

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**Witness 14: Shelley Overwater**

**Full Day 2 Timestamp: 10:09:024–10:50:39**

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[00:00:00]

**Alexander MacKenzie**

Again, for the record, my name is Alexander MacKenzie. Shelley, would you give your full name to the Commission and spell it, please?

**Shelley Overwater**

Hi, I'm Shelley L. Overwater. It's S-H-E-L-L-E-Y. And then Overwater, just like it sounds.

**Alexander MacKenzie**

And, Shelley, do you swear that the evidence you will give to this Commission will be the truth, the whole truth, and nothing but the truth?

**Shelley Overwater**

Yes, I do.

**Alexander MacKenzie**

Thank you. Shelley, you reside in Morden, Manitoba. Is that correct?

**Shelley Overwater**

Yes, I do.

**Alexander MacKenzie**

And that is quite close to where your parents live.

**Shelley Overwater**

Yes. They lived about a block and a half from me, originally. Now my mom lives just down the street.

**Alexander MacKenzie**

Right. Your father is now deceased.

**Shelley Overwater**

Yes, he is.

**Alexander MacKenzie**

And you, you are a practising lawyer, yourself.

**Shelley Overwater**

Yes, I am.

**Alexander MacKenzie**

Getting your call in 2011.

**Shelley Overwater**

Yes, I did.

**Alexander MacKenzie**

And you practise now in Winkler

**Shelley Overwater**

Yes, I do.

**Alexander MacKenzie**

with one associate lawyer you met while practising at a firm that had a branch office in Morden and Winkler, but they are now closed.

**Shelley Overwater**

Well, the Winkler office is closed. They still have the other branches.

**Alexander MacKenzie**

Right. Thank you. And you yourself received vaccine in July of 2021?

**Shelley Overwater**

I think that was the second one, I believe. Me, my husband, my daughter, and my mom all got two each because we thought we were going to get to go to the U.S. for July long

weekend. And they weren't mandatory at that point. We didn't even think; we trusted that vaccines were safe, so we went and got them.

**Alexander MacKenzie**

And you had some special concerns about your daughter, Katie, is that right?

**Shelley Overwater**

Well, we found out after the second shot, which was, by the way, Moderna— Katie has epilepsy. My daughter has had epilepsy her whole life, pretty much. Anyways, that night she broke out in such a terrible fever, high fever, that of course she seized through. When I talked to the pharmacist who hadn't mentioned anything about it causing fever, I said, "You should let people with seizure disorders or epilepsy know that these shots could do this." So she said, "Oh, yes. I'll make sure of that." And then she phoned Manitoba Health. Then they phoned my daughter and said that she couldn't have a licence because of the seizures, right? So she basically did nothing except cause Katie some grief.

**Alexander MacKenzie**

So because she got the shot, she lost her learner's [licence].

**Shelley Overwater**

Well, she had a learner's at that point. But yeah, she only had it— Because of the epilepsy, she wasn't allowed to drive till she was older anyways. But that probably ensured she won't be driving.

**Alexander MacKenzie**

Okay. Now, you've been involved yourself in a number of the anti-mandate citizen initiatives that the Commission has heard about. Is that correct?

**Shelley Overwater**

Yes. That's correct.

**Alexander MacKenzie**

You were involved in the slow-rolls on Highway 75, and you joined the convoy from Portage to Steinbach, that is the Truckers' Convoy.

**Shelley Overwater**

Yes. I did.

**Alexander MacKenzie**

And you have done some pro bono legal work at the Emerson blockade.

**Shelley Overwater**

Yes. I spoke for them initially to the— The RCMP had special negotiators come out.

**Alexander MacKenzie**

And you spoke to them on behalf of the Emerson people.

**Shelley Overwater**

Yes, yes. I did

**Alexander MacKenzie**

And we may get time for you to discuss any questions the commissioners may have on those things. But we'll move along from them.

**Shelley Overwater**

No problem.

**Alexander MacKenzie**

Now, in addition, you represent a number of accused for charges for fines relating to COVID mandate breaches.

**Shelley Overwater**

Yes, I sure do.

**Alexander MacKenzie**

Those are both federal and provincial acts.

**Shelley Overwater**

Yes, they are.

**Alexander MacKenzie**

You're also representing parties in a number of litigations: some in the Manitoba Provincial Judges Court; one in the Manitoba King's Bench Court; and another one in the Ontario Supreme Court. Is that correct?

**Shelley Overwater**

Two in Ontario, now.

**Alexander MacKenzie**

Two in Ontario.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**  
Things change.

**Shelley Overwater**  
Yeah.

**Alexander MacKenzie**  
Now, COVID mandates have also affected you personally.

[00:05:00]

Is that correct?

**Shelley Overwater**  
Yes.

**Alexander MacKenzie**  
And you want to inform the Commission about several matters. In fact, one relating to your father.

**Shelley Overwater**  
Yes.

**Alexander MacKenzie**  
One relating to your own medical care.

**Shelley Overwater**  
Yes.

**Alexander MacKenzie**  
And one relating to your employment.

**Shelley Overwater**  
Yes.

**Alexander MacKenzie**  
Well, starting with your dad. Your dad's name was Patrick Rice. Is that correct?

**Shelley Overwater**  
That's correct, Patrick Rice, yes.

**Alexander MacKenzie**

At the beginning of COVID, he was 89 years old, was he?

**Shelley Overwater**

Well, he was 89 and a half when he died.

**Alexander MacKenzie**

Okay. And when did he die, Shelley?

**Shelley Overwater**

He died December 19th, 2020.

**Alexander MacKenzie**

Can you tell us what his physical condition was?

**Shelley Overwater**

He was in excellent health. He didn't even need glasses or hearing aids. He had all his teeth. He still drove; he had his downhill ski pass ready to go to La Rivière, to Holiday Mountain, because he still skied. He also was the oldest skydiver in Canada.

**Alexander MacKenzie**

And that was all at the tender age of 89 years.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

In relation to his health, it was known, was it not, that he had an aneurysm?

**Shelley Overwater**

Yes, he did. It had been diagnosed probably around 2015 or so, and they had offered him some kind of surgical procedure. But at his age he decided not to bother. But they told him if it ever went, it would be quick. He wouldn't probably have time to get to a hospital, possibly.

**Alexander MacKenzie**

I see. And then in 2020, your father had a rapid test for COVID, and he had tested positive at a Winkler drive-through COVID testing station. Is that correct?

**Shelley Overwater**

Yeah, him and my mom went. They were recommended by the family doctor to go check. This would have been about the first of December, maybe. He tested positive; she tested negative.

**Alexander MacKenzie**

And that was about the beginning of December.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

And so, in obeying the rules, I take it your father quarantined himself.

**Shelley Overwater**

Yes, they were told to just go home.

**Alexander MacKenzie**

Did he have any symptoms?

**Shelley Overwater**

Not that I recall. He seemed fine. He seemed like Pat always seemed.

**Alexander MacKenzie**

And no coughs, no fevers.

**Shelley Overwater**

Not that I recall. I mean, he seemed fine. And when he died, it was three weeks after he'd had this test.

**Alexander MacKenzie**

Okay. So he had the test; he was asymptomatic in terms of anything to do with COVID.

**Shelley Overwater**

Yes, so was my mom.

**Alexander MacKenzie**

He had had an aneurysm in the past; it had been diagnosed. And then on December the 19th, can you tell us what happened on that day?

**Shelley Overwater**

I believe it was about five in the morning. My mom phoned and she said, "Pat fell and he's mumbling." I said, "Mom, call the ambulance." Because she said he was mumbling, but he wasn't speaking. So she called 911. We got ready to rush over there, me, my husband, and my daughter. I could hear the ambulance because I lived so close; I could hear they were lost. So I phoned 911 and said, "You have to go to—" blah, blah, blah.

When we got there, the ambulance was sitting there with the lights off, and there were two Morden police officers standing in the doorway. I jumped out of the car, and they said, "Your dad's gone." I thought they meant they'd taken him away already, but they meant he was deceased. This would have been, well, I guess 20 minutes, half hour after my mom initially called me.

**Alexander MacKenzie**

So that was about 5:30 in the morning.

**Shelley Overwater**

I would say, yeah, I believe so.

**Alexander MacKenzie**

On December 19th.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

And did you then go into the home?

**Shelley Overwater**

Oh, immediately. My mom was a mess, obviously. She was there with the two paramedics, I believe, and then the two officers were in there. They were asking her questions in her den. I went downstairs. At that point, we went downstairs, and he was still laying there on his back, and there was a little trail of blood to the bathroom door. So it was obvious, he'd gone to the washroom, come out, and something happened. He fell, must have bashed his arm on his way down. Mom heard the crash,

[00:10:00]

came running, and this is when she said he was like, "urrrurrurr." And then he just died; his breath stopped. So he was dead before the ambulance even got anywhere near there; he was gone. So I wiped up the blood because I didn't want my mom to see it. I got a quilt to cover him because he was still just laying.

Anyways, when I come back upstairs, she was on the phone, at some point there, later. And it was the provincial medical examiner she was on the phone with, a woman, telling my mom that it was clearly a COVID-19 death. At this point, no one had seen him: He had not gone to a doctor. He had not had any outside people look at him. The police weren't taking

pictures. Like nobody had seen him, and he died in a few minutes. Oh, and then she told my mom that she must go that very day and get tested for COVID-19. So later that day, we had to—

**Alexander MacKenzie**

Before you get on to that, if you don't mind.

**Shelley Overwater**

Oh, not at all, sorry.

**Alexander MacKenzie**

Thank you. The medical examiner was suggesting to your mother that your father had died of COVID.

**Shelley Overwater**

Yes. No, she insisted. And she said they wouldn't be doing autopsies because they were afraid of getting COVID.

**Alexander MacKenzie**

So without any more information than that your father had died, they were absolutely not going to do an autopsy.

**Shelley Overwater**

No. No, absolutely not.

**Alexander MacKenzie**

And they were going to say

**Shelley Overwater**

Died of COVID-19.

**Alexander MacKenzie**

[from] everything you could tell, that it was a COVID death.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

Despite your father not having had any COVID symptoms.

**Shelley Overwater**

Not that I was aware of. And he died, like in 20 minutes. You don't die of a lung ailment in 20 minutes.

**Alexander MacKenzie**

And he had been diagnosed some time before with an aneurysm.

**Shelley Overwater**

Yes, yes. So I assumed it was that or a heart attack.

**Alexander MacKenzie**

Are you aware of how your father's death may have been reported in any local newspaper?

**Shelley Overwater**

Well, it was on the *Pembina Valley Online* because they were reporting the deaths by different regions. They would report Morden deaths, Winkler, and, of course, they showed December 19th, one male, 89, died of COVID-19.

**Alexander MacKenzie**

So he was reported in the newspaper as being dead from COVID-19.

**Shelley Overwater**

Well, *Pembina Valley Online* is like an online news service. But yes, that's where I saw it.

So I just thought, well, whatever, right? I phoned the funeral home because he went Saturday morning, the day he died; he went right to the funeral home. And I asked the owner if they had taken pictures. He said, "Absolutely not." They cremated him Monday. So he was in the funeral home, and he was cremated Monday. And the provincial medical examiner's office phoned my mom again during the week and kept telling her it was COVID-19. And at that point, my mom just gave up on arguing because what was she going to do about it exactly, right?

**Alexander MacKenzie**

Now, in your work as a lawyer on some of these things that we've mentioned, you've had occasion to see an affidavit that was filed. Is that correct?

**Shelley Overwater**

Yes. We were working on an appeal for some unnamed clients, and some of the evidence in the transcripts was from the church's case, you've heard about. One of them was an affidavit from this Dr. Loeppky.

**Alexander MacKenzie**

Well, a person by the name of Carla Loeppky.

**Shelley Overwater**

Yes, yes, I believe she was some kind of doctor.

**Alexander MacKenzie**

For the record, that is a document that was filed in a provincial court in Winnipeg in pocket number 558-30323, and there are ten provincial court pockets associated with that affidavit.

**Shelley Overwater**

Yes, sir.

**Alexander MacKenzie**

What did you see in that affidavit as you were doing your work as a lawyer?

**Shelley Overwater**

Well, there was 40 pages of CV. But then there was all these COVID-19 deaths in Manitoba, and they were listed individually. So just because I went through them and, of course, I get to December 19th, 2020: Morden, Manitoba, one male, COVID-19. And so I realized that this person had submitted this as affidavit evidence to the court. I mean as a lawyer, you would never—

**Alexander MacKenzie**

So what you saw in the affidavit was one death in Morden,

[00:15:00]

exactly on the day of your father's death.

**Shelley Overwater**

An 89-year-old male, which he was the only death in Morden that day.

**Alexander MacKenzie**

And it was put down as COVID.

**Shelley Overwater**

Yes, not COVID related. COVID-19, as it was said.

**Alexander MacKenzie**

I see. And insofar as that might be relied upon for developing statistics,

**Shelley Overwater**

Yep.

**Alexander MacKenzie**  
what do you think of that?

**Shelley Overwater**

I think that they were padding, at the very kindest. I'd say they were padding their statistics. But I mean, to me, this was an out-and-out lie. They had no evidence to support that. They didn't even try to get any.

**Alexander MacKenzie**

In fact, they assiduously avoided getting any.

**Shelley Overwater**

Yeah, that's how it appeared to me. I mean, obviously, we're supposed to go to court with evidence, right? So you would just expect that. But apparently not.

**Alexander MacKenzie**

Thank you, Shelley.

Now, quite apart from your dad, is there anything else you'd like to add in relation to your father's situation?

**Shelley Overwater**

I can't think of anything other than I just couldn't believe they would browbeat my elderly, widowed mother into trying to get her to accept that. I was horrified.

**Alexander MacKenzie**

Thank you.

Now, quite apart from your dad, you've mentioned that you've had some medical issues yourself.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

And what is that? What sort of medical conditions did you have?

**Shelley Overwater**

Well, I have a history of high blood pressure where it would shoot up to like 200 over 110. Angina, chest pains. That kind of stuff.

**Alexander MacKenzie**

Ever given any medicines for them?

**Shelley Overwater**

Yeah, I've had nitro and whatever over the years. But my heart's fine. So I felt it was stress-related, probably came in around the time I went to law school. But yes, I have a history of it.

**Alexander MacKenzie**

In early '21, you consulted with a doctor, is that right, a Dr. Mansour?

**Shelley Overwater**

Yes, he was my family doctor, and I was experiencing these again. He told me that if it happened on the weekend or during the day when he couldn't be available, I should go to emergency at Boundary Trails Hospital, which was our local hospital.

**Alexander MacKenzie**

In March of 2021, what happened that day?

**Shelley Overwater**

So that morning, I felt my chest pains were bad. I was having trouble breathing, and I was feeling kind of dizzy. So I drove my truck by myself over to Boundary Trails. And I parked and I walked over to the emerge. door, and I went to enter the Emergency. A uniformed security guard was on the inside door, and he started yelling at me to wait outside.

**Alexander MacKenzie**

Okay, now, you drove yourself. You were feeling chest pains.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

You drove yourself from your home, which was about three miles, was it, from the hospital?

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

You arrived there; I presume you parked your car.

**Shelley Overwater**

Well, I parked my truck, yes, and I walked—

**Alexander MacKenzie**

Your truck, pardon me. You walked to the front door of the hospital.

**Shelley Overwater**  
Well, there's two doors.

**Alexander MacKenzie**  
Emergency door.

**Shelley Overwater**  
Yeah, well the far one is Emergency.

**Alexander MacKenzie**  
Okay, thank you. And what was the weather like that day?

**Shelley Overwater**  
Probably between 10 below and zero. It was cold. It was windy. It was gray. You know, it was like one of those prairie fun, late winter mornings.

**Alexander MacKenzie**  
What was the nature of the discussion with the security guard inside the foyer behind the doors? What was the nature of it?

**Shelley Overwater**  
Well, he just yelled at me to wait outside. And so, I believe I yelled back, "But I'm having chest pains." And he said, "Well, you have to wait." He yelled, "You have to wait." And so, I let go of the door because I was shocked. I didn't know they had security guards at the hospital, for one. So I had to stand there outside. And I'm thinking, well, this is great. If I drop dead, now I'm going to have to lay outside too. So I was becoming more stressed, obviously.

**Alexander MacKenzie**  
And how long, again, did you stand outside?

**Shelley Overwater**  
I think about 10 minutes. It wasn't probably that long. But still, it was scary because it's emerge., right? You go there for a reason.

Finally, he gestured I could go in, in between the two doors where he stopped me. First, I just used the hand sanitizer. Then he handed me a mask with a tong, and I had to sit on a chair with these plexiglass things, like a little cubicle.

**Alexander MacKenzie**  
Like a cubicle.

**Shelley Overwater**

Yeah. I had to sit there until they said I could sort of distantly approach the lady at the desk; she had a big plexiglass, and all that, too.

[00:20:00]

**Alexander MacKenzie**

So then you went through some sort of reception process, is that correct?

**Shelley Overwater**

Yep.

**Alexander MacKenzie**

How did that go?

**Shelley Overwater**

It was pretty quick. I said I had chest pains, and I had to put my Manitoba Health on the tray so they wouldn't touch it. Then I had to go sit back down for a few minutes. And then these gowned and covered people came out and said, "We'll take you to the trauma room." I said, "Well, I can walk in." So I walked into this— It's kind of like an operating room, a trauma room, and they're behind me. So I walk in, and there's a bed there. So I go over to the bed and I look behind me, and they're all in the doorway, way far, and they started yelling at me questions.

**Alexander MacKenzie**

So they brought you to the room, had you go in, sit on the bed, stood at the door. How were they dressed?

**Shelley Overwater**

They were covered head to foot in those paper gowns and booties and masks and some of them had face shields. I think they had gloves and everything, like the whole nine yards, like you were in surgery. I was like, okay. They all stood in the door and then this doctor or these people are yelling, "What's your problem, what are you there for?" And so I said, "I'm having chest pains; I have a history. I have blood pressure. I think I'm having— My blood pressure's really shot up." And then the doctor said, he had a very South African accent, it was very distinguishing, and he said, "Well, those could be symptoms of COVID-19. We need to test you." I was like, "No, I have a history. I don't have COVID-19. I just want someone to check my—" And he said, "Well, no, no, this could be symptoms." So then we yelled back and forth about me being tested, and I refused. I said, "No, I won't be tested; you're not shoving anything up my nose, I don't have any— "

I should mention quickly, I've had pneumonia; I've had two lung infections. I had lung cancer surgery. I know all about lung ailments. And so, I was—

**Alexander MacKenzie**

Those are not recent though, those were—

**Shelley Overwater**

Well, those were prior to when I went in the hospital.

**Alexander MacKenzie**

But those symptoms that you describe—

**Shelley Overwater**

Well, no, what I'm saying is that I knew I didn't have a lung problem. I knew that. And so, for him to keep insisting I needed a COVID test was ludicrous.

**Alexander MacKenzie**

Right. But I'm wanting to make it very clear for the Commission that those were not current symptoms.

**Shelley Overwater**

No, no, not at all.

**Alexander MacKenzie**

Those were in the past.

**Shelley Overwater**

I apologize. Yes, they were all in the past. But I did have some understanding of what a lung ailment felt like.

**Alexander MacKenzie**

Yes, thank you. I understand that.

**Shelley Overwater**

Or a flu, I guess I could say.

**Alexander MacKenzie**

So how long did this stand off go on?

**Shelley Overwater**

Maybe 10 minutes. Then they said, "Okay, we'll be back." And then a girl came with a tray, like they carry the tray with all the stuff. I believe she checked my blood pressure with the stethoscope, maybe my oxygen level. I cannot remember positively right now, but she may have drawn a little blood, I'm not even sure. Then she started asking me about being tested for COVID-19, again.

**Alexander MacKenzie**

Just to be clear. So they did test your blood pressure; they did test your heartbeat.

**Shelley Overwater**

Yep, yep.

**Alexander MacKenzie**

They did do all that. Did they report those results to you right there on the spot?

**Shelley Overwater**

No.

**Alexander MacKenzie**

No. Okay, so what happened then?

**Shelley Overwater**

Then she left the room, and I waited there. Then they came—an attendant of some kind, I can't remember clearly—and said, "Well, we're going to put you in the recovery area, and we'll monitor you for an hour." And I said "Okay." So I followed them there, and they put you on a bed; there's curtains all around you. I think there was maybe three of us. I was struck by how many staff were going around with all their stuff on. I think there was three of us in that place. But so, I just laid there.

**Alexander MacKenzie**

Were you feeling anxious?

**Shelley Overwater**

I was scared. I was starting to get worried because not only were they not talking about what was happening to me, but they were getting— He had been really kind of aggressive and ugly about this deal. And I was starting to get nervous: like what are they going to do, hold me down now? I was nervous. So I was trying to force myself to breathe and calm myself because I didn't want them to have any excuse to keep me. Then, finally, the doctor because of his accent—obviously they're covered up right. But he came in and he said, "Well you might as well leave now seeing you refuse to be tested."

**Alexander MacKenzie**

Did he tell you of the results of the blood pressure test he'd done?

**Shelley Overwater**

No.

[00:25:00]

**Alexander MacKenzie**

Did they tell you of the results of the monitoring of your heart or your heartbeat that they'd done?

**Shelley Overwater**

No.

**Alexander MacKenzie**

Did they tell you anything about the condition you'd gone in for?

**Shelley Overwater**

No. They told me that they would have liked to have tested me for surveillance purposes, and seeing I was being stubborn, I might as well leave. And I said, "You got that right." But I was very anxious to get out of there. So I left and went home.

**Alexander MacKenzie**

And did you ever follow up with your doctor?

**Shelley Overwater**

Yeah. He checked me over and my blood pressure was high. He said, blah, blah, blah. And I said, "Don't ever send me there again, ever." I said, "You didn't tell me what it was going to be like, and I will not be tested for something I don't even have. So don't ask me." And that was the end of that. I didn't go back to the hospital till I had my knee surgery, as I told you, and that was only because I had to.

**Alexander MacKenzie**

Thank you, Shelley. Now, is there anything else you'd like to say about your adventure at the hospital?

**Shelley Overwater**

What can you say? I felt like I had woke up in the middle of George Orwell's *Nineteen Eighty-Four*. Or I was on the Gulag. I was like, this is unbelievable. This is a hospital. I felt like I was— I don't want to admit I've ever been in a cell, but that's what it felt like. It was very scary. And they were very rude, and that doctor, in particular, he was ugly.

**Alexander MacKenzie**

Okay. Thank you.

Now, as I mentioned earlier, you've also had some experience that's COVID related in a law office in which you worked.

**Shelley Overwater**

Yes.

**Alexander MacKenzie**

That was a satellite office of a larger firm, and that satellite office was in both Morden and Winkler. Is that correct?

**Shelley Overwater**

Yes, that's correct.

**Alexander MacKenzie**

When COVID started, the firm adopted a number of safety measures. Can you tell me what they were?

**Shelley Overwater**

Well, we had to— Obviously, the hand sanitizer, the masks, the plexiglass in the reception area. Initially, they wanted to meet the clients between the two doors at a little table that they had to sanitize every 10 minutes, I think. And we had to wipe down parcels and Lysol all the desks between each use.

**Alexander MacKenzie**

And how many people worked in these offices at those two locations, Morden and Winkler?

**Shelley Overwater**

I'd say there was roughly two or three lawyers on any given day, and there would have been five or six clerical staff. But we all kind of went around. Like not all the clerical staff. But the lawyers, we circulated to different offices, sometimes, depending what was going on.

**Alexander MacKenzie**

So how many people all together would circulate through those offices in a week or two weeks?

**Shelley Overwater**

Oh, I don't know, maybe a dozen or so. Then we got an articling student that ended up being at the Morden office, I should mention.

**Alexander MacKenzie**

And was anyone ill during that time?

**Shelley Overwater**

Well, because of my father's death, I had missed the two weeks over Christmas because they said that we had to quarantine.

**Alexander MacKenzie**

Because he had been a COVID death, or recorded as that.

**Shelley Overwater**

Well, yeah. And so, the firm— I would have gotten bereavement, anyways, and it was the holidays. We were closed a bunch of days. So yeah, I was off for the two weeks. Then we

had another girl. She had the two-week quarantine because she was sick for a week. And a lawyer who had a cough, and she was off for two weeks because of the mandated quarantine. That was in the entire time I worked there.

**Alexander MacKenzie**

Then in May of 2021, there were some changes in policy, is that correct? What were those?

**Shelley Overwater**

Well, at that point the managing partner and the other partner and the manager decided they were going to have to know the vaccination status of all the clerical staff and the articling student. And if they weren't going to discuss it—

**Alexander MacKenzie**

They had to disclose their vaccination status.

**Shelley Overwater**

Yeah. It was mandatory, yes.

**Alexander MacKenzie**

I see, and how did that go down with the staff?

**Shelley Overwater**

Well, it went down very badly because I sent an email to the lawyers and said, "What about, employment standards and the Charter and all those things?" And then there was one young girl,

[00:30:00]

20-years-old, who was our reception girl. Just a dear little girl who'd worked there two years, and she said, "Well, I refuse to put that in my body, and no one's going to force me, not even for a job." That was the first time I'd ever heard somebody say that. I was quite taken by it because she was such a young, nice girl. And then one of the clerical staff, whom I'm actually friends with and had been there three years, she disclosed that she hadn't been vaccinated. They asked the articling student who they had hired and couldn't say enough nice things about. And she said, "Are you asking me if I have COVID antibodies in my system?" And when they said, "No, we want to know your vaccination status." She said, "Well, I don't know that you have the right to ask me." Well, at that point, all heck broke loose, so to speak.

**Alexander MacKenzie**

Were there any inter-office communications, like emails. What sort of was the office buzz during that time?

**Shelley Overwater**

Well, we had a group email deal: so that's where everybody, lawyers and staff, in all the offices— And it started, this daily almost barrage of, "Well, I know someone who's sick with COVID. And can you believe how selfish these people are, these unvaccinated, and the whole common good," and blah, blah, blah. This went on and on. And in the meantime, all the staff from the other offices would drop the files off outside the back door and yell in the office because they couldn't come in because the unvaccinated were there.

And they were allowed to pick on the articling student. Everybody was mocking her and making fun. Then they decided she couldn't do any real law work because she was obviously—

**Alexander MacKenzie**

So what did they have her do?

**Shelley Overwater**

They had her do real estate reports. That's all she was allowed to do. She had to sit in the back with the clerical staff and do real estate and probably, every couple of days, she was yelled at by the partners. She wasn't allowed to come to the lawyer meetings.

But from June on, the lawyer meetings became me battling because I couldn't believe they were going to hold someone's career hostage. Because if they fired her in the middle of her articles, it's pretty hard to get a job, right? And she'd been in school for seven full years for this deal. And these other girls— I just could not believe people would take someone's livelihood like that. I was shocked. It had never occurred to me that they would mandate this stuff and force these vaccines. I didn't understand that that could happen.

**Alexander MacKenzie**

And I understand that at some point in October, there was an ultimatum.

**Shelley Overwater**

Yeah, well, the managing partner had told me he would let her finish her articles; this would have been, let's say middle of October. So he comes in—this is about the end of October—he comes in to the Morden office, and he asked me and the other lawyer into my office. He sat down and he said, "I just walked by them, and I'd fire them all today if I could." And I went, "Well, that's no surprise," right? Like tell me something, I don't know. He said, "I've made a decision. If they won't get vaccinated by November 19th, they're fired."

Then he started tapping the desk and he goes, "I've decided even the lawyers will have to submit proof." So at that point, I kind of lost my cool and I said, "Well, I gave you my word I was vaccinated because I'm not like you, I keep my word." And he said, "Well you still have to show proof." I said, "I'm not showing you anything." I said, "You can put me down as resigning on November 19th because I will not stay here then. I will go with the people you're firing." So the next day, [he] goes, "Oh, hey, was that serious?" I was kind of shocked at that, and I said, "Yes, I'm very serious." So I sent him my resignation letter and that was that, and off we went.

**Alexander MacKenzie**

And what did happen to the articles student?

**Shelley Overwater**

Well, what happened was we found a lawyer, another local lawyer; he just had three years in, and so he was allowed to finish her articles. So she went over there.

**Alexander MacKenzie**

And what did you do?

**Shelley Overwater**

Well, I went home in shock because I went, "What am I going to do?" But, anyways, they were leaving the Winkler building they were in. I knew that. They hated Winkler. So I phoned the owner of the Winkler building, and said, "Hey, how about renting to a different lawyer?" So I rented an office for January 1. But I ended up having a knee replacement, so I didn't actually start till later. In the meantime, the articling student finished her articles, and the lawyer said he wouldn't keep her. So she came over, and she said, "Would you consider working with me?" I said, "Right on, partner." So she's my partner in our little firm. We got another office we were able to rent. So we have two, like an office each in Winkler.

[0035:00]

**Alexander MacKenzie**

Is there anything else that I've missed relating to your employment situation?

**Shelley Overwater**

Well, I just wanted to say we were law firms, and we were essential workers. And no provincial health people ever walked into any law offices out there. They didn't, and they weren't going to. I understood that we had to do whatever in the hallways or in front of clients that were nervous. I get that. But we never, ever had a policy of asking clients if they were vaccinated or anything. It was just the people that worked there. But we'd all been there the whole time, and it was fine. And I couldn't believe— By then we already knew that people were still getting COVID-19, even with the vaccine. So there was no real reason other than they just got in a mood. I don't even know what to say. I was horrified. Yeah, I couldn't believe it. I mean the Supreme Court has said your livelihood is an integral part of— yada, yada. So you believe that when you're in law school. Apparently, it doesn't apply lately, anyhow.

**Alexander MacKenzie**

Okay. Thank you very much. Now, just a couple other small things. You and your mother both volunteered at a couple of homes for aging people in Winkler and Steinbach.

**Shelley Overwater**

Winkler and Morden. There's Tabor Home in Morden and Salem Home in Winkler, and we volunteered at both.

**Alexander MacKenzie**

Okay, and do you still volunteer there?

**Shelley Overwater**

No, when the lockdowns hit, of course, we weren't allowed to go there. But during the time, they got rid of a bunch of their staff, of course. And so, when they wanted volunteers to come back, they contacted us. We just said, "No, we can't in good conscience volunteer for a place that would just dump their employees for no good reasons." So we never did go back.

**Alexander MacKenzie**

So the employees that they, in your words, dumped, were not ones who were infected. They were ones who would not vaccinate. Is that correct?

**Shelley Overwater**

Right. Some of them were willing to do the testing. I think they wanted three a week, or I can't remember. To me, it was all nonsensical. The one place said, after it was all said and done, that if people gave a letter of apology, they might consider hiring them back. Yeah, go figure.

**Alexander MacKenzie**

And Shelley, from your work as a lawyer in these matters that I mentioned earlier, have you had occasion to consider any statistics relating to the fines that have been imposed on people in Manitoba? I believe you did have something on that.

**Shelley Overwater**

Yes, the Manitoba government—between the federal *Quarantine Act* and the provincial *[Public] Health Act*—they fined over \$9 million, as of lately. Now, I'm not saying they've collected; I'm just saying this is what it is. Five million of it is just the federal *Quarantine Act*.

What that was is when the mandate came in in January at the border, the United States border people had discretion. So some unvaccinated people were still allowed to go into the U.S. Well, when they came back, if they presented at the Canadian border, the screening technology was, "Are you vaccinated?" And of course, if you said, "No," you got an \$8,550 ticket. If you didn't answer, you got the \$8,550 ticket and a \$1,453 ticket. So I'm dealing with— I think I've got about 25, 26 of these we're challenging. But none of these people were symptomatic; none of them had priors; some of them got tickets as late as last fall, September of this last year.

**Alexander MacKenzie**

And what were the mandates when those tickets were being issued?

**Shelley Overwater**

Well, the border mandate because they were Canadian citizens entering Canada, and they didn't have a vaccine. Or they didn't have the ArriveCAN [app] or the PCR test. So it didn't

matter. Whatever it was, you were getting an \$8,550 ticket. So that's what happened. It didn't matter if it was— All my clients have no priors; they were all working citizens.

**Alexander MacKenzie**

What sort of jobs do they hold, typically?

**Shelley Overwater**

You're never going to guess. Most of them are truck drivers. Some of them are farm labourers. And then, interesting, I had a couple of clients that were actually vaccinated and they got tickets because they didn't have the PCR results because they couldn't wait that long for them.

[00:40:00]

So they made the mistake of saying, "But we have this," and they showed the Charter of Rights. And so, they were given \$8,550 tickets each for showing the Charter.

**Alexander MacKenzie**

And this may be a dangerous and last question from me in any event. But how do you feel about the way these things were handled both provincially and federally?

**Shelley Overwater**

You don't want to ask, really. No, I'm absolutely appalled. It's like the Canada— I'm old, right? The Canada I grew up in, this is not the Canada I live in today. I didn't buy into this; none of us did. It was like they ripped away the veil and said, "Haha, you think you have freedoms and rights," and all that. "You've got nothing." And I've never been so ashamed of— I mean, I'll tell you, I've been a separatist for a long time, anyways. But I've never been so ashamed of this country as I was when I saw them in Ottawa bludgeoning working people, like normal, everyday taxpayers. I'll never forget it.

**Alexander MacKenzie**

Thank you. Shelley, I'm going to ask the commissioners if they have any questions for you. No. Thank you. Thank you very much for attending.

**Shelley Overwater**

Thank you.

[00:41:34]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 14, 2023

Day 2

### EVIDENCE

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Closing Statement: Ches Crosbie

Full Day 2 Timestamp: 10:50:39–10:52:42

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

**Ches Crosbie**

Commissioners, I have one very simple point to make— If we could have the slide up on the screen, please?

I know it's late in the day. Could we see a little bit further down the text of the article there? What it says is, it declares a legal emergency in Canada. Can we see any more of that image?

So Children's Health Defense has a Canadian Chapter, and if you can adjust that a bit more, you'll see there's a headline there declaring that there's a legal emergency in Canada. This is datelined on March 26th of this year. We can't quite see that, can we? Anyway, it's March 26th in their newsletter.

For those of you who don't know, Mr. Kennedy, it's Bobby Kennedy Jr., is going to announce that he's running for president of the United States next Wednesday. And he's been identified by the U.S. government as one of the great misinformation spreaders about vaccines, so that's going to be an interesting one to watch.

My point here is that the analysis in the article, which unfortunately you can't see— But take my word for it, it's there. I've read many of the cases. And yes, there is, as we've heard today from many sources, a legal emergency in Canada. And it's mainly with the judges and the courts who aren't doing their jobs. Thank you.

[00:02:03]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
WINNIPEG HEARINGS**

**NCI | CeNC**

**Winnipeg, Manitoba, Canada  
April 13 to 15, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 01:04:22–01:41:00

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

#### Shawn Buckley

Welcome back to the third day of our Winnipeg hearings of the National Citizens Inquiry as we literally march across Canada. We started in Truro, Nova Scotia. We then went to Toronto. We're now in Winnipeg. Next week, we're going to be in Saskatoon. We're then travelling on to Red Deer. On to Vancouver. Back east to Quebec City. And then finishing in Ottawa.

This has become quite an experience. Somebody said to me this morning, before we started, that this is really the first thing that has happened since the Truckers' Convoy, and very excited about it. Everyone that finds out about this participates, watches. They're finding themselves energized. They're finding that actually the action of participating—learning what happened together and hearing our stories—is strengthening us and healing us. And so, as I did yesterday, I encourage every single one of you to participate by sharing us with your social media. It doesn't matter if you have ten followers on Twitter, for example. Share what we're doing because if we all do this together, if we all share what we're doing, we'll make this happen.

This is our ninth full day of hearing. And I mean, when I say full day, if you've sat through any of these, we sit late. Because we want people to be heard. So we fill each day. We have had one mainstream media attendance to give one little report on us. When even this event, **the fact that it's happening, the fact that some citizens have just banded together, came up with this vision of a way to heal the country—of a way to move forward in a positive way—and planned an event that we had no idea how much work and how big it was and how ambitious it was until, white knuckles, we're running our first hearing in Truro. And purely citizen-funded.**

It's interesting. We were out for supper with some people yesterday, and they just assumed we have a couple of big funders. And we don't. Literally, we send out email asks to people that have signed our petition. And we have your email address so we can share with you what's going on.

**Please, actually go to our website and sign the petition. It legitimizes what we're doing. And then, when we have a need— So we had a need for people who are willing to reach out to social media influencers. For example, we sent an email out asking, "Is there anyone out there that will participate?" It's a way for us to plug you in.**

**But the point I'm trying to make is this is pure citizen-run and -funded, and it only works because we're all doing this together. So when I'm asking you, "Will you please push us on your social media networks?" we don't have a budget for advertising. We don't have a budget to hire people to do this stuff. We need you to do it.**

**But amazingly, this is happening, and it's happening in a wonderful way because you are participating. So again, I'm calling on everyone to go sign our petition. I'm calling on everyone to donate. Every set of hearings costs us between \$30,000 and \$35,000, and we have some nail-biting moments paying the bills. This is happening because, thankfully, you are supporting us, and thankfully, you are buying into what we're doing. But we need your continuing support—literally, city-by-city—to just help make this happen.**

Now this morning, I wanted to talk about one of your enemies. And to help you appreciate that this truly is one of your enemies— And many who hear this, especially online, might be surprised when I identify one of your key enemies. But first I need you to appreciate that your Achilles' heel is fear.

For those of you who don't know the story of Achilles in Troy, he was just this mighty warrior that no one could defeat. But while he's at Troy fighting against the Trojans, an arrow strikes him in his Achilles' heel. That's why we call it the Achilles' heel.

[00:05:00]

And so, he wasn't able to fight, and he was killed.

Your weakness—your weakness—is fear.

So for example, if for those of us in the room, if all of a sudden, we heard screaming outside and a grizzly bear burst through these two doors, fur all standing up on end—we know he's angry. Every single one of us—every single one of us in this room—we're going to run to that door. In fact, we're going to be in such fear. Without thinking, before our conscious mind understands that it's a grizzly bear, our body's already in fight or flight mode, and we are not thinking about anything. We're not fighting a grizzly bear. We're not thinking about anything about flight—every single person in this room. In fact, some of us might get trampled and seriously hurt because the rest of us will be so anxious to get out of that door. So literally, out of our minds.

**And we all know that this happens. There's example, after example, after example where people are killed when a crowd is fleeing in fear. Because when we're moved into a state of fear, we are out of our thinking mind, and there's nothing we can do about it. We're literally filled with a drug cocktail. And so, you need to understand you do not have a defence against the physical reaction that occurs when you're in fear. You're not without options, but there is nothing you can do to prevent your body from going into fight or flight mode when you're presented with fear. And using the bear example, it might actually be a couple of hours or it might be a couple of days before you're calmed down.**

**Literally, there's a physical reaction. And you need to understand there's nothing you can do about your physical reaction. But mentally—mentally—if you train yourself to identify**

that when you go into fear— And literally, it's like the police and the military, they train through drills. You have to train yourself as soon as you start getting afraid to go, "Just wait a second, I need to be aware. I have to keep connection to that thinking part of my brain, regardless about how I feel." And you can train yourself. There are people that will look at the stampede at the door and go, "There's no point in me trying to get through that door right now. Is there another way out?" Or just wait until there's a space. There's people that can do that, and you need to do that.

I think we all appreciate that for the last three years, we have been in a theatre of fear. And I use the word "theatre" with two meanings. Because we literally have been in an information war. And theatre is a term to describe war. When I say we've been in an information war, we have had witness after witness speak about censorship. We've had journalists speak about it. We have had medical people speak about it; doctors being silenced. We have been in a theatre of war, an information war.

But more importantly, we have been in a theatre, a drama. Shakespeare said, "The whole world is a stage." When this topic to speak about came to me this morning at about quarter to eight, and I wrote down the phrase—"the whole world is a theatre"—it occurred to me that these sayings are actually true. The whole world is a theatre, and we're just players on the stage.

We have been through a military-grade psyops operation that has been theatre. We have been watching the news, and it has been theatre. It has been deliberately designed to put us into a state of fear where literally, when you're watching the news, you will have a physical fight and flight response that you have no control over. And unless you have trained yourself to keep connection to your thinking mind, you are not thinking.

It's funny,

[00:10:00]

I totally bought into the pandemic before it hit the mainstream news. Before I closed my law practice down last August so that I could participate as a volunteer in this National Citizens Inquiry, I did a fair amount of work with clients that make natural health products. And I had a couple of clients tell me they were having supply chain problems sourcing things from China.

So I start looking. Before it hit our mainstream news, I think China had 600 million people locked down because of this coronavirus. And remember, I'm just coming to this fresh. And this was my thought process, right or wrong: My thought process was, "Wait a second, China is a police state." And surely, they depend on their legitimacy and being able to hold on to power with increasing the living standards of their population. Because we've just actually seen a tremendous increase in their prosperity over the last several decades. And I thought, "They're not going to be locking down 600 million people unless this is a real threat."

So I was afraid before you were afraid. We didn't have to go when people were lining up to buy toilet paper; we didn't have to do that: we had already stocked up. And it wasn't until about 10 days in of the TV coverage when all of a sudden, I started hearing the word vaccine. How could that word come up 10 days in? Because I'm in the drug-approval world, and I knew there's no way they were going to come up with a vaccine.

**My wife and I had to make a conscious decision to actually turn off the TV. Because when you're in a global pandemic and the world's falling apart, you're actually glued to the TV. You make a point of watching the six o'clock news. And we were watching it for about a month, even after I thought, "we're being gamed here." But we actually found that we were in such a state of fear—all day, every day—because we were watching TV. So we made a decision: we're just not watching TV, and we turned it off. And I think it took about a month before we kind of felt settled down.**

**And then, just to give you an example of how good the TV media is at ramping you up. I don't know, maybe it's three and a half, four months ago, we're watching Del Bigtree on "The Highwire." He's talking about, I think it was monkey pox. Remember that they were kind of teasing us with the fear that monkey pox might run through. And so just on his show, he was saying, "Here's how the mainstream media is reporting on it." He maybe played about only five, six minutes of clips of media reporting, much like we've done here, showing six, seven minutes of government announcements on COVID. So I'm watching—for a very short period of time—the mainstream media reporting on monkey pox, and I realized I was afraid. I was legitimately afraid while I was watching this. The amount of money and brain power that goes in to determining how to play on our emotions and create fear when we're watching TV is absolutely tremendous.**

Even yesterday, we played two sets of clips that we just had our video guy splice together of news reports from Manitoba, except there was that one Christmas one with Santa Claus and Theresa Tam, and I think everyone in the room will agree with me that it was traumatizing. It was traumatizing to watch old footage of the Manitoba leaders basically announcing lockdowns and restrictions and watching Santa Claus and Theresa Tam encourage children to get vaccinated.

So what we experienced was literally surreal but understand—it was theatre.

[00:15:00]

It was deliberately done: the show, the play was deliberately run to put you into a state of fear. And the state of fear that we were in was horrendous.

We've heard in this inquiry about, basically, people in Montreal and old folks' homes literally starving and dying of dehydration because the care workers abandoned them. Can I say that again? In Canada, we experienced old people—that were totally dependent upon us for their care—dying of dehydration and starvation because we were too afraid to care for them. Can you get your head around that, that that is possible? This is how effective the theatre was.

**We know it was theatre. We look at our overall death count in 2020 when we had no protection from the vaccine, and our all-cause mortality was really no more significantly different than in a bad influenza season. We did not have to let old people die of dehydration and starvation alone in their rooms, without their diapers changed. In Canada, we didn't have to do that. But the theatre was such a great production that we had no choice because we were all having a physical reaction that disconnected us from our minds.**

**We had a witness yesterday who runs a security company. It was almost comical because people would be putting these security systems in their homes because they were so afraid of anyone coming to the door and they needed to be secure. It was irrational. His business took off. It was irrational fear.**

I forget who—but it might've even been the Honourable Ches Crosbie—had put up a news article with an opinion piece about, “let the unvaccinated people die.” And we all heard about putting unvaccinated people into camps. We all heard, in Canada, about putting unvaccinated people into camps. Were we in Nazi Germany talking about the Jews? Carrying disease and lice? For public health reasons, surely, we need to get them into camps. We were talking about putting unvaccinated Canadians into camps.

The theatre—the theatre—was tremendous, and it was effective.

**You've got to think about this as the day goes on and as the weeks go on— What actually happened? And ask yourself, “My God! How can that happen? How can Canadians let old people die of dehydration and starvation? How can Canadians talk about putting other Canadians into camps?”**

Because we were afraid, and we're so afraid that the entire nation has post-traumatic stress disorder. Literally. It's why I keep speaking about hatred and our need to forgive each other. Now that we're in a state of post-traumatic stress disorder where it's still difficult for us to empathize with our fellow Canadians, understand that we are more easy to manipulate because we're already on edge. That switch to fight and flight—that fear switch—it's primed. There's a spring on it now. And it's much more easy to be depressed. We are more vulnerable now than we were in the spring of 2020 when this had begun.

And remember when I said earlier—when quoting Shakespeare—that when we hear these historical phrases, they're true. President Roosevelt, one of his fireside chats: “We have nothing to fear but fear itself.” That is not a historical statement. It is true. It literally is a tautology. It's true.

What you have to fear is not COVID.

[00:20:00]

What you have to fear is not monkey pox. What you have to fear is not the Russians. What you have to fear is fear itself. What you have to fear is being put into that fight or flight mode. We don't need to get locked down because we're afraid of climate change. We don't need to fear civil unrest, although it is being fomented because we're put into a state of fear. We don't need to fear another pandemic that people like Bill Gates is telling us—assuring us—is coming.

When the theatre continues—and it's still continuing. But when it continues in full force, and listen carefully, you will go into a physical fight and flight mode. You will. You can't stop it. That's why they do it. But you can train yourself to understand that you're doing it and **keep that thread of conscious thought to your thinking mind.**

**You cannot watch the mainstream media. You cannot watch the mainstream media that has put on this theatre. They have, in my opinion, acted criminally. They have been manipulating you. If the media had not put on this theatre—what I call fear porn—this couldn't have happened. Could you imagine if the media had been reporting, “Ah, there's this new virus,” and actually reporting fairly? “Yeah, it might even be worse than one of our bad influenza seasons. We're not sure. We need to be cautious. But let's not be afraid. We've got plans in place. Here's what we're going to do.”**

A witness had to back out for personal reasons yesterday. We hope to have him back at a later hearing. But he had been involved in pandemic planning, and he says, “Oh, you know,

**what you do with the City of Winnipeg, you just pick a big building; you empty it. Every single COVID patient goes there. You bring your surplus medical people there. And right away— Because you're not sending COVID patients to all the different hospitals, you're sending them to one place. Right away, you'd know, 'Oh, this just affects old people.' Okay. So now we don't have to worry about young people. We're just now able to—"**

**All that information comes quickly. And he says, "You're not wearing out your mainstream medical system because the doctors and nurses are doing the regular shifts. They're not facing any new threat." So they're not in fear. You can still go for your regular treatments. You're not afraid to go to the emergency ward. And this is just some things. I see people in the audience shaking their heads, like, "Yeah, this makes sense."**

Well, what if the mainstream media had said, "Here's our plan; here's how we deal with this." And it wasn't fear, but it was reassuring. Would we have tolerated being locked down? Would it be possible that we would be coerced into taking what truly is an experimental treatment? What if the media had reported fairly?

I mean— "safe and effective; safe and effective; safe and effective." Well, wait a second. The vaccines were exempted from the safe and effective test. In fact, when you read the test that they were approved under, the word "safety" and the word "efficacy" isn't even in there. They didn't have to be proven to be safe and effective. So why would anyone pretend that they were? Why did the media keep telling us this?

The point I'm trying to make is— This could not happen but for the media, but for the theatre. The police state depends on the theatre.

What would have happened in Stalinist Russia if no one watched TV and no one read the newspapers? What would have happened? It would have been different. But none of this could happen without the media. And if we get our institutions back. If initiatives like the National Citizens Inquiry can get Canadians having a dialogue together, to get us working together, to get us peacefully getting our institutions working for us again, I pose the question: Is it possible that a single person

[00:25:00]

on the mainstream media's editorial boards, or a single journalist— Is it possible that a single one will escape jail? It's a good question. If we get our institutions working for us again, is it possible that a single one of them will escape jail?

Now, understand as I say this, because I'm just trying to educate you about the fact that when you're put into the fear mode, you have no choice. Understand, they will play this **card again. We're not done. They want climate lockdowns; they want 15-minute cities; they want us eating bugs; they want us adopting a digital currency, which we'll have to because "our financial system is falling apart and we're all going to starve and die."** It's like collectively, we couldn't come together and figure something out for a while. **We need their solution.**

**But understand, more importantly— Remember, I just asked you the rhetorical question that if we get our institutions back, is it possible that a single journalist that was really carrying misinformation when they were saying, "Oh, this person's spreading misinformation. Dr. McCullough is spreading misinformation. Dr. Malone is spreading misinformation. Oh, you know, if Uncle Bob starts talking about that the virus escaped from**

a lab, here's how you defuse him"— If a single one of those can escape from jail if we get our institutions back, I'll be surprised.

But understand: They'll be surprised, too. They know. So you're on the editorial board of a mainstream media company, and if we get our institutions back, you know you're going to jail. They can't stop. They've got to continue with the state now. They have a vested interest. They have a vested interest.

You were their enemy before we started waking up. Because you don't carry out a military grade— And there have been actually Canadian news reports about how we've been put through a military grade psyops: This is what this theatre was; this was the full-meal deal. You don't carry that out against a population unless you consider the population to be your enemy. But now that they're understanding that—if we wake up in time and get our institutions back that they're going to jail—we're really their enemy now. You think about that. We're really their enemy now. And you have to defend yourself.

Don't watch. Educate your circle. And then when they make you afraid—and they will—when they make you afraid, understand it is an attack.

I was dialoguing with a potential witness that chose not to speak at the Winnipeg hearings. We may get this witness to speak at another hearing, and a lot of effort went into trying to get this witness to testify. Listen very carefully to what I'm going to say here.

This witness was afraid of testifying because not just of social repercussions, although that was a very real threat to this witness, but economic repercussions and repercussions against family. Some things have already happened for what this witness has already done. And I'm mindful that some people have actually gone into hiding that we used to hear from regularly on these topics. And so, we were having a discussion and the witness almost wanted me to give them reassurance that speaking would be okay. But I had to say, "Actually, you speaking out is very, very dangerous." But listen to what I said next. I said, "In fact, the only thing, the only thing more dangerous than you speaking out, is you not speaking out."

So we're going to start this morning—and I just can't resist—with some more video clips. And then we're going to move into our first witness, Cassie Schroeder.

David, if I can have you just illustrate for us, basically,

[30:00:00]

what I'm talking about with this theatre and what I call fear porn.

**[A video of news clips was played outlining vaccine requirements for public employees and proof of vaccination status using a vaccine passport.]**

**[Video] Brian Pallister, Former Premier of Manitoba**

I've said it before, I'm going to say it again, and we'll keep saying until everybody does it: Vaccines are our safest and only way out of this pandemic. Vaccines are our protection against the fourth wave. Vaccines are our protection against future lockdowns. Vaccines are how we get our lives back. Thank you to you for your willingness to do your part. Roll up your sleeve not once but twice and protect yourself and protect your fellow Manitobans.

**Protect our businesses too, our small business community. Protect our economy and to protect our communities and our healthcare system as well.**

....

**Experts are saying that the fourth wave will be an even greater threat in terms of its numbers of cases than the third. This is why today we're announcing that all frontline provincial employees who work with vulnerable populations must be fully immunized by October the 31st or undergo frequent COVID-19 testing. All designated public sector workers will be required to be fully immunized and provide proof of vaccination or undergo frequent COVID-19 testing in order to ensure the safety of their workplace and the people they serve. As an additional protection measure against the rising Delta variant and a possible fourth wave, we are also announcing today that we are requiring mandatory mask use in all indoor public places. In other words, we're strengthening the value of being vaccinated and the utility of the vax pass in our province.**

**[Video] Dr. Brent Roussin, Chief Provincial Public Health Officer (Manitoba)**

Public Health has been advising Manitobans for many months now on the value of being vaccinated. It's the best way to protect yourself, those around you, and our province. So it's in our best interest to keep these COVID numbers down and the best way for that is for us to practice fundamentals, which includes being vaccinated as soon as you're eligible. So those designated employees who are not fully immunized or who cannot provide proof of vaccination must submit to COVID-19 testing regularly. And so, for a full-time employee this could be up to three times per week.

We're recommending that private businesses and organizations follow the Province's lead and consider mandating COVID-19 vaccination for their employees to protect their staff, protect their customers. But I encourage all Manitobans who have not yet done so, book those vaccine appointments. And what we can see in other jurisdictions that this is now a pandemic, largely, of the unvaccinated. And we have to make sure that does not lead to adverse health effects for all Manitobans. We want to protect all Manitobans from the fourth wave.

**[Video] Brian Pallister, Former Premier of Manitoba**

Our vax card's giving every immunized Manitoban the right to travel safely across Canada, and it will now be your passport to doing even more and that will be announced later this week. To all of those who have done this, who have gone and got vaccinated, remember the influence you have around you. Remember the people that are your friends and your family may not have made that choice, and you have the opportunity to encourage them—to educate, to inform, and to motivate. Doing your part to get vaccinated and to encourage others to do it is how we're going to get through this together.

**[Video] Dr. Brent Roussin, Chief Provincial Public Health Officer (Manitoba)**

**These new public health orders are being implemented that will require Manitobans to wear masks in indoor public places and that will be effective tomorrow, August 28th. This includes schools across the province. And so, in addition the Province has developed new requirements for individuals to be fully immunized to participate in certain events and activities. These requirements will come into effect by public health order on September 3rd, and these would be for all regions. And this includes requirements to be fully vaccinated to attend indoor and outdoor ticketed sporting events and concerts, indoor theatre, dance, symphony events, restaurants both indoor and outdoor dining, nightclubs**

and all other licensed premises, casinos, bingo halls, VLT lounges, movie theatres, fitness centres, gyms and indoor sporting and recreational facilities.

This does exclude youth recreational support, organized indoor group recreational classes and activities and indoor recreational businesses. Children 11 and under who have not been immunized will be able to attend events and activities with fully immunized adults. And again, these orders are here to try to reduce the transmission of the virus as well as to reduce the future need for further lockdowns.

**[Video] Dr. Theresa Tam and Mrs. Claus**

**Dr. Theresa Tam**

Every child in Canada has definitely earned a place on a nice list, their parents and caregivers, too. It's been a tough season with lots of viruses making people sick.

**Mrs. Claus**

Thankfully, Santa and I are feeling as healthy as ever.

[0035:00]

We are both up to date with our vaccinations, including COVID boosters and flu shots.

**Dr. Theresa Tam**

That's so good to hear.

**Mrs. Claus**

I always tell Santa to make a list and check it twice. One, stay up to date on your vaccinations. Two, wear a mask in crowded, indoor places and make sure it fits nice and snug. Three, wash your hands to the tune of, "Jingle Bells, Jingle Bells, jingle all the way..."

**Dr. Theresa Tam**

Great advice, great voice, too. Also, you can be sure to stay at home if you're feeling sick. And if you're gathering indoors with other people or elves, open a door or a window for a few minutes at a time to let in some fresh air. The more items you check off the list, the more protected you are.

**Mrs. Claus**

Yes, you can think of it like decorating a tree. You need tinsel, lights, ornaments, and the star on top. The tree is at its best when all the decorations are up and nicely layered.

**Dr. Theresa Tam**

Thanks, Mrs. Claus. Happy Holidays, everyone.

**Shawn Buckley**

If we get our institutions back, I look forward to that last clip, particularly, being played at a couple of the criminal trials.

I will ask if people can just not clap to respect the audience that's online.

[00:36:38]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website:***  
***<https://nationalcitizensinquiry.ca/about-these-transcripts/>***





## NATIONAL CITIZENS INQUIRY

**Winnipeg**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 1: Cassandra Schroeder**

**Full Day 3 Timestamp: 01:41:00–02:01:14**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Shawn Buckley**

I'd like to invite our first witness, Cassandra Schroeder.

Cassandra, can I get you to state your full name for the record, spelling your first and last name?

**Cassandra Schroeder**

Yeah, my full name is Cassandra Jaden Schroeder. Spelling of the first name is C-A-S-S-A-N-D-R-A and Schroeder is S-C-H-R-O-E-D-E-R.

**Shawn Buckley**

Do you promise to tell the truth, the whole truth, and nothing but the truth so help you God, today?

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

I'll have to just apologize. Earlier, Cassandra showed up, and I was waiting for a lawyer named Cassie Desanda to show up. And I thought Cassandra was the lawyer. So I was walking her through what she needed to do as a lawyer. So I think I probably put her on edge today, and I apologize for that. Now, Cassandra, you have a bachelor in science degree?

**Cassandra Schroeder**

Yes. I received it at the University of Manitoba.

**Shawn Buckley**

I don't want to name your employer. But basically right now, you are working, kind of treading water, because you're wanting to do something else once it becomes available?

**Cassandra Schroeder**

Yes, yeah. So right now, I'm just working in the meantime while I apply to other programs.

**Shawn Buckley**

Right. And what you're wanting to do is train to be a naturopathic doctor, is my understanding.

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

So now, you made a decision not to get vaccinated.

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

Can you share with us how you arrived at that decision.

**Cassandra Schroeder**

So early on in my degree, I was taking a cell bio course. In the course, we were talking about how you could use mRNA at this time. They called it "gene therapy for cancer treatment" in our cancer unit. I just remember hearing about that. Then, when they rolled out the vaccines—that they said they were going to be mRNA—I was like, "Oh, I've heard this before, and it didn't go over well in science, that's why it's not widely used." So immediately, I had some red flags.

**Shawn Buckley**

Right. And my understanding is also, you have high blood pressure and that that's an issue.

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

Did you speak to your doctor about that to see if you could get an exemption?

**Cassandra Schroeder**

Yes. So early on, I started collecting some research on this. I was very skeptical. I really only became a problem, I guess, when I couldn't partake in society with friends in school. So I started collecting some research, presented it to my doctor, and she did agree. As a healthy young adult, you shouldn't need to get this, and there is research against this, and so, she recommended not to. At this time though, she told me she could not write an exemption because of legal things: she'd lose her licence and wouldn't be able to practise medicine.

**Shawn Buckley**

Can I just stop you because I want to make sure that the audience understands what you're saying. So your medical doctor agreed that it would not be medically wise for you to get the vaccine?

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

But despite that, she said she couldn't write you an exemption letter or she would lose her licence to practise medicine?

**Cassandra Schroeder**

Correct.

**Shawn Buckley**

Okay. Now, you had indicated that you started doing research when some restrictions started on you. Can you tell us how this affected your university? What was happening with the COVID mandates?

**Cassandra Schroeder**

Sure. So in 2020, in the winter term, they moved classes online. That's when they had their first recorded cases here in Winnipeg, and so everything was moved online. That summer, obviously things happened with the pandemic. Nothing crazy.

Then in the fall of 2020, we were told, as university students, that it was going to be mandatory masking, and all classes would be online. That was for fall and winter of 2020 and 2021.

**And then in the fall of 2021, they started rolling out the vaccines that spring and they mandated all university students to be vaccinated. At this point, the university had said— So we all registered for classes in June and July. Come end of August, they released a statement saying that you had to be vaccinated. And you'd have to have your first dose by mid-October and your second one by the end of November.**

**Shawn Buckley**

Can I just pause you? So I think, you were going into your third year

**Cassandra Schroeder**  
I'm going into my fourth.

**Shawn Buckley**  
in 2020, right?

**Cassandra Schroeder**  
In 2020, yes. That was my third.

**Shawn Buckley**  
And you had switched majors to microbiology?

**Cassandra Schroeder**  
Yes.

**Shawn Buckley**  
And in microbiology, there's a heavy lab requirement; you've got to be in the lab quite frequently.

**Cassandra Schroeder**  
hmm-hmm.

**Shawn Buckley**  
Okay. Because that played into things also as it went forward, right?

**Cassandra Schroeder**  
For sure. So I originally was on path to do a biology degree. I didn't quite enjoy the courses at the 4000 level, so I switched to microbio. And with the pandemic, a lot of the labs, if they had the opportunity, they were offered online. But not the ones in microbio that I had to take because they were lab techniques

[00:05:00]

that you had to actually practise. And so because of that, I wasn't able to actually participate in them. I actually changed my degree, which kind of changed the trajectory of my future options. Not because I wanted to but because I didn't really have any other choices.

**Shawn Buckley**  
Right. Because my understanding is your plan was, at first, to do a masters in microbiology?

**Cassandra Schroeder**

Yeah, I was very interested in doing a masters. I did some research work and enjoyed it. Thought that a master's could be an opportunity, but I couldn't because I changed my degree.

**Shawn Buckley**

Right. Just so that people listening to your testimony understand. So had you been able to participate normally in classes, you would have gotten a four-year degree and been able to go on and do a master's in microbiology.

**Cassandra Schroeder**

Yes, I would have been able to go down that route. But now I can't. I'd have to go back.

**Shawn Buckley**

Right. Okay. So you had to kind of come up with a different plan. What did you decide to do? Because I understand that, at one time, you were actually interested in, then, going into become a medical doctor?

**Cassandra Schroeder**

Yeah. So I was interested in medicine. I ended up applying to the University of Manitoba. But seeing how everything happened in the pandemic, I was just very appalled with medical ethics. I mean, speaking with my own doctor who said, "I advise you not to, but I actually can't help you with anything."

I couldn't believe or even picture myself practising something like that. So I ended up not going forward with that and applied to naturopathic medicine, instead. I got a seat there, but I still can't attend due to restrictions in the province that the school is in.

**Shawn Buckley**

Okay, so can you share with us more specifically what the restrictions are?

**Cassandra Schroeder**

Yeah, so I applied to the Canadian College of Naturopathic Medicine in BC and their clinical requirement—not the school's but provincially—is that you have to be vaccinated to be in a medical clinic, practising as a student, whatever the case may be. If you are employed or a student you have to be vaccinated. And I obviously am not. So I cannot go to that program, and I cannot pursue that opportunity right now.

**Shawn Buckley**

Okay. So that's why you're on hold right now because you still want to become a naturopathic doctor, but the restrictions today, still in April of 2023, are holding you back.

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

Okay. Now, I'm curious if you were treated differently at the university because you were unvaccinated?

**Cassandra Schroeder**

For sure. So I actually didn't disclose my status to friends or my colleagues. I had told my boss at the time because I was also employed on campus— That was my only opportunity to be on campus was through work. And so, I had been upfront with my boss, but I hadn't disclosed this to anyone else. I didn't think it was information that anyone, quite frankly, needs to know. But I had a couple friends who I did tell, and they ostracized me. They treated me differently.

Going out to social settings was very different. I had people almost treat me as if I was ill, even though I wasn't. And they all knew I was there, and they were all friends with me before the pandemic. So yeah, that really changed my friend groups, which I think was very difficult. As a young adult, you predominantly look for advice and hang out with peers your age, and to lose all of my friends was very, very hard.

**Shawn Buckley**

Right. And were there any comments by professors or anything like that, that you experienced?

**Cassandra Schroeder**

Yeah. So in the classes, even though I was taking them online, there were some professors who would still make comments belittling those who were unvaccinated. "I can't believe there's anti-vaxxers." Things like that. "I can't believe that people wouldn't get vaccinated. It's so crazy, make sure you get boosted." It was just crazy. Because I'm taking science courses, but that, quite frankly, has nothing to do with science, has nothing to do with the courses I was taking. It was just kind of a jab at those who chose not to get vaccinated.

**Shawn Buckley**

Now, you told us that you were employed at the university. And my understanding is that in the winter of 2022, you got tested to see whether you caught COVID or not.

**Cassandra Schroeder**

Yeah. So my thought process was, how do I end up keeping my classes so I can pursue my degree? How do I make sure I can still work so I can pay for all of this? So I asked my doctor if I could get an antibody test done, which, interestingly enough, you cannot get one if you're vaccinated. So I went to my doctor; she agreed. I got the lab work done. It came back positive. So I said, "Hey, can you write me an exemption so that I can go to these classes?" And she said, "The best I can do is write you a letter saying you can cross the border and go to the States, and you can try to use that to get into classes."

So I emailed what the university had set up as their COVID committee, saying, "Hey, can I provide an antibody test and a letter from my doctor that'll allow me to be on campus so I can continue working and going to classes?" And they told me, no, according to their research, the best bet, even if you had recovered from the disease,

[00:10:00]

was to still get vaccinated. I asked them if they could provide the research that they used to say this, and they just stopped communications with me. Which is very frustrating because at this point, I don't know what they're making their rules on. And there's nothing I can do to fight this, which was very disappointing and discouraging.

**Shawn Buckley**

Just so that everyone understands. When you say you had an antibody test and it showed you had the antibodies, that means that you had caught COVID, you had overcome COVID, and you had natural immunity now.

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

Having successfully fought COVID.

**Cassandra Schroeder**

Yeah. On the actual antibody test when it comes back, it says. "This test cannot differentiate between naturally induced antibodies or vaccine induced antibodies."

**Shawn Buckley**

Now, who was this COVID committee that was kind of controlling your life and stopped responding?

**Cassandra Schroeder**

They never released who it was. I asked a couple people, like who is making up this body? It wasn't voted in; the university never disclosed who made up the committee. They just made the committee themselves, and that was it.

**Shawn Buckley**

So there's basically this secret committee whose membership won't be shared with the students, who are basically making decisions that significantly affect people like you, and **you don't even know who it is.**

**Cassandra Schroeder**

Yeah. I also asked them, too, if people who disclose their vaccine status to the committee—I said, "Who will be able to see this on the university side?" and they didn't provide an answer. So who knows who's seeing that on the other side. They didn't really provide any information.

**Shawn Buckley**

Right. So they're not going to let you attend in person, even though you have natural immunity. So what did you do?

**Cassandra Schroeder**

So at this point, the university had offered testing in the fall semester. You could get tested. You could go on campus. Every two days you had to go back and get tested again. They asked you questions like, "Who are you on campus for?" "Who can we send this information to?" Things like that when you go to get tested. So before, that was an option. Come the winter, they took that option away, and you could no longer test, and they kicked me out of all of my classes. I was in some in-person and online options. They still took me out of all my classes.

**Shawn Buckley**

So they took you off of the online classes?

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

I'm just trying to get my head around this. So they kick you out of the in-person classes because you're not vaccinated, although you have natural immunity. But you can't even attend online classes when you're unvaccinated?

**Cassandra Schroeder**

Correct. After that I did re-register in courses because I just needed to finish the degree. At this point, I was very discouraged and I just wanted to get out of that situation. It wasn't doing anything good for me, and I just needed to finish my degree. So I ended up registering for some online options after that. That's where I switched from focusing on microbio to just finishing my degree as a general science degree.

**Shawn Buckley**

Right, okay. Now, you actually were living at home at the time, right?

**Cassandra Schroeder**

Yes.

**Shawn Buckley**

Can you tell us what happened concerning vaccination with your family and maybe the dynamics that were occurring in that process as COVID went on?

**Cassandra Schroeder**

Sure. So right off the beginning because I was skeptical— My mom's a nurse, and so she also knows kind of the science background, stuff like that. And she actually got very sick at

the beginning of COVID with COVID. And she called some people, and they said, "We still recommend you get vaccinated." So she did, and then everyone else in my family did as well.

**Shawn Buckley**

I'll just stop you. So you live with both your mother and your father and then you had two siblings.

**Cassandra Schroeder**

Yeah, and they were at home at this time.

**Shawn Buckley**

Right, okay.

**Cassandra Schroeder**

So I was the only one that chose not to get vaccinated and received a lot of pressure. And I know that they come with good intentions as any mother does, and you know, family. It was just a lot of pressure, you know. [They] mentioned so many times, it was like, "It was your fault. You won't be able to hang out with your friends." "You're going to miss out on all these opportunities." Stuff like that.

And honestly, it just confused me because I was like, "It's not my fault that I'm choosing not to get vaccinated. I just don't think that's the best health for me. But the repercussions that I'm going to suffer, the loss of friendships, the loss of future opportunity, that's not my choice, that's not me doing that." So it was just really hard because it felt like it was me who was sabotaging my own life, which was very difficult. It was lots of tears. Thankfully, I had a really good support group that I found later on that really helped get me through all of it. But it was very, very difficult.

**Shawn Buckley**

Now, eventually, the kind of dynamics or feeling in your family changed about your vaccination status.

**Cassandra Schroeder**

Yeah.

**Shawn Buckley**

Do you want to tell us about that and how they currently feel?

**Cassandra Schroeder**

Sure. So thankfully my boyfriend also knows

[00:15:00]

a lot of science and sat down and had a really good conversation with my mom and really just opened her eyes to everything. And she was so supportive after that, which I'm so thankful for. But now, also, it's the reality of like, we know people who are vaccine-injured: people who have died from getting the vaccine; people who have brain fog, chronic fatigue, debilitating illness. And it'll change their life forever. And being awake to that reality and seeing that is very, very hard.

There's a lot of stress now. Like, what happens to my parents? What happens to one of my siblings? How do you help people through that? What happens if everyone around you dies? I actually had my first ever panic attack realizing that could be a reality, that I could lose everyone around me. And it was very, very difficult.

**Shawn Buckley**

And is it's fair to say that, actually, your family that's vaccinated, they're stressed now that they have been vaccinated?

**Cassandra Schroeder**

Oh, for sure, for sure, absolutely.

**Shawn Buckley**

Right, so they've come to realize they're at risk now.

**Cassandra Schroeder**

For sure, yeah.

**Shawn Buckley**

Okay. Now, you were talking about you came across a group that helped you get through this. Can you just share with us about that?

**Cassandra Schroeder**

Yeah, so Students Against Mandates is the group. It's founded by Leigh Vossen, who's fantastic. She's been a great support. It's just a bunch of students and young adults, even parents, who are just very, very concerned about what was going on. What options did students have? And really, just give a voice to those who are young and going through this. Because up until this point, I didn't know anyone who was on my side, who viewed things **the way I saw it. So it was very, very isolating. So to have a group of people who could support you and talk to you about all this was just amazing, and that really did give me hope. It really was just phenomenal.**

**Shawn Buckley**

Right, so I imagine that you would probably recommend, if anyone finds themselves in fear and isolated, to find like-minded people.

**Cassandra Schroeder**

Absolutely. Share your story. Find people who support you.

**Shawn Buckley**

Now, going forward, is there anything that you think we should have done differently?

**Cassandra Schroeder**

Oh, man, I think the biggest thing is that medicine, bodily autonomy, all that needs to be protected to the utmost priority. It's not a group collective. Each person is an individual going through individual situations, and you cannot make a group decision on what people should do. And that should never be pressured.

**Shawn Buckley**

Right, okay. I'm finished asking the questions, but I'll ask if the commissioners have any questions.

**Cassandra Schroeder**

Sure.

**Commissioner Drysdale**

Good morning.

**Cassandra Schroeder**

Good morning.

**Commissioner Drysdale**

You had mentioned that you had signed up for university, and I assume you paid your tuition before you started?

**Cassandra Schroeder**

Yes.

**Commissioner Drysdale**

Did they refund you the money when they kicked you out of the classes?

**Cassandra Schroeder**

So at that point I hadn't paid for my tuition. The way the university works is, it's two weeks. They kicked me out of the classes before they started.

In the fall, I'm assuming the reason that they couldn't kick us out of our classes is because we had already paid for our tuition when their mandate had happened. Because they'd actually told us you had to be fully vaccinated by a date in November. But because, I think, we'd already paid, people were already taking the course, and they couldn't have done anything. They didn't have much power. So that's why, I think, they heavily implemented it in January, and then they just kicked people out before tuition had been paid.

**Commissioner Drysdale**

Hmm. Thank you.

**Cassandra Schroeder**

Yes.

**Commissioner Massie**

Thank you very much for your testimony. I'm a little confused about your situation right now.

**Cassandra Schroeder**

Sure.

**Commissioner Massie**

Did you mention that the vax mandate is still in action and prevents you to do some of the courses you'd like to do? Or did I miss that?

**Cassandra Schroeder**

Yes, so I applied to BC, and in BC, they still have the provincial rules, the laws that say that you have to be vaccinated to participate in clinical. So in naturopathic medicine, the first year you already are in clinics, and you need to be vaccinated for that. So the school does not have the mandate, but the Province is mandating it in clinics. So yes, that is why I cannot go to classes.

**Commissioner Massie**

And are you aware of any prospect that this law at the level of the province will change anytime soon?

**Cassandra Schroeder**

No. That's why I'm looking at American opportunities, hopefully. But I have no idea where I'm going to go with all that. We'll see where opportunities present themselves.

**Commissioner Massie**

Did you explore other provinces?

**Cassandra Schroeder**

Yes, they have a school in Toronto. Last minute, I was told I could go and attend that school. It was about a week before it would have started, and it was not feasible for me to up and move to Toronto. In the future, I may look at that avenue, but I'm not sure if I want to partake in that right now.

**Commissioner Massie**

Thank you.

**Cassandra Schroeder**

Thank you.

**Shawn Buckley**

Well, Cassandra, those are our questions. On behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story this morning.

**Cassandra Schroeder**

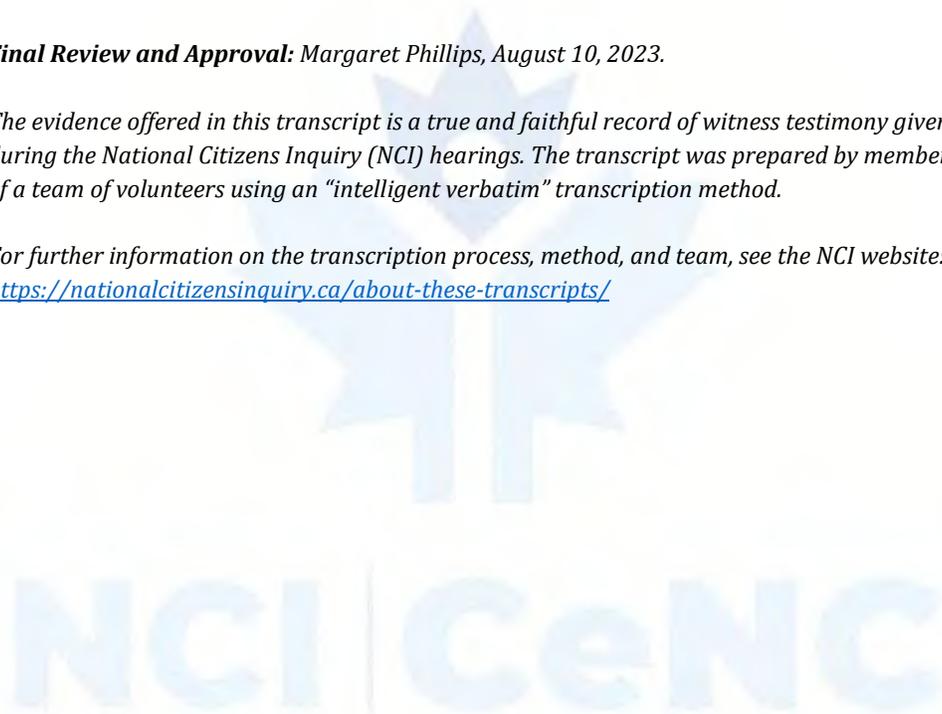
Thank you so much.

[00:20:14]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 2: Steven Setka**

**Full Day 3 Timestamp: 02:01:14–02:20:19**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Shawn Buckley**

Our next witness is Mr. Steven Setka. Good morning, Steven.

**Steven Setka**

Good morning.

**Shawn Buckley**

So I'll start by just asking you to state your full name, spelling your first and last name for the record.

**Steven Setka**

Steven Christopher Setka. S-T-E-V-E-N, I go by Steve, though. Last name Setka, S-E-T-K-A.

**Shawn Buckley**

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

**Steven Setka**

Yes.

**Shawn Buckley**

Now, my understanding is that you have a business; you are a freight broker in the Winnipeg area.

**Steven Setka**  
That's correct.

**Shawn Buckley**  
And you've been doing that for five and a half years?

**Steven Setka**  
Yes.

**Shawn Buckley**  
So you kind of started just shortly before the pandemic and then, you're still working through that today.

**Steven Setka**  
That's right, we've been doing our business— It's more or less a family business and I won't mention too much about the business, just the fact that it's in the freight and transportation industry. I myself am a sales manager for our company, selling freight services, small parcel services, transportation services for international and domestic shipping.

We started a couple years before the pandemic, and as anyone would know, a new business more or less struggles somewhat out of the gate, so we struggled for sure, for a while. The pandemic actually was a little bit of a supercharger for our business, fortunately. I would never choose to go through a supercharger event like a pandemic in order for the benefits of my business because I was deeply affected by a lot of other aspects of the pandemic. But, yes, that was the career path that I've chosen for the past five years.

**Shawn Buckley**  
Now, you mentioned it as a family business and I want you to talk about your family. But my understanding is that, prior to COVID, you had a sizable extended family in the Winnipeg area and that you were really tied into that. So my understanding is you've got aunts and uncles and cousins and that pre-COVID, I mean, this was a tight-knit family that you were an integral part of.

**Steven Setka**  
Absolutely. I would say we're a pretty tight family. There's a member of my family here **today, which is awesome. I really appreciate that. I would say the size of our family, it's medium to large and it is spread across Canada. There was more members of our extended family in Winnipeg up until a couple of years ago, since a few of them have moved away to other areas of the country. My immediate family: there's my mother, father, and my sister and I. Then there's cousins and aunts and uncles, and a few of those families we're very close with. And there were some consequences for my decisions throughout the pandemic that affected those family relationships negatively.**

**Shawn Buckley**

Before you go into that, though, just explain to us how regular your family would meet and for what types of things. Just so that people understand what was normal before things changed.

**Steven Setka**

It was pretty regular, for sure. There's a cousin I have that I'm very close with that I would spend a good amount of time with. We grew up together. We spent a lot of time together. We had a lot of common interests. Family gatherings would occur, I think, the same as any regular family: maybe every couple of weeks, maybe once a month, maybe once every couple months depending on the season. Summertime, there was definitely a lot more going on. And there would be somewhere between 10 and 20 family members at these events that we would have: barbecues, indoor gatherings, birthdays, Christmas, Easter celebrations, a variety of different things. We all got along really well for the most part. There was some chaos, as there is in any family, for sure, but for the majority of the time it was wonderful. We had a great time.

**Shawn Buckley**

And you were involved with some sports with some family members.

**Steven Setka**

Exactly, yes. So growing up, we played hockey. I played rugby with family members. And we were just an athletic family, our extended family. My family, specifically my sister and I, excelled at sports and other members of our family around the city were the same. That was my passion and that's where I really enjoyed spending my time, with family and friends, and that's my community.

**Shawn Buckley**

And pre-COVID there would be regular phone calls and family group chats and texting and things like that on a pretty regular basis, am I right about that?

**Steven Setka**

Absolutely, yes. No more, no less than any other family, but we were close. And we appreciated each other's company. I was raised by the phrase that blood is thicker than water and family is very, very important. You can't pick your siblings, you can't pick your family, you can't pick your parents, so you might as well make the best of it.

[00:05:00]

**Shawn Buckley**

Okay. And we appreciate your enthusiasm. So tell us, as the COVID experience started, what happened and what changed?

**Steven Setka**

I would say that I was questioning the pandemic. Not necessarily from the start. I started to question it a few months in, before vaccines even came out, before lockdowns and severe

mask mandates and all those different types of things. I have a pretty healthy belief in my immune system, my physical health. That's very important to me: physical, mental, and spiritual health. Therefore, I looked at it from a different lens, right from the get-go, more or less. But I was scared, and I had fear from the get-go. For the most part, my immediate family was very on board. They feel more or less the same way.

Other members of our extended family probably didn't really feel that way. They went right into the so-called fear-porn response, I would say, and watched too much television. That affected the relationship that we had. I was not overly outspoken in the family, but I was most definitely comfortable telling them what I felt in a polite and respectable manner, what I thought. And they didn't really like that a whole lot.

**Shawn Buckley**

And then was there also some disapproval that you would be going out when, perhaps, the government did not want you going out?

**Steven Setka**

I was a rule breaker. I'll leave it at that.

**Shawn Buckley**

Okay, but how did that affect family dynamics?

**Steven Setka**

Again, the immediate family, there wasn't any issues necessarily, per se, but if we're going to jump ahead and talk about the whole vaccination process and my decision not to get vaccinated, there were a fair-few members of our family that didn't approve of that. Just the fact that I didn't do it and that I was still attempting to participate in everyday life as I normally would. Of course, I wasn't able to for a variety of reasons. As most people that do know me, they would understand that I'm quite a gregarious and outgoing individual. I have a lot of energy. I need social engagement in my life. And being locked down and being isolated in a house or home on my own or with a partner, at the time, was very, very difficult. So it wasn't received very well in my communities, in both family and friends.

**Shawn Buckley**

Right. And then you told us you chose not to get vaccinated. What types of things happened within the family and your access to the family with that decision?

**Steven Setka**

There's a few households that I was not able to attend. I have not been back there since. I won't go too much into depth on that, but the relationships of being around those family members has definitely changed. And I would say that it's uprooted some deeper hurt that has been long-standing, maybe, within the family. Our family, I believe, like others, struggles with issues and challenges and relationships. Especially the larger that they get, the more difficulty you can experience. COVID, the pandemic, the vaccines, the lockdowns—our difference in views definitely affected that negatively.

**Shawn Buckley**

So my understanding is you're not invited to birthday parties and there's some of your nieces and nephews you're no longer allowed to see, right?

**Steven Setka**

More or less. I would say it's more— Currently, it's just the association, the discussions, the participation in family has been very limited and minimal. I would say our immediate family has been ostracized and excluded from events. Specifically, I'll tell a really quick story.

**Members of my immediate family that were vaccinated are and have been invited to events.**

And then the ones that aren't, aren't invited to anything anymore, and that's really been the case for a couple of years now. I don't know if that has to do with the vaccination status or with the fact that there's other things going on. To be honest, it doesn't bother me as much any longer. It did affect me really negatively and my mindset for a long period of time, though.

**Shawn Buckley**

Now, I want to segue to church because you had an experience with church. My understanding is that you were going to Oasis Church when the pandemic hit. Can you share with us what happened there?

**Steven Setka**

For sure. This is something that I have a friend that I discuss with regularly. Because I was in a Zoom group or more of like a family-care group with this individual. A couple of years ago,

[00:10:00]

Oasis Church was concerned about the pandemic and vaccination requirements, and whatnot. And I brought it up with the leadership of the church that I was concerned about that, the fact that they were going to separate individuals, bring in a vaccination pass or something of the like. And I had met with the leadership of the church to express my concerns, to no avail. Whenever it was that the vaccine pass came around—that would have been 2021, end of summerish, going into the winter—it got really severe and really heated. Oasis Church brought in a vaccination pass, and they had it right around Christmas time. And I made the decision to go— They had a section for undeclared individuals for Christmas Eve. I decided to go to that.

**Shawn Buckley**

I just want to stop you. So this is Christmas Eve service which, in a Christian church, is one of the two major celebrations.

**Steven Setka**

Absolutely. Christmas Eve's a big deal. It's a wonderful opportunity to spend time with your family. I decided to go on my own, in the section of the church that was declared for individuals who did not want to declare their status. And I'm walking in and I go into the church and I go into the theatre, which was separate from the main congregation, for the

regular vaccinated service, I guess you could say, on Christmas Eve. I was the only one in that separate theatre at the church. And I was shocked that there was, first off, no one else there. But it didn't surprise me that nobody else showed up: if they didn't want to declare, they just wouldn't go. I just put myself on the line, and that was more or less the straw that broke the camel's back for me when it came to not attending that church anymore because of that decision that they had made. Which brings me to changing churches and going somewhere else now.

**Shawn Buckley**

Right, so basically, they were accommodating people that were undeclared, but they were in a different theatre. And I guess, the idea would be, you'd watch it on a screen?

**Steven Setka**

Right. Absolutely.

**Shawn Buckley**

But when you show up, you are the only one in that room.

**Steven Setka**

Exactly. There would have been— I would put my number on it at, maybe, 1,000 people at the service in the main area. And then myself as the one individual who went undeclared.

**Shawn Buckley**

Were there other things about being unvaccinated, other restrictions that affected you?

**Steven Setka**

Absolutely. There were work repercussions in terms of events and networking and social engagements. That was severe. I also love to travel. I have family all over the country. I enjoy travel for business, family, and leisure. I have not been able to do that for a long period of time. I can now, of course. But I was not able to attend work conventions in the United States, work conventions in Canada. My business partner and I actually drove to Toronto right near the end of the flight mandate—it was about eight to ten months ago—which is a long drive, especially in the wintertime, to get to another city in order to attend a mandatory work event. So we were not able to fly there. Instead, we had to drive 24 hours and take time away from the day-to-day operation of our business in order to do that. And that was very difficult and very challenging.

**Shawn Buckley**

How has this affected you mentally?

**Steven Setka**

Tremendously, I would say. As I stated, a very outgoing and gregarious individual, I felt feelings of sadness, loneliness, anger, depression, anxiety, a variety of different things. I would say I utilized my family and my friends as an outlet to talk about them. Was it sufficient? I have beautiful people in my life and I was very happy to have those people

there. And those support groups, the aforementioned ones that Cassie said about S.A.M. [Students Against Mandates] and other groups that I affiliated with. But the readjustment of my social scene and social circle was extremely difficult. And it's ongoing. When you lose friends, when you lose opportunities, miss out on a variety of things and aren't able to do anything for fun, per se, for eight months, that takes a toll on your mental health.

**Shawn Buckley**

Especially, for a large period of that time, you were living by yourself, weren't you?

**Steven Setka**

Correct.

**Shawn Buckley**

So you know, lockdown for you meant just being isolated.

**Steven Setka**

Exactly. I was living with a partner for a period of that time, but, more or less, probably half of the pandemic I was living on my own.

**Shawn Buckley**

Now, do you have any ideas how we could have done this better?

**Steven Setka**

Depends how much time we have to talk about it.

**Shawn Buckley**

Yeah.

[00:15:00]

**Steven Setka**

I have a belief that, in this world, we live with a lot of risk every single day. I would have liked to see the government, or those-that-be, allow us to choose which risk we wanted to **take in our life and the ability to have autonomy in our own decision-making. If you wanted to get vaccinated or stay at home or wear a mask, or whatnot, that's great. But if you are willing to take the risks associated with daily living, along with going out when there's flu season, sickness going around, that would have been how I would like to see the response.**

**Now, that response was done in other areas of the world—Florida, probably, being the one that we're most familiar with. Bodily autonomy, personal autonomy, and individual responsibility. That's just what I believe in and how it should have been done better.**

**Shawn Buckley**

Thank you. I'll ask the commissioners if they have any questions for you.

**Commissioner Kaikkonen**

Good morning. I'm glad you decided to find another church, but I'm just wondering how the new church did things differently with regard to the mandates and lockdowns.

**Steven Setka**

So I'll share that I'm a member at Springs Church, and there's other people around here that I see that are there as well, too. I felt more at home there. A little short anecdote about the reason why I ended up there is because of this experience at the previous church, the vax pass, and then being accepted elsewhere. Also, members of the community that I was becoming involved with were there. And I never really knew much about it, but it felt more like home. I went to the church, to Springs Church, for that reason.

I stayed because of the pastor, Leon Fontaine. God bless his heart, is no longer with us. And I'm continuing at that church, and I will be for a long period of time because of the communities and the associations that I've built there. Springs definitely pushed the envelope. They allowed people individual autonomy and responsibility. They were in the news and in the media more than, definitely, many others. They stood up for the Charter freedom that we have to practise our religion or our faith, and I appreciated that because that's exactly how I felt in regard to the human rights we all have as citizens of the world.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Massie**

I'm most tempted to ask you a question about what you experienced in the church. I guess you must have had conversations with people over there. I'm wondering whether the question about, what would have Jesus done under those circumstances with the un-vaxxed? Was that ever raised?

**Steven Setka**

I believe so. I have these conversations with my father regularly. He reads the Bible on the daily. We are very biblically focused, and we have a lot of faith, and I don't necessarily know, I don't think there's any—I don't know if in the Bible there's anything to do with vaccination specifically. But Springs teaches us this little acronym that many people are familiar with, and I believe this is what Jesus would have done. He would have loved and accepted and forgiven people for the decisions that they made. Love people for where they're at, accept people for the decisions that they have made, and forgive those who have potentially wronged you. And that's just the spirit that I live by.

**Shawn Buckley**

Thank you. There being no further questions, Steven, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your experience with us.

**Steven Setka**

Thank you for having me.

[00:19:05]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 3: Steven Kiedyk**

**Full Day 3 Timestamp: 02:20:56–02:33:36**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Shawn Buckley**

And our next witness is going to be a Mr. Steven Kiedyk.

**Wayne Lenhardt**

Good morning, Steven. Could you give us your name and then spell it for us. And then you're going to have to swear an oath for me.

**Steven Kiedyk**

My name is Steven Kiedyk, S-T-E-V-E-N K-I-E-D-Y-K.

**Wayne Lenhardt**

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony here today?

**Steven Kiedyk**

I do. I will.

**Wayne Lenhardt**

Your testimony today is going to relate to your injuries that you've suffered from the vaccine. So let's start with a bit of background. Your profession is that of a land surveyor in Manitoba, correct?

**Steven Kiedyk**

Yes.

**Wayne Lenhardt**

And when did you first start doing land surveying?

**Steven Kiedyk**

2007, I believe.

**Wayne Lenhardt**

So by October 2020, you were still doing that and you were doing it for the Manitoba government, correct?

**Steven Kiedyk**

I was, yes.

**Wayne Lenhardt**

That job terminated in April of 2021 for no COVID reasons, am I right?

**Steven Kiedyk**

That is correct, yes.

**Wayne Lenhardt**

As a restructuring of the government. You continue to do surveying and went back to your original company in June of 2021. Am I correct?

**Steven Kiedyk**

Correct.

**Wayne Lenhardt**

Tell me why and when you were convinced to get one shot of the Pfizer vaccine.

**Steven Kiedyk**

Well, it took me a while to actually finally convince myself to go in and get a shot. I finally got it in July of 2021. Up to that point, I was pretty adamant on not wanting to get it, only because I believed I should have the right to choose on whether I should get it or not. Secondly, because I wasn't really a part of the demographic that was at risk for the disease. So therefore, I just didn't want to put myself through that risk. But eventually, after months of being essentially cast out of society and being told that I was a horrible person for not joining the vaccination campaign, I finally decided in July. I just woke up one morning and decided to get my one shot to regain my presence in society, I guess.

**Wayne Lenhardt**

At that point, you are pretty healthy. I understand that you did a marathon in July of 2019.

**Steven Kiedyk**

Yes, I'm a fairly avid gym-goer. I go to the gym, roughly about five days a week. I ran. Like I said, I did my first marathon in 2019. I actually did really, really well and tried to continue on going down that path of being as healthy as possible. Because I'm only getting older, so I may as well try to stay healthier.

**Wayne Lenhardt**

And did you have any ailments of any kind?

**Steven Kiedyk**

Up to that point, no. I was fairly healthy. I was a fairly healthy 35-year-old, just trying to learn how to run.

**Wayne Lenhardt**

So in July you had your one shot of Pfizer.

**Steven Kiedyk**

Yes.

**Wayne Lenhardt**

And when did you have your first health concern?

**Steven Kiedyk**

So it was only the one vaccination that I had, so I was still kind of locked out of most of society. I wasn't able to go to the gym and I wasn't able to do much physical activity. But it wasn't until October. I got together with some friends and we decided to play some basketball, where just playing a regular game of pickup with some friends,

[00:05:00]

I ended up losing consciousness and collapsing on the floor. Just playing regular basketball. It was really alarming because it had never actually happened to me before under strain, losing consciousness and blacking out and getting all tingly. So that was kind of alarming. But now I realize that it has not stopped, actually. I'm finding myself losing consciousness on overexertion, actually a lot of times. My body goes tingly, I lose vision. I have to take a knee or I have to take a second to regain my composure.

**Wayne Lenhardt**

And how often does this happen?

**Steven Kiedyk**

Well, in the beginning, it could happen almost three times a day, depending on what I was doing that day. Now, I'm a little bit better at regulating how much stress and how much strain I can put on my body so that it doesn't happen. But it does happen still quite regularly if I over-strenuate myself, I guess.

**Wayne Lenhardt**

Has this interfered with your surveying job in any way?

**Steven Kiedyk**

Indirectly, yes. I'm not as good at my job as I was before. I'm finding myself taking a few more breaks during my work. When I'm doing my physical activity during my work, I'm not getting as much work done as I did before. Again, because of breaks, because of having to catch my breath, because of having to make sure I don't collapse and lose consciousness.

**Wayne Lenhardt**

Yes. We talked earlier about your work and how you, as you put it, you do a certain number of bars per day.

**Steven Kiedyk**

Yes.

**Wayne Lenhardt**

Could you explain what that means for the commissioners?

**Steven Kiedyk**

Sure. For an example, let's say I was on a regular day, I would be able to place about 12 bars. These are iron bars about three feet long, about one inch by one inch. I'd use a sledgehammer and I would be pounding those into the ground on property corners.

**Wayne Lenhardt**

Okay, so let me take an example so this is understandable. If you're surveying, let's say, a lot out in the field somewhere, you will want to locate the corners of that lot.

**Steven Kiedyk**

Yes.

**Wayne Lenhardt**

And when you do, you will put an iron bar at each corner of the lot.

**Steven Kiedyk**

Exactly, yes.

**Wayne Lenhardt**

And it's about two and a half feet long and it's about an inch by an inch in outer dimension.

**Steven Kiedyk**

Yes. In outer diameter, I guess.

**Wayne Lenhardt**

So what you'll do is, you'll put that bar and then you'll get your sledgehammer out, and you'll drive that bar into the ground.

**Steven Kiedyk**

Yes.

**Wayne Lenhardt**

Okay and then that becomes the precise location of the corners of the lot.

**Steven Kiedyk**

Exactly.

**Wayne Lenhardt**

Previously, we had said that you could do something like 12 bars a day. And you're now only able to do, sometimes, three bars, sometimes five a day.

**Steven Kiedyk**

Yeah, depending, again, on how tough the ground is and how much strain I'm actually having to put onto that. I am actually doing much less than what I was doing before because, again, I'm not able to just continuously work like I did before. I'm finding I'm having to take a lot more breaks and catch my breath.

**Wayne Lenhardt**

Have these sessions of blackouts, let's call them that, have they gotten worse or better? Or have they stayed the same roughly since October 2021?

**Steven Kiedyk**

You know, I'd like to be hopeful and say they've been getting better. But I think it's just I'm better at regulating exactly how much strain I can put. Maybe they've gotten slightly better. But for the most part, they're very evident and they are very continuous in my daily life.

**Wayne Lenhardt**

Okay. Have you gone to a doctor to have him or her look at this?

**Steven Kiedyk**

That's the one thing I have not done. Mostly because of the whole scenario that has gone on during the pandemic. I've lost a lot of faith in the medical industry; I mean, I didn't really want to. But I just really don't know who to trust and if I'm just going to be cast aside and now your problems are unimportant.

[00:10:00]

I know my body. I know what I know. For the last 37 years I've been living with this body.

**Wayne Lenhardt**

So is it fair to say, then, that you're able to manage it to some extent so that you can still work?

**Steven Kiedyk**

Yes.

**Wayne Lenhardt**

But has it gotten better or worse or stayed the same?

**Steven Kiedyk**

I definitely wouldn't say it's gotten— It hasn't gotten better enough, to say that it's very noticeable.

**Wayne Lenhardt**

You have learned how to manage it to some extent?

**Steven Kiedyk**

Yes, and that's probably about the way I could say it's gotten better.

**Wayne Lenhardt**

Okay. I think, at this point, I'll ask the commissioners if they have any questions they would like to dig into. Yes, Dr. Massie.

**Commissioner Massie**

Did you try to report your side effect to the authority?

**Steven Kiedyk**

I did. I signed a form, one of the forms that was circulating on the internet, but that was about as far as I went. Again, mostly because of the medical industry: I was hearing a lot of people complaining about side effects that were going unheard, so I just didn't really know the right person to give my complaints to that would actually get traction. I'm under the impression that it just wouldn't get much traction—hence why I actually even signed up for this, so that my story could get heard.

**Commissioner Massie**

And my other question is, has your partially vaccinated status affected your ability to work or your social life?

**Steven Kiedyk**

Yeah, it definitely has affected it, two ways. One way it's affected it is because the people who are on the vaccine campaign give me flack for not getting my second one. And then,

also the fact that I got my first one. Like I said, it impacts my life, every day. It's very strenuous on my life.

**Commissioner Massie**

Can you also specify the delay between the vaccination you had and the first onset of symptoms that you have noticed.

**Steven Kiedyk**

Yeah, it was the first week in July when I got the vaccination. And it was about the second week in October when I actually realized I had that first symptoms and I noticed that I couldn't exercise like I used to.

**Commissioner Massie**

Thank you.

**Wayne Lenhardt**

Any other questions? No. Okay, on behalf of the National Citizens Inquiry, thank you for your testimony.

**Steven Kiedyk**

Thank you.

[00:13:18]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 4: Devon Sextone**

Full Day 3 Timestamp: 02:33:36–02:47:34

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

**Wayne Lenhardt**

The next witness is going to be Devon Sextone.

Okay, could you give us your full name, Devon, and then spell it for us, and then I'll make you swear an oath.

**Devon Sextone**

It's Devon Sextone, D-E-V-O-N S-E-X-S-T-O-N-E.

**Wayne Lenhardt**

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

**Devon Sextone**

I do.

**Wayne Lenhardt**

Okay, to start with a little context, could you tell us what your career and work history has been since about 2005? Just quickly.

**Devon Sextone**

So I've been an army reservist for about 16 years; I'm now a veteran. I have operated equipment and trucks, both militarily and in the civilian world.

When COVID hit, I had just become a unit manager managing a freight terminal for an expedited LTL and courier company, one of the largest in Canada. And I lost both that job and I've been kicked out of the military due to the vaccine mandates.

**Wayne Lenhardt**

Okay. So let's pick up the timeline: March of 2020, then. This is when there was evolving COVID policy happening. You started to have some fears. Then March of 2021, you're off on parental leave for a bit of time. This is why you were working for Purolator. And then in October of 2021, the vaccine mandates came in. What happened, at that point, in your work place?

**Devon Sexstone**

So March of 2020, three months into being a manager, COVID, as far as I can recall, landed on the shores of Canada. There was constant, ever-evolving policies coming from head office. The executive branch, in my opinion, did not do a good job of allaying people's fears. A lot of people were understandably concerned, but we were told that we were essential services and we were to continue working.

Throughout the next year and a half or so, there was a lot of high stress. Our industry exploded in terms of busyness and it was uncontrollable growth, coupled with mask mandates and constantly changing policies.

When I returned from parental leave after the birth of our fourth child, in October of 2021, I was told that there would be an impending vaccine mandate. I believe the initial date that they had stated was November or December of 2021. They kept pushing it back because there was a lot of pushback. I was told that if I didn't disclose my status—I believe in November of 2021—that I would be disciplined. I actually ended up disclosing it under duress because, at that point, I wanted my children to have presents under the Christmas tree. Because financially, we were still recovering from me being off on parental leave.

At the same time in November of 2021, the armed forces had told me that if I was to refuse the vaccine that I was no longer allowed to train and parade with them. I was made to read through the entire COVID policy from the Chief of Defence staff and discovered that I had missed a date for voluntary release and was told that, basically, I would be forced out—5F released. I told them that I was going to grieve that because I was not aware of it.

So at the same time, I had the stress of losing my civilian job, which provided for us because my wife was at home with our four young children, who were four or five years old and younger at the time, and my part-time job, which we used to help sustain us.

During the time period between October and December of 2021, there was a lot of confusion going on amongst the head of Purolator, the executive staff. There was questions **about the legality, both for myself and others. The only responses I got were either no response whatsoever, or I was told that that was a good question, and that was the end of the email.**

**At one point, one of the individuals responsible for the vaccine mandate at the executive level was asked,**

[00:05:00]

**essentially, what was going to allow them to legally do this. And his response was that the government was going to be helping them out. So I took that to mean that this was not legal and that, basically, it was a political thing.**

Fast forward to January of 2022: myself and 1,032 other individuals were placed on unpaid leave and our ROEs [record of employment] were coded, I believe it was code M—which was suspension or temporary dismissal—and as a result, I was ineligible to collect EI benefits, even though I had been paying into them. So at that point, I had lost my military career. I was no longer allowed to parade. That release finally happened in June of 2022.

So basically, the stress from that was absolutely crushing because had my wife been working and not lost her job, that would have been a different story. But when you are the sole breadwinner for your wife and four young children— To be honest, I felt like an abject failure as a man for quite a long time. Yeah.

**Wayne Lenhardt**

Okay, to quickly summarize: In January of 2022, the mandate came in to disclose your status or tell them that you're not vaxxed. And if you weren't vaccinated, you would be put on unpaid leave, which happened.

**Devon Sexstone**

Correct.

**Wayne Lenhardt**

And so, at this point, you are still basically suspended, unpaid leave with Purolator.

**Devon Sexstone**

That's correct, yeah, from Purolator.

**Wayne Lenhardt**

But you did get a different job, so you've been driving truck since.

**Devon Sexstone**

Yep.

If I may, though, delve into some of the impact that I saw happen to some of my employees that I managed. One of our clerical workers, her husband suffered Bell's palsy as a vaccine injury. She was terrified to get the shots as well, but basically, disclosed to me that she felt **she had no choice because financially, it would ruin them. Two of my drivers that drove for me told me that after their second dose of the vaccines, they had horrendous headaches every single day that they had never had previous.**

**After the 1,032 of us were placed an unpaid leave, 215 of us launched a lawsuit. Several of the individuals from that lawsuit lost their apartments. They were in places like Toronto where the rent is extremely high. They were living in their vehicles. The impact of this policy was attempted starvation. To say to someone that you can't work somewhere is one thing. But to say to someone you can't work somewhere and then, basically, pull out any social safety net is a different thing entirely.**

**Wayne Lenhardt**

I think we should note that you have had other vaccines in the past, so it's not as if you are anti-vaccine.

**Devon Sexstone**

Yes, I deployed to Afghanistan in 2011. I believe I received five or six different inoculations in a very short window. I had no concerns about it at all. I had no adverse reactions whatsoever. I probably have more vaccines than most people sitting in this room. So I'm not an anti-vaxxer.

**My reason for suspicion with the vaccine was my mom was a nurse and she told me about a** lot of what she knew. The longer things went on, the more it became quite clear to me that it was politically motivated. People that were asking legitimate questions as to the safety and efficacy of the vaccine were told that they were conspiracy theorists. Our own Prime Minister stood on TV and called them misogynists and racists. It was apparent to me that— From my experience in the military, the government will do what it needs to stay in power and to protect its liability. They often don't, unfortunately, do what is right.

There were a lot of veterans that were prescribed Mefloquine, which is an antimalarial drug. And it came out years later that that drug was causing severe psychological effects on those that were prescribed it. And they knew for decades that it was doing that. So I had an underlying suspicion of the government telling me that a drug was safe.

**Wayne Lenhardt**

In terms of your employment at the moment, are you making similar money to what you made with Purolator before? And could you compare your wages and your benefits now to what you had with Purolator?

**Devon Sexstone**

I am making similar, but I'm working 12 to 14 hours a day, instead of eight to 10. I had a pension plan with Purolator that was very good. I had a lot of upward mobility.

[00:10:00]

I had hoped to move into more of network planning and logistics and load planning across the entire network, or at least the Western Canada portion. Where I am now, I'm very grateful for the job. The employers treat me very well, but I'm making \$10 an hour less than I was working at Purolator. So it was a substantial pay cut.

**Wayne Lenhardt**

**And was there any benefits from the military prior to you being released from the military back in June of 2022?**

**Devon Sexstone**

No. Thankfully, there had been rumour that my pension would be taken away from that. Thankfully, that didn't materialize. I still have my pension.

**Wayne Lenhardt**

Okay, so you're managing to support your wife and your four children and yourself at the moment.

**Devon Sexstone**

Correct.

**Wayne Lenhardt**

I think, at this point, I'll ask the commissioners if they have any questions.

Dr. Massie?

**Commissioner Massie**

Thank you very much for your testimony. If I am not mistaken, I was reading this morning that Purolator has dropped this vaccine mandate. Are you aware of that?

**Devon Sexstone**

I've heard rumour of it, but I have not been contacted by HR to inform me that that's changed. So until that happens— Maybe that is the case, but no one's contacted me to inform me.

**Commissioner Massie**

Would that be something you would consider?

**Devon Sexstone**

It's hard to say. To go back after what's approaching a year and a half, to a company that violated every aspect of my employment contract and treated people like absolute garbage—it would be a pretty hard sell. I'm not saying it would be a no-go, but I don't know. By their fruit shall you know them, right?

**Commissioner Massie**

Thank you.

**Wayne Lenhardt**

Any other questions from the commissioners?

Okay, on behalf of the Citizens Inquiry, thank you for your testimony.

Sorry, one more question.

**Commissioner Kaikkonen**

I'm sorry, I'm always slow to put my hand up.

I'm just wondering about the safety net the government provides when you lose employment. I'm thinking of government-contracted employees who can collect EI in the non-contracted periods of the year.

How did you feel when you could not collect EI, even though you had contributed to the system, if you will, since 2005? I believe that's the year.

**Devon Sexstone**

Yes, since I was 16. It might sound a bit extreme, but I would almost liken it to attempted murder. I mean, you've taken away my ability to provide for my family. It's one thing to do that to me as an individual. Part of the struggle was everyone, it seemed, had vaccine mandates. I have my Class One, which is kind of a ticket to a lot of employment. But a lot of companies would not even entertain employing you if you were unvaccinated.

I mean, even then, you go to an interview— And I had a few interviews that I'm sure the reason that they booted me out the door was because when they asked, "Well, what's going on with Purolator?" "Well, I was unvaccinated." It was immediately a black mark.

So yeah, to pay into something and then be denied it— I mean, it was in keeping with everything they did. Everything Purolator did violated the employment contracts and employment rights of their employees. And they were directed to do that by the government, based off their own admissions.

**Commissioner Kaikkonen**

Thank you.

**Wayne Lenhardt**

Any other questions?

Thank you, again, for your testimony.

[00:13:58]

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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 5: Leigh Vossen**

**Full Day 3 Timestamp: 02:47:50–03:17:55**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Kassy Baker**

Good morning. Ms. Vossen, can you please state your full name for the record and then spell your full name, as well, please?

**Leigh Vossen**

Yeah, my name is Leigh Elizabeth Granelli Vossen and that's L-E-I-G-H, V as in Victor, O-S-S-E-N.

**Kassy Baker**

Very good. Now, Miss Vossen, do you swear to tell the truth, the whole truth, and nothing but the truth today?

**Leigh Vossen**

I do.

**Kassy Baker**

Very good. Now, I believe we've actually had some reference to you already this morning, as Ms. Schroeder mentioned you during her testimony. I understand that you're here today because you're one of the founders of a non-profit organization called Students Against Mandates, or S.A.M. for short. We're going to get into the circumstances that led to the formation of that group. But just to give us a bit of background, can you please explain to us your qualifications and your education and your employment as of the pandemic, at the start.

**Leigh Vossen**

Yeah. So when the pandemic started, I was working as an in-house graphic designer, and at the time as well, my friend and I were actually planning on opening a small business. So we

just finished doing a business plan and we were looking at spaces to lease. The two weeks to slow the curve hit and I said, "Let's take a pause on this," and it ended up being a little bit longer than two weeks to slow the curve. So that small business was put on hold, but that's where I was at, at the beginning.

**Kassy Baker**

And you were continuing to work throughout the pandemic, at that point. Your current employment was still continuing at that point, is that correct?

**Leigh Vossen**

That's right. It was moved to all online, so I was able to work from my apartment. By December of 2020, I decided to leave my position there and go back to school, to take business administration, accounting. I felt that it would be good to make use of the pandemic and that education could be put towards opening my small business.

**Kassy Baker**

Very good. Where did you enroll for these classes?

**Leigh Vossen**

It's at Red River College, here in Winnipeg.

**Kassy Baker**

And just to confirm, that was in December of 2020 that you enrolled in those classes. Is that right?

**Leigh Vossen**

It started in January of 2021. So my last day at my graphic design job was in December, and then January is when I started business administration.

**Kassy Baker**

Very good. And at that time, how were classes being conducted?

**Leigh Vossen**

So they were all on Zoom.

**Kassy Baker**

All of them, 100 per cent of your classes.

**Leigh Vossen**

All of them, yeah. And there was no mention of mandates. No mention of vaccine passports. Hadn't heard of them at the time.

**Kassy Baker**

Very good. So I understand that you were able to complete your first and second term, in fact, of your business administration program.

**Leigh Vossen**

And third term.

**Kassy Baker**

And your third term, as well, all via Zoom, is that correct?

**Leigh Vossen**

That's correct.

**Kassy Baker**

Now, how long was your program? How many semesters in total?

**Leigh Vossen**

It would have been four terms. I had one term left.

**Kassy Baker**

All right. So at what point were you preparing to start your fourth and final semester?

**Leigh Vossen**

I remember that the mandates hit in August of 2021 and I was still in my second term. The mandates actually didn't affect me because I was online and it wasn't moved to in-person. But any staff or student who needed to be on campus—say, nursing or there's a lot of construction programs at Red River. It's a very hands-on college, so there's a lot of programs that required students to be in-person. At that time, it didn't affect me.

It wasn't until the end of my third term, going into my fourth term, I was notified that my classes would all be moved to in-person and that I would need to submit proof of vaccination. I contacted my school and said, "You'll need to provide an alternative." And I guess I can just say, they provided one online class per course. But for some reason, a number of students'—including mine, another unvaccinated student, I don't know about **the rest of them—but our registration portals were frozen until all of those classes were filled. So I don't know why that happened, but I was unable to register for any online classes. They were taken up, and I decided to drop out because I didn't want to support the college.**

Sorry, I'm going ahead. I'll let you ask questions.

**Kassy Baker**

That's okay, I understand. I'm just going to circle back a little bit here and just try and get a little more detail about some of what you've told us here.

So you've advised that you were told in August of 2021 by your school that a mandate would be coming into effect shortly. What, specifically, were the terms of that mandate? You have said that only those that were required to attend classes on campus,

[00:05:00]

at first, were required to be vaccinated and that this did not affect you as an online learner. Is that right?

**Leigh Vossen**

Yeah, that's right.

**Kassy Baker**

At what point did the mandate, then, affect you? And what did the mandate require?

**Leigh Vossen**

Yeah. So again, it was at the end of my fourth term— I can't remember the exact date of when that was. Or sorry, the end of my third term going into my fourth term, that's when I was informed. I received an email saying business administration classes were going to return to campus, and in order to step foot on campus, you need to provide proof of vaccination.

**Kassy Baker**

And so, this policy was only coming into effect on your fourth and final semester, in fact.

**Leigh Vossen**

Yes, so the mandate was still in place, but then they were moving my program to in-person. The mandate actually started during, maybe, halfway through my third term. So I felt like I'd be able to get through my whole program without having to go through this.

**Kassy Baker**

Right. Now, you did say that you expressed some concern regarding the mandate to your administration. Can you just describe, generally, how you communicated those concerns?

**Leigh Vossen**

Absolutely. So I remember I was driving with my family to Toronto, sitting in the backseat of the car, and I received an email from the President of the College announcing the implementation of vaccine mandates and passports for all staff and students who wanted to step foot on campus. And again, didn't affect me, but I felt so strongly against this—and I guess, throughout the whole pandemic, I'd felt that a lot of the treatment towards the unvaccinated was very unjust—and I decided to do something.

So I wrote an email to the President expressing my concern. I said, "On behalf of a huge group of concerned students—" It was just me but— I just explained I'd like to see the data. I followed that up by posting that email into an anti-mandate group on Facebook that I

joined the day before. There was about 5,000 people in that group. I said, "Could you guys send this and bombard the President of my college?" which a lot of them did.

A few days later, the College announced— I should add, they had said no exemptions were allowed for students who are unvaccinated to step foot on campus. They said, "Actually, we will allow exemptions for unvaccinated students." And then I messaged the President and said, "Would I be able to meet with you in person to discuss the data?" I mean, it's a very nerve-wracking thing to do. I'm not comfortable with that, but I felt like we needed to push back on this. And he ignored a number of emails and voicemail messages and then, eventually, they said something along the lines of, "We're against discrimination and segregation of any kind, but these are our policies, and that's the end of the discussion."

**Kassy Baker**

Now, you said that the school did, at some point, advise that there would be exemptions made. Were there any conditions that you had to meet in order to qualify for an exemption?

**Leigh Vossen**

Those weren't stated. And once I started my organization, Students Against Mandates, I started receiving messages from people saying, "My religious and my medical exemptions are all being denied." You're hard-pressed to find a student who got an approved exemption. I think it was just sort of a, "Look we're offering this; it needs to be approved," and none of the exemptions really met the criteria. I think there's a couple of students, but very few.

**Kassy Baker**

So did you ever receive any direct communication from the administration, specifically with regard to your attempted communications?

**Leigh Vossen**

I got one email saying, "We'll respond to you tomorrow," and then they didn't. So then I kept emailing them and leaving them voicemail messages. And then I did get that email, that one email, saying, "This is the end of the discussion," essentially. "This is our policy. We stand firm by it. We'll not be meeting with you."

**Kassy Baker**

Very good. Now, I understand that it's, perhaps, been implied to this point but has not been **directly stated that you either were not vaccinated or were not willing to disclose your vaccination status. Is that correct?**

**Leigh Vossen**

Yeah, I'm unvaccinated.

**Kassy Baker**

Okay. Prior to COVID, had you ever experienced any hesitation with regards to obtaining vaccinations?

**Leigh Vossen**

No, not at all.

**Kassy Baker**

So this was, essentially, a first instance of concern for you. Is that right?

**Leigh Vossen**

That's correct.

**Kassy Baker**

And what, specifically, was concerning for you?

**Leigh Vossen**

Well, I don't know why this is for me, but I never felt any fear when I heard about the pandemic. I just listened to what our politicians, our leaders were saying, and I started to notice that they were not uniting the country; they were dividing. And to me, that didn't make sense and I felt like there might have been an ulterior motive.

And then as things proceeded— My sister, actually, has a degree in microbio and immunology and she was saying, "You know, these headlines don't make sense; this is not what a virologist would say."

[00:10:00]

And I'd have a lot of really great conversations with her. In addition, my family, I would say they really push critical thinking and listening to both sides of the conversation. So I was always willing to listen to people who had a different viewpoint.

I am very against groupthink and cancel culture. I've been cancelled for my view on cancel culture before. So yeah, I didn't like what I was seeing and I didn't see what the leaders of the country were doing as true leadership.

So as I said, I didn't have really an issue with the vaccine, necessarily, at the beginning. I just thought, well, there's no longitudinal studies. We don't know what this will do and they're not being honest about that. They're saying it's safe and effective and they have no way of knowing that without longitudinal studies, so I chose to hold back.

**Kassy Baker**

Right. Now, you've advised that you created an account, I believe it started on Instagram, is that right, for Students Against Mandates?

**Leigh Vossen**

That's correct.

**Kassy Baker**

Can you tell us about the early days of the creation of that account?

**Leigh Vossen**

Yeah. I feel being ignored by the President pushed me to create this Instagram account to share the policies that Red River College was implementing. It started focusing with Red River College. I have the graphic design background, so I felt this is something that I could do.

And then, to my surprise— I have to say I was very isolated prior to the pandemic. All of my friends, all of my social circles, did not agree with my viewpoint. I hadn't really told most of my friends. But my family, half of them are vaccinated. I have five siblings, half of them are vaccinated, but they all supported us making our own decision.

So I made this Instagram not expecting much back. I remember I was surprised when I got 25 followers, that there were 25 like-minded people at Red River who agreed with me. But then I just started getting hundreds, now thousands, of messages over the past three years. But hundreds of stories from students, staff, administration, professors, doctors, lawyers. There's underground networks of paramedics and lawyers in Winnipeg.

It opened my eyes to just how many people there were being affected by this, and the degree to which they were being impacted. And it just kept me going and pushing back and speaking up.

**Kassy Baker**

Can you describe some of the more memorable messages that you received from some other students who are similarly impacted by vaccines or vaccine mandates?

**Leigh Vossen**

Absolutely. So at the start, a lot of the messages from students, sort of surrounded, feeling isolated, scared that they couldn't speak up. Essentially, there was a lot of messages saying, "Thank you for making this platform because I felt alone and it's been impacting my mental health."

I started saying to anybody who is in Winnipeg, "I will meet up with you. I'll have coffee if it's legal to go to a coffee shop right now. Or you know, we can go for a walk." So I was starting to do that multiple times a week and then it started to get to be a lot. So I started hosting potlucks at my house to get these people to meet each other and form a community. I felt like, if you have people behind you, you're going to be more likely to speak up. And I know I have my family behind me, but these people didn't have anyone. So I started doing that.

But one student I met up with for coffee, she's from China: she's a resident student. She said, "If I don't get vaccinated, I'm going to go back to China, and if I don't get my Canadian passport before then, I'm not going to be able to come back." And she said, "We wouldn't be able to have this conversation in a coffee shop where I'm from, so I'd really like to stay here."

And then I had a message— It really shocked me at the time because I was anonymous up until the Freedom Convoy. On S.A.M., a former teacher that I had had before the pandemic, one that I'd see every day, in person, she messaged me and said, "Can you help me? I got one dose of the vaccine. I'm terribly injured. I can't—" Essentially, like, all the symptoms of Parkinson's: like shaking; couldn't walk well; sleeping most of the day. She said, "I'm having difficulty picking up a cup of coffee." And I ended up saying, "It's me. I'm a former student of

yours.” And she was going to testify, I believe, but she’s not well, so she wasn’t able to follow through with that. So that was pretty hard.

I had a professor—actually, this is about three weeks ago—message me. She said she just wants to share her story with me, that she held out as long as she could. She didn’t want to get the vaccine. She loved her job and she’d worked there her whole career. And they said she’d lose her job if she didn’t get vaccinated. And she said, “If I didn’t, I would lose my house; I wouldn’t be able to pay for my mortgage payments. So I went and got vaccinated, but I was bawling hysterically when I went into the clinic saying, ‘I do not want to do this,’ and no one said anything. They looked sheepish and uncomfortable, but they vaccinated me.”

[00:15:00]

And about two weeks later, they dropped the mandate and she said, “I was raped when I was younger and this is akin to that. But I can’t get the substance out of my body and I’m afraid of what’s going to happen to me.” And she said, “I’m crying right now writing this email to you.”

So a lot of messages like that. It’s been pretty hard, sometimes, to see all this. And I realize I’m very lucky because my situation is a unique one where I was never at risk of, like, not being able to put food in front of my family or a place to sleep. I always knew I’d have a family who’d be able to support me. But a lot of these people are not able to speak up and they don’t have the ability to. But I do. And the fact that this is rare—for you to be able to speak up—is very upsetting.

I also had an administrator from a university contact me and say that the university decided to give students an extra week—sort of like an extra study week or reading week off. And they said the real reason they’re doing that, it’s known internally, is that the suicide rate for students is going up, so they’re giving them a mental health week. And that was due to lockdowns and whatnot.

**Kassy Baker**

If I can just interrupt you for a moment here.

**Leigh Vossen**

Yeah, of course.

**Kassy Baker**

Sorry, you’ve referred several times to students or a professor. Were these all students and professors from your school, Red River College, or were they from—?

**Leigh Vossen**

All across Canada. The majority of the ones I’ve told you are ones that I’ve met with in person that are from Winnipeg. There’s one story—the one where she emailed me—that was from Alberta.

**Kassy Baker**

Okay and how many messages did you receive from students and professors, do you think?

**Leigh Vossen**

At this point, I've received thousands. I've had to bring on more people to help me answer the messages and I can't answer all of them. But I've received hundreds of stories where they're explaining their story and a lot of them are just— They need someone to talk to.

Like, I had one girl say, "Every time I come downstairs, my family pretends I don't exist, and I'll say, 'Hi. Hi, guys. Morning,' and they don't look at me. They look through me and they keep talking to each other." So she had to move out. So she's someone I've met up with in person and talked to because people are being abused.

**Kassy Baker**

Now, what was the response from the public, generally, to your creation of this group?

**Leigh Vossen**

I mean, from the freedom community? Very good.

From non-freedom community members? Not so great. I had an article written about me. I received death threats. I was called an alt-right extremist leader of a pro-convoy youth group, which, I guess, fair. It brought members of my family into it, saying, "Look, her mom supports her." I was called a nazi. People said they were going to push me off the top of a building and my family members off the top of a building.

Yeah, I don't advise people to read the comment section. I read that about two or three times over and I'd just be shaking, reading it. It's very weird seeing your name written over and over again. There were hundreds of comments between Reddit, Twitter, Facebook. Former friends commenting, saying, "I used to be friends with her and I distanced myself as soon as I realized what her views were."

And all of my friends prior to pandemic stopped being friends with me; they cut me out. So not good on that side.

**Kassy Baker**

Right. So if I can just bring us back to the start of your fourth semester.

**Leigh Vossen**

Absolutely.

**Kassy Baker**

Again, I think you've touched on this already, but you advise that classes moved back to being in-person and I believe you reached out to the administration and encouraged them to offer some online courses. But I believe you've testified already that you and a number of other unvaccinated students were unable to register for any of the online sections. Is that right?

**Leigh Vossen**

That's correct. And I reached out and said, "For some reason, my registration portal is grey. I can't click on any of the buttons to register." And they said, "It seems like a number of students are having this issue. We'll contact you when it's fixed." And four hours later, I got an email saying, "Should be good to go." And I go on and all of the online options were gone.

I don't know all of the students that this affected. It could have been vaccinated, unvaccinated, I don't know. But it's very hard to meet people over Zoom. I had met one girl who was unvaccinated and she had the same problem, but I don't know about the rest.

**Kassy Baker**

To your knowledge, were the online sections reserved for unvaccinated students? Or could anyone register?

**Leigh Vossen**

Anybody could. They just said, we will provide one per class. You got to make sure you get it in time, basically.

**Kassy Baker**

Okay, and I understand that you're unable to complete, of course, your fourth semester because of this. What is the current status of your education or completion of that degree? Have you been able to go back and complete it or where do things stand now?

[00:20:00]

**Leigh Vossen**

No, and I have no intention of doing so because I felt, like, I couldn't give another penny to an academic institution that discriminated against me and segregated me from my classmates. So although I do have to forfeit the money that I put into it, the time and effort, I have no interest in finishing that. It would have been great to have that diploma, but as I said, I'm lucky I did have education beforehand that I can use to get a job. I completed a graphic design program. I didn't need it, but it would have been nice to have gotten.

**Kassy Baker**

So when it became apparent that you wouldn't be able to complete your degree, did you set about trying to find new employment?

**Leigh Vossen**

Yes, and I applied to many different places, about seven places. At the time, it was, like, different serving jobs. I just thought, in the meantime, until I can find something else. I was also doing a bit of freelance graphic design, thankfully, I had that. But every place that I applied to, they either start the interview with, "Are you vaccinated?" and I'd say, "No." They'd say, "Are you planning to?" and then I'd say, "No." And it'd either be a really uncomfortable interview, or at the end of the conversation, then they'd ask me.

I had one interview where it seemed to go really well and they're saying, "We're so excited! This is going to be great! What's your schedule like?" and I said, "Completely open. I can

take as many shifts, as few shifts; I can work at any location.” They’re, like, “Great,” and then they said, “Are you vaccinated?” and I said, “No.” And then, the next day, they said, “Our schedules don’t line up, so this is not going to work out.”

**Kassy Baker**

I understand that you are employed now, is that correct?

**Leigh Vossen**

I am, yeah. A family member of mine recommended that I apply to where they work and I was able to get employment as a marketing specialist.

**Kassy Baker**

Very good. Did you experience any other negative impact of your involvement with Students Against Mandates or your general position and outspokenness about the vaccine mandates, generally?

**Leigh Vossen**

Honestly, I would say, overall, creating S.A.M. is the thing that helped me through the pandemic. I don’t know where I would be if I hadn’t. But there were definitely negative things that came with it, in terms of losing all of my friends, having my friends or people attack me. I was harassed by a doctor for a while, calling me transphobic for posting Jordan Peterson posts.

A lot of not great things happened. But I have such a good support system that, you know, you take it in stride and it didn’t seem so bad.

I’d say the worst thing was losing my friends, losing my ability to get my diploma, and the article— Especially in terms of how it impacted one of my siblings because she’s a part of S.A.M. too. I know it caused her extreme stress. It did for me, as well. It made going to work very uncomfortable, but, nonetheless, it is what it is.

**Kassy Baker**

Did you ever fear for your physical safety at any point through this experience?

**Leigh Vossen**

I didn’t initially when I saw the death threats because I just thought people on Twitter are rude. But then someone broke into my house shortly after that article came out. They had actually posted where you could find my house address in the article. I was home alone and I heard someone come into my house. Just the way that I am, I paused the Matt Walsh episode I was watching. And I then figured maybe it’s just my cats making a huge amount of noise and I went upstairs. And later, I came downstairs and the door was open, the mat was flipped over, drawers were open, and the door that I had locked was unlocked. So I ran out of the house; I called the police, and they said, “Has anyone said they want to hurt you?” And I was, like, “Well, actually, yeah. People have threatened my life.” So then, I was not able to sleep there for four days comfortably. I was too scared to go back home.

**Kassy Baker**

How do you feel that this situation could have been better addressed by, for instance, your administration at the school?

**Leigh Vossen**

I don't think mandates should have been in place at all. I don't think you can segregate people. I don't think you can coerce people into taking an experimental, novel injection.

I think we need to look at this on the individual perspective, rather than a utilitarian, collectivist perspective. We heard a lot during the pandemic that, you know, "Do this for the greater good; do this for the collective." But that comes with harm to the individual, and at the end of the day, it's the individual that makes up the collective. So if you're harming the individuals that leads nowhere good.

[00:25:00]

We've seen in history that that's not the way to do it. And how can you really quantify it being a worthwhile sacrifice for the collective. I just disagree with that, fundamentally, and mandates should never have been implemented in the first place.

**Kassy Baker**

Thank you. That concludes my questions, subject to any questions that the commissioners may have.

**Commissioner Massie**

Well, thank you very much for your testimony.

I heard you say that one of the responses you got from university is that— In their corporate HR environment where DIE, diversity, inclusion, and equity, is such a high, important aspect of the way they want to manage people, discrimination in their view is kind of a cardinal sin. And it's probably true, also, in other corporations where DIE is so important to push as a way to manage the human resources.

So what's the, sort of, moral standard that justifies the kind of discrimination you've been through with the vaccine mandate, as well as other people that have been submitted to that? What's the justification one can propose or one can oppose to this notion that discrimination is bad except in this case?

**Leigh Vossen**

Yeah, it's so funny. It was so hypocritical to start the full paragraph saying, "We're against all these things, but we're doing it anyways and we're not talking to you about it anymore." Their justification— I mean, they didn't say this, but I'm assuming they're suggesting to protect the vaccinated students and for the health of the students and staff. But again when you ask for data supporting these mandates—

I would understand implementing measures to protect students and staff. Maybe there's a pandemic and you say, "We're going to give everybody the opportunity to do online classes if you want to." Give them that option, but— Oh, I've lost my train of thought. Yeah, they refuse to even discuss the data.

And actually, this is interesting: a lot of students screenshotted their responses from their universities all across the country, asking their university, "What data do you have supporting your measures?" And a lot of the responses are the exact same thing: other universities are doing it; we're not discussing this; this is the end of the communication we're having with you. No university that I can find has presented data to support it.

And that's the same thing, as I said, I just got that diversity, inclusion, equity response; it looked like a copy and paste response. And then, "We're not talking to you. We don't want to talk to you. You're not going to hear from us again." So they can't justify it. They can't justify their discrimination.

**Commissioner Massie**

Thank you.

**Kassy Baker**

Are there any further questions? Okay.

**Commissioner Kaikkonen**

Thank you for your testimony. It sounds more like the pedagogy of the oppressed is at Red River College, but I know it's consistent with other universities and colleges across the country. Red River College in about, I'm going to say, 15 years ago, was well known for PLAR, for Prior Learning and Assessment Recognition.

Given all the experience that you have, do you think the President of Red River College, who is not a doctor—I'm going to assume he's not a doctor; maybe I'm wrong there, but I'm going to assume that he or she is not a doctor—would be willing to take all that experience, the professional experience and knowledge that you have, and finish your fourth semester under the PLAR criteria? Do you think that's possible? I'd hate to see you lose your education.

**Leigh Vossen**

Yeah, I doubt it. I don't think they're going to be making any allowances for me or helping me. They haven't at this point. So there's no reason for me to believe that they would do that now.

I should add, you were saying— This is for just Red River. It started with Red River and we've expanded. I have a huge team working with me and hundreds of members. This organization serves all of Canada, so we have people on the leadership team who live in BC and Ontario. It's a Canada-wide non-profit.

**Commissioner Kaikkonen**

Thank you for taking up the torch.

**Leigh Vossen**

Thank you.

**Kassy Baker**

Thank you very much for your testimony on behalf of the National Citizens Inquiry.

**Leigh Vossen**

Thank you for having me.

[00:30:05]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 6: Brandon Pringle**

Full Day 3 Timestamp: 03:32:55–03:56:45

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00] [Video is missing audio from 03:32:55–03:33:02]

**Brandon Pringle**

My last name is Pringle, P-R-I-N-G-L-E.

**Kyle Morgan**

And do you promise to tell the truth, the whole truth, and nothing but the truth?

**Brandon Pringle**

So help me God.

**Kyle Morgan**

Very good, sir. I understand you're appearing from Alberta today. Is that right?

**Brandon Pringle**

Yes.

**Kyle Morgan**

That's where you reside.

**Brandon Pringle**

Yes.

**Kyle Morgan**

Is that in the Penhold area?

**Brandon Pringle**

Yes, it is.

**Kyle Morgan**

For about 25 years, you've been in that area?

**Brandon Pringle**

Yeah. In Alberta, we've been here for about 25 years, yeah.

**Kyle Morgan**

Okay. I understand you've got two children. Is that right?

**Brandon Pringle**

Yes. Yes.

**Kyle Morgan**

You've got some grandchildren?

**Brandon Pringle**

Yes.

**Kyle Morgan**

How many?

**Brandon Pringle**

One.

**Kyle Morgan**

One grandchild.

**Brandon Pringle**

We should have three.

**Kyle Morgan**

Now, before we go down that line of questioning, I just want to ask you where you've been working throughout the time of the COVID period.

**Brandon Pringle**

I'd been working at a large grocery chain, which I won't say. We had to wear masks. It was very scary all the time when you have doctors going on social media saying people that don't get a vax should be punched in the face. Two doctors in Alberta both publicly stated

that you should lose your job if you won't get vaxxed. It was really fun going to work wondering if you were going to be forced to lose your job.

**Kyle Morgan**

So I'm right in saying you were, what we referred to as, on the front line. You were an essential worker, right, working at a grocery store.

**Brandon Pringle**

Yes, sir, and I had to wear a mask every day. I've dealt with migraines for years. Of course, when your oxygen is low, you end up having way more migraines than usual because you're oxygen deprived.

When I asked for an exemption from my doctor, he said, "Well, we in the clinic have decided, as a clinic, that we're not going to be giving out any exemptions." So you know, it wasn't like the science says this or this or that; it was just we, as a clinic, because of basically publicity, we're not giving out any exemptions.

**Kyle Morgan**

Now, can you just describe what your family relationships were like prior to the onset of COVID there in 2020? Just tell us a little bit about your family.

**Brandon Pringle**

Very close. We talked to them on a regular basis. We would have family events on a regular basis. We're very connected to our church, as well. We all went to the same church, so we got to see each other every Sunday, as well as opportunities during the week. And Karrina's mom is very infirm. She has very tough arthritis, so she's basically homebound. So she depends on us to be her connection to people.

**Kyle Morgan**

And who's Karrina?

**Brandon Pringle**

Yeah, that's my wife.

**Kyle Morgan**

Okay. Now, you have a daughter, is that right?

**Brandon Pringle**

Yes.

**Kyle Morgan**

Do you have a son and a daughter?

**Brandon Pringle**

Yes, our daughter's 29 and our son is 27.

**Kyle Morgan**

Can you just describe what happened when the pandemic started, the restrictions were implemented. Do you recall having a conversation with your family around that time? With your daughter, in particular?

**Brandon Pringle**

Yes, we did. Yes, we did. Right at the beginning. We gave them our faith reasons why we would not be going along with this tyrannical mandates that violate a number of our personal beliefs and freedoms. And we just agreed to disagree. We didn't realize how bad it was going to get. I should have had a warning when they left and said, "Well, the reason why that this is going on so long is because of these un-vaxxed people that won't follow the mandates."

**Kyle Morgan**

And who said that, just to be clear for the record?

[00:05:00]

**Brandon Pringle**

That was my son-in-law.

**Kyle Morgan**

Okay. Now, I understand you do have one grandchild.

**Brandon Pringle**

Yes.

**Kyle Morgan**

And what's his name?

**Brandon Pringle**

His name is Lewis.

**Kyle Morgan**

And when was he born?

**Brandon Pringle**

He was born in October of 2020. Sorry, I apologize, September of 2020. Good thing my wife is here to help remember things right.

**Kyle Morgan**

Okay. Now, if I'm not mistaken, there was a period of time when you weren't able to see your grandson. Is that right?

**Brandon Pringle**

That's right. We didn't see him for about six months, including his first Christmas.

**Kyle Morgan**

Do you have any idea why that was the case?

**Brandon Pringle**

Oh, yeah, it was the mandates and they were absolutely following the mandates. Well, they said they were, of course, they weren't. But it was always a control thing, so you're breaking the law. I mean, never mind the government was violating the Charter and breaking the law themselves. But, you know, it's just what they want.

**Kyle Morgan**

So that would have been from September/October 2020, until March or April 2021?

**Brandon Pringle**

That's correct.

**Kyle Morgan**

Okay. Now, am I right in stating that your children would have been vaccinated? I guess, your daughter—

**Brandon Pringle**

Our daughter did and our son-in-law did, right off the bat. Our son, on the other hand, almost, actually, got into a fight with security at the mall because they were trying to force him to wear a mask and he refused. And he went on like that for two years. But finally, the bullying and the propaganda and the social outcast wore him down, and so, he finally got vaxxed.

**Kyle Morgan**

I understand your daughter was pregnant. Do you know the timeline, there, that your daughter was pregnant? Can you tell us about that?

**Brandon Pringle**

She got pregnant, roughly, about nine months after her first pregnancy. We got a call about two months after— Roughly a year later, we got the call. So perfectly healthy delivery. Everything was perfect.

**Kyle Morgan**

To be clear, that's your first grandson. Healthy delivery?

**Brandon Pringle**

Okay, so, I apologize; I'm being corrected here. Everything was not just perfect for her first pregnancy. But Lewis, her son, our grandson, is in perfect health.

But a year later, after a perfect, for all intents and purposes a textbook outcome, we get a call at two in the morning and rush to the hospital and find out that our daughter had lost our grand baby.

**Kyle Morgan**

Do you know how far along your daughter had been in her pregnancy at that time?

**Brandon Pringle**

Roughly two months.

**Kyle Morgan**

I'm just curious about the relationship with your daughter. You spoke about the conversation you had in your family at the start of the pandemic or when the restrictions were starting to be implemented. Just describe the relationship with your daughter and how that progressed.

**Brandon Pringle**

I had about 30 pages of emails back and forth with her because I wanted her to be able to see facts. So I just simply asked her questions: Why are you trusting what the government is telling you? What is the science that they have to back up what they're saying? Why do you think Bill Gates—who has been very well documented not caring that much about humanity—why is he someone that you trust over me, who would take a bullet for you? Because I just wanted them to answer the questions and have an opportunity to think.

They wouldn't answer any of the questions, and at the end of the day, it was left at,

[00:10:00]

"Well, we're not going to have a relationship with you if this is a topic of conversation." So I basically was like, well, if I want to ever see my kids, then I have to pretend that the emperor has clothes and remark about how amazing and beautiful the clothes are.

**Kyle Morgan**

Now, did you have a lot of contact with your daughter while she was pregnant?

**Brandon Pringle**

No.

**Kyle Morgan**

Leading up to the unfortunate loss of the baby.

**Brandon Pringle**

No, we didn't even know she was pregnant; they didn't tell us.

**Kyle Morgan**

So you get this call— Go ahead.

**Brandon Pringle**

Yeah, we just get woke up at two in the morning, rushed to the hospital. And oh, that was a treat, let me tell you. We get to the hospital. They're all acting like it's Ebola.

So it turns out that our son-in-law, who's vaxxed, has COVID. Gee, that's never happened before. And he is eight days into the quarantine, so he's not allowed in the hospital—our grandson and him are not allowed in the hospital. So I tried to go into the hospital. The hospital will not allow my wife and I to come in. So I went in, and my daughter came out of the washroom, and we hugged and we cried. A girl needs her mom, and so, because only one of us was allowed, I went out in the parking lot and sat in the car while my wife went in to comfort her alone.

**Kyle Morgan**

I know that neither you or myself are medical experts, but do you have any belief of what resulted in the loss of your grandchild?

**Brandon Pringle**

No question. After the first two months of lockdown, we knew this was absolute garbage, and so, my wife and I drove across Canada. And you should have seen the fear in people. It was just terror. But we were just asking people questions, you know: Do you know anybody that has this? You know, plant a seed of doubt and plant a seed of truth. People would open up when you told them where you stood, but they wouldn't even talk to you.

And so, I had gone on to the Stats Canada website and it showed how many miscarriages, it showed. We know that what was on the Stats Canada website was a fraction of, actually, what was happening. Many doctors have come out since and said, "We're pressured not to input." I mean, the news reported there were 13 stillbirths in a weekend in Vancouver.

**Kyle Morgan**

Do you know which vaccine your daughter received?

**Brandon Pringle**

No, we don't because that's verboten. We weren't allowed to talk about any of it. We told them about infertility. We told them it was not safe. We knew it wasn't safe. They didn't listen to us.

**Kyle Morgan**

Now, since this incident, how's the relationship been with your daughter?

**Brandon Pringle**

It's fake. I mean, we still love each other and we hug each other and we smile and just ignore the ginormous elephant. I mean, I attempted at one time to engage my son-in-law in a conversation regarding the Freedom Convoy. He thought that Trudeau was totally justified in implementing the *War Measures Act*—which was not even implemented during 9/11—to deal with the few people playing hockey, drinking coffee, and eating Timbits. He absolutely could not be reasoned with.

[00:15:00]

**Kyle Morgan**

So would I be right in saying you've never been able to suggest to your daughter what seems to have happened with her child.

**Brandon Pringle**

Yeah, no, I wouldn't dare. I wouldn't dare. I would probably be risking ever talking to them again if I did that.

**Kyle Morgan**

I understand there might have been some other effects you experienced in your community, maybe with the restrictions and gathering. Do you want to tell us about that?

**Brandon Pringle**

Yeah, just so I don't forget: our daughter-in-law lost her baby a week ago.

**Kyle Morgan**

Would that be your son's partner?

**Brandon Pringle**

Yes.

**Kyle Morgan**

Do you know if she had been vaccinated?

**Brandon Pringle**

Oh, yeah, they got the Novavax. We warned them as well. So did her parents.

**Kyle Morgan**

I don't know if there's more you want to tell us about that. How's the relationship with that side of the family?

**Brandon Pringle**

That side is very good. They're willing to talk about it. We try to keep it to a minimum because I don't want them to feel bullied. They're not fully awake yet. They're seeing some things, but I probably won't ever try to help them make the connection about the loss. I think that, hopefully, what will happen is in five years from now, or something, that God will speak to them, and it won't be a soul-crushing thing that they can't get over. They'll realize that they were lied to and manipulated and a lot of it wasn't their fault.

**Kyle Morgan**

Were there any other effects you experienced in your community related to the restrictions?

**Brandon Pringle**

I'll just make a quick list here. So Karrina's mom can't go anywhere. She was in an elderly facility and they were treating it like Ebola, so we couldn't visit and couldn't visit and couldn't visit and couldn't visit. And then they changed the rules, so they allowed four people. The four main people, I couldn't be on that list, even though I'm somebody that is kind of the more available person that would actually do small things for her around the place. And so we had to be very creative about how we, once or twice, would get in to visit, to get around the COVID police, I guess you'd call them.

My wife went to the grocery store one day and she wasn't wearing a mask because she's done the research. If you go on the NIH website, you can see 37 studies of how masks don't work and 23 on how they're harmful. That's right on the government website, so we've been sharing this information. And so, this woman in the store was so angry that my wife wasn't wearing a mask that she rammed her with her cart.

I almost never go and get gas from Petro-Canada now because driving all the way across Canada, Petro-Canada—you got gas, but they wouldn't allow you to use their washroom.

[00:20:00]

I don't know if anybody's driven across Canada and had to go to the washroom. I mean, it's just—

What else can I add here? Our church has had a huge split. You know, I find it amazing that people would talk about how loving and kind it is to go get vaccinated and wear your mask—because you're being so loving and kind, you're sharing the love of Jesus when you do that. **And then have no problems with hollering stuff that's going on in your personal life across a crowded coffee shop because you're one of these un-vaxxed lepers that should be publicly humiliated.**

**Our daughter was very dizzy, couldn't walk. She had to take, I think it was a total of three weeks off work in the following two months after getting vaxxed. She couldn't drive, even, couldn't focus. She goes to the hospital and goes to the doctor. Do you think anybody asks the question, "Hey, have you been vaxxed?" I mean, normally, when you go to the doctor, they ask you, "Has anything unusual been going on?" That's the first question.**

**No, nobody's ever going to ask the question, "Have you been vaxxed?" because that might mean we have to admit that it's traumatizing people. So we're supposed to treat you for a**

poison that you know we're just supposed to believe, magically, wave our magic wand and figure out what poison you have in your body. It's unbelievable.

You know, the difference between God and the doctor is God doesn't think He's a doctor.

**Kyle Morgan**

I don't think I have any other questions for you, sir. I want to thank you for being patient because I know you've been waiting to testify. So I just thank you for that and I'll ask the commissioners if they have any questions for you.

**Commissioner Massie**

I'm curious about the vax injury that your daughter suffered. Was that reported to the authority?

**Brandon Pringle**

No.

**Commissioner Massie**

Did your daughter acknowledge that she was probably vax injured?

**Brandon Pringle**

No, not at all. We gave them some natural products that are known by a number of doctors to help mitigate the damage and they refuse to take it. They're in absolute, 100 per cent total denial.

Before I leave—I know you might have more questions—I just want to say thank you so much for taking this time to fight for us.

**Commissioner Massie**

Thank you.

**Kyle Morgan**

No other questions? Okay.

I want to thank you, sir, for testifying on behalf of the National Citizens Inquiry. Thank you, sir.

**Brandon Pringle**

Thank you very much. Have a great day. Thank you.

[00:23:45]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 7: Richard Abbott**

**Full Day 3 Timestamp: 03:56:50–05:06:57**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Shawn Buckley**

So our next witness today is Mr. Rick Abbott. Mr. Abbott, can you state your full name for the record, spelling your first and last name, please.

**Richard Abbott**

You bet. It's Richard Abbott, A-B-B-O-T-T.

**Shawn Buckley,**

And, Mr. Abbott, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Richard Abbott**

I do.

**Shawn Buckley**

Now, I just I want to introduce some of your police service to the commissioners. My **understanding is that you were a police officer for a full 25 years [Exhibit WI-3e]?**

**Richard Abbott**

That's correct.

**Shawn Buckley,**

**And you had quite an accelerated career path. So in your first year, you were the class president; you were the valedictorian; and you were the winner of the Officer Safety Award?**

**Richard Abbott**

That's right.

**Shawn Buckley**

You started in patrol services, which is the normal route. But very quickly you were moved on to a beat team.

**Richard Abbott**

That's right.

**Shawn Buckley**

And because of that, you got to know the drug world very, very well.

**Richard Abbott**

Very well.

**Shawn Buckley**

And then in year six of your career, you joined the tactical team.

**Richard Abbott**

That's right.

**Shawn Buckley**

And my understanding is that's very early in a career for a police officer to be joining the tactical team.

**Richard Abbott**

At that time, especially, in that era, yes, it was.

**Shawn Buckley**

Right. Okay, and then you were for eight years, a police sniper. Following that, you taught gunfighting.

**Richard Abbott**

That's right. When I left tactical section after just about eight years, I moved to our Officer Safety Unit, teaching the patrol carbine program.

**Shawn Buckley**

Right, and then you were promoted to sergeant. And so, you were sent back to the street to manage a beat team and a patrol team?

**Richard Abbott**

That's right.

**Shawn Buckley**

And then they took you back to the SWAT team, basically, in charge of the Sniper Unit.

**Richard Abbott**

Yeah, I was their training sergeant. That's right.

**Shawn Buckley**

And then, while you were still in tactical, acting as a staff sergeant, you were promoted to commander for the West Edmonton Division.

**Richard Abbott**

That's correct: promoted out of Tactical Section, as their acting staff sergeant, back into Patrol Services.

**Shawn Buckley**

Right, but as a commander.

**Richard Abbott**

That's right.

**Shawn Buckley**

So is it fair to say that in your 25 years as a police officer that you were trained quite extensively how to make very rational decisions with an aim to making volatile and violent situations safe?

**Richard Abbott**

Most of my career revolved around either responding to or commanding, using what we call risk-effective decision-making.

**Shawn Buckley**

Okay, now you're here to first of all, talk to us about the culture in the Edmonton Police Department when COVID arrived. And so, can you start sharing with us some of the things that occurred in the Edmonton Police Office concerning COVID and the approach taken?

**Richard Abbott**

I'll talk specifically today about two policies of the Edmonton Police Service that I think will show that, objectively, it crossed from worried about the membership's health and directly into coercing, bullying, and demeaning the membership who had decided not to take the COVID drugs.

The first one occurred in the fall of 2020. It was a disclosure that was forced upon the membership. So the service had said—and I'm paraphrasing—that they needed to know the vaccination status of the membership so that they can make good health decisions for both the police service and the community at hand.

This quickly became clear to me to be a lie. Let's say there's 2,500 combined membership of sworn and non-sworn members of the Edmonton Police Service: there was a handful of the membership who had held off on disclosing their vaccination status. I was one of them.

And to be clear, I was vaccinated and my chain of command knew that I was vaccinated. I'm not here to talk about the reasons why I was coerced into taking the drugs. I'm here to talk about objective reasons of how the policies were not about health.

**Shawn Buckley**

Right. Just so that I understand. So literally, there's roughly 2,500 people that we're talking about, and only a handful would not have filled in this questionnaire. So I mean, you're like 99.9 per cent plus, and they're saying, well, they need that last handful to fill them in so they can make proper health decisions.

**Richard Abbott**

Yes, and it gets worse. I had been respectfully speaking through my chain of command.

[00:05:00]

That means up through and including one of the deputy chiefs. I wanted to keep lines of communication open with them, saying, I think if they're not making a legal mistake here, I knew they were making an ethical or a moral mistake.

And I had openly told my deputy chief, "I'm going to fill out your form, but I'm purposely dragging my feet here to keep lines of communication open." And we spoke just like this. I said, "Don't fire me!" I was joking with them. "I'm going to fill out your paper." But when push came to shove, I got a phone call from the President of the Edmonton Police Association.

This might be a good time for me to fill in some three-lettered acronyms that police use. It can be painful.

So there's the Edmonton Police Service, which is the organization itself. There's the Edmonton Police Association, which acts as a union. So although police can't legally **unionize, it does act as a union—also called the EPA. And then there's the Edmonton Police Commission. So the Commission is considered the buffer between the politicians of City Council and the police service itself. Across the nation, sometimes they're called the Police Services Board. In Alberta, it's called the Police Commission.**

So I got a phone call from the union president telling me, "Rick, they're going to fire you if you don't fill out this form." And I told him, "I told you I'm going fill it out. I'll go fill it out now." So after I filled it out, it came down to one last member of the Edmonton Police Service.

So of those approximately 2,500 people, one patrol constable, who I've gained permission to use his name today: he was a 25-year-combined member of both the Police Service and

of the Canadian Armed Forces, named Constable Rob Kitchen. He was on a *Mental Health Complaint Act* [sic]—on duty as a patrol constable—when he was called in and told that if he didn't fill out the form, there'd be ramifications. He said, "I told you, I'm not telling you my status," and he was suspended without pay at that moment. I use the term tongue-in-cheek, but it's not funny: he was fired on the spot for not filling out a form.

**So this is my first example where I think it clearly crosses from, this is not about health, this was about coercion. And they were firing Constable Kitchen to show the rest of the membership that if you defy any of these mandates, there will be serious loss for you and your family.**

**Shawn Buckley**

And I just want to make sure that everyone hearing your testimony understands that when you have 2,500 members and only a couple have not filled in a health questionnaire, that statistically speaking, I mean, you've got the information you need to make any health decisions. That basically what you're saying is there was really no need for them to have 100 per cent compliance.

**Richard Abbott**

And objectively, since I had shown my hand culturally, saying, "I'm vaccinated." If there was one person left who hadn't filled out that form, you could take a scientific, wild guess as to whether or not that person was vaccinated. You could, basically, still make your decisions on how to make your health choices, as they said this was done for. They were lying. This was about coercion.

**Shawn Buckley**

Right, okay. Now, there was another incident you wanted to tell us about.

**Richard Abbott**

The second policy issue I can talk to you about is what I defined as the segregation incident.

So as a commander of a shift, essentially, in one of the divisions in Edmonton, I'd be responsible for a chain of command of, at any one time, four sergeants and their patrol squads, plus some detectives that would be in the area. At any one shift, I'd be working for between 50 and 60 people. This was in the fall, again, of 2020 [sic], where the policies of the police service said that if you chose not to take the COVID drugs, you could go every three-ish days, on your own dime and on your own time, to go get a rapid test to show **whether or not you were sick with COVID.**

**So under my command—because nobody could truly disclose who is who; there was supposed to be privacy around that—there was at least, say, on a shift, three or four people who I knew hadn't taken the drugs.**

[00:10:00]

**Either a) because they confided in me because they trusted me. Or it came later to my knowledge because those who chose not to take the drugs were not allowed to use the lunchroom in the division. They weren't allowed to use the gym and they weren't allowed to work overtime, at that point.**

So the issue over not using the lunchroom, really, was even unknown to me until one of my constables came to me and said, "Listen, you know that they're calling the superintendent's boardroom upstairs, now, the 'shame room.'" And I hadn't heard this: the shame room. "No, what's the 'shame room?'" "Well, the unvaccinated aren't allowed to eat with the rest of their squads."

Now, you have to remember what's going on during the shift. We could have a vaccinated and an unvaccinated police member sharing a squad car, responding to the stabbings, to the family fights, to everything you can imagine a patrol service member goes through on a daily basis: sharing the steering wheel; sharing the tight space; I say, kickin' and a'gougin' in the mud and the blood and the beer, arresting people. Policing can be a messy job. Nobody wants to see it. They were allowed to do that messy job with their squad mate in the car.

**Shawn Buckley**

Right. So they'd be using the same computer keyboard; they could be using the same microphone. One would be driving at one time, one would be driving— Basically, they're touching all the same surfaces.

**Richard Abbott**

And responding to these crowds of people, all day long, together. But when they came back to the division, they weren't allowed to break bread together. So the boardroom became known as the "shame room" because there were some—a few—members of the service that were sympathetic to their squad mates who decided not to take the COVID drugs and they'd go eat with them in the "shame room."

So okay, I had had enough—that was one of the straws that broke this camel's back—and I wasn't going to allow that under my command. I wasn't going to push that policy. And I knew, based on my experience already with the vaccine disclosure forms, that the police service wasn't listening to me anymore. They were going down this road irrationally.

And I went out of the chain of command, which is not my normal course of duties, and I wrote a letter to the then-Minister of Justice in Alberta, Kaycee Madu. I wrote him a letter directly, telling the story of segregation inside the police service buildings and outlined, as I just said to you, how irrational it was and clearly, this is not about health. This is about bullying; this is about coercion. The Honourable Madu sent that directly to the Director of Law Enforcement, where that complaint should have been directed, and had it investigated by the Edmonton Police Commission.

**Shawn Buckley**

So can I just stop you there. So this is an October 26th, 2021, letter.

David, can you pull up the computer screen I have for exhibits?

And I'll just tell you, Mr. Abbott, that we've entered this is an Exhibit WI-3b. But I just wanted to read and have you comment. Basically, I'm going to start at the paragraph near the top of the page, "The unvaccinated." And so, this is your letter. But I just want to read you a couple of paragraphs and have you comment on it.

So you write:

**The unvaccinated are expected to respond to calls for service, sharing the same police car, hold the same radio mic, use the same mobile workstation, share the same washrooms, showers, locker rooms, parade room, computers, and even use Category I and II uses of force alongside their brothers and sisters in patrol. But the unvaccinated who submit to rapid testing are not allowed to use the lunchroom or the gymnasium.**

**Tonight, I witnessed unvaccinated members segregated from their work mates to eat and it was disgusting. Not just disgusting because I'm ashamed of the poison work environment our EOT has created, but equally disgusting because the segregation plans are working on our people. The members of the squads that exclude their friends are doing so mostly out of fear of the tyranny from our EOT and chief.**

[00:15:00]

My subjective analysis is that most of our patrol members are pro-choice. They admit to me that they're afraid of becoming the next Constable Robert Kitchen.

And I'm just going to skip down and read another paragraph, but I'll just scroll down so it's up on the screen. It's the one that begins with, "We are told."

So you write:

We are told the reasons for segregating the unvaccinated from the lunchrooms and gyms, because this is where 'science' reports that COVID is spread, yet no one can cite any studies. This argument falls flat on its face with even the slightest amount of reason and common sense applied. Those who are taking rapid tests are the only persons in the building known to be COVID-free.

And I'm just wondering if you can comment for us on those paragraphs.

#### **Richard Abbott**

I'll give you some more insight into risk-effective decision-making. And I wish that the Edmonton Police Service could have taught this to the nation, although commanders across the nation use this same matrix that I'm going to quickly teach you right now.

**It's an acronym: NRA. It does not refer to the Second Amendment Rights group in the United States. It stands for whether or not the decisions we make are necessary, risk-effective, and acceptable. So we do this every day. And I tried to get my command structure to use that NRA risk-effective decision-making matrix against this very decision of not allowing our people to eat in the lunchrooms.**

Is it necessary to do this to our membership? There is no data to prove that, so it would stop at the N. We wouldn't go on to the R, in this. Is it risk-effective? Well, it doesn't pass the R test, either, of whether this is risk-effective or not because those who are testing are the only ones that we could say are safe from COVID. The others are not. So there's no risk-effective decision to be made there. But more important to this Tribunal—and I think the

legally-trained will understand this very well—is the A stands for acceptable. Is what we're doing to the people I worked for that night going to be acceptable to the courts tomorrow? Is it going to be acceptable to the courts in 10 years? What about in 30 years?

So to quote another Edmonton Police Service member here, that I want to give credit to— just recently in Edmonton, we made apologies for raids that were made in gay bathhouses in the 1980s. It was wrong. And we're apologizing for that, today. Had we used the NRA matrix in those situations, we would have avoided the embarrassment and the wrongdoings that were done 30 years ago. If we were to apply that acronym here today, we all know that this is not going to bode well for our institutions: tomorrow, 10 years, or in 30 years. It was wrong yesterday. It's going to be wrong in 30 years.

**Shawn Buckley**

Now, my understanding is that not only were unvaccinated officers prevented from going to the gym and the lunchroom, but they were also prevented from overtime shifts.

**Richard Abbott**

Yeah, for a short time. Yes, they were. I can't speak to the timelines.

**Shawn Buckley**

Okay. Now, there was something else that happened with you concerning the— I'll call them blockades or the Trucker Movement. I'm just wondering if you can share with us what your experience was and how you came to do your kind of own investigation there.

**Richard Abbott**

Yeah, you bet. I had been questioning what was going on in both Ottawa and in Coutts and Milk River in Alberta. Normally from media, we could get different perspectives and interpret from that what was going on. But from what I was watching in the mainstream media versus in any of the independent media sources I was watching, they were so diabolically opposed that I had decided that someone's not telling the truth. The mainstream media was going off on racists, misogynistic, terrorist-types blockading the border in Coutts and protesting in Ottawa.

[00:20:00]

It's a small community, this policing service, and I wanted to speak to someone in Ottawa who was witnessing it. And so, my number somehow found its way to a Canadian hero named Constable Danny Bulford. He shared a similar career path as I did, as a sniper with the RCMP's Emergency Response Teams, and then became involved in assisting with the protests in Ottawa.

Mr. Bulford phoned me. And I'd never met him before, but I'd seen enough of him on TV and we spoke the same languages that I wanted to ask him what's going on. And he told me not to believe him. He said, "Go see for yourself." He said, "Either come to Ottawa or go—" And he hadn't been to Milk River. He said, "It'll be the same crowd. Go see for yourself who's telling the truth." So I decided to travel to Milk River.

And within a day, I did just that. And when I landed in Milk River, it didn't take me long—

**Shawn Buckley**

And I'll just stop you. Did you travel with anyone else?

**Richard Abbott**

I have to be careful with

**Shawn Buckley**

You don't need to name names.

**Richard Abbott**

names, but I had travelled with another police officer who had been vocally critical of the mandates across the nation, as well. And this is a good point to make: I'm not alone in this. There's cops like me across the nation who've spoken out, but we'll quickly learn here why they're keeping their heads down.

**Shawn Buckley**

Now, were you on duty that day that you went to Milk River?

**Richard Abbott**

No, I was on a day off.

**Shawn Buckley**

And were you in uniform?

**Richard Abbott**

No, sir. I was in civilian attire.

**Shawn Buckley**

Okay, so you're just taking your own time to find out for yourself. Not as a representative of the Edmonton police force. But you just want to see for yourself what types of people are participating because the media is telling you one thing—basically, that they're dangerous. What do you recall the media saying?

**Richard Abbott**

I took it that it was, essentially, a terroristic activity that had taken over our border.

**Shawn Buckley**

Okay.

**Richard Abbott**

So prior to going, I did study Edmonton Police Service policy to ensure that I wouldn't break any policy. And at the time, I thought I had maintained, still, the civil right to travel

within my province and I thought I still had freedom of association. And I wasn't going to violate any of our social media policies. I just wanted to go see for myself who is telling the truth. And if I had a chance, my second goal was to encourage attendees and police, both to be peaceful.

So when I got down to Milk River, it didn't take me long to determine who was lying. And excuse me for using such extremist language, but there was no happy medium between whether or not we had terrorists at the border or whether it was the equivalent of a Canada Day celebration. But what I saw in Milk River was one of the funnest Canada Day parties I've been to. It was, truly, horsey rides, jumpy castles, barbecues, and teeth. When I say teeth, it's because people were smiling. It was teeth everywhere. It's remarkable to me to this day.

**Shawn Buckley**

Now, can I stop you because you've kind of described, you know, the media was referring to these people as terrorists. Do you recall also, perhaps, our Prime Minister calling them things like racists and misogynists?

**Richard Abbott**

I do.

**Shawn Buckley**

Okay. So you're going down to see these racists and misogynists and terrorists and what you see is, basically, the best Canada Day celebration you had ever seen?

**Richard Abbott**

I saw Canadians there. And if I can brag, I think I'm a good read of people. I've spent my career reading people and I believe I'm good at it: this was Canada there. It wasn't the latte/lunch crowd, necessarily. It wasn't just one demographic. It was every Canadian from every walk of life, and if I had to generalize and use a biased opinion of who was there based on my experiences, I would have actually called these farmers.

I come from a rural upbringing in Saskatchewan and I know a farmer when I see him. And although there was nurses, there was doctors there, there were plumbers, there were electricians, it was farmers and farm families that were generally protesting in Milk River.

[00:25:00]

Which I had now analyzed enough to see as a lawful protest.

**Shawn Buckley**

And I'll just stop you there. So it was a lawful protest because, actually, it was the RCMP that was blockading the road, just to prevent these people from going to Coutts.

**Richard Abbott**

That's correct.

**Shawn Buckley**

So they weren't responsible for actually breaking any law. So what they were doing there was a 100 per cent legal, as was your understanding.

**Richard Abbott**

Other than parking in ditches, which would violate the *Traffic Safety Act*.

**Shawn Buckley**

Oh, okay.

**Richard Abbott**

There was no criminality there. This is important for me to paint a picture of the type of people who were protesting in Milk River, too, because I respect them so much for it. Where I'm from, when we go to a Canada Day celebration, we'll imbibe and we'll do it respectfully. We'll put a drink in a coffee cup. I know that there was alcohol in Milk River, but I never saw one open drink and I watch for these things.

**Shawn Buckley**

Can I just give the people listening to you a little more perspective when you say you're analyzing things. You were a police officer, at that point, for 25 years, and over half of that time in a tactical unit. That's correct?

**Richard Abbott**

That's correct.

**Shawn Buckley**

And even a regular police officer, it's life and death being able to evaluate people, to determine whether or not they are a threat, either to the officer or to other people.

**Richard Abbott**

I'm always looking for bad guys. I cleared this room before I came into it.

**Shawn Buckley**

But the point I'm trying to make is that you are trained, specifically, to identify threats and evaluate people because the members of you and your team and innocent bystanders, and even the bad guys, depend on you being able to make accurate assessments.

**Richard Abbott**

That's correct.

**Shawn Buckley**

So you're not just somebody who, you know, works selling shoes, who have gone down to evaluate these people. You are trained in making this evaluation. And did you see any dangerous people?

**Richard Abbott**

None.

**Shawn Buckley**

So and I'm sorry to interrupt you, but I just thought it was important for people to understand: you're a professional at making a threat assessment.

**Richard Abbott**

That's right.

**Shawn Buckley**

Okay. So I'll let you carry on, to see what you saw. And I also want you to share with us how the police that were at Milk River would have been experiencing what was happening.

**Richard Abbott**

Sure, and it is important to understand that I saw this as a lawful protest because the RCMP were blocking the highway at Milk River, which is maybe 30 kilometers north of the border at Coutts. And my take is nuanced. I understand why the RCMP had done that. This was to minimize the number of people that could get to that unlawful protest down at Coutts.

The police members who were in Milk River I met with— I say this tongue-in-cheek, but it's true: this is the easiest overtime police can make. This is the easiest money police make is when they get paid overtime to go watch over you, and you, and you on the Commission. There's no police work to be done. It's minimal, other than dealing with what we'd expect good people to do, like parking in ditches and make noise. It was easy work for the RCMP, and they admitted to me as much.

**Shawn Buckley**

How were the people who were at Milk River, at this lawful protest, how were they treating the police that were there?

**Richard Abbott**

As good Canadians treat the police. I've always had good experiences as a police officer. Even though the news, as we've heard today, dwells on the negative, that has never been my experience with Canadians. Canadians are very respectful of our police agencies and are very supportive. They were exactly the same in Milk River and in Coutts, which we'll get to shortly.

**Shawn Buckley**

Do you mind— David, can you pull up the computer?

You provided me some photos that were taken at Milk River, and so I just want people seeing your testimony to understand what you're watching. So these are the types of people that our Prime Minister would describe as terrorists and misogynists.

So this is one such person at Milk River [Exhibit WI-3d]?

**Richard Abbott**

One of a thousand I met that day.

**Shawn Buckley**

And this is what you mean when, basically, you say smiling, lots of teeth.

**Richard Abbott**

Teeth everywhere.

**Shawn Buckley**

Okay, so this is representative of the type of interaction you were having?

**Richard Abbott**

That's right.

**Shawn Buckley**

And I'm just going to go to another photograph. This is also representative of the type of interaction you were having [Exhibit WI-3c]?

**Richard Abbott**

I believe he's a vet, if I remember correctly.

**Shawn Buckley**

Okay, so a war vet, and then I just need to move to another program. Sorry.

[00:30:00]

I just want to show four photographs from Milk River. So this is another one [Exhibit WI-3h].

**Richard Abbott**

Yep, another one of a thousand.

**Shawn Buckley**

And then, finally, another one [Exhibit WI-3i]. So these are photos you sent me and these are just the typical kind of farmer Canadians, as you described them, that you encountered

at Milk River. So what was then your impression of the media reporting, now that you'd taken Danny Bulford's advice and you'd gone to see for yourself?

**Richard Abbott**

Yeah, it didn't take me long to see who was not telling the truth. Independent media were recognizing the horsey rides, the bouncy castles, and the barbecues. I decided, with what I'd seen in Milk River, that the media was lying.

**Shawn Buckley**

Okay. Now, something else happened at Milk River. Can you tell us about that? You were approached by a Calgary police officer.

**Richard Abbott**

Another brave Canadian police officer, Brian Denison, and he had left the Calgary Police Service because of the mandates. He asked me if I'd speak to the crowd. He said the crowd was itching to hear from a current police officer as to what we were thinking. There was, at least, 100 people gathered near an impromptu stage they had erected—maybe 200 people—and he asked if I'd give words to the crowd.

And since I had already determined that those folks were lawfully placed, legally there protesting, I wanted to encourage them to be peaceful because I also understand that things can go wrong quickly in crowds like this. With the lies that the mainstream media was producing over this time period, I also saw it as a powder keg and saw that they were being divisive. And so, I wanted to encourage this crowd to be peaceful.

**Shawn Buckley**

Okay, and what happened?

**Richard Abbott**

I told them that. I essentially told the crowd that as long as they're peaceful, they're lawfully placed. My understanding is that the *Charter of Rights and Freedoms*, at this time, still stood. I'm not a constitutional lawyer, but I knew at the time that none of the courts across Canada had gone through what's called an Oakes Test— And sir, you'll be able to explain this better than a cop. But essentially, because no courts had said that Canadians' *Charter of Rights and Freedoms* should be suspended, that these folks' Charter rights stood and that means that they could lawfully protest. And I encouraged them to do just that, but peacefully.

**Shawn Buckley**

And then did anything happen with your talk?

**Richard Abbott**

Well, within the next days, someone had obviously videotaped me giving this speech and they posted it on, I think, their Facebook page [Exhibit WI-3j]. This went back to my executive officer team in Edmonton who, within 10 days, suspended me without pay for violating Edmonton Police Service social media policy. And you need to know that I've

never had a Facebook page, even under a pseudonym. I've never been involved in social media and that I've been accused of discreditable conduct for what I did in Milk River.

**Shawn Buckley**

And if I understand the policy, basically, it was alleged you violated their policy because it was said you posted it online and yet, you did not post it online.

**Richard Abbott**

I had not.

**Shawn Buckley**

Okay, but you are suspended without pay. Now, you weren't finished there. You're at Milk River and you travel somewhere else. Can you tell us about that?

**Richard Abbott**

I did continue to the border at Coutts. I'd seen enough in Milk River; now I'm really interested as to what's going on at the border. So I did, and when I got there, I was met by RCMP on the perimeter who guided me into where the blockades had happened.

And this was a different crowd. There was very few people there—maybe 50 people—and again, the RCMP freely were letting people come and go from where the protesters had set up a blockade. And I found out that, only in the respectful, peaceful, Canadian way, they had effectively blocked the border at Coutts, but they did, of course, leave a safety lane open for ambulances to come and go through the border.

[00:35:00]

**Shawn Buckley**

Okay. So unlike Milk River, this isn't a legal blockade. So they are protesting, but by blockading. They're leaving an emergency lane so that, you know, if there's an emergency, the emergency vehicles can get through.

**Richard Abbott**

That's right.

**Shawn Buckley**

Okay, and how would you describe this group? This is a smaller group. How would you describe them? What do you think their backgrounds were and who are these people?

**Richard Abbott**

I would generalize, again, as calling them Christian farmers. I felt most of the folks were God-fearing, rural farmer-types. Of course, there was trucks there that they'd used to blockade, but I had also noticed that at least one of them was a cattle truck. So I would describe them as the same group that was up in Milk River, but it wasn't a party. This was serious. And they knew that they'd unlawfully blockaded a Canadian border.

**Shawn Buckley**

Right. So you met with the leaders while you were there.

**Richard Abbott**

I did, and their counsel.

**Shawn Buckley**

Okay, so can you tell us about that experience?

**Richard Abbott**

You bet. So I was asked, again, in Coutts to speak publicly to the crowd of folks that were there: to encourage them to be peaceful. And I said, "I can't speak to a public group here because you're blocking your border." And I said though that I would speak to the de facto leaders who were there with their counsel present. Their lawyer was there. And I told them that this was illegal. I told them that they were going to get arrested and this is how they do it safely and peacefully.

I encouraged them. I said, "if this doesn't go peacefully, you will have lost your message to Canadians." And they completely understood that. So I went through the actual arrest process with them on how to make it easy for the police to make the arrests. And these leaders understood exactly what I was saying. They thanked me for it and their lawyer thanked me for putting it into common language, from a police officer's perspective, on how to make this safe.

**Shawn Buckley**

So I just want to understand. What's happening is they understand they're going to be arrested.

**Richard Abbott**

That's right.

**Shawn Buckley**

So what was your understanding, in speaking with them, as to why they were choosing to be there, knowing they were going to be arrested?

**Richard Abbott**

They were bringing to light what Canadians hadn't heard until the protests in Ottawa and the blockades in Coutts. They wanted to have their Charter freedoms lifted. They wanted to be able to travel, was the biggest version here. They told me that they wanted choice. They didn't want to be coerced into taking any experimental drug for any reason.

So they were bringing to light the Charter violations being acted upon them. They knew it was a heavy-handed way of doing it, but nobody was listening to them prior to this. I believe our democracy is based on that. Someone said that you and I have a moral responsibility to protest against immoral laws and that's exactly what these folks were

doing. They saw a moral necessity for them to speak out against immoral laws by a tyrannical leadership.

**Shawn Buckley**

And would you describe the people that you saw there and interacted with as peaceful?

**Richard Abbott**

Horribly so. These were my relatives. They were our aunt and uncle. It's your cousins. It was us. I saw zero bad guys in this small group of people that were blocking the border. I feel like they were forced into this protest.

**Shawn Buckley**

So you basically saw a group of Christian farmers who felt forced to take a stand, to have a voice, who understood that they were going to be arrested for just trying to have their voice heard.

**Richard Abbott**

That's right.

**Shawn Buckley**

And you were doing the service of explaining to them how to be arrested peacefully.

**Richard Abbott**

That's correct.

**Shawn Buckley**

And they actually thanked you for that advice.

**Richard Abbott**

As did their counsel.

I should get this in now. I know it's impossible to measure,

[00:40:00]

but after the time that I spent down there, and any Canadians who took the time to watch how the surrender went down at Coutts— I'm not taking credit, but I know I had a small piece. But those small pieces add up. I had a small effect on what a wonderful ending it was to that blockade there: a completely peaceful surrender where we saw the protesters hugging the RCMP who had been set up on the border during their blockade.

**Shawn Buckley**

Can you describe that more for us, just so that the people watching your testimony understand exactly what you're talking about?

**Richard Abbott**

And I can't speak to what initially led up to it, but it was within two days after my visit to Milk River and Coutts—I think it was after the *War Measures Act* was called by the federal government—that the surrender happened. And the protesters in Coutts, there's a video of them lining up with another line of RCMP, like you'd see at your kid's sports event where the hockey teams would shake hands after. They'd all queued up to hug each other, to thank each other for ending the blockade.

**Shawn Buckley**

Right, and then they were all peacefully arrested.

**Richard Abbott**

I can't speak to the arrests that day. I don't know that part of the story, who was charged.

**Shawn Buckley**

Now, you attending at the Coutts rally, later created some difficulties for your employment.

**Richard Abbott**

Yes, like I said, I went back that very same day. I went home and went back to work. And within my first few days of returning to work, I was put on what's called administrative leave, which is, in English, suspended with pay.

And then, within a few days of that, there was an article on a mainstream media source that showed me down in Milk River speaking. Again, the service insinuated that I did that public announcement or speech in Coutts. I did not. And when that mainstream media article hit, I was suspended without pay. And the reason given by the police service was that my conduct was discreditable and I had violated our social media policy.

**Shawn Buckley**

Now, I just wanted to contrast this because you would agree that both at Milk River and Coutts, I mean, this is a protest that's taking place.

**Richard Abbott**

That's right.

**Shawn Buckley**

And you know, not far distant in time from that, there was a Black Lives Matter riot in Edmonton.

**Richard Abbott**

Within the same year. That's right.

**Shawn Buckley**

Right. And are you aware of any arrests from that riot?

**Richard Abbott**

I was not directly involved in any of the arrests from any criminal activity, but there was, yes, charges laid.

**Shawn Buckley**

I'm sorry. Okay.

**Richard Abbott**

There were charges laid.

**Shawn Buckley**

And there was property damage in that protest, am I correct?

**Richard Abbott**

I believe so, yes.

**Shawn Buckley**

You were given some other photographs and I just want to pull that up. So can you describe for the audience what this is a photo of?

**Richard Abbott**

This is a still pulled from Global News in Edmonton showing protesters of the Black Lives Matter [Exhibit WI-3]. This is a Marxist group, for the record. This is, politically, an open Marxist organization, protesting against police and recommending the defunding of police. And those are Edmonton police officers taking a knee, ostensibly, agreeing with the Marxists chanting in front of them.

**Shawn Buckley**

Okay and I'm just going to show another photograph [Exhibit WI-3a]. Can you describe what this photograph is?

**Richard Abbott**

Again, those are Edmonton Police Service officers taking a knee to,

[00:45:00]

ostensibly, in support of the Marxist Black Lives Matter protesters.

**Shawn Buckley**

Okay and I'm going to show you one last photograph [Exhibit WI-3f]. And you have deliberately hidden the identities of these officers, but can you tell us what this is a photograph of?

**Richard Abbott**

Those are Edmonton police officers posing with, apparently in support of, an Antifa member. So these folks call themselves anti-fascists. I don't think the irony of that name is lost on anybody on this Commission, but apparently, standing in support with an Antifa member.

**Shawn Buckley**

Now, with regards to the police officers that knelt to Black Lives Matter and with regards to these officers posing with an Antifa member, are you aware of whether there was an investigation into those officers as to whether or not they compromised the Edmonton Police Service?

**Richard Abbott**

I can't speak to whether or not an investigation was done, but I can say that there were no *Police Act* charges against any members of the Edmonton Police Service in support of the Marxist group or the terrorist group, Antifa.

**Shawn Buckley**

Okay, so you lost your job for what you just described occurred in Milk River and Coutts. That's correct?

**Richard Abbott**

That's right.

**Shawn Buckley**

But the officers that, you know, bent their knee in front of the media, in front of Black Lives Matter protests and the officers that deliberately took a photo-op with Antifa— There was no disciplinary action against them.

**Richard Abbott**

None to my knowledge.

**Shawn Buckley**

Do you have an explanation for that?

**Richard Abbott**

This is about policy and politics. Of course, they rhyme for a reason. I'm speaking to this panel today because I can objectively speak to the policies of the Edmonton Police Service: They were not about health. They were about politics. And it hurt our membership and it has hurt Canadians.

It's hurt me and my family, personally, obviously; I had to take an early retirement. So my travel to Milk River and Coutts on a day off, to encourage peace, well, after pension adjustments and loss of wages over the next 10 years—I tried to stay in shape; I think I had another 10 years left in me—will cost my family millions. But I'm not the only one.

**We're losing police officers at a rate that nobody wants to talk about. Constable Robert Kitchen being fired for holding his ground on who he thought he should disclose his personal health choices to, will have a far-ranging effect on our communities and our nation, if we can't expect our police officers to speak up. So it's not just the individual. It will affect our communities and it is going to affect the nation, in terms of this piece.**

**Just this week in Alberta, our premier has promised 50 new policing positions to each Calgary and to Edmonton. I've been speaking with my old co-workers at the Edmonton Police Service, and they're the first to say, "That's nice. Where are we going to get people who want to fill those positions?" With what I've been going through— And I'm not alone on this: we have officers like me across the nation, maybe, with not as big a mouth as me because they know, now, that you will be fired if you speak out politically against the orthodoxy of the day. So the question is, where are we going to find those 50 people to fill those positions?**

I can speak to where there's three of them who've spent a career at perfecting our craft. It takes a lifetime to get good at these jobs. And they're pushing us out of those positions because we don't take a knee to the orthodoxy of the day.

**Shawn Buckley**

Mr. Abbott, I think our bigger danger is the type of person that will fill police positions, understanding that they're guided by politics and they find that acceptable.

[00:50:00]

I think that that's a much larger danger to Canada than those spots being vacant.

**Richard Abbott**

I use the word "cull." They're culling us from the police agencies across the nation. I can't speak for all of them, but we know each other. We speak from coast to coast, and they're in each one of your communities, but they're being pushed out of your police agencies.

**Shawn Buckley**

Can you elaborate a little more? Because it sounds like what you're saying is that the officers that do not want policing to be politicized, and want to honour our *Charter of Rights and Freedoms* and want even to be able to exercise their own rights and freedoms are being pushed from the police service in favour of a different personality type.

**Richard Abbott**

**This is how dangerous it gets. So I'm the prime example. I made a six-figure-a-year job and there's police officers in each one of your cities across the nation who are up against *Police Services Act* charges just like me. I can't mention their names because they're trying to keep their heads down, and I don't blame them for that. But they were there trying to fight. So I can't go into details with those people because it endangers them and their families so much to speak out.**

**A lot of them are just trying to put their head down, so they don't lose their livings over having had a political opinion. Mine is egregious: I was on a day off, in civilian clothes. I never mentioned my company when I was a police officer; I purposely kept the agents that**

I worked for, to indemnify them. But now this is public information. I'm one of a few Canadian police officers across the nation who've paid the ultimate price for this and now the rest are, rightfully, running scared.

**Shawn Buckley**

Right. Mr. Abbott, I don't have any further questions for you, but I expect the commissioners will.

**Commissioner Kaikkonen**

Thank you for your testimony.

You said when it comes to immoral laws, we all have a responsibility and a necessity to speak out against tyrannical laws. So taking that thought just a little further, the underlying premise of our institutions in Canada is to protect against any law that degrades humans and to recognize that any law that degrades humans is, essentially, an unjust law. I recognize that these were policies within the institution, not necessarily laws, but they still dictated a policy advocating, in your words, segregation.

So my question is, how do we reconcile this with other laws in the broader Canadian community? And I know you've alluded to the Charter, which actually demands accommodation and inclusivity of both citizens and minority voices. And the second part of that is: In your opinion, is there a way to change the institutional mindset within policing, and other authorities like policing, so our country doesn't break down into lawlessness, even when we are witnessing the infiltration of politics within these institutions?

**Richard Abbott**

Yeah, I can answer both of those. This is officially into opinion evidence now, which I think is allowed here.

The first one is— And I'll have to, partly, respectfully disagree with one of your earlier guests who said that in looking at how Jesus would respond to this— Although, for our brothers and our sisters who are going to come to us now, it's hard for people to say they were wrong over these policies. We need to be there with open arms for those people when they figure it out because they are figuring it out now quickly.

Where I disagree with your earlier guest is we need some of these leaders who, to this day continue to push these policies, to be held to account. The door is quickly closing, if I can paint a picture. We're here to still speak to you, but the door is closing. And if we don't hold **those men who held high places—to put some more Canadiana into this, from the Rush song *Closer to the Heart*—**

[00:55:00]

**they need to act like they're in high places. And if they don't, we need to hold them to account. So that means litigation.**

The second part of your question— The first part was about how do we get through it and the second half, excuse me, again, was?

**Commissioner Kaikkonen**

Just the institutional mindset: how do we prevent lawlessness from becoming the norm?

**Richard Abbott**

**Bold leadership. Leadership matters. We need bold leadership in these institutions. So not just leadership: We need bold leadership. Leadership matters. It's a trickle-down effect. I saw some horrible behaviours come out of some of the people that I worked for in the police service. When we have weak leadership espousing violating human rights by segregating them in lunchrooms, it justifies poor behaviour amongst the employees.**

**I had one of the sergeants that I worked for say out loud that they didn't think any of the Edmonton Police Service members who refused to take the drugs, [they] should not be given access to health care. So these are police officers that are going to overdoses every day— they're truly heroes on the streets.**

So the squads that I worked for, I could easily say they'd save one fentanyl death per shift. They'd save that person, and they would rush them to the hospital to get care that they dearly needed, and we dearly believe they need. And then, out of the other side of their mouth, say an employee who doesn't take the COVID drugs, we shouldn't let them get access to health care. That's from weak leadership.

We need bold leadership in all of our institutions and that starts with the truth. Just tell the truth. And I can speak specifically to police agencies: use what you've been trained to use in risk-effective decision-making and decide whether or not what we do in the future is necessary, risk-effective, and acceptable. Will it be acceptable to the courts in 30 years? I think you'll see changes in how we respond to these.

**Commissioner Kaikkonen**

Thank you very much.

**Shawn Buckley**

And there's more questions.

**Commissioner Massie**

Well, thank you very much for your testimony. I have a question, which is about when police officers are called to intervene in any situation, I guess that there is a risk there that people they will interact with are not vaccinated and they don't know, right?

**Richard Abbott**

That's right—every day, all day.

**Commissioner Massie**

So was there something put in place by the police department, in order to protect policemen from these dangerous, unvaxxed people?

**Richard Abbott**

I laugh because it's laughable today. We'd cry, if we couldn't laugh. No. The masking mandates were the same across the nation, which we all know, when we were doing it, was not true. And most people complied with what we knew to be not true.

There's a certain segment of the people that I work for, though, the frontline officers in the police service—and I can't get anybody in trouble with this today—they knew it was a lie. But they'd still go to your family fights; they'd still go to the robberies; they'd still go to the stabbings. And the smart ones never wore a mask because they knew it was a lie. They were no different than the politicians who put on a mask every time a camera came around. "Oh, we better put on our mask. Here comes the superintendent." And then they go to your stabbing without it.

I don't know if that answers your question. There was nothing— You know the same stories as I do. These people were brave. They were going, even at the beginning when we thought that there could be an actual illness. Of course, we quickly learned, within months, that nobody was dying from COVID and then it became easier. But there were no measures to stop that. The essential workers went to work every day.

**Commissioner Massie**

So I hear you talking about bold leadership in order to get out of this difficult situation we're in. It seems to me that what bold leadership does well is establish trust:

[01:00:00]

between people, with one another, and with the institution. How can we build trust in a culture of lies? What you described, it seems to me, that police officers have licence to lie.

**Richard Abbott**

Thank you for the nice segue into what the bold leadership can do. So I was a middle manager. I understand that you can do nothing right. People are going to disagree with you whether it was the right decision or not. So when I say bold leadership, I mean what we need is for our leaders, at every level, to just simply abide by codified Canadian values.

So when we're responding to these high-risk incidents in policing— I spoke about our decision-making processes. When I'm scared, when people are going to get hurt, and when we're under time constraints, we abide by what we called standard operating procedures. So I don't know what to do during a car chase, where it's horribly dangerous, I'm under serious time constraints, and I'm scared. All I do is abide by my standard operating procedures, my SOPs.

**We have the SOPs written for Canadian politicians. We have Canadian codified SOPs written for the leaders of our institution. It's called the *Charter of Rights and Freedoms*. So when you're scared, when you think people are going to hurt, and when you're under time constraints, just point at the Charter and say, here are codified Canadian values that are my standard operating procedures. Until those are lifted, our bold leadership just has to point at those and say, this is what Canadians are going to do next time.**

**Commissioner Massie**

Thank you.

**Commissioner Drysdale**

Just so that we both know that you are going into the opinion area of this testimony, which is acceptable. I've got a question and I'm going to refer to a couple of witnesses that we've had prior to you on here.

A day ago, I think it was a day ago, we had a retired judge on the stand, and he talked about— I don't want to put words in his mouth, but as I heard his words, he was talking about a failure of the judicial system, in his opinion. Or at least, he was disappointed with the way the judicial system has acted. And I asked him a question about why that would be and he said to me that the judges felt they were under pressure. And one of the things I asked him was describe that to me: What does that mean? Does that mean, if they rule a different way, they're going to get fired, or so on and so forth. And my understanding of his answer was, no, they wouldn't get fired, it was more of a peer pressure, if I understood that correctly. And I'm prepared to be corrected on that.

We talked to doctors previously and they've sworn an oath, like a judge does and like a police officer does. And the doctors were afraid: they were afraid of losing their licence, but they weren't afraid of proceeding with a procedure or administering a drug they knew nothing about, or they knew that it hadn't been tested.

And I can go through the list of all of those people—teachers, doctors, ministers. We've had ministers on here saying the same things, police officers.

Police officers— Sorry, but they require special attention. Police officers are probably some of the bravest, gutsiest people I've met in my life, you know. Somebody's in terrible distress, someone's in a terrible accident, someone's gone crazy, and you have to walk in there. You're just an ordinary person. Courage is what defines the police, or what has defined the police, in Canada.

And yet, listening to all of these people—the doctors, the lawyers, the judges, the police and people carry guns—the most compelling testimony that I heard here today was a truck driver who said he had 40 employees, and he and his wife sat down one night and decided they have to speak up, even though they might lose everything, and they went into it knowing that.

And so, my question after all of that preamble: my question to you is, we talk about trust in our institutions, we talk about leadership in our institutions.

[01:05:00]

How can we ever ask Canadians to trust all of those people when it went so wrong? How is it the police took orders that they knew or ought to have known were illegal? How did they beat people in Ottawa? How did they kick veterans? How did they trample them with horses?

I'm sorry, that's a heck of a lot to ask you to comment on. But when I see what were heroes—and are heroes, in this instance, but they're not over here, they're hiding—and I see a truck driver risking his family, his business, and one person said 40 other people and his employees. So probably 100 people he put on the line. Can you help me out with understanding that?

**Richard Abbott**

In a word, no. I debate the same things as you and I get asked this all the time. And I try to juxtapose the police officers who run towards the gunfire with the political courageousness.

And I've used this example before: Mr. Dennis Prager, an American conservative Jewish radio host, he speaks about how things go wrong in a society and he, specifically, was speaking about the Holocaust. And he said that you get three things added together will end in bad things happening.

Propaganda. So my answer, first, to you is that police officers are no different than the truck driver. They are propagandized exactly the same way, and we heard this morning that we've had a war of propaganda on us. And they put their pants on one leg at a time just like you.

The second part of when things go wrong is when there's something to gain. And in these cases, I think it's not so much gain to the population, but it's keeping your job is something to gain by not saying anything.

And then, Mr. Prager says the third thing that happens is a paucity of people courageous enough to speak out—and I didn't know what paucity meant. Paucity means hardly anybody will speak out about this. But what I have seen is that sprinkling of courageousness goes across every vocation. It actually isn't concentrated anywhere.

So if I can leave you with any good news, is I think that paucity of courage is sprinkled throughout Canada and it's contagious. So we have a few rare doctors, we have a few rare cops, we have a few rare nurses. We have a few in every vocation who's spoken out against this.

The other truth is—I'm going to agree with you—is that the blue-collar folks, the folks that work with their hands who are the backbone of this nation, I would say that we've seen more of them, maybe.

But anyway, there is courageousness sprinkled out through society. The good news is maybe there's a concentration of courageousness amongst the working class, amongst the trades, who are the backbone of this society, and I think that's what gives us hope. Don't go looking for the police to do it. Don't go looking for the doctors to do it. It falls on every one of us, is my answer.

**Commissioner Drysdale**

And I understand and I agree with your statements. One of my other questions to you is—and I think you've, perhaps, answered it—about propaganda, you know. And the question is, do we have a free-market media or news group in this country anymore? And what did they contribute to the damage that's been done to our society?

**Richard Abbott**

I won't mince words here, again. The mainstream media is lying to you about what's going on in our nation. And I know it sounds extreme to put it in those terms. That's my personality. There is no halfway with this. They are lying to you about what's going on, on a myriad of topics, not just COVID.

**Commissioner Drysdale**

Thank you very much. And thank you for your service.

**Richard Abbott**

Thank you.

**Shawn Buckley**

There being no further questions, Mr. Abbott, I sincerely thank you for your testimony, on behalf of the National Citizens Inquiry.

**Richard Abbott**

Thank you, folks.

[01:10:07]

**Final Review and Approval:** *Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 8: Robert Holloway**

**Full Day 3 Timestamp: 05:49:08–06:52:07**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Kassy Baker**

Good afternoon, Mr. Holloway, can you please state and spell your name for the record?

**Robert Holloway**

Good afternoon, my name is Robert Ivan Holloway, H-O-L-L-O-W-A-Y.

**Kassy Baker**

Very good, and do you promise to tell the truth, the whole truth, and nothing but the truth?

**Robert Holloway**

I do.

**Kassy Baker**

Very good. Now, Mr. Holloway, I understand you're here to tell us about your experiences and observations regarding censorship. And also some of your observations regarding your interaction with the Freedom Convoy movement here locally in Winnipeg. Just to provide **some context to that, can you please describe to me your current profession and age? Could you just give a little bit of background about yourself?**

**Robert Holloway**

Sure. I'm 45 years old. I'm married. I have two children. I have a daughter, age nine, and a son, aged 11. I'm a lawyer by profession. I have two university degrees. I have an advanced degree in economics and a minor in philosophy from the University of Manitoba in 1999. I have a law degree from the University of Manitoba, 2002. I received my call to the bar to practise law in Manitoba in 2003. I've been practising ever since. I specialize in construction and commercial litigation. Currently, I am the managing partner of Holloway

**Thliveris Commercial and Construction Lawyers. I live just outside of Winnipeg, and I practise downtown in Winnipeg.**

**Kassy Baker**

**Very good. I think that we will start with some of your observations regarding the early days of the pandemic and your investigations into the dangers of the virus itself. And I'll let you take the lead from here.**

**Robert Holloway**

**Sure. So I'll just preface by saying that I don't have any particular expertise in the medicine or the science behind COVID or the vaccines. I'm a layperson in that regard. But I'm going to talk a little bit about what I learned with respect to the science and at what juncture because I believe it's material to understanding some things with respect to what I observed with the legacy media, and other observations.**

So if we go back to March of 2020, this is the point in time in which COVID-19 has been declared to be in North America and its governments have expressed a concern. Our provincial public health authority is advising people to stay at home as much as possible, to work at home. I'm a practising lawyer at the time; the courts were shut down. We weren't having in-person meetings. We weren't having any trials. We weren't having any motions. Nothing was happening at the courthouse.

So there was a period of time starting about mid-March 2020 where most of us were at home. And I took the opportunity in this extraordinary set of circumstances to do some of my own research into what this COVID-19 was all about. And I did what most normal people do who are lay people like myself: I went online and I started researching whatever I could find. And at that point in time, the whole pandemic wasn't politicized, or at least, it wasn't politicized the way it has become. It wasn't a polarized issue and you could find a lot of information.

It was new in North America, but COVID-19 was not really new in other parts of the world such as Europe and, of course, China. And there was very good information from China and from Europe that you could drill down to—right to peer-reviewed studies from reputable universities and reputable journals.

[00:05:00]

I found a lot of interesting things, but I don't remember all the things that I uncovered in doing the research. But what jumped out at me, that I recall today, is that very early on, it **was clear, based upon the information coming out of Europe and China, the demographics of those who were affected by this virus. And it was clear that it was individuals who had two or more serious underlying health conditions combined with those that were at a certain age threshold. And what was notable to me is that children under the age of 18 had basically zero risk.**

**So very early on with this information, which I felt was quite reliable given the various sources that I found, the whole idea of the virus was not something that I was afraid of. I was not personally afraid. I was not even personally afraid for my elderly parents who are in their 80s and late 70s, who are in good health. I was not afraid for my wife. I was not afraid for my children. I was basically not afraid. I parked that information, went on with my life as we all did or tried to do at that point in time.**

But the interesting thing is that, of course, COVID and issues relating to COVID were a daily news item. And the way the legacy media, or at least, the legacy media that I was attuning into, was not being candid and forthright about the demographics of who was being affected by this virus. And I thought that was unusual. I thought that was strange. And it was only—and it's a rough order magnitude here—but it was only about six months after I had done this kind of personal research on my own that the mainstream media, the legacy media, started to talk about the demographics of who this was being affected by.

And I thought, you know, I'm just a lay person. I just went online and spent some time and found this information six months ago. Why is it only being publicly talked about now? I thought it was strange. I don't remember all the times in which I had done research and had found information in which there was a delay before it became information that was being publicly broadcast. But it happened many times. That's a particular one I remembered very specifically, but it happened multiple times.

So fast forward: I'm living life. I'm trying to do my best to be a father and a husband and a practising lawyer, and so on. The vaccines are starting to roll out. We're now in about spring of 2021, spring, early summer. And I'm becoming eligible based upon my age to receive a dosage of vaccine. And while I'm a bit skeptical, based upon some of my previous experiences with the delay of information coming out, at the same time, I didn't have a lot of source information other than what I received from mainstream media about these vaccines. And the messaging that was coming out was, "don't just do this for yourself, do it for your community, do it for elderly people, do it for people that are immunocompromised."

And so, I did it. I took the first dosage of the vaccine. I gave public health the benefit of the doubt based upon whatever information that I had, which was really all publicly available legacy mainstream media information.

[00:10:00]

And likewise, roughly six months later, I took my second dosage. And all the while, I maintained relationships with friends and others who made the decision to not get vaccinated. And I have to confess, at the time, I thought it was odd that they weren't getting vaccinated. I didn't understand why they weren't getting vaccinated. I didn't understand what the rationale was for them not getting vaccinated. But at the same time, I believed that people ought to have a free choice with respect to these matters.

Fast forward to the late fall, winter of 2021. The public health authority in Manitoba was now recommending and had vaccine dosages available for children aged five to twelve. At that point in time, my children were aged eight and nine. So they were right within that bracket. And my wife, who I have the utmost respect for and who is a wonderful mother and a wonderful person, stated to me, "I'm going to take the children to get vaccinated." And I said, "Well, you know, don't you think we should do some due diligence on this?" And her response was, "What due diligence are you going to do? Public health authorities have told us that we should get our children vaccinated."

And I would have said, I believe I did say, "Well, you know, you can't just simply take face value what public health authorities say. We know—and we've known since the beginning of this pandemic—that children in our children's age bracket who are healthy children have almost zero risk of serious adverse outcomes, including death from COVID. So I think we should spend some time looking into this. My own sister—who has a different mother than myself, was quite a bit older than I—her mother was prescribed thalidomide in 1960.

**Her mother made the decision not to take it. It's probably one of the best decisions her mother made, as we all know. So public health authorities and professionals of all stripes don't always get things right. We're making decisions for our children. We need to spend some time."**

**So this was the conversation, in essence, that I was having with my wife. And she said, "Okay, well, when are you going to do this due diligence?" I said, "You know, look, it's just a really busy stretch right now. I'm going to do it as soon as I can." And every day from that point onwards, the friction between her and I increased. And to the point where she was calling me up in the middle of the day at work and demanding that we get the children vaccinated, or I do my due diligence right here, right now, and let her know ASAP.**

[00:15:00]

To say that it was causing friction between my wife and I is an understatement. Finally, after about, I don't know, five days, six days of this, I'm like, "Okay, I'm just going to stay at work until whatever time takes me at night. And I'm going to do whatever due diligence I can do."

So like I did at the beginning of the pandemic, like lots of people do when they want to find things out, I go online. And I wind up at the Center for Disease Control in the United States website and Health Canada website and I look at the sections on vaccinating children. And I read them: every single word, top to bottom. I click on every single link. I try to drill down to supporting evidence, journal studies, so on, which I could at the beginning of the pandemic: I could drill right down to very legitimate medical and scientific information. And I couldn't.

And it was interesting. I'll start with the CDC. The CDC was making a pitch that you should get your children vaccinated because your children are at risk from severe outcome and/or death as a result of COVID. And Health Canada website was saying, they weren't so much pushing that; what they were pushing is—which I think is more honest—they were saying, "do it to protect the elderly and the vulnerable." And both websites had statistics; they had numbers. I was able to use some of them to run my own analysis.

And a couple things struck me. One is that there was a disconnect between what the CDC was saying and what Health Canada was saying on this very point. Another thing that struck me is that the arguments that both of them were putting forward just didn't seem very compelling. If that was the best arguments that they could make, it just didn't even seem that obvious, based upon their own arguments, that there was a good reason to vaccinate children. But at the same time, the website seemed to indicate that there was no significant likelihood of an adverse effect from the vaccine. The Health Canada website, **speaking of vaccinating children for the sake of protecting those that are immunocompromised and elderly, I thought was immoral.**

**But at the end of the day, I had a situation to face, which I don't know where it was going to lead within my family. I very much valued the relationship with my wife and having a strong family unit. And based upon not having any information that I could find to indicate that there was a significant risk of taking the vaccine, I agreed to have the children vaccinated. My wife immediately took them down and had them vaccinated.**

**By happenstance, about a week later, I was having a lunch with a lawyer from the Justice Centre for Constitutional Freedoms. For anyone that's not aware of the Justice Centre for**

**Constitutional Freedoms, they are very active in COVID-related litigation. And the topic came up of vaccination and children.**

[00:20:00]

**And this lawyer started telling me some things about the vaccines as they related to children. And to say that it was contrary to what I had read in the CDC and Health Canada websites is an understatement. It was like two different planets. And I have respect for this lawyer, I have respect for the organisation. I know that they had experts who were highly educated and knowledgeable that they were getting their information from. But I was contrasting this with all the publicly available information that I could find at that time, and they just weren't adding up. And I said, "Look, I'm sorry, but can you send me these studies? Can you send me these expert reports? Because I don't know who to believe anymore." And she did.**

And I read them once again, from top to bottom. And we're talking, you know, many of these were peer-reviewed medical journal articles. Some were from more obscure sources, but some were from very well-recognized sources. And what I learned was really jaw-dropping. I'm not a medical doctor and I'm not a scientist, but I am university-educated. I do deal with experts in my profession, a lot. I am, I think, basically capable of reading these things and understanding them. And I know enough to know that any given study can say one thing and be contradicted by another study the next day. But what really jumped out at me is that there was a lot of consistency amongst this material, none of which was public information.

And in this time of confusion, I sent one of these studies—it was a peer-reviewed study with respect to children and vaccination—to a medical doctor I know that for this person's protection, I will not identify. And I said in the email, "Is this study intellectually defensible or is this just whacko stuff?" That's the words I used, literally, I'm quoting. And the doctor replied, "It's very intellectually defensible. There is a fierce debate within the medical community about vaccinating children from COVID-19." And this medical doctor also sent me an article from the *British Medical Journal*, which this doctor indicated was more widely circulated amongst the profession than the peer-reviewed study that I had been reading. But, basically, the *British Medical Journal* article, which was January 13, 2021—about five months before vaccine rollout for children—was saying the same thing as what I had reviewed.

And I stopped. There's a fierce debate within the medical community

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**as to whether children should get vaccinated?**

**Kassy Baker**

**Can you describe some of the revelations that you learned through these peer-reviewed studies and how that differed from the research that you had done from the publicly available information from the CDC and Health Canada?**

**Robert Holloway**

Sure, sure, let me just finish this thought though, I will do that. There was nothing on the CDC website or Health Canada website to inform parents that there was any debate within the medical community. Not a fierce debate. No debate. This was consensus.

The information, to answer your question: What I garnered from both the *British Medical Journal* and the peer-reviewed study, as well as other information, was that first of all, the risk to healthy children aged five to twelve from COVID-19 was negligible. However, because the standard for approving vaccines requires at least five years of clinical trials, as I understand it—not being an expert, but as I understand it—and because of the nature of COVID-19 and the urgency to get out a vaccine, these clinical trials had been truncated. And so, there wasn't the benefit of the full five years to ascertain what, if any, significant adverse effects were related to these vaccines.

The licensing bodies provided what I understand to be an emergency authorized use permit for these vaccines. And the consequence of all that is, once again, as I understand it— First of all, I never understood any of this stuff before I got vaccinated that this was an emergency authorized use and that the typical standard is five years because some of these side effects don't appear until many years later. I had no idea: this is something I was learning and questioning my own decision-making process with respect to myself getting vaccinated, but I digress.

The result, when you put all these things together is that because there hasn't been a significant amount of time to do the clinical trials that would normally be done for these vaccines, the risk profile to the vaccine was unknown, which made it not a negligible risk. You put all that stuff together: you have the risk to children aged five to twelve from COVID as being negligible versus the risk of taking the vaccine as being not negligible. It doesn't make any sense. The only possible justification could be that you're doing this to protect the elderly and the immunocompromised, which, in my humble opinion, is completely immoral.

**Kassy Baker**

This doctor that you spoke with, did she ever come forward publicly with her own thoughts which she had discussed with you?

**Robert Holloway**

Not that I'm aware of. I did ask this doctor if there was any kind of gag order that was being placed on this doctor by the College of Physicians and Surgeons in Manitoba.

[00:30:00]

And this doctor advised me that in effect there was. And this doctor provided a screenshot of what I believe to be a directive from the College of Physicians and Surgeons of Manitoba, which directed physicians to not depart from the narrative that's being put forward by public health authorities in Manitoba. And part of the rationale for this is to make sure there is a consistent message to the public. So I understand—and this is all hearsay of course—but I understand that this has resulted in a chilling effect within the medical profession, at least in Manitoba, with respect to discussing issues surrounding COVID and vaccination.

**I want to add one thing here before I move on. My children are fully vaccinated with all other vaccines recommended by our pediatrician. My wife and I believe in science. As a regular matter of course, we follow the advice of our physicians. There's no ideological position that I come from here. It's maybe cold comfort, but I am thankful, based upon what I did learn after my children got the first dosage of the COVID-19 vaccine and I began sharing this information with my wife, that we decided to not get our children vaccinated with a second dose.**

**So in December of 2021, Omicron variant becomes an issue. And it's obvious that this variant is spreading rapidly and it's obvious, I think to most people, that it's spreading amongst both vaccinated and unvaccinated. And at this time, I'm now devouring every bit of information I can get from what I believe are reliable sources. And once again, being a lay person but not a completely uneducated lay person, it became clear to me that the mandates were completely disconnected with what the science was saying about the virus and the efficacy of these vaccines. And the fact that the public health authorities were now trying to basically pull a fast one over me with respect to my decision-making for my children's best interest really caused me to mobilize and do something. And one of the things that I became a part of was the Freedom Convoy protests here in Winnipeg.**

[00:35:00]

On January 29, I believe, 2022, a rally was organized in the Flying J truck stop west of Winnipeg and I believe in other locations around the province all to converge on the city of Winnipeg. And I called up a buddy of mine and I said, "Hey, let's go, let's join this." I've never been involved in a protest in my life, but this was different. So we jumped in my truck and we grabbed a Canadian flag and we joined I don't know how many—but I'm thinking order of magnitude a thousand other vehicles with Canadian flags. And we're going around the Perimeter. We get to the east Perimeter, the Highway 1 overpass, and from every direction from looking north, looking south, looking east were vehicles basically almost as far as you could see with Canadian flags. It was an absolutely remarkable, organic event, and whether you agreed with it or you didn't agree with it, something very significant was happening. And I participated in this. We went around the Perimeter, we went down Portage, we went past the legislature, we went up to city hall. And as I'm driving, my buddy with me is monitoring what's being reported on this in the mainstream legacy media—and there's nothing. Nothing.

Fast forward about a week or so, the Freedom Convoy protests become stationary in downtown Winnipeg outside the legislative building. So on Broadway and Memorial. And the whole area becomes basically occupied by semi-trucks, by tractors, by mobile homes. I believe we had some Atco trailers, we had a stage, and at various times anywhere between, you know, a 100-odd people and probably 500, I don't know, a 1,000 maybe at certain **higher times. And I reached out to the organizers and I identified who I was. I said, you know, "I'm a lawyer, I want to help, and I want to speak."**

**And on February 5th, which is a Saturday, I spoke at the protest. And I spoke largely about my experiences with the science and my children. And I was candid: "Look, I'm double vaccinated, but here I am." And so, that began an association between me and the organizers of the Freedom Convoy protests in Winnipeg. And I supplied legal advice, I supplied other advice, strategic advice,**

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whatever assistance, within reason, I could provide. I was on the phone or in-person meeting sometimes on an hourly basis, definitely on a daily basis.

Probably consistent with others that have testified here—though I haven't seen a lot of the testimony, but I've seen some of it—almost everything that was eventually reported in legacy media that I saw with respect to the Freedom Convoy protests in Winnipeg was wrong. There were people from all walks of life: There were probably as many women as there were men, if not more women than there were men. There was every different background and a variety of ages. The atmosphere was positive. The people were peaceful in nature and were really trying hard, in my observation, to ensure that there were no bad apples that were going to wreck this event, this protest. There was certainly nothing that I was ever made aware of—and I'm sure I would have been made aware of it given my assistance that I was providing—with respect to hate symbols or anything like that. That never, never occurred, at least, not in Winnipeg.

The atmosphere in the city was extremely polarized. There were people that either supported what this movement was doing or people that detested it completely. And there was almost no one that I saw that was really on the fence on that.

Fast forward to February 14, 2021 [sic]: The federal government invokes the *Emergencies Act*. And it was obvious that the focus of the emergency, or the idea behind the focus of the *Emergencies Act*, was to disperse the protests in Ottawa and perhaps some of the ones that were affecting the border crossings. But the wording of the actual invocation of the Act, as I understood it, applied across Canada, including to the protests in Winnipeg. And don't quote me on the exact wording, but I understood at the time to be to the effect of anyone that participates and provides material assistance to the Freedom Convoy protests could be liable to have their bank assets frozen, property seized, amongst potentially other consequences, I don't know, possibly ranging to arrest, fines.

That day, I went to my bank and I withdrew thousands of dollars in cash. And I hid it. And it's still hidden. It's not at my house, too. We, as a protest, i.e., the organizers and myself—And I should be clear that I am part of a group of lawyers that were assisting the protest here in Winnipeg. I wasn't doing this by myself.

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There were others that were involved. I won't name names, but there were a group of us that were involved in assisting. But on that day, February 14, 2021 [sic], it became clear to all of us that we were either going to have to shut this whole thing down, or in effect, we were going to have to basically communicate and organize in a clandestine fashion.

**And so, we did. We had to stop using cell phones. We had to conduct communications of a sensitive nature, literally, in dark corners of parkades where we were confident that there weren't security cameras and anyone that was close enough to observe, listen. There was a huge police presence, so we had little doubt with the police presence, combined with the invocation of the *Emergencies Act*, that cell phone communications were being intercepted, although I don't have any direct evidence to that effect. But we assumed that was the case.**

The whole environment was surreal. Let me rewind this for a second. I'm participating in this in good faith with the best information that I can find for the protection of my children, and the Government of Canada has now made me a criminal? For protesting—to protect and to look out for the interests of my children on a good faith basis—peacefully? Is this really happening in this country?

I was born in this country. I was raised in this country. I've worked all my adult life, aside from the time I was in school. I've never broken the law. I pay my taxes. But for the first time in my life this country, that I thought was my country, was against me. Utterly against me. I felt stateless and I still feel stateless. And until there is some serious reckoning by those who were responsible for managing the governmental response to this pandemic in a forthright, honest manner, I don't foresee my feelings changing.

**Kassy Baker**

Thank you, Mr. Holloway. Are there any questions from the Commissioners?

**Commissioner DiGregorio**

Thank you, Mr. Holloway for your testimony today.

I have a few questions about particularly your experience that happened once the *Emergencies Act* was enacted. And you mentioned that you actually went and withdrew cash from your bank account, presumably because you were fearful that the measures would be taken against you personally. And I was wondering if you could comment on whether you felt that you would be targeted for providing legal services to members of the Convoy or whether you felt that it was more related to your participation as a protester.

**Robert Holloway**

Honestly, I thought anything was possible. I felt that I was living in a bizarro world where anything was possible, including repercussions from my governing body, repercussions from the public, the government.

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I was aware of all of those possibilities, and quite frankly, I was prepared to accept that risk.

**Commissioner DiGregorio**

And I'm also wondering, you spoke a little bit about some of the clandestine organizing that was undertaken once you were concerned about surveillance and whatnot. Did you feel that there was a risk that your solicitor-client privileged communications could be intercepted or were the target of interception by the government?

**Robert Holloway**

Yeah, once again, I considered all reasonable/borderline unreasonable possibilities to be risks. I don't have any evidence that my communications were intercepted or solicitor-client privilege was breached. But we also took steps primarily based upon my initiative but also based upon advice that I was receiving from an individual who has experience in basically clandestine-type operations that you can't communicate with your cell phone. And you have to be careful where you're communicating because there are line-of-sight devices that can intercept verbal communication.

**Commissioner DiGregorio**

Thank you.

**Commissioner Massie**

I have a question about— You mentioned that you really value your relationship with your wife, but at one point, because you were raising some issues about what the public authority was saying that it created some tension that eventually seems to have improved. That's my understanding. Because you decided jointly not to get the second dose after you provided the information.

Now, my question is— After you decided to become more involved in the Freedom Movement, did you get support from your wife or was that creating some tension?

**Robert Holloway**

My wife is very supportive. My wife is not as, shall I say, maybe active in investigating these types of things that I am. My wife, in fairness to her, but like a lot of people, I believe, was afraid.

And under ordinary circumstances, if I were to say, "Let's do some due diligence before we engage in a medical procedure for our children," I don't think her reaction would have been what it was. But she was really afraid. And things definitely improved once I agreed to getting the children vaccinated for the first dose. She did move in terms of her viewpoints once I provided her with information that I received through my physician source as well as from the Justice Centre for Constitutional Freedoms. To answer your question, I'm sorry, it's maybe a bit roundabout. But, yeah, she did support me in my involvement with the Freedom Convoy protest.

**Commissioner Massie**

I have another question about the censorship. It does have consequences, but in your experience, what would you say was the most damning consequences of censorship in what you've been through during this COVID crisis?

**Robert Holloway**

When I use the concept censorship, with respect to this pandemic and the governmental response, I think it's important to be clear that at least I'm not thinking of just government censorship. It was a chilling environment across the board,

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whether it was in legacy media, whether it was in public health authority messaging, **whether it was, I believe, in the judiciary. I'm sure that there was active censorship, but there was also a lot of self-censorship.**

**One of our biggest failures as a society in dealing with this pandemic, in my view, is that what we needed to do to have the best chance of successfully, or at least optimally, dealing with it was to have open conversations. But that wasn't happening. It wasn't happening across the board. Not only was it not happening in legacy media where the same individuals were being interviewed again and again and the same messaging was happening, and the same individuals from public health were speaking and the same messaging was happening.**

If we recall, the opposition parties of all the provincial legislatures and the federal House of Commons were barely doing anything. The judiciary was making decisions that were consistently supporting the government mandates and regulations. And to speak to your neighbours, sometimes your friends, was a perilous activity because of the polarity, the emotion.

A lot of the public health authority response to the pandemic was to be characterized by the war metaphor: this is a war against this virus; we are going to eradicate it. And there's also another saying in war: loose lips sink ships. But you know what? In war, the enemy has ears and a brain. When you're fighting a virus that has neither ears nor brain, surely, we can have conversations so that the best information—the brightest individuals, the ones that have the knowledge, the background, the experience—they may be right, they may be wrong, but they should all be heard. Because we are all better off for it: me, the public, deciding what's good for my family, what's good for me, what's good for my community. Without having open dialogue, without being able to know what is being discussed, cripples our ability to make those decisions and our societal ability to function properly and to deal with pandemics in a rational fashion, in my humble opinion.

**Commissioner Massie**

Thank you.

**Kassy Baker**

Are there any further questions from the commission?

**Commissioner Kaikkonen**

Good afternoon. I'm just wondering— You said earlier in your testimony that the courts were closed. Do you have any information on how the courts being closed impacted those who were either going because they felt they were innocent and unfairly charged with whatever? Or the impact of the passage of time, and they weren't getting their case heard, their voices weren't able to speak, they weren't able to get justice. Do you have any ideas, since you kind of crossed the lines with the people who were involved in organizing protests, of the impact of those people when the courts were closed?

**Robert Holloway**

I don't. Many matters that would involve criminal charges against protesters and protest organizers,

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criminal lawyers would handle that. I'm not a criminal lawyer, and so I haven't been involved in that aspect of things. So I can't comment on that.

I can comment on the civil side because that's the type of lawyer I am. I'm basically a civil litigator. I can comment that, certainly, in Ontario, where I do quite a bit of litigation, that the backlog for many basic types of civil matters are unbelievably long. Sometimes you're looking 12 months to have a motion heard. It could be years before you have a trial that's set down. So I can comment a little bit about on the civil side that it definitely caused backlogs. I think in Manitoba, we're getting back to a fairly good schedule in terms of civil

matters. But in Ontario, in my experience, it's still pretty delayed, all as a result of pandemic-related measures.

**Commissioner Kaikkonen**

And my second question is, it's kind of a line we use in education, some of the critics of the education system: that it looks like education remains, but it's no longer education. Given that you looked at the CDC results and Health Canada results, and there's all these discrepancies, could we actually extend that to health care: that it looks like health care, but maybe it's no longer health care, in your opinion?

**Robert Holloway**

Well, my understanding of the legal requirement to administer a medical procedure by a health care practitioner on a patient is that informed consent is required. And without being informed, there can't be consent. And if there's a medical procedure that's performed without consent, that can be tantamount to assault.

**Commissioner Kaikkonen**

Thank you.

**Kassy Baker**

Are there any further questions from the commission? On behalf of the National Citizens Inquiry, we'd like to thank you for your testimony, Mr. Holloway.

**Robert Holloway**

Thank you.

[01:02:59]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 9: Jessica Kraft**

**Full Day 3 Timestamp: 06:52:25–07:13:00**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Kassy Baker**

Good afternoon, Ms. Kraft. Can you please state and spell your full name for the record?

**Jessica Kraft**

I can. Good afternoon. My name is Jessica Kraft. J-E-S-S-I-C-A, last name K-R-A-F-T.

**Kassy Baker**

Do you swear to tell the truth, the whole truth, and nothing but the truth?

**Jessica Kraft**

I do.

**Kassy Baker**

Ms. Kraft, I understand that you're here today because you were terminated as a result of your employer's vaccine mandate.

**Jessica Kraft**

That's correct.

**Kassy Baker**

Very shortly I'll ask you to explain the circumstances leading up to your termination. But first, can you please just describe a little bit about yourself, your age, your education, and your position with your employer at the start of the pandemic.

**Jessica Kraft**

I'm 31, I'm a mom of two. I started at Canadian Blood Services in 2013. I was trained on the job. It was a mix of classroom training and on-the-job training for about six weeks. I really enjoyed the job as well.

**Kassy Baker**

Can you tell us what your position with the Canadian Blood Services was?

**Jessica Kraft**

Yes, I was a donor care associate. I was the person to insert the needle into your arm if you needed to donate. I also did some screening procedures as well.

**Kassy Baker**

When did you say you were hired for this position?

**Jessica Kraft**

October 13, 2013.

**Kassy Baker**

And I understand that before the pandemic actually started, you went on maternity leave, is that correct?

**Jessica Kraft**

Yes, I had my second daughter December 2019, and right after that is when things in the world started to change.

**Kassy Baker**

All right, so how long was your maternity leave?

**Jessica Kraft**

I was on leave until March of 2021.

**Kassy Baker**

So you did return to work in March of 2021, is that right?

**Jessica Kraft**

Yes, I did.

**Kassy Baker**

At that point, what safety protocols were then in place to help you continue to do your job?

**Jessica Kraft**

Well, at the point of my return, we were mask mandated; all of the staff and donors were expected to wear masks within the facility to donate blood. There was also social distancing protocols, certain wellness checkpoints. Donors had to be sure they were in good health before coming in to donate.

**Kassy Baker**

What other changes did you observe from your work, starting from before the pandemic to your return in the spring of 2021?

**Jessica Kraft**

Well, when I first started at Canadian Blood Services, it was a really fun place to work. I felt really supported. We had a really good team.

I guess the biggest changes that I saw prior to me coming back—and I wasn't there, but I had heard from other people—is the changing in management. Also, the change in labelling Canadian Blood Services as a biologics manufacturing company rather than a not-for-profit organization.

**Kassy Baker**

Okay, and what about the donors? Did you notice any differences in the types of people who were donating blood or the frequency? Or what can you speak to there?

**Jessica Kraft**

Well, I would say that there was a push for first time donors. But the donating community is pretty reliable, happy. But some of the changes within the clinic for the donors, specifically, was that they weren't allowed to bring in family members or friends or their children. They weren't allowed to eat or drink after their donation, which is pretty crucial to recovering properly. So they wouldn't be allowed to sit with anyone. It was kind of a very rigid and sterile environment.

**Kassy Baker**

Did you observe any adverse effects from not being able to give them some juice or some cookies, which I understand is typical after donating blood?

**Jessica Kraft**

Definitely, yes. There was an increase in donor reactions.

**Kassy Baker**

And what does that mean?

**Jessica Kraft**

Well, if somebody doesn't eat or drink before donating blood, sometimes they can feel faint or pass out.

**Kassy Baker**

In terms of inserting the IVs, did you have any difficulties? Were there increased safety precautions taken regarding the handling of blood? What can you tell us about that?

**Jessica Kraft**

There really wasn't anything different about my specific job and the way we collected blood.

[00:05:00]

**Kassy Baker**

I understand that sometime in 2021, your employer announced that a vaccine mandate would be implemented within the organization. When was that?

**Jessica Kraft**

The official notice came September 1st of 2021, although throughout the summer there was definitely a lot of talk about it. When I had returned from maternity leave it didn't take long for me to be asked, even in front of colleagues, in front of donors, "So when are you getting your shot?"

**Kassy Baker**

And what specifically were the requirements of the mandate? What did your employer's mandate require you to do to comply with the mandate?

**Jessica Kraft**

So I was required to first attest my vaccine status, my personal health information. After that, we were supposed to be a fully vaccinated workforce by the late fall. They never gave us specific dates at that time. It was kind of like, "We want you to attest your status and we'll go from there."

**Kassy Baker**

Did the mandate allow for any exemptions or exceptions to being fully vaccinated?

**Jessica Kraft**

It did. There was an option for a medical or religious exemption. When I had spoken to my doctor in regard to that, my doctor really didn't want to go through with that. She said that even if she were to assign an exemption for me, it would have to be cleared by other doctors in order for it to be deemed eligible.

**Kassy Baker**

So was your understanding that if you applied or asked for an exemption it would not be granted?

**Jessica Kraft**

Correct.

**Kassy Baker**

What was your response to the announcement of this policy?

**Jessica Kraft**

I knew it was coming, but it really devastated me because firstly, I enjoyed what I did there, politics aside of course. I was pretty devastated to know that I would ultimately be faced with this hard decision.

**Kassy Baker**

So specifically, what part of the mandate did you object to?

**Jessica Kraft**

Well, I guess I objected to all of it, all of it.

**Kassy Baker**

Did you object to the information requirements? Did you object to being vaccinated? What were your objections?

**Jessica Kraft**

Basically, my standpoint was that according to *The Personal Health Information Act*, I wasn't required to attest my personal health information to my employer. After they had asked me to, and deemed me not vaccinated because I didn't attest, they then wanted me to rapid test for the last few weeks of my employment, which I also declined.

**Kassy Baker**

And why did you decline to participate in the rapid testing?

**Jessica Kraft**

Well, I didn't think it was a good precedent to set against somebody— It wasn't private; none of it was private. They wanted me to speak to somebody I'd never spoken to at work **to get rapid test kits from. It just all didn't seem very private at all.**

**Kassy Baker**

Now obviously you're in a position where you're collecting and handling blood and interacting with donors. At any point in your previous employment with the employer had you been required to obtain a specific vaccine?

**Jessica Kraft**

No, we were never mandated to get any other vaccines before. They had wanted us to get Hep A, Hep B vaccines. It was never enforced, never had to prove it.

**Kassy Baker**

So there was no requirement to be vaccinated for hepatitis at all; it was merely encouraged, is that right?

**Jessica Kraft**

Right.

**Kassy Baker**

Okay. Have you generally received other vaccines? I understand that your employer wasn't requiring you to get them, but have you generally obtained vaccines?

**Jessica Kraft**

I would say up until COVID, I didn't really have vaccines on my radar at all. I wasn't opposed to them. I didn't really think about it too much.

**Kassy Baker**

Did you receive all of your childhood vaccines?

**Jessica Kraft**

I believe I did, yes.

**Kassy Baker**

Okay, you're up to date as far as you know on your other vaccines as an adult.

**Jessica Kraft**

As far as I know.

**Kassy Baker**

You've mentioned that you're a mother. Have you chosen to vaccinate your children at that point?

**Jessica Kraft**

At that point, yes.

[00:10:00]

**Kassy Baker**

So you've mentioned that you did initially try to speak with your doctor about the possibility of obtaining an exemption. Can you go into a little bit more detail about the conversation that you had with your doctor and your understanding as to whether or not you actually would be eligible to even ask for an exemption?

**Jessica Kraft**

Yes. Well, I had gone in to see her for just a normal checkup. I had mentioned to her that these mandates were coming forward for health care workers. And she really, I don't know, it seemed to be dodgy, the entire thing.

She just kind of dodged my questions and concerns, really rushed me along. I told her that I had an opportunity to get a medical exemption and if I could have one for my specific condition— She checked my heart and told me that I didn't have the condition I had been diagnosed with my whole life. So I thought it was kind of really strange that she would say that.

**Kassy Baker**

Sorry, just to clarify, you did have a pre-existing condition, is that right?

**Jessica Kraft**

Yes, I have a functional heart murmur.

**Kassy Baker**

Okay, and you spoke about this murmur with your doctor, and she was still unwilling to consider writing you a letter of exemption, is that right?

**Jessica Kraft**

That's correct. She made it seem like, even if she did, that there would be plenty of other doctors after her to sign off on this exemption, that it wouldn't be deemed—

**Kassy Baker**

That it wouldn't be accepted by your employer, correct?

**Jessica Kraft**

Correct.

**Kassy Baker**

Did you express or discuss your concerns about the mandates with your employers or any direct supervisors?

**Jessica Kraft**

Yes, I did. I tried my best to submit any questions I had to my immediate supervisor, my management, doctors within the organization I worked for. I tried everyone I could.

**Kassy Baker**

And what was your employer's response?

**Jessica Kraft**

Basically silence, to be honest with you. I got a lot of blanket statements, seemed like the emails were just copy and pasted, you know, it wasn't really heartfelt. There was no personality in their responses at all or any concrete information to solidify that what they were doing was right.

**Kassy Baker**

Now, I think you've mentioned that when you returned to work, your co-workers asked in front of donors or other staff members whether or not you intended to be vaccinated. Did you indicate at that point that you did not?

**Jessica Kraft**

No, I kind of changed the subject. It was a really awkward moment for me because in my private life, I perhaps was outspoken about this vaccine shot. But at work, I tried to keep it as professional as possible. It really caught me off guard that I was asked this in front of colleagues and donors.

**Kassy Baker**

Did this issue affect your relationship with your co-workers and your employers?

**Jessica Kraft**

I believe it did.

**Kassy Baker**

In what ways?

**Jessica Kraft**

I just didn't know who I could trust completely.

**Kassy Baker**

Now I understand at some point you received a notice of termination. Can you describe the circumstances that led up to receiving that notice?

**Jessica Kraft**

Yes. October 15th, two days after— Or sorry, I should back up a little bit. It was Thanksgiving weekend, and I got a phone call from my manager, and she told me that I wouldn't be allowed to come into work on the following Monday.

The following Monday was Thanksgiving Monday. She told me that because I did not attest my status and I did not comply with the rapid testing that I would not be welcome on the premises after October 11th.

That phone call was really hard to get. I asked for that confirmation in an email. She declined that offer. She did not want to send it to me in writing. I cleared it with my union, and they told me to not go into work. I was on unpaid leave of absence where they had told

me they would send me an education package of some kind to better inform me on these decisions of the policy and whatnot. I never received that.

Then, I think it was a couple days before my termination, I submitted a notice of liability form to my employer and went to work to go and get my belongings from my locker.

[00:15:00]

And everyone was so shocked that I was there; it was kind of alarming. It was like, "Whoa, it's okay, I'm just here to get my stuff." In a way, it was kind of like I was being pushed out and not welcome. It wasn't feeling very welcome.

**Kassy Baker**

And you've mentioned that you raised this issue with your union. Were you able to lodge a complaint through your union regarding this matter?

**Jessica Kraft**

Yes, after I was terminated, I requested to file a grievance. I was an arbitration case, hopefully. Actually, as of yesterday—

**Kassy Baker**

Okay, the matter was supposed to go to arbitration as far as you were aware?

**Jessica Kraft**

Correct, yes.

**Kassy Baker**

And what is the current status of your complaint?

**Jessica Kraft**

Yesterday, I was told that I will not be going to arbitration. I will receive no severance pay. I wasn't eligible to collect EI and I won't be reinstated either. I won't get my job back, and the mandates are still in effect.

**Kassy Baker**

Have you looked for other employment since your termination?

**Jessica Kraft**

No. On and off I have, nothing serious. I found this silver lining out of all of it, to be able to be home with my two children. I'm very grateful for that.

**Kassy Baker**

Subject to any question that the commissioners have, that concludes my questions.

**Commissioner Kaikkonen**

Thank you for your testimony. A couple of questions. So in terms of being a phlebotomist, did Canadian Blood Services train you in that position?

**Jessica Kraft**

Yes, they did.

**Commissioner Kaikkonen**

And did you sign your paperwork when you came in that you would agree to Code of Conduct, et cetera, that most employees would sign at Canadian Blood Services?

**Jessica Kraft**

Yes.

**Commissioner Kaikkonen**

And did they change that when you went back from maternity leave? Did they actually change the terms of your employment?

**Jessica Kraft**

No.

**Commissioner Kaikkonen**

Did the union address that?

**Jessica Kraft**

No.

**Commissioner Kaikkonen**

And do you know if the mandates coming down were from the Province to Canadian Blood Services regionally, like in Winnipeg? Or did they come from head office in Ottawa?

**Jessica Kraft**

It was head office in Ottawa.

**Commissioner Kaikkonen**

And did head office, the human resources person there, did they clarify any of this in writing—the changes that they were making to your employment contract that, I guess, wasn't in there in the first place?

**Jessica Kraft**

No.

**Commissioner Kaikkonen**

And in terms of, you said that it had become a manufacturing plant—as opposed to a non-profit, that balance that we have at Canadian Blood Services—so is it still monitored by FDA and Health Canada? Or is it just strictly as a blood manufacturing facility monitored by Health Canada only?

**Jessica Kraft**

To my knowledge, it is only Health Canada.

**Commissioner Kaikkonen**

Okay. And you mentioned about the sterilization, the idea that everything had become sterile as an environment and donors were no longer allowed to have their cookies and their drinks. I'm just wondering, is it a bigger picture? Were you feeling that before you went in, from the community level just what was happening in mandates and Winnipeg? As opposed to, just when you walked into work, the former fun place, that it had just become so sterile that it just didn't seem appealing anymore?

**Jessica Kraft**

I think the changes began in the community well before I went back to work. I think I was aware of these changes coming down and happening within the clinic for quite some time. Nonetheless, it was still pretty unfortunate to see the donating community dwindle and also, to be not as satisfied with their donation experience, not as comfortable.

**Commissioner Kaikkonen**

And when donors had to sit alone and they didn't have anybody— Like they should have volunteers, somebody who would be watching them for that 15-minute period to make sure there's no incidents. Were there incident reports filed on donors when they had reactions where they fainted? Or any of those things that happen sometimes?

**Jessica Kraft**

Typically, if it was a severe reaction, it would have to be documented, yes.

**Commissioner Kaikkonen**

Thank you.

**Jessica Kraft**

You're welcome.

I would just like to say one more thing before we wrap up. I would like to say that throughout all of this, like I had mentioned before, the benefits of all of this is that I was able to stay home with my children. But I know that many Canadians can't say the same. I know that a lot of Canadians were met with the decision of making this choice or losing their job, their livelihood, their homes. So I'm here for that reason today.

**Kassy Baker**

Well, on behalf of the National Citizens Inquiry, we would like to thank you for being here today.

**Jessica Kraft**

Thank you so much.

[00:20:35]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 10: David Leis**

**Full Day 3 Timestamp: 07:13:00–08:13:07**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Shawn Buckley**

And our next witness is a Mr. David Leis. David, can I get you to state your full name for the record, spelling your first and last name?

**David Leis**

Yes, my name is David Leis. My name is spelled D-A-V-I-D and my last name is L-E-I-S.

**Shawn Buckley**

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

**David Leis**

So help me God.

**Shawn Buckley**

Now my understanding is that you trained in public policy and administration at Waterloo, Toronto, and Ryerson universities.

**David Leis**

And at Queens.

**Shawn Buckley**

And at Queen's. You have a master's degree in public policy from Queen's.

**David Leis**

Yes.

**Shawn Buckley**

And you have extensive work experience in public policy, including working in many senior roles in government, locally and provincially, in post-secondary institutions, including universities and polytechnique. You have served as the mayor of Woolwich and as a councillor with the Regional Municipality of Waterloo.

**David Leis**

Yes.

**Shawn Buckley**

And you have served in policy roles for cabinet committees at the Province of Ontario, as well. You are Chief Executive Officer of the Greater Kitchener–Waterloo Chamber of Commerce.

**David Leis**

Yes.

**Shawn Buckley**

You are presently Vice-President at Frontier Centre for Public Policy.

**David Leis**

Correct.

**Shawn Buckley**

And the Frontier Centre was founded in 1999 as a non-partisan public policy think tank.

**David Leis**

Yes.

**Shawn Buckley**

And basically the mission is to advocate for better public policy.

**David Leis**

Correct.

**Shawn Buckley**

Now, I went through all of that just to point out that you've basically spent your life becoming an expert in public policy.

**David Leis**

Correct.

**Shawn Buckley**

You've been invited here today to comment on the public policy concerning how governments conducted themselves concerning COVID-19. Can you please share your thoughts with us on that?

**David Leis**

Yes, good afternoon, everyone. It's an honour to be here.

My points are several. But in essence, never in the history of, certainly in my lifetime, nor I believe, sadly, in the lifetime of recent memory, has there been such a policy disaster. And that policy disaster is very much articulated in many forms, both in terms of policy itself and associated principles of good practice of what makes for good public policy. But I would say also in terms of failure of critical institutions. Canadians were relying on institutions on the assumption that they would serve us. And sadly, they did not. And I could give you a 360 review.

But I also have the point that as a student of public policy, I'm also a student of philosophy and history. And sadly, we can see in history that this is an assault on our Canadian rights and freedoms. I cannot, respectfully, think of a right and freedom that was not violated. And finally— I'm deeply concerned.

**Shawn Buckley**

If you need to take a moment, you can. Understand, I think, and everyone in the audience appreciates that some of the witnesses are emotional, including myself when I give my opening addresses. So Mr. Leis, please feel free to take time to collect your thoughts.

**David Leis**

Thank you so much for your kindness.

I'm deeply concerned about the future of our society in the context of an assault on our civic society. I do not say this lightly. Because I am sure,

[00:05:00]

like everyone, we're guided by particular values and principles. In my case, and certainly many of my colleagues at the Frontier Centre for Public Policy, those principles relate to principles of classical liberalism, principles that have an extraordinary history, over thousands of years. An extraordinary history, particularly in the last thousand years, that relate to principles on the assumption that we are born free. We are born free and that we have governments, the king, the queen, or whatever form of government is not above the law but rather serves the people. And there are very clear sets of principles that have been violated within those principles, and I could go through them extensively. But I am very concerned about our society, given the impacts on all individuals and the layers within that society. I apologize—

**Shawn Buckley**

No, I mean, I think several people in your position— And I was speaking with another member of the Frontier Society yesterday who shared the concern that literally liberal Western democracy is at a crossroads.

**David Leis**

Indeed it is.

**Shawn Buckley**

And depending on how this generation responds and how quickly, it might be the end of this experience or experiment in Western liberalism. And my understanding is that's why you're finding this emotional: because you are concerned about where this is going.

**David Leis**

Indeed I am. I have served my country in many different capacities. And it is atrocious what has happened. From the very beginning, there were numerous signs that would have tweaked in any rational decision-maker. Massive red flags. And I realize this is like peeling the perennial onion where we did not know all the information at the beginning. And that is part of being human. But it was also by design.

And in my opinion, it is indeed a travesty what has happened. And the signs were numerous. I am a student of statistics, and I know enough sense to also consult with a myriad of people. And from the beginning, it was very clear that the statistics of mortality did not make this the Spanish flu. It was obvious. And I have dared so many officials to debate this publicly, any time, any place. The mortality rate was not there. We knew that the persons that were vulnerable were persons classically of an older profile of multiple health challenges, and they needed to be protected.

But to lock down a society is outrageous. The costs are profound. If we look at the myriad of analyses—economic, social, psychological, education, on every age category, and not the least of which is on health—we know a lockdown measure was never, ever envisioned. And we didn't follow the plan.

[00:10:00]

As a former mayor, I am trained in emergency management. I have gone through tough situations. And as a matter of course, we would always follow the emergency plan—Standard Operating Procedure. Part of that methodology, to be clear, is that in any emergency, it is the head elected official that takes charge and brings together an integrative team across all disciplines, all areas—fire, police, every department, including private actors—and brings them around a table like this and does the analysis. What is the situation? What are the risks? What are the options that we can undertake to not only deal with the disaster but to also mitigate it in such a way that minimizes the impacts on the rest of the community, the province, or the country?

It is a huge head-scratcher that those plans were developed and never followed. And from fairly early on in the pandemic, a colleague of ours—Lieutenant Colonel David Redmond, who has done so many emergency plans his head spins—he did the pandemic plans for a number of jurisdictions, including, I believe, the armed forces and the Province of Alberta. And they never followed those plans. These are huge red flags that needs to be looked into

**in terms of judgment or competency. I'm not quite certain. Or whether it was just hiding behind the good name of a doctor to avoid political responsibility out of fear.**

**I know what it's like to be elected. I know what it's like to come in a room with a lot of people who are very upset and very concerned about their safety. And we just followed the core narrative that I believe was largely spilling out of the United States and facilitated elsewhere.**

**But we didn't do our job. I feel that decision-makers didn't do their job to do that kind of incisive policy analysis. And I get at the very beginning that there's known unknowns. But we knew that the People's Republic of China was not following World Health protocol. They signed that agreement. They did not share the information in a timely manner. And that raised red flags. They locked down Wuhan. But they continued international flights. They were facilitating the spread of this virus, and you could tell it from the very beginning. And that's from a layperson's point of view, so I want to be careful about that. But the reality is that there were signs from the very beginning that we were not following best practices on policy, and we were going to hurt a lot of people. And that's outrageous. And it's immoral.**

#### **Shawn Buckley**

How do you feel about federally, and in the Province of Manitoba—not just the governing parties but the opposition and other parties that were in Parliament and the legislature—concerning whether or not they listened to the populace? I guess the frustration is, and I'll just rephrase my question.

It seems that every party fell in lockstep. So it seems like every institution fell in lockstep. Was there a College of Physicians and Surgeons in any province that acted differently than the others? Was there a political party in any province or federally that acted differently than the others? And you study this type of thing. So I'd like your comments on that. And if, as best you can, you could offer an explanation for how is it that that everyone is doing the same thing and yet nobody's following the plan.

#### **David Leis**

Well, sadly, we were shocked that we heard crickets on so many fronts.

[00:15:00]

There were persons behind the scenes who clearly were concerned, asking what we thought were the logical questions and doing, I think, a fair amount of due diligence behind the scenes.

**But peculiar things were going on that I think need to be kept in perspective. One of which is the media chorus was uniformly a message of fear and hysteria. And these are very disturbing for any elected official, then, because they do not want to be seen as being offside. They don't want to be seen as caring when, in fact, seeking the truth is actually caring. This is the supreme irony of this. It was so easy, I think, for any decision-making elected official, let alone a professional body, to go along with these narratives because they were placed in such an emotional, psychological quadrant. And this is dangerous. Because it disables the ability of a population to take a deep breath and say, look, we make decisions based on rational thinking, not just emotion. I can talk endlessly about what I think, around what was orchestrated there.**

**Shawn Buckley**

If you don't mind if I kind of take you in a different direction. It's just that you have some experience and so your thoughts would be helpful.

It is not unfair to say that the public narrative that we were being fed was completely false and very destructive. Let's just say, hypothetically, we accept that as a proposition. And let's say I'm a premier of a province and I understand that the mainstream media narrative is incorrect. And it's going to be tremendously damaging in my province if I follow it. And you're sharing with us, though, that they don't want to be offside. I think a lot of us had wondered this.

How does a politician resist such a sustained and consistent media narrative that was terrorizing the community? Does the premier basically send in the police to be looking for evidence of fraud or misleading? What can a premier do? Maybe we'll have some premiers watching. I'm just trying to figure out, what on earth could an elected official that truly wanted to do the right thing but understands that the media machine can just annihilate him or her— How would they stop this in the future?

**David Leis**

Well, I can speak in a number of respects. One is I know what I did. When I went through crises, I would work to communicate the information that we had. And I would communicate with confidence, not fear but confidence, that we had a powerful team and we were going to get through this. We would share information with panels of experts on toxicology. I'm thinking, in this case, of a particular water crisis that we worked at. The onus was on us to intelligently share with people, as citizens, the information that we had and the associated risks so that they could have a fairly transparent picture of what we knew.

**Shawn Buckley**

Okay. So almost like daily briefings, like that fellow in New York was doing, except telling the truth and having experts telling the truth.

**David Leis**

I think that's an advisable thing to do. To tell the truth.

**Shawn Buckley**

Okay. And I'm just asking for ideas because, perhaps, some politicians or future politicians will be watching this and any suggestions that you would have could be helpful.

**David Leis**

I know it was a different time. But in my own experience working with the media, I was so fortunate that, by and whole, I had very good media relationships. But one of the things is I had a profound respect for their work and that they had a profound sense of desire to serve the community: to look into "the story behind the story" and to share information,

[00:20:00]

all within the bounds of their professional standards.

And I'm not suggesting that there aren't journalists today. Because there are. But I think what we have is a long train wreck that has happened over years in the making. This didn't just happen overnight where our journalistic media mainstream outlets are not so much about journalism, they are about pushing a narrative. I think most Canadians would be shocked to know that 2,000 media outlets in Canada are systematically funded by the federal government— 2,000. So this local daily here in Winnipeg, as an example, has almost half its budget from the federal government. Now, you tell me how they carry out their ethical journalistic standards. I'm not saying that they can't do something, like reporting a tragic car crash. But their ability to contradict their funders' priorities— Because they do have it in an agreement. They carry their journalistic practice now through the lens of their funder. They have to.

**Shawn Buckley**

A conflict of interest. Are you aware— I have heard, anecdotally, that because the federal government just doles out so much cash to clubs and community organizations and the like that during COVID, there would be conditions on the funding that they would support and push the vaccine mandate. Are you familiar with that?

**David Leis**

I'm familiar with that. I would love to get my hands on a signed agreement. But I can tell you this: There are a proliferation of interests involved in this saga. And each one of them needs to be looked at carefully. But when Pharma is your main sponsor of so many things, one has to keep your head up and your eyes open and say, "What is going on here?"

So I see these institutions, and I've had enormous respect for them. There's a lot of very good people. But within that context, I think we underestimate that one of the principles of classical liberalism is the belief that we have a limited state for a reason.

Now I am not a socialist for many reasons. But a limited state is very important because you need to keep room for the majority of your society, which are working people who do not work in Ottawa for the federal government or otherwise. I'm not saying that those aren't important jobs. But the size of our state has mushroomed dramatically the last 30 years. And its tentacles are everywhere. When you are funding the media. When you are funding various institutions, including professional colleges. When you are even funding supposedly independent think tanks. And by the way, Frontier does not accept any government funding. And it does so for a reason. Because if you go along with the size of that state, you put yourself in jeopardy, sooner or later. Because depending on who is the king, or the queen, they may or may not understand governance. And I can tell you that time and time again it appears that, in our country, our leadership does not get governance.

**Shawn Buckley**

I'm wondering, just staying on classic liberal principles, if you can comment on the importance to societies, like Canada, of actually having freedom of expression and freedom of belief and freedom of conscience. Because those seem to be things that are becoming— Well, I mean, people wanting to be witnesses at this Commission backed down because they're concerned that there's going to be repercussions.

I'm just wondering if you can comment on how those things are vital to a liberal democracy.

**David Leis**

**They are foundational. When we put into perspective the value of freedom of speech, it is one of the cornerstones of our rights and freedoms because it allows us to debate, respectfully, to get to a truth.**

[00:25:00]

**Any student of history knows this to be true.**

**And as we look at this, it is also foundational for our livelihood. Freedom of speech is the cornerstone for innovation, for our economic standard of living to move forward and our quality of life. If you look at the last 4,000 years, our standard of living would be, basically, a flat line. It's only in the last 250 years that we have a standard of living that has increased exponentially—** That we have a microphone before me on this table and that we can be in such a lovely room. This is very recent. And therefore, if we do not have freedom of speech but rather censorship and the imposition of the state that suggests that what is black is white and what is green is red, and what are facts are not facts. But the narrative is more important because winning is more important. And the ends justify the means. And that science does not matter. Then we have lost it all. It means that we cannot innovate. It means we don't have a future.

So we have to get a hold of this, now. We have a window, I believe, and I hope I am wrong. We need to wake up people from coast to coast of the significance of what has occurred. Because there are lessons learned in life and such is this time. To be able to look to each other with compassion, in the tradition of civil society, where there is a tolerance for diversity of opinion and intellectual thought. And it has nothing to do with your race or your gender or whatever. It has everything to do with a belief that we came to this place in time through a long history of hard-fought fighting and civil war where many have died, let alone served to protect those rights and freedoms in many world wars. And I am so sad that it seems like quote, "educated people," in my peer group of leadership, that have utterly forgotten this or do not have the courage to sustain it, to serve the people.

**Shawn Buckley**

Mr. Leis, I've been trying to think how do we— And obviously, the Commission's mandate is to come up with recommendations on how to change things. And one common theme that we've seen with witness after witness, and I think Dr. Bhattacharya was saying, is that you can't ever get a single public health official or even a private spokesperson. We had one person pointing out two people that get paid money to be the go-to experts for the media. One I think at the University of Calgary. But these people will never debate. And we had that radio journalist, I think, on Day 1, indicating that he tried to get a debate with Dr. McCullough and another. **They'll never come to debate. It seems to me that one change going forward would be that public officials or anyone that is willing to privately comment in the media, plus our politicians, would have to be required by law to reasonably engage in debate and explanations so that things cannot be done without reasons being given anymore.**

**I'm just wondering if you could comment on that. And then if you had any other ideas— assuming we could get our institutions back—on how to prevent this.**

**David Leis**

Well, debate is so essential. Intellectual friction, we call it at Frontier. Because it is remarkable what we can learn from our intellectual opponents or persons that, frankly, don't agree with us.

What I have noticed is that as our society has tilted more and more towards— I would refer to them as authoritarian impulse.

[00:30:00]

We have lost or, frankly, don't teach enough about basic points of logic. There's some 26 logical fallacies, and one of which is the most important one, which is never attack your opponent personally— Ad hominem attack. And yet, this is the common theme that has gone on through this crisis. This is a huge flag that debate is being diminished. Because instead of discussing the issues or the concerns, the thoughtful questions that so many citizens have brought forward, it is endless attacks of being a white racist or a person of whatever privilege. When in fact, what is going on is not serving people.

What is going on is policymaking decision that protects privilege of the few. That protects power and money. And this is atrocious. And so therefore, debate is critical. We should be seeking that, requesting that, as a matter of course. And I would say that one of the institutions that I am deeply disturbed by, and I frankly believe is in crisis, is the law profession.

In a high-functioning healthy society, one of the most important responsibilities of the state is to undertake its judicial function, to ensure the rule of law is being respected: There are no arbitrary arrests on someone's property or in their garden. There is trial by jury. We're all equal before the law, and the state is not privileged before the law. The law is above the state.

And just to be clear, our tradition of freedom is dependent on the concept of the common law. The common law, beginning with the Magna Carta and the meadow in Runnymede, before an atrocious King John I and in that meadow, they agreed to basic things that are now in jeopardy. And as I recall, Chapter 18, by John Locke in his *Second Treatise of Government*, is essentially the point that with the end of law, specifically common law, comes tyranny. And that is what we face clearly in the eye today. And 2023 is the prospect of tyranny. And I do not use that word lightly. But this is the ugly reality that we face. So if we look at a 360-degree view of this crisis, it is one of policy disaster. But it is one where civil society has been assaulted.

**Shawn Buckley**

Well, it's curious that you cite John Locke and his principle that if the rule of law ends that we end up in tyranny. Because tyranny is simply unfettered discretion.

**David Leis**

Correct.

**Shawn Buckley**

And we've experienced, basically, unfettered discretion in our public health officials and absolute deference of those decisions by our politicians. So it seems to me that we've just

experienced the exact problem that John Locke described in the *Second Treatise of Government*.

**David Leis**

Indeed. And when we look at the courts then, the place for prominent public debate, then, is the judge who realizes that the responsibility is not to the state, not to the public health official but to the truth. This is where debate happens in a high-functioning society. Among other quarters, it's part of the culture. It's part of the ethos. It's in the media. It's in the universities, who were, many, on leave. Absent. Silent. What is the point of tenure, a job for life, if you can't speak up with confidence? I doubt if anyone here has tenure.

[00:35:00]

And yet they're speaking up. But this has always been the lesson of history. I have studied thousands of years of history. It's always been the few who have stood up with courage and said, "No more."

**Shawn Buckley**

That's well said. I'm wondering if the commissioners have any questions for Mr. Leis.

**Commissioner Kaikkonen**

Thank you for your testimony. We've heard testimony from people who have earned despair, anger, cynicism with regard to government. We've heard testimony over the last few days and from Truro and Toronto about the political world bouncing from one negative and inhumane aspect to another, with less and less making sense. It used to be, not that long ago, that we could somehow interpret our world based on motivations of self-interest and greed, or something to that effect. At least it was a behavioural starting point by which we could then make our world, or model our world, and think about what we might change.

But post-pandemic, there is a form of irrational nihilism that makes little or no sense either from the point of view of rationality or the point of view of sensibility and feeling. And in fact, our freedoms and lives are now being circumscribed by all levels of government. Therefore, it shouldn't come as a surprise from an intellectual sense or maybe even a spiritual sense that there are many feeling lost in how our institutions are acting in that one-mind context that Shawn just alluded to.

But what steps can citizens, like the citizens here in this room or who are watching online, what steps can we take as just citizens to change what is happening in our institutions?

**David Leis**

Thank you for your question. It's a very wise and insightful one. I think that there's many things citizens can do. One of which is to speak up within your family context, within your community, to be involved, particularly, at the local level. I think that participating in the local democratic process is vital. I ran years ago when I was 19 years old. It was a natural part of my family culture. And I would encourage people, no matter what their age, to get engaged because there has been a vacuum of people engaged in the civic process. And that has, I believe, given a vacuum for other nefarious interests, quite frankly, who do not subscribe to these basic assumptions around freedom and what it makes for a fair and democratic society: They believe that in many ways their cause is beyond question. And

they believe the ends justify the means. I have, unfortunately, studied for years the world of the Frankfurt School. I know all their sorry stories, their tactics, and their strategies. And they have methodically done the long march through our institutions. And this is apparent.

We need to wake up to this reality and call it out. And citizens, I encourage you to read. Not dive into the mindless world of Netflix, as much as we enjoy entertainment, as well. But it behooves us to be informed about this history. And there's many resources I can recommend and also through the Frontier Centre. I encourage you to look at it. And do not be dissuaded by what people call you names. If they do so, then this is shame on them. And take heart and courage because this is the reality that we face: Frankly, an ideological, destructive, toxic opponent within our own communities who do not care about you. They only care about their twisted, idealistic, nihilistic view of the universe. And that kind of utopianism has done, throughout history, enormous damage.

This is the story of totalitarianism, whether it has been China—and I've seen the monuments to over a hundred million people—and I have been to the places in the former Soviet Union in Russia. And Nazism. The Nazis were socialists. And this is almost like a perverse hybrid that we have today. It's a toxic mishmash of a state that is out of control with crony capitalists,

[00:40:00]

with people who don't seem to be grounded in basic things of freedom and respect for each other.

I was always excited about our society because I felt that wow, we live in a society where we as individuals respect each other. Because you're precious. Each individual is precious. And that we can cooperate, we can work together in freedom. That's the brilliance of it. We can innovate. We can start up a business. We can set up a church. We can set up a mosque. But we can be together, though, as shoulder to shoulder as Canadians.

#### **Commissioner Kaikkonen**

Thank you very much.

#### **Commissioner Massie**

Thank you very much for your presentation. I was wondering, when you see that there's many countries in the western hemisphere that have adopted more or less the same thing as Canada and many other countries, there's a few states, if you want, that stand out. There's a few states in the United States. But I'm thinking about Sweden that has been **demonized by the mainstream media, initially, but now seems to get some sort of more positive coverage.**

**Based on your analysis of the way they managed the pandemic, what is it that makes them different? Is it the culture? Is it the institutions that somewhat were strong enough to resist to the temptation of moving in the same direction as everybody else? What is your take on Sweden?**

#### **David Leis**

Okay, it's a very interesting question. Thank you. So Sweden is a very interesting case study for many, many reasons. We were very intrigued by Sweden from the get-go, based on the

approach that was taken by their public health officials. It was interesting because in many respects they would say they were following best practices. But Sweden was doing something in addition to that. They have an extensive culture and set of plans that relate to emergency management. And they followed those plans. This is not known by many people.

So this should inform any thoughtful decision-maker. Because what is interesting is the results of Sweden are stunning. They, in retrospect, did it right. And I was shocked when I read *The New York Times* last week that there was actually an article commending it. I'm just—anyways. So this is a situation that we can learn from Sweden.

**What's also fascinating is that there's an associate of Frontier. His name is Dr. Martin Kulldorff. He's one of the three authors of the Great Barrington Declaration. And he said** something very interesting to me the other day. Because I asked him this similar question about Sweden. And he said, unequivocally, the quote "consensus"—and I hate words such as consensus—but the consensus that Sweden did it right.

But what's also fascinating is he said something to me in the same conversation. He said, "During a dark time in the world, there was a select group of people in a country called Canada who got into their trucks and drove across a country and they woke up the world." And that's what he said. I said, "so Martin, are you saying—" Like, he is the preeminent public health official and biostatistician, I believe, in the world. And I said, "Martin, are you saying that the truckers made a difference and gave you hope?" And he said, "That's exactly what I'm saying." So take heart. By the way, he's a Swede.

#### **Commissioner Massie**

Thank you.

#### **Commissioner Drysdale**

Good afternoon. I have a couple of questions. First, I just wanted a bit of a clarification. I often find that details get lost when we use a blanket statement. And one blanket statement—and I know why we talk that way—is that our institutions have failed us. Well, our institutions in Canada don't just include government institutions, they include our private institutions. So I'd like to talk to you just a bit about those institutions and ask you some very pointed questions.

[00:45:00]

Did our police services fail us?

#### **David Leis**

I think it depends which one and what analysis I could look at there. I mean I've been certainly involved in police services. I don't pretend to be able to give a generalization. But generally, they went along with it. They're in a bit of a box when it comes to accountability and under the acts. But I think the type of testimony you heard today was astounding. And even within those units—because the police are essentially paramilitary—there needs to be strong leadership and debate. There needs to be debate. And if there isn't, that's bad leadership.

**Commissioner Drysdale**

You mentioned that it's a paramilitary outfit. And I don't want to dwell too much longer on the police because I'm going to get a hook come around me and pull me off the chair.

But you know, we heard testimony in Toronto by a fellow by the name of Vincent Gircys who was with the OPP. And he said, and I asked him a few questions. He said that when he went to the Ottawa protests, he immediately recognized—very, very, similar to Mr. Abbott realized when he went to Milk River—that this was a peaceful group.

And so, I said to him, "How is it possible, then, that the police who attacked that group, didn't also recognize that?" And I believe that was a failure. We don't want robots, even in a paramilitary outfit.

**David Leis**

Yes. That's right.

**Commissioner Drysdale**

So my next question is, did our health system fail us?

We heard testimony of health officials that were lying to us. We heard testimony yesterday of people who feel that they lost their loved ones because they wouldn't get treatment in the hospital. Because they were—a term that we all, perhaps, biblically understand—as "lepers," we were treated. So did our medical system overall— Not individuals. There are individuals. There are heroes. There always are. But overall, did our medical system serve Canadians?

**David Leis**

I would say generally not. I think despite having extraordinary people in the system, the system itself is not able to serve Canadians. And I want to be clear, the system itself—and Frontier has done extraordinary work on this over the years with many different international partners—ranks at near the bottom of OECD countries. And number two, it consistently ranks as the most expensive or second most expensive in the world with some of the lowest performing outcomes. Our model should be France and Germany and Sweden, not Canada.

Canada, unfortunately, has an extraordinarily Soviet-style healthcare system that has at any one time, five to six million people on waiting lists. Many in chronic pain. It does not serve Canadians well. But it's not for not trying. And no amount of money—and I'm sorry to tell you this—no amount of money will change that.

**Commissioner Drysdale**

And my next one is—and I think you've already answered this—did our judicial system fail us? Has it failed us? Or is it continuing to fail us?

**David Leis**

It's continuing to fail us because so many decisions, certainly, that I've read, and others have read, that the fact pattern is obvious: that judges have forgotten their job. It is not to genuflect to the state. It is to do their job to seek the truth and to seek the common law.

**Commissioner Drysdale**

Did our educational system fail us? Did they protect our children? And by protection, I don't mean putting a mask on them. I mean serving the function of creating people that could be informed citizens.

**David Leis**

Generally not, because we have, again, a public monopoly directed by state actors and that has been largely infested now with ideologues that are seeking not a high-performing education system based on the fundamentals. And I can give a long list on Frontier evidence of what that is. But it is a system that's characterized by wokeism, if you will, an ideology that is seeking this endless parade of statements around tolerance when in fact it is intolerant.

**Commissioner Drysdale**

Do you believe that our religious institutions led us spiritually through this in general terms? There were always stars.

**David Leis**

Well, these are far-reaching questions, and I don't want to pretend to be an oracle. What I'm suggesting is that it depends on the specific case. And I'm part of that failure.

[00:50:00]

I was part of a church community that had enormous fear, and quite frankly, was in a context where there was not a willingness. A church is voluntary. That's part of the genius of civil society institutions. They're voluntary. They come together, and in our case, we had many people that were older who said, "I don't want to take a risk."

I am so sad that the powers that be—combined with the media—did a horrible number on the psychological well-being when their emphasis, time and time again, was fear. Why in heaven's name—any logical analysis—why would you feature on case count on a daily basis, is beyond me. It means absolutely nothing. And yet they did. Everybody knows this. But of course, the media are in a vortex where they want clicks and people that viewed.

But there was something else going on. And this is something that people should never forget. And you need to be informed about this. I have seen this unfold; there's a long history of this. And this is the control of much of our social media by nefarious state actors. The Twitter files show that. If you don't know that, please read just a part of the Twitter files. **And if you want me to do a day lecture, I will. But this is the reality.**

**Commissioner Drysdale**

There seems to be an ever-increasing marriage between corporations and government. Not for the benefit of the people. Historically, I'm aware of what happens when that has occurred in the past. And I wonder if you could comment a little bit about what you have seen or what your concerns are when the government and the corporate world become so large, so octopus-like that there's no escape from them. Which is, I believe, where they are now.

**David Leis**

Okay, so this is a profound question. When the state gets so large, it suffocates everything with its agenda and in a way that is very harmful to society. It nurtures a particular ecosystem within society. Namely, large corporations love large government because they're able to manipulate them. They're able to squeeze out their competition through regulatory frameworks. This is well known. I did it myself when I was a senior person in a corporation. I was always trying to squeeze out my opponent. But it does not mean that we shouldn't have fair laws and regulation that allows people to compete, including the little guy. So what they did during COVID-19 is a case study of stupidity. We could go to Walmart. We could go to the liquor store. But we can't go to church? We can't go to the local store? On what rational basis do you do that? There is none.

And more to the point, the attack on small business is an attack on democracy, in the sense that if you look at history, again, you look back to ancient Greece. The ancient minos was a cornerstone to Athenian democracy because the minos, the middle class, if you will, in some measure, had a small plot of land. They were able to farm. They were able to do their thing.

And now, and now our governments— It's almost like there's a systematic policy to get rid of the middle class, the people who are not poor and dependent on the state. And conversely— The super-rich who have their own agenda at the top echelons of power. It's like there's no middle. That's what they're doing. And I don't know if it's fully intentional, some would argue, or unintentional because of stupidity or incompetence, pardon my language.

Why is that important? For democracy to succeed, we need people who have the ability to earn a living, to be able to create a life, to create a family, to be able to participate in civic affairs. And that takes years of apprenticeship. It doesn't happen overnight.

[00:55:00]

But these things have been dissolving around us for years. And we need to grab a hold of it now before it's done. That's my point.

**Commissioner Drysdale**

Yes. One of the things that is continuing to go along. I saw a news article just yesterday where, I think, it's Shaw and Global – is that Rogers?—are joining together in a monopoly, another monopoly. How is it that we have anti-combines laws in this country, but they seem to only apply to small companies?

And I'll give you an example. I'm familiar with a company who was trying to buy a grain terminal in a particular rural town. And they owned one already, but the other one had gone out of business some years before. So they decided they would buy that grain terminal. And the combines legislation—federal government—prevented them from doing it. So how is it that the federal government isn't preventing this union that was just announced in the press a day or so ago?

**David Leis**

Well, I could certainly talk about some of the analysis I've read. I just think that it's, for me, hard to square the circle how fewer providers, particularly in that market of telecommunications, serves anyone better. And I think part of the challenge that we face is

frankly one of culture. I think that in Canada— And culture is very important. It's the behaviours that we undertake every day and how we treat each other. There's wonderful strengths about Canadian culture, one of which is there's a lot of nice Canadians. The truly nice. I think people can realize that.

But it's nice to the point where, what would it take for us to wake up and realize that we're being abused? What would it take in our Canadian culture to wake up and realize that your rights and freedoms that you thoroughly take for granted are being trampled and usurped away by you? And I use the word usurp because usurp is one that John Locke used in his books, dozens and dozens of times. This is where the government, the state, along with their friends, are taking our rights and freedoms away. And this is wrong. This is the definition of tyranny.

**Commissioner Drysdale**

This will be my last question. Sorry for taking advantage of my opportunity here to talk to you.

Can you comment at all on the current rewrite of the *Canadian Broadcasting Act* and how that might affect some of our ability to counter the mainstream media narrative?

**David Leis**

Yes, I can. In particular, Bill C-11, as a case in point, is very disturbing. It is not, in my belief and so many others, about protecting and advancing Canadian content. It is positioning the chess piece for censorship. This is very disturbing. And so when it goes back to citizen action, you need to understand that this particular government is not about free speech.

And it also behooves each one of us to understand that your social media is still problematic. Part of the problem for democracy is, who controls information? And this has been the test of history. And this has always been the case. So when you look at any type of search with Microsoft to Google, all these have algorithms that— You can see that there's problems when it comes to the free flow of information. And this is part of the reason why so many Canadians are still, in many respects, asleep about this issue.

**Commissioner Drysdale**

Thank you, sir.

**Shawn Buckley**

Mr. Leis, it looks like there are no further questions. On behalf of the citizens inquiry, we sincerely thank you for your testimony.

**Shawn Buckley**

And Commissioners, I would suggest that we take a 10-minute afternoon break.

[01:00:07]

**Final Review and Approval: Margaret Phillips, August 10, 2023.**

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website:*

*<https://nationalcitizensinquiry.ca/about-these-transcripts/>*



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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 11: Michael Vogiatzakis (Part II)**

**Full Day 3 Timestamp: 08:25:10–08:30:48.**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[Michael Vogiatzakis' testimony (Part I) can be found on Winnipeg Day 1, Witness 10, Full Day 1 Timestamp: 09:47:03–10:05:50]

#### Part II

[00:00:00]

**Shawn Buckley**

Welcome back to the third day of the National Citizens Inquiry in Winnipeg. Commissioners, we've called back Mike as a witness.

Mike, can you quickly just state your full name for the record again?

**Michael Vogiatzakis**

Michael Vogiatzakis.

**Shawn Buckley**

And do you promise to tell the truth, the whole truth, and nothing but the truth?

**Michael Vogiatzakis**

I do.

**Shawn Buckley**

And I've invited you back today to share one story that you hadn't been able to tell the other day. So can you just share that with us?

### **Michael Vogiatzakis**

I was going to share a story the other day about a funeral service of a very young boy who was six years old. The restrictions that— They were 10 people. And as hard as it is as a human being, as a father, and just as a funeral director to do a young service, it made it harder when you'd have to turn people down at the door. And that day I was standing at the door, being a bodyguard for the government, trying to follow the restrictions and tell people that they couldn't come in.

And then a gentleman came to the door and said, "I want to come in and see my nephew." And I said, "Sir, unfortunately, we're at 10 people, I can't let you in." And oddly enough, that day, the police were sitting across the street where they sat quite often. And they were sitting across the street to see if we were following the numbers that the restrictions allowed and possibly fine us if we went over that. And I looked at this gentleman and I said, "Sir, I'm full, I just can't let you in." I said, "The police are across the street and I risk a chance of getting a \$5,000 fine." And this gentleman looked at me and he said, "What kind of man are you? What kind of man are you to turn me away from seeing that little six-year-old boy and saying my goodbyes?"

And I looked behind me where there was a mirror. And I looked directly in that mirror and I asked myself that question, "What kind of man am I to turn people away and take away their last right of seeing a young little boy and saying goodbye?" I said to him, "Sir, come on in." Not only did I do that, but I went out to the parking lot and invited the rest of the people in, the family members that were sitting in a parking lot. I said, "You can all come in. You can all come in and say your goodbyes, it's your right to do that. I'm not going to stop you from doing that." And they all came in.

Couple minutes later, just like I suspected, the authorities walked up to me, to the door, and said, "Well, you're probably going to reach a \$50,000 fine. That's how many people you overdid." And I looked at him and I said, "Sir, can I ask you a question?" And he said, "What's that?" I said, "Do you have children?" He says, "What does this have to do with it? You broke the law. We have a limit and you've passed it." I said, "Do you have children?" And he said, "Yes, I do." I said, "I have a little six-year-old lying in the chapel and the family needs to see him. They need to say goodbye." And I said, "Why don't we turn things around here?" I said, "If this was your little six-year-old that passed away, one of your family members, would you want me as a funeral director to stand here and say, 'Sir, you can't come in?'" And he looked at me dead in the eyes and said the F-word and walked away.

And that day I didn't get a ticket. And that day I didn't get harassed any further. But what I did do is allow a family to have closure, allow a family to see a little child, a little angel that left this world. And no family deserves to lose a child, never mind being told that you can't come to a funeral service. And it breaks my heart, earlier when I was listening to testimony about church.

As a funeral director, I could tell you right now to your face that when you lose a loved one, you need God in your life. That's when people are searching the most. That's when they need a pastor. That's when they need their family, their church family, to have a little bit of hope, to have some faith to be led into that direction, to ask questions, why? Why did this little one leave this world? Why do people leave this world? It's a pastor like Pastor Tobias and other pastors that deserve to have their church open. It's our rights as human beings.

Even Jesus wept at a grave. Jesus wept at a grave. We have a right to weep at a grave. We have a right to say goodbye. We have a right to go to church. It's our right to go to church and say, listen to the word because that word sometimes brings us peace. And if they would

have kept these churches open, I could assure you there would have been less suicides. I could assure you there would have been less drug overdoses. But instead, they opened up the liquor commissions and they encouraged people to buy more drugs. And they encouraged these kids to stay downstairs in their basements and play video games.

Trust me, I've talked to many of them where they've told me, "My kid is stuck in the basement, stuck in the world of the internet and playing games and smoking pot all day long." Is that what the government wants? For our future, for our kids? When I looked in the mirror that day and I asked myself, who am I? I encourage you today and as the days go on to look in the mirror and ask yourselves who you are

[00:05:00]

and what you're going to stand up for.

What I'm standing up is for the future generation, my kids, your kids, your grandkids, and the future. If we don't grab a hold of the future now, there's not going to be a future. Stand up for what's right. Stand up for what's in your heart. Life on earth is short and if we get prosecuted on earth, we have another life to live.

**Shawn Buckley**

Mike, I thank you so much for sharing that.

[00:05:38]

***Final Review and Approval:*** Margaret Phillips, August 10, 2023.

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## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 12: Kyra Pituley**

**Full Day 3 Timestamp: 08:31:05–08:51:52**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Kassy Baker**

Hello, Kyra. Can you, please, state your name and spell it for the record?

**Kyra Pituley**

My name is Kyra Pituley. K-Y-R-A, last name P-I-T-U-L-E-Y.

**Kassy Baker**

Now, Kyra, do you promise and swear to tell the truth, the whole truth, and nothing but the truth?

**Kyra Pituley**

I do, yes.

**Kassy Baker**

Okay. Now, I understand you're here today to tell us about your experience as an unvaccinated student during the pandemic and also to tell us a little bit about your **personal experience with the Freedom Convoy in Ottawa. Is that right?**

**Kyra Pituley**

Yes.

**Kassy Baker**

Very good. Let's start with a little bit of your background. How old are you?

**Kyra Pituley**  
I'm 15 years old.

**Kassy Baker**  
And where are you from?

**Kyra Pituley**  
I'm from Manitoba and live outside of the city.

**Kassy Baker**  
What grade are you currently in?

**Kyra Pituley**  
I'm currently in grade 9.

**Kassy Baker**  
Now, when the pandemic started in 2020, what grade were you in?

**Kyra Pituley**  
I was in grade 6.

**Kassy Baker**  
And how long had you been going to the school that you were then attending?

**Kyra Pituley**  
Since before kindergarten.

**Kassy Baker**  
Okay. Now, what was school like in 2020? Can you give us a bit of a description?

**Kyra Pituley**  
Before March, it was normal, I guess. I got to see all my friends and hang out with friends outside of school and sports. And just live a life as a 12-year-old.

**Kassy Baker**  
And what about after March 2020?

**Kyra Pituley**  
That's when the schools shut down and we were online until June of that year. I didn't get to see any of my friends for that entire duration that we were online. I didn't even leave my house, I guess. Just very, like, distanced from other people.

**Kassy Baker**

And what about your education? What was it like learning online?

**Kyra Pituley**

In the first year we didn't have to do school; it was an option. I did do school for the rest of that year, but I know most people didn't.

**Kassy Baker**

Were you able to get answers to all of your questions, as I am sure all students have at some point while they're going to school?

**Kyra Pituley**

Most of them, yes.

**Kassy Baker**

Very good. Before the pandemic and actually, during the pandemic— I understand that you are very active in sports, is that correct?

**Kyra Pituley**

Yes.

**Kassy Baker**

What sports do you play?

**Kyra Pituley**

I play hockey, ringette, and volleyball.

**Kassy Baker**

Were there any COVID precautions brought in that allowed you to continue playing those sports throughout the pandemic?

**Kyra Pituley**

Um, not as much to allow me to play but to restrict me from being able to play on my teams.

**Kassy Baker**

Sure. So of course, the vaccinations didn't come out until 2021. So through 2020 were you able to participate in sports relatively normally, or were there any differences from before the pandemic?

**Kyra Pituley**

In 2020, there was regular season started for hockey and ringette in September. And by the end of November, beginning of December, it was shut down for everyone. No one was able to play.

**Kassy Baker**

And then, sports activities resumed sometime in the spring of 2021, is that right?

**Kyra Pituley**

Yeah.

**Kassy Baker**

Now, if I understand properly, and you can correct me if I'm wrong: your age group would have been eligible for vaccination in the fall of 2021. Is that correct?

**Kyra Pituley**

Yes.

**Kassy Baker**

Okay. Now, did you choose to become vaccinated at that time?

**Kyra Pituley**

No, I did not.

**Kassy Baker**

And how did you come to that decision? Was it a family decision? Was it your decision? What led to that decision?

**Kyra Pituley**

It was more of a family decision. My parents had done some research about it and we didn't really know much about it. And it was also kind of a personal choice as well. I didn't want to get it because of things that we've researched about and just information that we found out.

**Kassy Baker**

Information such as what?

**Kyra Pituley**

Like, you didn't really know the effects of it, and it did come out so quickly that no one was really sure what was in it.

**Kassy Baker**

Now, up until that point, as far as you're aware, were you up to date with your vaccinations? Had you received other vaccinations throughout your childhood and adolescence?

**Kyra Pituley**

I was up to date on everything else besides the COVID vaccine.

[00:05:00]

**Kassy Baker**

Had you ever had a negative reaction to a vaccination?

**Kyra Pituley**

When I was younger—I believe I was around one and a half—I had received the flu shot. And I had a severe allergic reaction to it, which doctors later found out that it was the H1N1 strand that I had reacted to.

**Kassy Baker**

And so, when you had a severe reaction, as you've described it, were you required to go to the hospital because of it?

**Kyra Pituley**

Yes.

**Kassy Baker**

And what were your symptoms? What were the reactions?

**Kyra Pituley**

I don't remember at all, so I'm just going off of what I've been told. I had stopped breathing. I'm not sure for how long, but the paramedics came to the house and then I was brought to the hospital.

**Kassy Baker**

So it was quite a serious reaction?

**Kyra Pituley**

Yeah.

**Kassy Baker**

From what you've been told. Very good. But as you've advised, other than that, you've stayed away from, I think you said it was an H1N1 vaccination at the time?

**Kyra Pituley**

The strand in the flu shot, yeah.

**Kassy Baker**

That's right. All right. So aside from that, you were still up to date with your other vaccinations.

**Kyra Pituley**

Yeah.

**Kassy Baker**

Okay. How did the vaccine mandate affect your participation in sports?

**Kyra Pituley**

I was kicked off of both of my teams—volleyball and hockey, or ringette. Sorry, I was playing ringette that one year. In 2021, I had started ringette and I was playing normally up until— I think it was around December that I had been fully kicked off of my team.

In September, that's when the season started. And in October, the restrictions were put out that parents weren't allowed to be in the facilities— Or anyone over 18 weren't allowed to be in the facilities without showing proof of vaccination. And I was taking my younger siblings in and out of practices and myself as well because my parents weren't allowed to come to the arenas. And up until there was an age restriction put out to get the vaccine, I wasn't able to bring anyone to their practices anymore.

**Kassy Baker**

Was there any way that you did not require to be vaccinated? For instance, could you have been tested and continued to play on these teams?

**Kyra Pituley**

There was the option to test. You weren't allowed to test from at home. You would have had to go into your local pharmacy, and we had chosen not to because you would have had to test two or three times a week and the tests, I believe, were \$40 each.

**Kassy Baker**

So the cost of continual testing made that prohibitive for you to continue participating, is that right?

**Kyra Pituley**

Yeah.

**Kassy Baker**

Okay. Throughout this time that you were not allowed to participate in the extracurricular sports, were you allowed to participate in gym class in your school?

**Kyra Pituley**

No. I was allowed to participate in gym, I guess. I mean, everyone had to wear a mask, regardless of your vaccination status. But as soon as the bell rang for lunch, you had to show proof of vaccination to be in the gym area. And myself and not very many others had to sit outside of the gym, alone, basically, because we weren't allowed to attend the activities in the gym because we didn't show proof of vaccination.

**Kassy Baker**

So, just to clarify— Over the lunch hour, they would have activities in the gym that students who were vaccinated could participate in, is that right?

**Kyra Pituley**

Yes.

**Kassy Baker**

But because you were unvaccinated, you were required to sit in the hall or outside of the gymnasium.

**Kyra Pituley**

Yep.

**Kassy Baker**

So if you were in the gym for a class, that was acceptable. But for lunch that was not acceptable, is that right?

**Kyra Pituley**

Yes.

**Kassy Baker**

Okay. I understand that you were in two separate ringette leagues at the same time and can you tell us a little bit about how rules varied from one league to the other?

**Kyra Pituley**

In one league, there was a requirement that you had to either show proof of negative test or proof of vaccination. And the other league, it was more strict that you had to provide those requirements. It was more, I guess, more strict. The one league was more laid back. Like, later on in the season is when they started to require it more. So in October, that is when the one league got really strict on the vaccinations and showing the negative tests. And I hadn't provided the proof of vaccination or negative test.

[00:10:00]

And we had played this one team in a tournament, in one league, that I was allowed to play in. And a week later we played the same team, but in a different league, and I had been

kicked out of the arena because I didn't show the proof of vaccination or proof of negative test.

**Kassy Baker**

So just to clarify, one week you were able to play a particular team in one rink, and one week later you were unable to play the exact same team because it was in a different rink, is that right?

**Kyra Pituley**

Yes.

**Kassy Baker**

Okay. Can you tell us about the last game of ringette that you played that year?

**Kyra Pituley**

The last game I had played, or was supposed to play, I had went into the rink. My team had said that I wasn't going to be able to play after a certain period of time, but the exact date wasn't given. So I went to this game not knowing if I was able to play but came prepared to play. And when I got into the rink, one of my teammates had actually went out to the coach and, I guess, ratted me out that I was there. And the coach came into the dressing room and asked me to leave, that I wasn't able to play.

**Kassy Baker**

And was this in front of your other teammates?

**Kyra Pituley**

It was in front of the entire team and both of the coaches that we had.

**Kassy Baker**

Okay. And how did that experience make you feel?

**Kyra Pituley**

It upset me a lot. As soon as she asked me to leave, it was just very straightforward. There was no, like, forgiveness of anything. There was nothing. I had called my dad to come pick me up because— If anything happened, he would come pick me up if I had to get picked up or whatever. And he had pulled my coaches aside to talk to them. I'm not really sure what happened in that conversation because I had to step away, because I couldn't even handle standing next to them.

**Kassy Baker**

Okay, because you were upset. Is that right?

**Kyra Pituley**

I was very upset, yes.

**Kassy Baker**

Okay. Were there any other activities, that were not related to school or sports, that you were unable to participate in?

**Kyra Pituley**

I wasn't able to go out with my friends. There was a group of us going to an event around Halloween-time. And I wasn't allowed to participate because at that time, anyone over the age of 13 had to show proof of vaccination and I didn't have that.

**Kassy Baker**

Were there any other students who were, similarly to yourself, not vaccinated that when you were excluded from these events or when you were unable to attend the gymnasium at school, you were able to socialize with during those times?

**Kyra Pituley**

During COVID, we were grouped into cohorts. So there was two classes per cohort. And in my cohort, there was myself and, I believe, two others who weren't vaccinated. I'm not sure about the other classes because we weren't allowed to mix groups, so we had to stay in our own cohorts.

**Kassy Baker**

So you would sit outside with these two or three, in total, other students that also weren't allowed in the gymnasium, is that right?

**Kyra Pituley**

Yes.

**Kassy Baker**

All right. Now, I understand that, in January of 2022, you actually participated in the Trucker Convoy in Ottawa. Can you tell us a little bit about how you became involved with that?

**Kyra Pituley**

One night, we were sitting on the couch—me, my dad, and my stepmom—and we had heard about this convoy. And we dug into it a little bit more and found out what was happening and later on in that week that it was coming through Winnipeg. And we didn't have a truck because my dad is a truck driver and he was driving his truck, so we couldn't use his. So we found a truck of our friend's that we were allowed to drive and we joined the convoy in Headingley, I believe, on the 25th of January.

**Kassy Baker**

And when you say “we,” who are you referring to?

**Kyra Pituley**

Me and my stepmom, Steph.

**Kassy Baker**

And when did you arrive in Ottawa?

**Kyra Pituley**

We got to Ottawa Saturday, the 29th of January.

**Kassy Baker**

And what was your impression of the convoy when you arrived?

**Kyra Pituley**

Well, when we arrived in Ottawa, all of the trucks were, I guess, pointed towards one certain street. I don’t remember the name of that street, but along the river behind Parliament. All of the trucks were just at a standstill there. And we were sitting there for around, I want to say, half an hour, 40 minutes. And we had been travelling with another truck that we met, there was two people in it. And Steph went over to them and asked— We were going to go find a way up to downtown from Parliament and we asked them if they’re coming or not.

[00:15:00]

My mom handed me her phone and she said, “Get me here.” And there’s a lot of one-way streets in downtown Ottawa that we had to find our way through, and we ended up being two blocks from Parliament, on Metcalfe and Albert.

**Kassy Baker**

And did you attend Parliament after that?

**Kyra Pituley**

Yes. The first or second night, we went up to Parliament Hill just to see what was happening up there, and it was a really cool experience to be a part of.

**Kassy Baker**

And why was it a cool experience? What was happening that you thought was interesting or exciting or made you glad to be participating?

**Kyra Pituley**

Over the past, I guess, two years at that point that COVID had affected the entire world, I felt a sense of normalcy to be around people again who weren’t wearing masks and people

who, like, were just good spirit. We could go up and talk to anyone, and they would hold a conversation. You can go over to talk to the truck drivers and, just, everyone was so friendly.

**Kassy Baker**

And while you were on Parliament Hill or participating in the activities that were taking place there, what impression did you have of those that were participating? Was it positive? Was it negative? What did you see?

**Kyra Pituley**

I saw a very positive, like, attitude from everyone. I felt no one had any bad intentions to do anything that was not in a good way, I guess. Like, no one had the intention of doing anything bad.

**Kassy Baker**

Did you ever witness any instances of the participants acting cruelly towards any other individuals or acting illegally?

**Kyra Pituley**

In the very beginning, like, the first two weeks that we were there, it was all a very positive experience. There was no one, like, any sort of bad actions towards anyone.

**Kassy Baker**

And how long were you in Ottawa all together?

**Kyra Pituley**

Twenty-two days.

**Kassy Baker**

So what caused you to leave Ottawa?

**Kyra Pituley**

The Friday, I believe it was the 18th, there was more outside law enforcement that was brought in to downtown Ottawa who were trying to push the people out of the streets with force. Like, there was police officers holding batons and they had shields, and it was not a very good feeling to see that happening.

**Kassy Baker**

Did you see it, personally, happen? Were you there as that was happening?

**Kyra Pituley**

Personally, no, I was not. My brother, my dad, and Steph were all up there, though.

**Kassy Baker**

And when did you return to Manitoba?

**Kyra Pituley**

We got back in Manitoba, or we got back home February 21st.

**Kassy Baker**

Is there anything else that you would like to mention about that experience that I haven't asked you about?

**Kyra Pituley**

I don't think so.

**Kassy Baker**

Well, that concludes my questions. Are there any questions from the commissioners?

**Commissioner Kaikkonen**

Thank you for your testimony. You mentioned that some of the students didn't do their online education. When they went back to school post-COVID, did you notice a difference in grade standards, grade outcomes, the students' knowledge? You finished your online, but some of them didn't.

**Kyra Pituley**

I had moved schools at the end of grade 6. So at grade 7, I had actually moved out to Manitoba with my dad and I was attending a new school. So I wasn't really with the people who I had done online the previous year.

**Commissioner Kaikkonen**

Thank you.

**Kyra Pituley**

Can I add one more comment?

**Kassy Baker**

Sure can.

**Kyra Pituley**

When I was in Ottawa, I was doing online school from the day after I left to around the middle point that I was in Ottawa. And my teachers were very good with sending me work up until a certain point. And I don't know if this had anything to do with me being in Ottawa, but if parents would take their kids on a vacation, let's say, to Disneyland, they would be getting their work and they would be communicating with teachers very well.

And at one point, my teachers had actually stopped sending me work and stopped communicating. So I was reaching out to them about getting work and it came to the point where my parents were emailing and calling the school about getting me more work because they had just stopped sending me it altogether.

[00:20:00]

And the administration of my school had suggested that I be enrolled in Homeschool Manitoba because I was gone. And because I wasn't attending school for two weeks that I had to enroll in Homeschool Manitoba.

**Kassy Baker**

And when you returned, were you able to continue on with your school?

**Kyra Pituley**

When I returned to school, yes, I was able to. I had a bit to catch up on because I wasn't sent it, but I still continued as normal.

**Kassy Baker**

Very good. Are there any further questions from the commissioners? Very good. On behalf of the National Citizens Inquiry, we thank you for your testimony.

[00:20:47]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 13: Michelle Malkoske**

**Full Day 3 Timestamp: 08:51:58–09:08:02**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Kyle Morgan**

Our next witness is Michelle Malkoske. Can I get you to spell your full name and state your full name also?

**Michelle Malkoske**

Hi, my name is Michelle, M—oh man, I'm going to cry already—M-I-C-H-E-L-L-E. And my last name is Malkoske, M-A-L-K-O-S-K-E.

**Kyle Morgan**

And Ms. Malkoske, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Michelle Malkoske**

So help me God.

**Kyle Morgan**

Thank you. Where are you from?

**Michelle Malkoske**

I was born and raised here in Manitoba.

**Kyle Morgan**

In Winnipeg?

**Michelle Malkoske**

Yes.

**Kyle Morgan**

I understand you've been a nurse for about eight years, is that right?

**Michelle Malkoske**

Yes. Yes, I've been a nurse for eight years. I did my training in Brandon and then one of my first jobs was here in WRHA [Winnipeg Regional Health Authority] community nursing.

**Kyle Morgan**

And can you tell us what professional body oversees you as a nurse, if you can recall what it's named.

**Michelle Malkoske**

Yeah, so I am governed by the College of Licensed Practical Nurses of Manitoba. And then we also have the Manitoba Nurses Union.

**Kyle Morgan**

Okay. So I gather, from what you just told us, you were working for the WRHA in 2020. Is that right?

**Michelle Malkoske**

Correct. Yes.

**Kyle Morgan**

And I understand you were doing homecare?

**Michelle Malkoske**

Yes.

**Kyle Morgan**

And you were doing that casually. Is that right?

**Michelle Malkoske**

Yes, I did not hold a position at the time. I was just casual, so I could pick up as I would like, as I was also homeschooling my kids.

**Kyle Morgan**

Can you tell us how many hours you would work every two weeks?

**Michelle Malkoske**

Yeah, I would usually work two to three shifts in a pay period. Yeah.

**Kyle Morgan**

Okay. Now, I gather that towards the end of 2021, like many others, there were some vaccine mandates that came in that affected your employment. Can you tell us about that?

**Michelle Malkoske**

Yes, they had led up to this a few times. They had sent out memos saying that we're going to require to know if you're vaccinated or not or if you would submit to testing. And then I believe it was— Sorry, I have it written down, October 20th of 2021. I spoke with manager and he said, "Well, you need to fill out this form." And I said, "Okay, I will fill out this form to the best of my ability and I will submit it because I would like to continue to work."

So I filled out the form and I sent it in, and he says, "Oh, you need to check a box." I'm like, "Well, but I filled out the form the best I could, as you asked, and I'm submitting it to you this way." He said, "Well, let me get back to you then." And so, he got back to me and said, "Well, this is to confirm that all of your future shifts that you have signed up for—" oh, man, "all your future shifts are cancelled," they're just gone, "due to your decision to not disclose your vaccination status as per WRHA policy. This is, of course, something if you would like to change, you are welcome to sign up for shifts at any time as needed by both you and your employer."

So from that point on, I missed six months of work, which is about \$15,000 working part-time. Magically, in April, it was okay for me to return to work, and I was allowed to sign up for shifts again with no other questions.

**Kyle Morgan**

That would have been April 2022. Is that right?

**Michelle Malkoske**

Correct.

**Kyle Morgan**

Now, who informed you? Do you recall who it was that informed you, regarding your placement on leave or inability to get shifts?

**Michelle Malkoske**

It was just my manager that was above me.

**Kyle Morgan**

Okay. Did you ever make any other inquiries or ask any other questions?

**Michelle Malkoske**

I submitted them a notice of liability. They just said, "Okay," and I said, "Okay, well, I guess this is where we're at." They told me that I did have the option to test if I wanted to, and I declined and said, "I'll just wait it out." And it only took six months of waiting.

**Kyle Morgan**

Did you contact the professional college that you were a part of?

**Michelle Malkoske**

I did not contact the college, but they definitely were in contact with all of us. They had messaged us saying, "If you have made the personal choice not to be vaccinated for COVID, please continue to respect your clients' rights to safe and ethical care,

[00:05:00]

and to make choices that do not deprive them of access of competent nursing service."  
Yeah.

**Kyle Morgan**

So you would have lost your income during that time. Now, I understand you have children, is that right?

**Michelle Malkoske**

Yes, I have three children. I have a 15-year-old stepchild who, as we heard from Kyra, they had a rough time. And then I also have two smaller children that I was homeschooling at the time, as well.

**Kyle Morgan**

And are you married at the moment?

**Michelle Malkoske**

Yes.

**Kyle Morgan**

And can you tell us a bit about what happened with your husband's work situation, also?

**Michelle Malkoske**

Yes, he also was put on a leave of sorts as the facility where they get windows from was shut down in Toronto. So he had no income either, so we were without income for approximately three months. It was unfortunate. I know it was a decision that we did not take lightly, as I could go to work if I did agree to be tested. I would use other terms, but that's probably not appropriate. But I did not agree to be tested, so we wanted to stand our ground. During that time, we took the kids to rallies and stuff because I thought it was important for them to also understand the gravity of what was happening around them and to them and to us.

**Kyle Morgan**

Now, I gather your husband was a window installer. Is that right?

**Michelle Malkoske**

Yes. Sorry, he was actually the salesman who sells the windows; he didn't install them.  
Yeah.

**Kyle Morgan**

But he would attend customers' houses to do estimates, is that right?

**Michelle Malkoske**

Yes, so in his attendance to people's homes, people would ask him prior to entering their home for his vaccination card. Just to give a quote on windows.

**Kyle Morgan**

So it would be fair to say he wasn't able to do those estimates and lost income.

**Michelle Malkoske**

Correct.

**Kyle Morgan**

Can you tell us a bit about the effect on your family? I guess you were homeschooling at the time?

**Michelle Malkoske**

Yes, I was homeschooling my two younger children. That was a decision that I have always wanted to do. So for them it was not as bad. The 15-year-old had a much harder time because he couldn't go out and see his friends and all of the social things that come with being a teenager. For the two younger ones, the sports that they were in, they were allowed to go. However, I had to sit outside the emergency exit door to be able to watch them because I was not allowed in the facility.

**Kyle Morgan**

I understand there were some impacts on your wider family and some of those relationships. Can you tell us about those, too?

**Michelle Malkoske**

Yeah, I was quite outspoken about my views, personally. As a nurse, I also need to keep my professional guidelines, professional and ethical values, I suppose. So I did speak out to my family about how I felt.

I have nurses within the family who— They told me I should lose my licence and that I should not be practising as a nurse, which is awful to hear from your own family. Ah, it's crazy, just crazy. But yes, so there's some family that we do not speak to anymore and they

do not want to speak to us. It's unfortunate, but they are entitled to their own decisions and their own values and ideals as well.

**Kyle Morgan**

Do you know if there were other nurses, similar to you, who experienced the same thing as you? Or are you aware of other nurses in the same position as you?

**Michelle Malkoske**

Yes, I am, actually. I was very blessed to be with quite a few nurses who shared the same values and ideas as myself. I am so grateful to have those people to lean on. When we would show up at work, we knew who we could trust; we knew who we could talk to; we knew who we could confide in and that was such a blessing to have. As we went through this pandemic, you could walk into someone's home and they would point-blank ask you,

[00:10:00]

"How many shots have you had?" And I'm like, "I'm just here to help you. It doesn't matter. You didn't care about anything else like that, six months beforehand. I can provide you service or I can leave, but I will not answer that question for you." That was definitely something tough to have to go through. I know I wasn't the only one.

A lot of the nurses would wear their "I am COVID-vaccinated" sticker, and to a lot of clients, they would see that as a sign that that nurse was okay. If you didn't have the sticker on your badge— I personally was questioned: "Well where's your vaccination sticker? I don't see it on your badge." It just blew my mind, but there was definitely a few other nurses in my office and also in my group that also have stories to share, I'm sure, and they'll come out as we go on with this.

**Kyle Morgan**

Do you know of any others that made the same decision as you?

**Michelle Malkoske**

I believe there was at least two others, maybe three, I think, that made the same decision as me to not test and to just not go to work and to sacrifice that because of their beliefs. I know that there's some that did not have that option. There was probably many who did not have that option and had to go in and test every two to three days. And I couldn't imagine having to choose that. That would be tough.

**Kyle Morgan**

Do you know if the staffing levels were affected by your loss for six months not working?

**Michelle Malkoske**

In my office specifically, I know it was tough for them. I know they lost a few. I got page-outs all the time about overtime and shifts that were available and I would respond back, "I'm available to work." And they're like, "Did you change your mind or are you going to sign a sheet?" And I said, "No." They're like, "Well, then, you can't." I'm like, "Well, I guess

it's not that important for people's care because I'm a very competent nurse and I'm willing to provide care."

**Kyle Morgan**

Do you have any thoughts about how this could have been handled differently?

**Michelle Malkoske**

That's a tough one. I have many thoughts on how it could have been handled differently. That would take a very long time to talk about. I just feel there could have been a better way. I feel like people tried to do the best with what they knew at the time. It may not be what I think was ideal.

I feel the discrimination, if you want to call it that, against people who refuse to just even show vaccination, whether they were or not is unnecessary and that it never should have come to that. If you need help and you need health care and you need service, you should be entitled to that, regardless of whether you're going to show a paper or not show a paper or wear a mask or not wear a mask. You deserve care. That's part of my creed as a nurse. Part of our thing is to provide the right person, the right medication at the right time, the right way, and also allow them the right to refuse.

**Kyle Morgan**

How is the work environment now?

**Michelle Malkoske**

Now, it's like it never happened, and in my opinion, I go to work and I love my job still. I have to show up, I have to wear a mask, but it's still a great job that I love. I've never been questioned about this, ever again. Nobody's ever come hounded at my door about it, ever again.

The only problem I'm having now is if I do go to apply for another job at other companies, there is a mandate, still, for a lot of companies that you need to provide a COVID vaccination and that's quite frustrating. So I'm grateful to have had this job and to not have been let go and that I was put on leave. Yeah, I'm very grateful for what I have right now, and I just hope that it can change in the future. And I guess, we'll see.

**Kyle Morgan**

You mentioned, is it other private companies that still have policies that require vaccinations?

**Michelle Malkoske**

Yeah, a lot of companies are able to make their own policies and procedures on how they want that to go. I was trying to look up the WRHA policy about it, but I couldn't find it.

[00:15:00]

I believe the last that I was aware of was that you needed to provide proof of vaccination as a new hire at the WRHA, but I am not 100 per cent certain on that. But I know one company that I did apply for in the last few weeks, they requested my vaccination papers for that.

**Kyle Morgan**

I don't believe I have any other questions. I'll ask the commissioners if they have any questions. Yes.

**Commissioner Kaikkonen**

You mentioned that you had two to three shifts per pay period. Can you tell me what the average age of your clients would be?

**Michelle Malkoske**

Most people that I see are between the ages of 50 and 80.

**Commissioner Kaikkonen**

Thank you.

**Kyle Morgan**

Any other questions? I want to thank you, Michelle, for your testimony, on behalf of the National Citizens Inquiry. Thank you very much.

**Michelle Malkoske**

Thank you.

[00:16:02]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 14: Todd McDougall**

**Full Day 3 Timestamp: 09:08:01–09:33:28**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Kyle Morgan**

I think our next witness is Todd McDougall, that's Todd, there he is.

**Todd McDougall**

How do I look on my own camera there? I'm usually moonlighting here, you know. Activist, journalist.

**Kyle Morgan**

Can you state your whole name, sir, and spell your name also?

**Todd McDougall**

Todd McDougall, T-O-D-D, last name, M-C, capital D, O-U-G-A-L-L.

**Kyle Morgan**

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

**Todd McDougall**

Yes, I do. Yeah.

**Kyle Morgan**

Are you born and raised in Winnipeg? Is that right?

**Todd McDougall**

Yes.

**Kyle Morgan**

And I understand you worked a number of years in child care, is that right?

**Todd McDougall**

Yes, 13 years in child care, working for the same centre, as well.

**Kyle Morgan**

When did that employment begin there?

**Todd McDougall**

I got hired in, I think it was the spring of 2008.

**Kyle Morgan**

So then 13 years would have been to 2021.

**Todd McDougall**

Yeah.

**Kyle Morgan**

Now I understand the mandates that were in effect also had some impact on you and just tell us what happened with your employment and how your job ended.

**Todd McDougall**

Yeah. So it's actually kind of interesting with the combination of lots of things. I also had a son that was born literally the day the global pandemic was announced. So I was in the hospital listening to the nurses, discussing how they felt about the beginnings of the ongoing situation. We were also moving out of an apartment at the time. So there's a lot going on.

April of 2020, my daycare was shut down. Although I was still going to work because my director had made it available to take the opportunity to use the option of having no children around, to be able to do all kinds of things to the Centre that we otherwise would normally not be able to do. All kinds of cleaning, organizing. Lots of different stuff. I wasn't necessarily out of work for April because I was still going, so I could keep money coming in. **And helping out with my centre and actually helping out with my community. One of the things I loved so much about my position in the childcare centre that I worked for was that in any one given day, I was assisting not just a school age and preschool centre, but I was also assisting the ongoings of two schools, French immersion and English, a church, and a community club.**

**Throughout April and into May of 2020, I assisted all of those facilities because nobody was around. I was doing groundskeeping for the community club, for the church, for the daycare. Pretty much doing anything I could to keep busy, to keep active, to keep money coming in and to assist my community as well.**

Then that summer, some children started filtering back into the daycare when we reopened. It was not very many at all. Of course, lots of parents were still working from home. So that summer was pretty, kind of, boring. There was small groups of children. I was helping a few of them with their online learning, which was kind of interesting as well. Kind of business as usual, just with a really small crowd.

Then school started up again, sort of in a normal fashion, September of 2020. And things were still relatively okay. I wasn't dealing with a whole bunch of nonsense that made me feel uncomfortable about my job and how I was treating children and how I was being treated by my employer and my fellow employees as well, too. That all took a sharp change—actually, I guess just inside, I think that school year.

That first school year in 2020, September 2020 started off relatively normal. But then as you got into October, they were really getting harsh on the cohorts and the distancing. And then, let's say for my childcare, we couldn't go back to the schoolyard anymore. And then I was getting told to, "Okay, you're playing out in the schoolyard with the children from our centre, but some other children from the neighborhood came in and wanted to go play with our children. You shouldn't let that happen." And of course, I went, "Never for a day. Like are you joking with me right now?" I would laugh in someone's face that said that to me. Like, "Ha, ha, ha. No, I'm not doing that."

Then the masks came in.

[00:05:00]

And that was difficult. Like myself, I found out very quickly that even if I wasn't working in a very physical capacity, having the mask on for 20-25 minutes, half an hour of extended period of time, was certainly changing the way that I operated. Right? This isn't normal. It was affecting me. Then that took a step up to, you know, "Don't be lazy with it." I had my director and my other employees bugging me, "Why is it below your nose?" Then it was, "Wear it outside." And then, so quickly before we even got into November of 2020, it was basically, "Have it on all the time." As soon as you hit our front steps to the moment where you're allowed to walk off site on your own or into some back room or into the washroom on your own, you're going to have it on all day. Inside. Outside. With one kid. With five kids. It doesn't matter. And I took extreme exception to this. Not only just because of how it felt for myself but, of course, largely for children.

Like many others had said here, by this point in time, by September, by October of 2020, we had gone through the beginning of "A Pandemic," right? And whoever had heard of a pandemic, when in history— Like when there was the black plague or the Spanish flu, did it go away and come back again? But it was all still a pandemic? No, a pandemic is— This is **affecting the world or whatever area for this amount of time until it is not. That is "A Pandemic."** And this was like— Okay, so we had three months of shutdowns and lockdowns and this and that. Then we had a fairly normal summer.

Then we started school again in September. And then it's cold and flu season. So of course, you know, a lot of people in this room spent the last three cold and flu seasons going, "Oh, it's COVID season again." So there was the fears of— Ah, this is going to be a pandemic that is allowed to "come back." And so sure enough, it did. And I'm watching what that was doing to children. Again, seeing this period of time elapse where nothing was happening with children at all. Now they are back at school. They had already started school without all having to be in masks and done it for about a month or so. Now this is creeping into again November 2020.

**Kyle Morgan**

Now am I right that you started attending some rallies about this time?

**Todd McDougall**

Yeah, yeah. But anyway, so I wanted to say, it wasn't just me. It was largely what it was doing to the children. I could see very easily how many children, especially of younger ages, that was having a very tough time doing this. I was watching, and this was a big kicker for me: I was watching autistic children. Especially one specific, who I had been doing work with for years.

Let's go back to just the previous school year, before COVID, before the schools got shut down. We were championing—his workers inside the school and us, the childcare workers, as well too—championing the success that had happened with this child. He was right there involved with his peers. He was socializing. He was able to do the majority of what his peer group was doing. I was astounded that as we were watching him regress to not just back to where he was several years prior but even worse. He was far more aggressive and violent towards staff that he was very, very familiar with, in a way that we had never seen before. I couldn't believe it that my staff, including people— I was never trained. No, I got lots of training and did lots of course and seminar work, but I never went to school for child care. I did not do the full three years at Red River College. So I was working with employees that had been doing it for the majority of their adult life. So they're 20 to 30 years older than I, including my director. Of course, the other thing that I couldn't help to throw into that is, you know, much better pay grade.

They had no idea. I was the one that had to sit there and listen to them have round-table discussions about "Why is?" I'll say the name of the autistic child, Toby. "Why is Toby running after us? Why is he hitting us? Why is he beating us? What's going on?" And I went, "Do you know autism? You guys, but this is your job. Have you forgotten what you've gone to courses and done seminar work for?" They're all staring— What is he about to say? "He can't see your face! There's a problem, he can't facially recognize what's going on. He can't read emotions anymore. He's autistic, this is extremely paramount to how he socializes!" They were like, "Oh my god, you're right! And we can't do anything about it!" I was like, "So you're going to let it get worse?"

Yeah, well, Larry, my director said, "Brent Roussin said."

[00:10:00]

**I phoned Manitoba Child Daycare head office. I was put on speakerphone in a boardroom, as they all apparently, I could visualize this, stood around a table and they said, "We've never heard this before." This was a year in. This was just before I left my job. I called Manitoba Child Daycare head office and said everything I'm saying now. They said, "Could you stop for a moment? We're going to have to put you on speakerphone. No one's ever called us yet about this." In a province of over a million people with a daycare on almost every friggng street corner and growing? Really? My god. Yeah. Shocking.**

That's why I started attending the rallies. Prior to that, I was kind of well— I run a media organization called Winnipeg Alternative Media. And for over a decade, in many different capacities, we have attempted to keep free speech and freedom of information alive by doing practically the exact opposite of what the mainstream media does—which is don't

cancel or edit anything and let what we film speak for itself. And that's what I was doing for almost a calendar year, I would say: From the first rally that was held here in Manitoba, May 9th of 2020, up until I think the first one that I finally decided I am not just attending to film. I am here for every other reason as well now, too. Which was early January 2021 in Steinbach.

And immediately I got the repercussions that, of course, I was well aware was going to be coming my way. You know, you attended a rally—you were in a group size larger than public health order—so you have to self-isolate for two weeks. So all of that kind of amounts to why me and child care just wasn't going to work anymore. I could not stand to see what was happening to children, both whether we're talking about autistic and special needs or not. I could not stand the fact that I could not work my job properly anymore. We had gone through January and February, and I had made up every excuse imaginable to not actually do my job and not spend time with the children. Because I couldn't in good conscience anymore, and was doing small repairs and handyman work around the facility for a matter of months, at that point in time. All those options had ran out. I was done. I knew that this wasn't going to get any better anytime soon.

My director— And nobody had any answers for me and frankly, of course, were considering me to be a goofball. You know, like, "What is wrong with you? This is your job to keep the children safe. How can you have these questions?" And I remember one of my last things I told my director was like, "By the way, isn't it funny, I haven't been wearing a mask outside for two months and a parent hasn't said a damn thing." I found that was kind of fun. And the kids didn't rat on me either.

But so, it all just kind of came down. I remember the last phone conversation. This is really sad. After 13 years and being a very, very integral part of that community, once again working hand-in-hand with a church, two schools, a community club, and a school age and a preschool daycare— My last kick at the can there was I had a phone conversation with my director and said— Because I always admitted, I never tried to hide anything. I always said you know, "I don't want to wear the mask and I'm not going to be, and there's going to be lots of times where I'm not going to be when you're not looking at me." I still never got fired because I was one of the longest-standing employees at the time.

I know from firsthand accounts that the majority of the children and the families of that Centre loved me and considered to be one of my favourites. I was a, you know, young male staff. I ran around with the kids. I played rough-and-tumble; I let little boys fall off; I let little boys get in play fights. And then I would, you know, us and dad would high-five afterwards. So I knew how valuable I was and how my director was just hoping that something would change so that she could keep me on. And not go through all this struggle that I was kind of putting down to her.

But our last conversation was on the phone where I once again had to tell her, "Look, I attended a rally again just yesterday, so I guess I'm not coming to work this week." And she went, "No, no, you have to self-isolate, again." And I went, "Yeah, but there's no end in sight here. And so, what happens if I'm going to be attending a rally like every weekend?" "Well, I guess you're not coming back to work for quite some time." "I guess I'm not coming back to work at all." That's how that ended.

I then was not allowed even in the facility to go get my pair of work shoes. About a week later, I decided to go back. I tried calling my director on her personal line. And I called the daycare line several times. Emailed. Then I got there, knocked on the door several times.

Did their little buzzer thing that has a camera and everything, and it's got a full microphone system, as well.

[00:15:00]

Of course, I use that a million times a day. You can talk to people; you can say, "Oh, hello," whatever. Nope, nothing at all. One employee opened the door about this much, tossed my shoes on the outside and closed the door. That's 13 years, right there; that was my last final moment on the property.

**Kyle Morgan**

So now I understand you work at a seed plant. Is that right?

**Todd McDougall**

Yeah.

**Kyle Morgan**

So you had to change your whole line of work.

**Todd McDougall**

Yeah, 13 years doing— And I did try some of the schooling. Like I was doing a little bit, kind of, touch-and-go with Red River. Yeah, so 13 years of that, being a large portion of my life, that took up a lot of like extracurricular, as well. I did lots and lots of extra work there. When there were special events happening at the community club, I was a volunteer, like, it was being as much as I possibly, possibly could. I liked being a part of that community. After 13 years, I was now training new employees that I knew as like six- and seven-year-olds. I knew a lot of these families about as well as I know some of my own family, extended family members, like it was very tightly knit. And you know, it's the kind of thing that I've been so all over the place and so busy the last couple years of my life, sometimes I don't even think about it until a moment like now where— It was kind of shocking to see that my director and other employees and some of the other individuals there, could just let that happen with— It was kind of shocking to see sort of nobody kind of fight for me in a sense or anything like that.

And to lose that, that sense of belonging in a community that I had put so much work into was extremely debilitating. And then to compound that with having to go—okay, well, I need to still figure out a way to, you know, just to maintain, to bring money in and to move forward. So yeah, luckily enough, I had a friend who I'm sure most individuals would know, I'm sure is in the room right now, that being Patrick Allard. Who was like, "Well, you don't really got the skills for the kind of work I do, but I'll give you a shot." And I think I picked up a few things along the way, so that's nice. I could possibly do a few extra repairs around my own house now, so thank you, Pat. But that even had its problems because then me and him both got arrested.

**Kyle Morgan**

Yes, that's what I wanted to talk to you about that. So I understand you picked up about 10 or 11 tickets for mostly gathering outside in Manitoba. In addition to a mass ticket.

**Todd McDougall**

Yes. Hugs and handshakes, specifically.

**Kyle Morgan**

And like others that have testified, you were also arrested in May of 2021. And to be clear, that was as a result of *The Provincial Offences Act* in Manitoba. They issued a warrant to prevent the continuation of an offence, which in this case was gathering outside. Hugging and shaking hands with others.

**Todd McDougall**

Yeah. Yeah. And, you know, my— Especially after the daycare was, sort of, out of the way. Then, of course, I could throw myself into the mix even a little bit more. And of course, as all these things are transpiring, it's even more fuel to the fire to need to be more involved, right? So then it wasn't just—hey, I'm here already doing the media thing and maybe I'll get up on stage and speak a little bit. Because, of course, my first couple of times finally getting in front of the camera and up on the stage, I was talking about what I was seeing in child care.

But then after that point, it was more like—no, I want to be directly involved. I want to organize. I want to throw into the mix whatever I can using Winnipeg alternative media as a platform and as a mouthpiece. And then going back and using some of the knowledge that I had gained from activism that I had been involved in a decade ago. And I hadn't really been involved in protests or rallies for quite a few years leading up to the beginning of the COVID rallies. But I had organized and been a part of other different rallies from years before. And so, I was now able to bring some of that to the table and was more than happy to do so.

**Kyle Morgan**

I understand you were in jail for about 24 hours.

**Todd McDougall**

Yeah, on two separate occasions. Yeah, I was arrested for a breach as well.

**Kyle Morgan**

Now, on the first arrest, you are released with a condition to follow all public health orders, is that right?

**Todd McDougall**

Yeah

**Kyle Morgan**

And that would include the use of masks?

**Todd McDougall**  
Right.

**Kyle Morgan**

And so, tell us about your next arrest, which happened only a week later. Is that right?

**Todd McDougall**

Well, see now, there is already a punchline right there, right? Because follow all public health orders, to me, because of doing the research that was— Oh, what was it again? Oh, yeah, on the Province's website, saying that involved in public health order was the option to be mask-exempt,

[00:20:00]

and to not have to require specific detailed personal information. You do not need to have a doctor's note. You didn't have to have your doctor on the phone for somebody, that it really should be able to just be left up with— If I'm going to go shopping here and you're— I get the whole thing of, like, this is a private, whatever; the answer is no, you still have to leave. Okay, fine, I'll leave.

But this was a Shoppers Drug Mart, so not a little ma and pa store. Like it's a large company, and I had already had my arrangement with the owner. Anyway, so follow public health order means that I should be allowed to be mask exempt. And if someone's okay with me shopping there because I'm mask exempt, then there should be no problems. Or if they say, "No, you're not allowed to be a mask exempt at this store, this location, then leave." And then you do leave. Then again, should still be end of issue. But not this time around. I'm thinking because I was in the news a whole lot that week.

But yeah, so this was my local Shoppers Drug Mart. I had even worked there a few years prior, so I knew the owner. I knew the manager. And I had already dealt with them because of me shopping there throughout the pandemic, up to that point already, and having the issues with other employees and such. And I had to call this man and say, like, "Look, do you know what the public health order states?" And he said, "Yeah." So I said, "You are aware that myself and others are allowed to claim a mask exemption, not show proof?" Yada, yada, and all that. "And this kind of discourse is allowed." And he went, "Yes, I'm aware." So I said, "Okay, well your employees aren't aware. So that would be a training issue, and that would be on your part." And he goes, "Oh yes. You're right. I will have to have a talk with my employees and make sure that they are not yelling or harassing individuals such as yourself that claim this." So I said, "Okay, great, well if that's going to be the case that means I can keep shopping there? Because you are the closest one to me." I had a newborn at the time, so Shoppers Drug Mart is a pretty key place to go for a lot of your infant needs. I said this to him, so I was, like, "You know, we're spending a lot of money there or I could be spending it elsewhere." "Oh, no, please keep shopping here."

Fast forward to, this is a year later. I've been arrested. I've been in the media. I don't think they actually printed my bail conditions, but it's almost as if they did, I guess. Because for some weird reason, that day, I walk in to get registered mail. Registered mail. So whatever was at the post office there that day, I couldn't get from anywhere else. That was my post office. Registered mail. I go there. I'm thinking, this is the location; I have an arrangement with the manager. I wasn't even thinking about my bail conditions really. Funny looking back on that in retrospect, but good story now.

And so, I go in, and as soon as I get up to the post office, there's nobody around in sight. Just the lady, who I knew from working with her three years prior, staring at me, pointing to her face. And I went, "Come on. I've been doing this with you guys for a year. Go ahead, call up Harvey," the name of the manager. "Go ahead, call him up. I'm allowed to be here. You have my registered mail. Give it to me, and I'll be gone, two seconds." She calls up Harvey. Harvey turns the corner, takes one look at me and berates me. Yells, swears, "You get the 'F' out of here!" Like very, very aggressive. And of course, I apologize. I go, "Harvey, whoa. We've had a normal conversation about this before, calm down. But okay, I'll leave." As I'm getting into a vehicle and getting ready to leave, I turn around at the front door and there's the owner, Tracy, looking at me as if she is my mother.

And I go, oh, no. Because she's standing at the front door right now, this is not going to go well. So yes, sure enough, six hours later, I'd just finished eating dinner. Knock at my door, and it's the Winnipeg Police. And I say, I'm holding a little card and I go— They— "You're going to get arrested for a breach." And I go, "But it says follow all public health orders. And I have a little card right here with the Province of Manitoba logo on it from excerpt, from the website." Showed them this right. And, of course, the female officer lowers her head and goes, "Tell it to a judge." I'm sure we all kind of encountered stuff like that over the last few years. Lot of that has been spoken about here at this table.

**Kyle Morgan**

Yeah. Mr. McDougall, I'm mindful of the time So you did spend 24 hours again in jail on that occasion, is that right?

**Todd McDougall**

Yes. Yes. Solitary confinement. Only able to use the washroom maybe once or twice if I knock loud, long enough.

**Kyle Morgan**

I don't have any further questions for you, sir. I'm going to turn it over to the commissioners to see if they have any questions. Doesn't appear so.

So I thank you very much, sir, for your testimony. We appreciate it on behalf of the National Citizens Inquiry, thank you, sir.

**Todd McDougall**

Thank you. I'll also mention I know a lot about censorship, too.

[00:25:27]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

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*For further information on the transcription process, method, and team, see the NCI website:  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

**Winnipeg, MB**

**Day 3**

**April 15, 2023**

### EVIDENCE

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**Witness 15: Michel Gagnon**

**Full Day 3 Timestamp: 09:34:00–09:44:57**

**Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Wayne Lenhardt**

Okay, Mr. Gagnon, could you give us your full name and spell it for us, and then I'll give you an oath to start.

**Michel Gagnon**

Okay, my legal name is Michel Gagnon, M-I-C-H-E-L G-A-G-N-O-N. But I go under the name Mike.

**Wayne Lenhardt**

Mr. Gagnon, do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

**Michel Gagnon**

I do.

**Wayne Lenhardt**

Okay, due to the time constraints I'll lead you a little bit more than I normally would. You're presently 52 years old, correct?

**Michel Gagnon**

Yes

**Wayne Lenhardt**

And you have spent a total of 33 years in the air force?

**Michel Gagnon**  
That's right.

**Wayne Lenhardt**  
But you got out in April of 2022.

**Michel Gagnon**  
That's correct.

**Wayne Lenhardt**  
Okay. Could you tell us quickly what happened that made you leave the air force?

**Michel Gagnon**  
Yeah, so my story is very similar to all the military members that got out. I didn't want to get vaccinated. It was very obvious early on in the pandemic, especially when they came out with a mask, the whole thing was complete B.S. to me. Because the mask— I was a general safety officer for a couple of years; I had to take a course on masks. One of the comparisons that I like to— One doctor that is very vocal against the mandate, he likes to say that the mask, even an N95 against COVID-19, is basically like trying to sift sand through a chain-link fence. It does not work. And I knew that from the beginning, and that's why for me, the minute they started making the mask mandatory, I knew that this whole rhetoric was not about science. It was all a political game or whatever, so to speak.

**Wayne Lenhardt**  
Were there already concerns about things like myocarditis at that point?

**Michel Gagnon**  
Not on my side per se. I had a medical condition that they denied me of. However, they weren't going to approve it, anyway. They approved a bunch of people in Ottawa, but they didn't approve anybody else in Canada.

**Wayne Lenhardt**  
Okay, so there was a procedure to ask you, essentially, or require you to comply with the mandates. And could you tell us what that was quickly and what the end result was?

**Michel Gagnon**  
Yeah, so as part of getting out—because I didn't want to follow the mandate or I didn't want to take the vaccine—they basically started giving you remedial measures, which is kind of like disciplinary measures. You start with one, which is a bit of a warning. Second time was a— I don't know if it was a second or third time, but I think I got three of them where you ended up with a recorded warning. And then after that, you go on into, like, career implications where they're actually going to kick you out. Because you were, in accordance with the military, disobeying a lawful order in their mindset.

**Wayne Lenhardt**

So it was some kind of disciplinary process.

**Michel Gagnon**

Exactly.

**Wayne Lenhardt**

Okay, and so prior to having a disciplinary process be a mark on your record, which was exemplary at that point—

**Michel Gagnon**

Yes.

**Wayne Lenhardt**

You decided just to retire.

**Michel Gagnon**

Yeah, because at the end of my career, I switched to a part-time military, so a reserve class. And I had the options of just giving a 30-days notice. I basically did that before they started the proceeding of pushing me out and giving me a 5F release, which is a dishonourable discharge.

**Wayne Lenhardt**

And you're currently, basically, living on your pension, is that correct?

**Michel Gagnon**

That's correct.

**Wayne Lenhardt**

Was the mandate from the military or from the federal government or a combination? Did you ever get anything in writing, and if so, who did you get it from?

**Michel Gagnon**

So from the Chief of Defence Staff, we had what they call an order that came out, and basically, they stated that the vaccine is mandatory. And right away in that same order, if you were not willing to follow or give your status of your vaccination, you were going to get disciplinary— All the steps for disciplinary action were all laid out in there. And eventually, you will get kicked out of the military for refusing a lawful order.

**Wayne Lenhardt**

Were there any injuries that were noted at that time from military personnel that had gotten the vaccine? Were injuries happening at that point?

**Michel Gagnon**

So from what I've been told, we had no— Like we had COVID cases, but COVID cases based on the flawed test, obviously. So it's hard to say we had real COVID cases. But the military is usually a healthy entity

[00:05:00]

because you have to be physically fit and all that stuff. So the chance of you being in severe complication of COVID-19 was already pretty low because everybody is pretty healthy. And normally, if you have comorbidities, you don't stay in the military. You're getting kicked out because you're not fit for duties. So nobody, really, we might have had a few cases. I've never heard of any complication in the military. Doesn't mean it didn't happen. It's like the flu, right? You can be sick pretty bad from the flu. So I've never heard of any bad complicated case from COVID-19.

However, the minute the vaccine rolled out, there's been a lot of vaccine injuries. So it was, like, astonishing to me that we were still going with the vaccine mandate.

**Wayne Lenhardt**

Okay, and if there are injuries with the military, especially someone that's been in it as a career like you've been, the military basically has an investment probably well into seven figures into your training that they would lose.

**Michel Gagnon**

Yeah, so in 2007, I kind of switched trades. Just that training I did in 2006, 2007, basically to qualify a person like me to fly an airplane, it cost the military approximately 2 million dollars.

**Wayne Lenhardt**

Okay, is there anything you feel that the military or the government should have done differently in your case?

**Michel Gagnon**

Everything has been done as directed by their superiors to a T. They don't follow— They don't care what the population thinks.

**Wayne Lenhardt**

Okay, do you feel that this type of thing is going to harm the military in the longer term?

**Michel Gagnon**

Absolutely. It's already hurting. Right now, what I know of is there's quite a few flying squadrons that their pilots, not just the pilot, entire air crews are failing their medical because they're failing their EKGs. Because one of the first things that the vaccine does, it makes your body produce these spike proteins that are supposed to be the bad part of the virus. But they give you something that is making your body create the thing that is bad from the virus.

So what's happening right now, pilots are failing their EKGs—and air crews, not just the pilots—and because of that, well, you can't fly. So there's squadrons out there, from what I've been told, and this is hearsay, but there's only like two pilots serviceable in an entire squadron. And they're flying these guys all the time because everybody else is unserviceable right now.

**Wayne Lenhardt**

Is there anything else that you want to tell us relating to this issue with the military?

**Michel Gagnon**

Well, the thing with the military, they're— Here's the scoop with the military, and I think it's the same with the RCMP: You only promote yes-men. You don't promote critical thinking people. That's the way it works in the military: if you don't agree with your boss, you're never going to get promoted. So that's what's happening at the higher echelon. They will follow your government.

You got to remember the military, unlike the RCMP—which the RCMP fails at this mandate. The RCMP is supposed to be responsible to the public and they're supposed to keep the government in check. Well, guess what? They did the complete opposite during the pandemic because they didn't follow the Constitution. And that's what they're supposed to do.

The military does not have that mandate. They're supposed to defend the sovereignty as directed by their government, which the government—obviously, they wanted to impose that mandate.

But it didn't just happen in Canada: that happened throughout the world, synchronized with all the UN countries. So a lot of people think that the problem is just here in this country. This is the exact same thing in all the UN countries. So there's a pattern here. So we always think right now that it comes from Canada and we did this, we did that. Well, it's the same thing in Australia, New Zealand, U.K., like you name it, all the UN countries were directed to do it this way.

**Wayne Lenhardt**

Okay, I'm going to ask the commissioners at this point if they have any questions to ask you.

Any questions? Last? Okay, thank you very much.

**Michel Gagnon**

I'd like to make a quick statement just before we finish, it'll take a minute.

So I'd like you guys to actually go on YouTube and search Dr. Fauci predicting the pandemic. If you guys think the pandemic was something that was released by accident or whatever, it was actually planned. Dr. Fauci, on the 12th of January 2017, predicted that Trump will be hit with a pandemic at the end of his presidency. And the minute that Trump went over to the WEF and the UN, just prior to the pandemic, and said that he will not participate or the country will not participate to the world order, he came back home. And that's when the pandemic was released.

I have friends in the military everywhere; I've been in it for 33 years. We have an intelligence section or trade. I know a lot of people in that trade, and they told me straight up— And this is what you got to remember: The pandemic was created for you to get the vaccine, it was not the other way around. You didn't get the vaccine to try to avoid the pandemic. The pandemic was created for you to get the vaccine.

**Wayne Lenhardt**

Okay, if there's no more questions from the commissioners, I want to thank you for your testimony today, on behalf of the National Citizens Inquiry. Thank you so much.

[00:10:57]

*Final Review and Approval: Margaret Phillips, August 10, 2023.*

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## NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

### EVIDENCE

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**Closing Statement: Ches Crosbie**

**Full Day 3 Timestamp: 09:45:10–09:50:00**

**Source URL: <https://rumble.com/v2ldl8y-national-citizens-inquiry-winnipeg-day-3.html>**

[00:00:00]

**Ches Crosbie**

Thank you, Shawn, and thank you, Commissioners.

The proceedings today, as in the other days, have been very, at times, very wrenching and heart-wrenching. Shawn opened his remarks today, Mr. Buckley, with some remarks about courage, and that's certainly a theme that we've heard coming from witnesses who have testified here. Some at a comparatively young adult age, very young. And other people from various walks of life, including the police, who lived up to the principle that standing up for your own beliefs and what is right, even though it may feel lonely at the time, can have outsized effects. I think that's a theme we've heard during the day's testimony, and, in fact, the last three days. That standing out from the crowd can often prevent very worst things, bad things, from happening.

We had the good fortune finally to be noticed by CBC, the mainstream press, in the last couple of days. I just want to mention that because it probably took a degree of courage on the part of the reporter who did the story, filed the story. It was on television news, and there's an article on the CBC website. The gentleman's name is Josh Crabb. He's at Winnipeg, CBC, and he deserves some appreciation for the fact that a) he reported on the proceedings that we were engaged in, and b) in my reading, he gave a reasonably fair and balanced account of what was going on here. The article is called "Citizen-led inquiry into Canada's pandemic response makes stop in Winnipeg," and it's date lined April 13th. So again, the reporter was Josh Crabb.

If I could have that image up on the screen. I often think of the truth in this way. It's a great metaphor. The truth is dammed up behind this dam. The dam in the image here is called the media, so one of those cracks happens to have occurred now in the CBC wall against the truth. There will be other cracks. Dams, at some point, develop too many cracks, and the cracks get bigger, water starts to run through, and eventually, that dam will collapse. These proceedings that all of you, and all of you out there who are watching, and the Commissioners, everyone who's testified, everyone in the audience, these proceedings that you're supporting and are engaged in, and people have supported through their donations

and their testimony, and all their hard work, and all the volunteers involved in this—these proceedings will eventually end with that wall collapsing. That wall will collapse.

The next image here, if I might ask for it, was also a theme we heard come out in the evidence today. This, of course, is the well-known president, assassinated president of the United States of America, John Fitzgerald Kennedy: “A nation that is afraid to let its people judge the truth and falsehood in an open market is a nation that is afraid of its people.” That’s still where we are in this nation, Canada, because no government, no authority wants to inquire into its handling or mishandling of the last three years’ response to COVID-19. So we’re doing it. Governments fear the people, but the people have found a way to inquire into and establish the truth regardless.

The last image, please, and I’ll let that speak for itself.

Thank you, Commissioners.

[00:04:50]

***Final Review and Approval: Margaret Phillips, August 10, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*

# VOLUME THREE



## | Witness Transcripts

Part 4 of 9: **Saskatoon, Saskatchewan**





**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
SASKATOON HEARINGS**

**NCI | CeNC**

**Saskatoon, Saskatchewan, Canada  
April 20 to 22, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 01:44:03–02:08:36

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

#### **Shawn Buckley**

I'd like to welcome you to the National Citizens Inquiry as we begin our first of three days of live testimony in Saskatoon, Saskatchewan. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

Before I start, sometimes I do a call out. We are moving to Red Deer next week. If there are any lawyers out there that want to volunteer, we could use your assistance. We also are in desperate needs of bilingual counsel in Montreal coming up in a couple of weeks, and we could use some help in Vancouver for the next couple of weeks. So, if there's any lawyers out there that want to participate in this experience, please give me a shout.

Now, I always like to start by explaining to those that are participating what the National Citizens Inquiry is. And I have to admit, I'm having a little more trouble defining it. I'm quite pleased about this. There was a time where one could accurately describe the National Citizens Inquiry as a group of citizens that got together with this vision of appointing independent commissioners and marching them across this land to discover what we just experienced— What is the truth? And more importantly, to give ordinary Canadians a voice again: an opportunity to tell their stories safely, to begin a dialogue.

**And there is still that group, that's still part of what the National Citizens Inquiry is. I mean, it's a volunteer organization, so people come and go. It's not the same people that started it, by and large. And we start other volunteers on. And once we started this, we needed way more social media people and video clippers. We still need a lot of video clippers. And so, we set them up and get them volunteering on their way. And sometimes they go in directions we don't expect. But that's just a drop in the bucket to what's happening.**

**What we're experiencing and what we're watching is that since this inquiry began, since it started marching across this country, individuals, families, groups—both formal and informal—have started to do what we've asked them to do. And that is to take personal responsibility for their actions and personal responsibility for the state of this nation. If you go online, you can't miss it. People are clipping the testimonies and putting them out.**

**They're creating indexes of the witnesses and linking in a way that just makes our website look lame. And so if there's any volunteers out there that want to help us clean things up, we'd certainly appreciate that.**

**I saw a photo yesterday of somebody had written in chalk at a bus stop, nationalcitizensinquiry.ca. My understanding is, yesterday, the group Posties for Freedom had a call out asking people to go to City Hall in Hamilton with signs that could be read by traffic, announcing the National Citizens Inquiry.**

**This is going on and on and on. We just find out about it by just seeing what's happening online. Sometimes people will let us know, and we'll tag them to promote what they're doing. Sometimes they don't. The beautiful thing is they don't have to let us know at all because it's not about this little band that is putting on these hearings. It's about all of us making a decision to take personal responsibility for the state of this nation.**

So we find ourselves in a situation where the National Citizens Inquiry cannot be explained by the small group that puts on these hearings. And I think it would be more appropriate to describe the National Citizens Inquiry as those persons of all nations. And I say all nations deliberately because what we are doing here is trending internationally. Because people have a thirst for the truth, wherever they are. People across the world find the idea of standing up for freedom—

[00:05:00]

of actually taking personal responsibility, of being given the freedom to do that again because there's a movement—they're finding that quite attractive.

I would define the National Citizens Inquiry now as persons across the world who remember, and I'm using the word "remember" deliberately—who remember that they have a voice. We've all been put under a spell, a siren song that has put us asleep. We need to remember that we have a voice. The National Citizens Inquiry is those people that have decided that they need to stand up for what they believe in. The National Citizens Inquiry is those people who know, know to their core— You know, we know some things deeply. It belongs to those people who know to their core that they must stand up for freedom now regardless of the cost.

I have to say that I am honoured to be part of what is now something very different than it was when it began. I am, for the first time in a long time, optimistic. Optimistic. I have no illusion that our near- and medium-term future is going to be anything but very difficult. But I'm optimistic that when we get through that—because people are starting to take personal responsibility, because the spell is being dissipated—that we actually have a **future. So, I'm honoured to be standing with you here today.**

**Now Commissioners, I need to report the theme of the week. And I'm grieved to say that, at least my experience this week at the NCI, the theme would be sadness. I've reported to you both in Toronto and Winnipeg that when an inquiry date draws near, we have witnesses drop out. They back out because they are afraid. They are either afraid of economic consequences—that they would lose their job—or there would be other repercussions. They have dropped out because of the social pressure. This last week, we've had witnesses drop out for a third reason. And that is simply, they're too ill. They're too ill to testify.**

**We were approached in Winnipeg by a gentleman whose wife had just gotten out of ICU, and she has a very important story to tell. We were wanting to have this witness testify**

from her hospital room because she was then in a recovery ward. But we could not make those arrangements because the report back is that— She took a turn for the worse— Excuse me, I'll collect myself.

There's a witness that might not be able to testify at these proceedings because of health concerns. I'm sorry that I'm getting emotional, but we've been watching witnesses take the stand, especially vaccine-injured witnesses with just heart-wrenching stories. And it's just very difficult not to empathize and be affected by what's going on. I promise everyone that if you watch a day of hearings of the National Citizens Inquiry, you are not going to be the same.

We realize we're going to have to do something else, because we have so few slots for people that have these important stories, especially on injuries. I don't know if we're just going to have to have you guys video them and send us Rumble links or something. But I think just for, both in Canada and around the world, there are people that are not going to be around to tell their stories. And we need to get their stories. So I'm not sure what that looks like for us going forward because we probably don't have the technical capabilities unless people approach us to give us some assistance.

But there are people suffering.

[00:10:00]

And we have to stop denying what's going on, and many people watching this will understand that they're afraid, still, to have conversations about what's really going on. Even though it's becoming hard to deny.

It was about, I think, two and a half, three months ago I was on the website Zero Hedge. And I came across an editorial where the gentleman was basically saying, "We have to wake up." He said, "Look it, why doesn't everyone reading this article just ask themselves, how many people do they personally know who either died or were injured from COVID? And then ask themselves, how many people do they personally know who died or were injured from the vaccines?" And he did it in the article.

Now when I do that in my circle, I don't know of a single person who has died from COVID. I can think of some people that were injured from COVID. The examples in my circle were basically that loss of smell and taste. But my understanding is it's now fully resolved in those people, but they were injured for a period of time and understandably alarmed. And I know people that tell me they were terribly sick.

When we move to the issue of, do I know people who have died and are injured from the vaccine? **Yes. There's been death in my circle, absolutely. And actually, it's overwhelming. We have witness after witness who are terribly injured, and they go to the hospital and they're told, "Oh, it's not vaccine injury, and you need to see a psychiatrist or you're anxious" and all of this. But I'm sorry. I know a young man who is, I think, 17 with myocarditis. I'm 57. I've never run across that pre-vaccine. All these athletes dropping dead while they're there and all these young people dying. I live in the province of Alberta. Our leading cause of death, I think, last year, was unexplained illness. They didn't even have that as a death code until a couple of years ago. And now it's the leading cause of death and you're telling us it's not the vaccine?**

So, in my circle— Just to show how bad it is, if you were to draw a line 100 yards from my house, draw a circle 100 yards from my house—and I don't know all of my neighbours—I

can think of three vaccine-injured persons in that circle. Now, when my wife and I were driving up here, we had learned in connection to a friend of ours that this friend is now suffering with an illness. And I'm not going to say what it is, but it's a regular COVID-vaccine adverse reaction and one that I would personally be very concerned about. And my wife was actually crying. She was crying in the truck as we were driving up. But she was crying for two reasons. And it's the second reason that I want to talk about. She was crying because she, first of all, was sad that a friend is suffering. But the second reason was she felt shame that she didn't say anything when we were in the midst of this. "Don't do it, don't take it!"

And the reality is, if we were to back up a year or even a little longer, whether you were vaccinated or unvaccinated, there were a large group of people that had come to the conclusion—often through personal experience of being vaccinated—that this vaccine was bad news, and this vaccine was dangerous. And most of us didn't warn. Oh, we'd casually suggest, you might want to rethink this and that. But we weren't screaming from the house tops. Most of us weren't making much noise at all. And we can say to ourselves, "Well, it wasn't a safe environment." And it wasn't a safe environment. If you were a doctor, you're going to get your licence pulled. If you're a nurse, you're going to get your licence pulled. If you're at work, you might lose your job. You're certainly going to lose friends and family,

[00:15:00]

and people are going to call you a tinfoil hat conspiracy theorist.

And now I think if you are not called a conspiracy theorist for what you are saying, then there's something personally wrong with you, and you need to examine yourself. Because that term was invented to basically turn people's minds off. Because as herd animals, there's nothing more scary to us than being excluded from the herd. And so if they can create a term like conspiracy theorist or anti-vax, then you are subconsciously afraid to even go into that camp. And you will literally close your mind to people that you would identify with those views. You will close your mind because it's a protection mechanism. And the joke is on you because their mind isn't closed. You've closed your mind. The state has manipulated you into not considering other people's opinions. You actually close your mind. That term closed mind: it literally means it is closed. And so, the joke's on you because you don't get to hear another opinion. It's still up to you whether you're going to change your mind. But understand that the minute you—"Oh, this is an anti-vaxxer; this is a conspiracy theorist"—you have been manipulated. The second you feel that, understand that the joke's on you.

But it was an unsafe environment. I've heard people say they were worried about the army going door to door and dragging people out of their homes and jabbing them. And there was talk about putting unvaccinated people into camps. In Canada. There was talk about putting unvaccinated people into concentration camps. So yes, people were afraid to speak out. And it's clearly still unsafe to speak because we have witnesses backing out, in April of 2023, from testifying at this inquiry because they are afraid.

But I need you to understand that you need to take personal responsibility now, despite our failures in the past. Because now there are mothers today—today—taking their children to be vaccinated in Canada. That's happening. And it's happening because you're not screaming loud enough. You're not screaming at all. You're not speaking. You're still cowed. You're staying silent. There are vaccine-injured persons that could be directed to resources that can assist them, mitigate what they're suffering from. And we're not telling them about it because we can't have the conversation yet. And so, the reality is, and you're

not going to like this, but people are going to suffer and die unless you start taking personal responsibility and start shouting. So stop being afraid. And stop being intimidated. Or you are complicit going forward in injuries and death that happen, when we all know that this needs to be stopped.

Remember, I spoke—I believe it was in Toronto—about how the police state relies upon you for their participation. It can't happen. The lockdowns can't happen unless you stay in your house, unless you're cowed and stay in your house. And I'm not saying if— You know, if we're having a pandemic hit us and we're not sure what's happening and the government is actually being truthful with us and saying this or that might help, my gosh, we'll all act responsibly.

But it wasn't that long where it had to be clear to anyone with two firing neurons that there's something wrong. One day we're wearing masks; we're locked down; this is all afraid. And then the government just says, "Oh, it's lifted." And now, a second later, we're safe. And, "Oh, we don't need these restrictions. We don't need to show our police state identity papers to access a service."

But it's your compliance. It's you cowering in your home. It's employers requiring passports for your customers to come into businesses. Are you kidding me? You actually did that? You participated? You actually acted as the state. You were the police officer forcing citizens to participate in a police state ritual. Shame on you. And the employees that did it. The employers couldn't do it if the employees would say, "No, I'm not doing that." We just have to stop complying. That's the problem. You need to understand that, as mad as you are of what you experienced: It happened because of you. Because you let it happen. And you need to stop complying regardless of the cost. And you've been complying because you've worried about the cost.

Now, I want to get personal.

[00:20:00]

I want you to think about something I'm going to say, because for almost everyone who hears this, you're going to go, "Yeah, I felt that." And I'm going to suggest to you that sometime in your life, you felt that you were here for something important. You felt there was something bigger going on, that you were actually here to do something very important for everyone else. And then as your life went on, and you got busy with going to school and work and supporting the family, and you know, the real issue is how do you make the boat payments and stuff like that. We're all distracted with the bread and circuses. You might have found yourself even thinking back to how you felt you were here for something important, going, "Well, that must have been my imagination. Because **clearly the way my life is manifesting, I'm not here to do something important.**"

**I want to share with you something that's been kept secret from you. That feeling you had that you were here for something important is true. It's true. You are here to do something very important. And right now, you get to decide: Do our children, do our grandchildren? Their fate's in your hand. It literally is in your hand, the fate of your children and grandchildren now are in your hand. It's decision time. Are they going to be free? Or are they going to be slaves?**

**And there's only one way to decide. You have to decide. You don't get a choice. You can't sit on the fence because sitting on the fence is a decision for the police state. And you don't get**

to decide by making a conscious decision, “Oh, no, my kids are going to be free.” If you think that’s going to make them free, you’re still under the spell.

And when I talk about the spell, we hopefully will have a witness come and testify here, during these proceedings in Saskatoon, whose mother had gone to Shoppers Drug Mart to get vaccinated. And there’s a whole line of people behind her mother. And after her mother was vaccinated, for that 15-minute waiting period, is just standing there. And the line is still proceeding, getting their shots. And she dies. A news report I read even reports that she was dead before she hit the floor. She just dies. You know what’s shocking about that? Is that line of people waiting to get the shot stayed in the line and kept getting the shot. Did you hear that? They just witnessed somebody fall to the floor; likely, the person died before they hit the floor. And they stay in line and continue getting the shot. That’s a spell. Now that spell is being dissipated.

That’s what not taking action does: People stay asleep. They stay under the spell. And if you continue to do nothing, you are actively doing exactly what the police state wants you to do. But you want to know what the opposite of doing nothing is? Because doing nothing is your decision to work for the police state. That’s your decision. There’s no “on the fence” here. You’re for the police state 100 per cent or you’re against it 100 per cent. What’s the opposite of doing nothing? Doing everything.

And so you get to decide what type of a country we have, what type of a future our children have. And your choice is to do it all, to give everything. And so I’m inviting every Canadian, every person in the world to stop being afraid, to wake up, and to stand for freedom regardless of the cost.

Freedom is not free. But it’s worth the price.

[00:24:33]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

### EVIDENCE

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Witness 1: Dr. Francis Christian (Parts I and II)

Full Day 1 Timestamp: 02:08:36–03:09:51/05:48:40–06:26:09

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

#### PART I

[00:00:00]

**Shawn Buckley**

Now, I'd like us to segue into our first witness who we're very, very pleased to have with us this morning, Dr. Francis Christian. Dr. Christian, thank you for joining us this morning.

**Dr. Francis Christian**

Thank you very much.

**Shawn Buckley**

Dr. Christian, I'd like to ask you, first of all, if you would state your full name for the record and spell your first and last name for the record.

**Dr. Francis Christian**

Yes. My first name is Francis, F-R-A-N-C-I-S, and my surname is Christian, C-H-R-I-S-T-I-A-N.

**Shawn Buckley**

Now, Dr. Christian, you have been a surgeon for over 30 years?

**Dr. Francis Christian**

I have. Twenty-five years, actually.

**Shawn Buckley**

Okay, I'm sorry. And you actually were Professor of Surgery at the University of Saskatchewan.

**Dr. Francis Christian**

Yes, I was Clinical Professor of Surgery in the University of Saskatchewan. That's right.

**Shawn Buckley**

And although you were a professor of surgery—so you're teaching other doctors how to become surgeons—you continued to be a surgeon yourself at the same time.

**Dr. Francis Christian**

Correct. If I may, I can just tell you very briefly what I was doing in the University of Saskatchewan.

**Shawn Buckley**

Yes, please do.

**Dr. Francis Christian**

Yes. So my roles there could be thought of in three parts. The first was as a surgeon, like you said. I did general surgery, trauma surgery, cancer surgery, that sort of thing, thyroid surgery. I have a fellowship of the Royal College of Surgeons of Edinburgh and a fellowship of the Royal College of Surgeons of Canada.

The other parts of my role: As Clinical Professor of Surgery, I was very involved in data analysis and evidence-based medicine analysis. I taught medical students and residents how to critically read journal articles, how to make sense of the data. I gave many presentations. I regularly published peer-reviewed articles.

I was also director of the quality and patient safety department in the Department of Surgery. And in that role, I introduced the department to the National Surgical Quality Improvement Program, which is a very data-intensive program. I also, with the Computer Science Department in the university, developed an app for iPhone and Android, which is still being used, I believe, throughout Saskatchewan for improving quality by recording morbidity and mortality.

**In addition, the third part of my role as Clinical Professor of Surgery was in ethics and in the humanities. I was director of the Surgical Humanities Department, which I founded, and was the founding editor of *The Journal of the Surgical Humanities*, which has a worldwide circulation. I had the privilege of being the lead author of the Canadian Association of General Surgeons' position statement on professionalism.**

**Shawn Buckley**

So you come here today speaking about how colleges have treated doctors and how doctors have acted with quite the experience and authority behind you. I will just advise the commissioners that we have Dr. Christian's CV entered as Exhibit SA-3.

Dr. Christian, can you tell us, as this COVID pandemic started to come across or be imposed on us or experienced, what your initial thoughts were? And then if your initial thoughts changed? So I'm just kind of asking you to share your first part of your journey with us.

**Dr. Francis Christian**

When the whole thing started in 2020, I initially thought I should give the government a bit of a rope. It was supposed to be a new virus and let's see what they come up with. But towards the end of April, the beginning of May, I started seeing signs of what I had learned in my studies, historical studies, of what happened in the Soviet Union.

You see, when I was a teenager, I read a very influential book. It's called *Tortured for Christ* and it's by Richard Wurmbrand. And essentially, he talked about how the Soviet Union,

[00:05:00]

with its tyranny, was able to exert this control over millions of people, including this pastor Wurmbrand. And I decided at that time that I would make the study of the Soviet Union a part of my life journey.

I saw certain things which were very reminiscent to what was happening in the Soviet Union 50, 60, 70, 80 years ago. And that is censorship, the media becoming an arm of the government instead of holding government to account. I saw prominent scientists being censored, deplatformed. Words like "disinformation" crept in and that was straight out of the Soviet playbook. In fact, it was the Soviet Union that invented that word. "Disinformation" was actually a Stalinist term.

So I saw that. I saw some of the scientists that I had known about before COVID as prominent scientists—people like Paul Marik, whose work in the ICU was known to me even before COVID—were being censored. Pierre Kory was being censored. His *Point of Care Ultrasound* book is still being read by people in our hospitals here.

So then I decided to look at the data and none of it made any sense at all. And I tried to influence my colleagues. You see, as a surgeon you work with anesthesiologists and anesthesiologists often also work in the ICU. So I would engage them in conversation. I would ask them about the data, query them about the data, and then try and steer them in the way of the data. And I wasn't making much headway.

And then in the spring of 2021 the government rolled out the COVID injection to our children. And that was being done in what I would call "warp speed." And I decided that I couldn't stay silent anymore because children don't have voices and we have to be their voice. So I had a press conference in which I asked for something which shouldn't really be controversial. And that is informed consent. I pointed out what informed consent in the COVID-era looks like and what informed consent for the injection should look like.

And I had this press conference, which was actually well-attended by the local press. And one week later, I was called into a meeting and fired from my contract. And that is more or less my story.

**Shawn Buckley**

I'll just stop you there. My understanding is there were five doctors that participated in that press conference.

**Dr. Francis Christian**

No, there was me. I think you're talking about a video—

**Shawn Buckley**

Oh, yeah. I'm talking about the video. I am. So please tell us about that.

**Dr. Francis Christian**

Yeah, so the press conference was just me and another doctor who I hope will be here or is here: a good friend of mine, Dr. Chong Wong, who's a family doctor. And he also spoke at the press conference.

**Shawn Buckley**

What was the response to that? Well, first of all, tell us about the video and the response to the video.

**Dr. Francis Christian**

Well, the video itself was about a week before the press conference and that wasn't a factor in my firing—not according to that meeting and not according to what they've produced afterwards. Essentially, that was a video with five other physicians as well; that was just talking about the science around the COVID pandemic.

**Shawn Buckley**

Right. And to be more specific, it would be talking about the science that was not being reported by the mainstream media.

**Dr. Francis Christian**

That as well, yes.

**Shawn Buckley**

Right. So the purpose of the video was to get truthful scientific information to the public?

**Dr. Francis Christian**

Absolutely.

**Shawn Buckley**

I understand you ended up writing a letter after the video and— David, can you pull that up on the screen? I want to read, basically, your last two paragraphs from your letter. Just so that people watching understand the types of things that you were saying.

This is a June 12th, 2021, letter. It will be posted as Exhibit SA-3a on our website. Dr. Christian, you write:

[00:10:00]

**“For many months during this pandemic, I have tried to influence the system from within and have not made any public statements. My decision to make the video that has generated so much interest is a direct result of the vaccine being rolled out at ‘warp speed’ to our kids. Not even a semblance of full and accurate informed consent is being made available to parents or children— and kids are being induced and incentivized to get the ‘shot’ in schools even without parental knowledge or consent.**

**Any attempt to silent physicians is destined to fail. The Nuremberg Code specifically makes the acquiring of informed consent an absolute requirement in the care of our patients. The Declaration of Canadian Physicians for Science and Truth, which I signed, together with my Ontario physician colleagues and concerned members of the public, is already at 16,000-plus signatures. As the Declaration points out, any attempt to stifle physicians and their pursuit of the solemn duty and obligation of informed consent may itself constitute a crime against humanity.”**

Can you just explain for us that last paragraph?

**Dr. Francis Christian**

Yes, the Nuremberg trials were essentially held after the Second World War in order to make sure that such a thing never happens again. And the doctors’ trial was kind of a subset of the Nuremberg trials. And after that there was the Nuremberg Code that was published, which made sure that no experiment can be done on anybody without proper informed consent.

At the time of this letter, at the time of this press conference that I had, and even to this day, I believe it is still an experiment: a massive experiment on a large scale, on a population which hasn’t been given the information for informed consent. You can only give informed consent if you have the information for informed consent. And so I pointed out that that Nuremberg Code was being violated. And therefore that violation could constitute a crime against humanity.

**Shawn Buckley**

My understanding is that the lessons from the Nuremberg Code and basically the need for informed consent, which requires both an understanding of the benefits and the risks, has been incorporated into codes of conduct for physicians and for pharmacists and for nurses in Canada.

**Dr. Francis Christian**

**Yes, I think you’re absolutely right. The Nuremberg Code has informed several other codes and several other statements of professionalism and ethical behavior for physicians, nurses, pharmacists, and so on. Yes.**

**Shawn Buckley**

**Now, you were telling us earlier that after the press conference, you were basically fired. Can you share with us a little more about that? Are you meaning you actually were fired as a surgeon? Were you fired from all of your responsibilities?**

**Dr. Francis Christian**

Yes, I was fired from my contract. And because I was fired from my contract, I essentially lost my directorships as well.

I really don't know how they thought that firing me from the Director of the Surgical Humanities was going to serve the public. Because the reason I founded that department is so that the medical students, residents, surgeons, nurses can be brought into contact—can engage—with the humanities, with art and literature, poetry, drama and so on. Because my contention was, you can't really be a good surgeon or a good doctor of the human being without knowing the human story. So firing me from that position: I have absolutely no idea how that served the pandemic management purpose.

But I have to say, that particular meeting was very much— People have asked me, "Were you shocked? Surprised?" And I wasn't, because I had studied the Soviet Union.

[00:15:00]

I was very disturbed. And there were many tribunals that were set up in the Soviet Union for the show trials. And in my presentation, I'm going to talk a little bit about that too. So I was not shocked, but I was very disturbed.

**Shawn Buckley**

Yes, and actually I'll invite you to go into your presentation [Exhibit SA-3c]. You've prepared some themes that you wanted to share with us and I invite you to do that now.

**Dr. Francis Christian**

I'll go into my presentation straight away. I think I would prefer just to go through the presentation and then I could answer questions from the commissioners after that, and from you, Mr. Buckley.

I want to thank you for giving me this opportunity to give my expert witness testimony for an event which I think will be a major historical event in the life of our nation. Because when this time is written about and spoken about, there will be a record.

The scope of my testimony is essentially going to be about our children and the COVID-19 vaccine, the suppression of early effective treatment, and how are vaccine injuries reported in Canada.

Now, before I go into that, I just want to make some preliminary remarks on the use and **abuse of data by our health authorities and our governments. "Data, give me data" is actually from Sherlock Holmes and it was told to Watson. In the age of COVID it should be, "Data, give me transparent data." And data should not be used to frighten the people; the truth always comes out. Data should not be used to manipulate the population; the population pays the salary of public health officials, physicians, and politicians. And finally, data should not be used to obscure the real data; there will be a price to pay. And there's one more point: data should be transparent and consistent and verifiable.**

Very quickly I'm going to go through some of the manipulation and obscuring of data that took place. This is Alberta data: diagnosis of COVID after the first dose. And for three weeks at least after the first dose in Saskatchewan, this group of people would be called

unvaccinated. And if you look at that graph, the peak of cases is at 10 days after the first dose. In Saskatchewan and most provinces, they would be unvaccinated.

Again, what about hospitalizations after the first dose?

**Shawn Buckley**

I'll just stop you, so that people understand. When you say unvaccinated, you mean for the public statistics.

**Dr. Francis Christian**

Yes.

**Shawn Buckley**

So when they're reporting on TV, "Oh, we had 20 million COVID cases this week, run and hide, and get vaccinated—" that 20 million could be all vaccinated people because their definition of vaccinated is basically 14 days after. Now in Alberta, my understanding is you were unvaccinated for statistics purposes until 14 days after your second dose, and there could be a long wait. Was that the same with Saskatchewan?

**Dr. Francis Christian**

I believe it's similar in Saskatchewan, yes.

**Shawn Buckley**

Okay, and I'm sorry for interrupting. I just thought that was important for people.

**Dr. Francis Christian**

And this is— Once again it's Alberta data, because we don't have Saskatchewan data released yet. And shouldn't the public, here too, know this really important group of data? I think so. So here again, hospitalizations after the first dose: it peaks at five to 15 days after the first dose. And in Saskatchewan, such a person would be called unvaccinated.

What about deaths after the first dose? These are Alberta statistics again. In Saskatchewan, we don't have this data. Notice that death peaks at 12 days after the first dose of the vaccine. In Saskatchewan, again, unvaccinated.

**I'm just going to run through data, which I believe was manipulated and was given to us in a way that was meant to deceive us. And this is lifted right out of the annual Saskatchewan Health Authority report, page 15.**

[00:20:00]

**And this tells us about COVID-19 and ICU beds. And if you look at that circle there, it looks at ICU bed discharges and visits before the pandemic. And then, if you look at ICU bed discharges and visits during the pandemic, it is actually less, significantly less. So you remember they were trying to scare us by saying, "Our ICUs are being overcrowded and you have to get vaccinated, otherwise our ICUs will be overwhelmed." Now, there may be**

some other explanation for it, but on the face of it, the numbers do not lie. The ICU utilization before the pandemic was actually more than during the pandemic.

Now, what about throughout Canada? Many members of the public do not understand the ICU bed is not a physical bed. An ICU bed is nursing, physician and other staff required to staff a bed. And during the pandemic, was the real ICU bed shortage a shortage of staff with burnout, sick leave and so on? And were patients admitted to the ICU with COVID or because of COVID? And there's a big difference there. And how many co-morbidities did the average ICU patient have?

What about ICU bed usage in Canada before and after the pandemic? And this is CIHI data, Canadian Institute of Health, and essentially it tells the same story. On the left of your screen is ICU bed admissions before the pandemic. On the right of the screen is during the pandemic. And in fact, ICU bed admissions during the pandemic was less than before the pandemic.

Okay, with that introduction about the data, I'm going to get into the meat of my presentation. And the first subject I'm going to speak about is our children and the COVID-19 injection or vaccine.

I want to remind the public that Pfizer has a criminal history. This is in fact from the Department of Justice United States website. And it talks about how the Justice Department announced the largest healthcare fraud settlement in its history. Fraud settlement, \$2.3 billion for fraudulent marketing.

Exhibit 2: "Pfizer to pay \$325 million in Neurontin settlement," "defrauded insurers and other healthcare benefit providers by marketing Neurontin" in a fraudulent way. "Pfizer Admits Bribery in Eight Countries." "For three years, Pfizer Italy employees provided free cell phones, photocopiers, printers, televisions to doctors, arranged for vacations (such as 'weekend in Gallipoli,' 'weekend with companion' and 'weekend in Rome') and even made direct cash payments (under the guise of lecture fees and honoraria) in return for promises by doctors to recommend or prescribe Pfizer products." It happened in Italy, Bulgaria, China, Croatia, Czech Republic, Russia, Serbia, Kazakhstan, and I'm sure in many other countries, too.

Now, by summer of 2021, and actually much before that, it was obvious that there was more than a 1,000-fold mortality risk difference between children and the elderly. What that means is that if you're very young, you had more than a 1,000-fold less risk of dying than if you were very old. And there was the study from England that showed "SARS-CoV-2 is very rarely fatal, even with underlying morbidities," among children. In Germany, with 80 million people, this November 2021 study showed that there was not a single COVID death in children. And my contention still is that this should be, have been, in every informed consent discussion.

So what is the risk of COVID for children? In fact, there's a statistically zero risk of dying of COVID—less than the annual flu. There's 10 times less risk of dying of COVID for a healthy child than of a car accident.

[00:25:00]

Now teachers kept saying, "Oh, we are scared that they will infect us." In fact, there were studies in multiple countries, including this one from Scotland, that showed that teachers

are safer than the general public. And so healthy children do not need/did not need the mRNA injection, which has never been used clinically in humans before.

**So for a zero-risk-of-dying children's disease, what are the risks of the mRNA injection? You see, myocarditis is only one of the many vaccine harms that the data is showing. There's also paralysis, transverse myelitis, Bell's Palsy, strokes, pulmonary embolism, and a whole lot of other adverse events.**

**On the left, you see this very, very sad and tragic case of Maddie de Garay, a child who had paralysis waist down, being tube fed after Pfizer mRNA injection. And this girl is actually in Pfizer's own data, but Pfizer is refusing to acknowledge it.**

Now the captured media says that these adverse events are rare, or very rare. What is rare? One in 10,000, one in 5,000, one in 250? Remember the COVID-19 virus poses no risk of dying of COVID for your healthy child. "Rare" is only up to the point it affects your own child. And I defy any decent human being to watch that video in that link I've put up there, and not cry with this father, Ernest Ramirez, who lost his 16-year-old son from myocarditis from the vaccine.

What is the mortality after myocarditis? We've been bombarded by the media with stories about "mild myocarditis." In fact, we know the mortality long-term. From studies in Germany, which showed that the 6.5-year mortality was 20 per cent, 20 per cent are dead after 6.5 years. The Korean study showed that 25.5 per cent with myocarditis are dead in 10 years. There's no such thing as mild myocarditis.

How many myocarditis present to hospital? In various studies, there's one in 2,500, one in 6,000. And in the Thailand study, where they actually looked for myocarditis, it was one in 250. But many myocarditis cases will not present to hospital but will still have damaged heart muscle. So what is the observed mortality of myocarditis? We know it's 20 per cent at 6.5 years and 25.5 per cent at 10 years. What don't we know about the other medium- and long-term effects of the mRNA injection?

So what should informed consent for children look like? The risk of your child dying of COVID is almost zero. The vaccine has a new gene technology that has never been used clinically before. The vaccine was approved using emergency-use or interim-use authorization. It is experimental. Its medium- and long-term effects are unknown. To qualify for emergency-use authorization, there must be an emergency. There is no emergency in healthy children. Children are of no danger to adults. There are thousands of deaths associated with the vaccine. Myocarditis is a serious condition and can be caused by the vaccine. Its real incidence is unknown. It could be 1 in 5,000 or 1 in 250 or even commoner. Myocarditis can be fatal. Many other serious vaccine adverse events are **happening. And the risk of the vaccine for a healthy child is likely more than the risk of COVID. That, in my view, should be the minimum information for informed consent and this has not changed since my press conference in June 2021.**

**But there is a farce that is underway—of informed consent in Canadian children. This is thanks to the good folk at SASK ALLIANCE, and I've put the link there for those who want to go to their website. And these are documents through freedom of information requests.**

[00:30:00]

**On the left you see consent for COVID-19 vaccine for children. And I want you to concentrate on this, "It is recommended that parents/guardians discuss consent for**

**immunization with their children. Efforts are first made to get parent/guardian consent for immunizations. However, children 13-years-old and older who are able to understand the benefits and possible reactions”—reactions, what does that mean? Does it mean death? Does it mean adverse events?—“for each vaccine and the risk of not getting immunized, can legally consent to receive or refuse immunization in Saskatchewan.”**

**So this is a farce. Because if you’ve seen my previous slide, which 13-year-old can understand all the things that needs to be understood? I haven’t met a 13-year-old who can understand even half of what is required to be understood for informed consent.**

**As part of the informed consent process in Saskatchewan, they were directed to the vaccine information sheet. As far as I could find out, this was the vaccine information sheet. And** what they say here is, “People who are vaccinated may experience mild to moderate side effects.” I don’t know if you can call death a mild to moderate side effect, or paralysis a mild to moderate side effect, or myocarditis. “They are minimal for most people and should go away in a few days.”

Death doesn’t go away. And apparently this mantra: vaccines are safe and effective. But as we know, these are all the things that should be there in informed consent, but wasn’t. And that hasn’t changed.

So my question for parents is: Should you trust your children to a company with a criminal history? That illustration on the right is from the great work of the British illustrator and cartoonist, Bob Moran. I’ve put his website in the link there. It shows a plucky little fellow hiding behind his mother who is standing up bravely to the COVID criminal enterprise. But I want to tell the commissioners, Mr. Buckley, the public: My efforts, our efforts, our campaign to inform and educate parents and keep our children safe has worked. Much more work remains to be done but we are winning. Millions of mothers all over the world have not believed the narrative of the COVID criminal enterprise and have heroically kept their children safe.

My question for the Government of Canada, the provincial governments, their agencies and their operatives, and for corrupt legacy media: Why do you want so desperately to inject our children with a dangerous vaccine that they do not need?

And now I’ll go into the second part of my testimony, which is the suppression of early effective treatment of COVID-19. And ivermectin, mind you, is only one of several different medications, drugs, and supplements that have been shown to be effective. But I’m taking this example anyway. So I’ll try and tell you what happened, why it happened, and why it must never happen again.

**On the right, bottom, you see the discoverer of the group of materials that later became ivermectin, the avermectin, Satoshi Omura. He won the Nobel Prize in 2015. It was commercialized as ivermectin in 1981 and since 1987, it has been used in billions of patients around the world to combat parasitic diseases. And 100 million doses of ivermectin are administered every year. It’s a very safe drug and it’s safer than Tylenol. It’s actually in the WHO’s “essential medicines” list. Ivermectin before the pandemic, the patent had long expired. It cost less than 10 cents in most countries to produce and sell. And even at that time it was being approved for uses that were off-label.**

**Now, off-label means that the physician, using his or her own judgment and the sacrosanct patient-doctor relationship, is able to prescribe a drug for off-label use.**

[00:35:00]

**And a study showed that 20 per cent of all prescriptions in the U.S. are off-label; fifty per cent of all pediatric prescriptions in Europe are off-label.**

**The antiviral effect of ivermectin had already been shown for a range of viruses, including the dengue virus, the HIV virus, the encephalitis virus, and a range of RNA viruses. If you look at these studies: This one shows that ivermectin is a specific inhibitor of the replication of HIV and dengue virus, 2012 May. It shows, again in 2012, that ivermectin is an inhibitor of viral activity, new prospects for an old drug. And this is actually a very good article which is titled, "Ivermectin: enigmatic and multifaceted 'wonder' drug continues to surprise and exceed expectations." Again, before the pandemic. During the pandemic, the antiviral activity of ivermectin was actually noted against the COVID-19 virus in April, 2020.**

And what about ivermectin in clinical trials? Many of you will know this website. It's from the FLCCC [Front Line COVID-19 Critical Care Alliance] website and it shows that ivermectin for COVID-19 has massive beneficial effects in COVID-19 for prophylaxis, for early and late treatment: 82 per cent, 62 per cent, 42 per cent and so on. So during the pandemic, we had no effective, approved treatment for at-home outpatient treatment. Ivermectin is one of the safest drugs known to mankind. It had already shown antiviral activity, including against the COVID-19 virus. It was showing remarkable efficacy to save lives in real-world clinical trials. Even if some studies did not show benefit, it was a safe drug to use. It was the logical drug to use for early, effective treatment.

But what actually happened is that the pharmaceutical companies started a campaign against ivermectin. The media came down on ivermectin like a ton of bricks. They were writing articles that were supposed to be done by "fact checkers." But in fact, the "fact checkers" were not doctors at all; they were mostly young people with basic undergrad degrees. And Matt Taibbi of the Twitter Files fame actually wrote an article on this, "Why Has 'Ivermectin' Become a Dirty Word?"

What happened in Canada with ivermectin? Doctors were suspended for using ivermectin. Ivermectin became scarce, probably because imports were stopped. Pharmacists refused to dispense ivermectin, even with a doctor's prescription. And pharmacists reported doctors and are reporting doctors for prescribing ivermectin. And the captured Canadian media campaigns vigorously against ivermectin.

**Shawn Buckley**

Doctor, can I just stop you there? Has it ever happened before where pharmacists were **refusing to fulfill prescriptions written by medical doctors and reporting medical doctors to their colleges?**

**Dr. Francis Christian**

**Never. The pharmacist will sometimes call me, or call a doctor, and say, "I want some clarification and is this what you had in mind?" And that's the extent of the query that the pharmacist does to the physician.**

**Shawn Buckley**

**Okay, so this was an extreme change in behaviour.**

**Dr. Francis Christian**

This was unprecedented. Absolutely.

**Shawn Buckley**

Thank you.

**Dr. Francis Christian**

Meanwhile, the FDA [Food and Drug Administration] put out this completely ridiculous, cartoonish thing: “You are not a horse. You are not a cow. Seriously, y’all. Stop it.” As if they didn’t know that it was being used all over the world in human beings. And meanwhile, *The Hollywood Reporter* is slamming Joe Rogan: “Joe Rogan Says He Tested Positive with COVID-19, Takes Unproven Horse Dewormer.” And there was only one contrary article in *The Wall Street Journal*: “Why Is the FDA Attacking a Safe, Effective Drug?” After all, it is a safe drug. Let’s say there was no overwhelming proof it works, why not try it?

Why the war against ivermectin? And to answer that, ask yourself the following questions: If there is a safe, early, effective treatment, why a vaccine? If there is safe, early, effective treatment,

[00:40:00]

why emergency- or interim-use authorization for a vaccine? And if there is safe, early, effective treatment, why the lockdowns, the masks, the school closures, the business closures? And if there is a low-cost, safe, early, effective treatment, where are the billions to be made by Big Pharma?

So follow the money. COVID vaccine profits minted nine new pharma-billionaires. And Pfizer’s 2022 revenue from the vaccines was a record \$100 billion. The money that can be made from ivermectin? Zero.

Now, this is a very disturbing article that came out in *The British Medical Journal* last year. It looked at what percentage of the regulatory agencies in various countries—in other words, the agencies that approve drugs and vaccines—are actually financed by the industry itself. You heard that right. What percentage of the regulatory agencies, like Health Canada, are financed by the industry they’re meant to regulate?

And this is the table from that article. Canada is right on the right side, and Australia, Europe, UK, Japan, USA. You’ll notice that Health Canada’s budget for approval and so on is massive per Canadian, compared to other countries. But more than half of its budget comes from the industry itself. Conflicts of interest, they’re not made available to the public. And the regulator routinely receives patient-level data sets? No, in Canada. In other words, Health Canada simply believes whatever the vaccine company or the drug manufacturer tells them. And not surprisingly, 83 per cent of the new drugs are approved.

This is truly disturbing and bizarre. The industry—that is, Big Pharma—that the regulator, Health Canada, is meant to regulate, gives money to the regulatory agency, Health Canada. As Shakespeare would say: Not a rose, but a bribe by any other name smells just as sweet to Big Pharma. And if you want to know the Canadian implications of this, you can go to that article, which I have in my slide.

Follow the money. On the right you see this very ethical, very intelligent woman who is a physician and former editor-in-chief of *The New England Journal of Medicine*, one of the premier journals in medicine. When she retired in 2000, she wrote a book: *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. And I quote from the book. “Now primarily a marketing machine to sell drugs of dubious benefit, big Pharma uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the FDA, academic medical centers, and the medical profession itself.” And also from the book: “It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I’ve reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine*.” – Marcia Angell.

Now, it turns out that the present editor of *The New England Journal of Medicine* is also in the advisory body of the FDA approving the vaccines.

And finally, the last part of my presentation is the COVID vaccine-injured Canadian. I want to start with the COVID vaccine-injured American. They have a simple web-based form. I quote from the VAERS [Vaccine Adverse Event Reporting System] website: “VAERS accepts reports from anyone. Patients, parents, caregivers and health providers are encouraged to report adverse events after vaccination.” Now remember: this is a simple web-based form.

Now, what about the COVID-vaccine-injured Canadian? Unlike an American, a Canadian citizen cannot directly report a vaccine injury to Health Canada, or even to the provincial public health agency. Don’t take my word for it. This is from Health Canada itself, and it says, “Should you experience an adverse event, please talk to your doctor.”

[00:45:00]

Okay, so step one is find a doctor. Not always easy for a Canadian.

Step two, get the doctor to believe you. Again, in the COVID-era, we know that most doctors don’t believe patients. And you have to get the doctor to accept your injury’s related to the vaccine and agree to file a report.

Okay, let’s say you find such an ethical, compassionate doctor; believes you, accepts the vaccine injury, wants to file a report. He’s confronted with a complex, nine-page PDF form, which he has to download from Public Health Agency of Canada. And the user guide to complete the form runs to 40 pages on how to complete the form.

Okay, so the compassionate, ethical doctor is found; he believes you or she believes you, **fills out the nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency. And in Saskatchewan—this is again from the Health Canada website; you’ll notice that the address to send it to is given there—the Saskatchewan Ministry of Health, Population Health Branch. But there’s no fax number and no email address. You have to send it by snail mail.**

Okay, step five. **Compassionate, ethical doctor found, believes you, fills out nine-page PDF form with 40 pages of instructions. Doctor must send form to provincial health agency. The public health official must then approve the vaccine injury. This step is a mystery to me and to almost everybody. If not approved, the vaccine injury report is stopped cold. Remember, this public health official, who has to approve it, has not even seen the patient.**

**Shawn Buckley**

And would that person be a medical doctor?

**Dr. Francis Christian**

You know, I don't know. I believe it is, but it's a mystery.

Compassionate medical doctor found, believes you, fills out a nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency; then the Public Health official must approve the vaccine injury. This step is a mystery. If not approved, the vaccine injury report is stopped cold in its tracks. And then, if the provincial Public Health official approves, the vaccine injury report is sent to Public Health Canada and entered.

What are the conclusions? The Canadian vaccine injury reporting system is convoluted and broken. There are major roadblocks and impediments to reporting at every step. It appears to be designed to actively discourage reporting. It is failing the citizens of Canada. There is an urgent need for an independent, accessible, robust, and patient-centered vaccine injury reporting system.

And I'll conclude my testimony with a few important observations. What is an expert and what is a consensus? The progress of science depends on debate, comparison, dissent, and the pursuit of truth. There are always experts on both sides of a debate. An opinion, even a majority opinion, cannot be called a consensus. There is no consensus in the COVID-19 pandemic. And you see— Can I run this two-minute video?

**Shawn Buckley**

You can.

**Dr. Francis Christian**

The experts were very wrong.

**[Video] Bill Gates**

During 2021, we should be able to manufacture a lot of vaccines and that vaccine, a key goal is to stop the transmission; to get the immunity levels up so that you get almost no infection going on whatsoever.

Everyone who takes the vaccine is not just protecting themselves, but reducing their transmission to other people and allowing society to get back to normal.

**[Video] Rochelle Walensky, CDC**

We can, kind of, almost see the end. We're vaccinating so very fast. Our data from the CDC today suggests, you know, that vaccinated people do not carry the virus, don't get sick.

**[Video] Rachel Maddow, MSNBC**

Now we know that the vaccines work well enough that the virus stops with every vaccinated person. A vaccinated person gets exposed to the virus, the virus does not infect them. The virus cannot then use that person to go anywhere else. It cannot use a vaccinated person as a host to go get more people. That means the vaccines will get us to the end of this.

**[Video] Dr. Monica Gandhi**

Essentially, vaccines block you from getting and giving the virus.

**[Video] Joe Biden**

Fully vaccinated people are at a very, very low risk of getting COVID-19.

[00:50:00]

Therefore, if you've been fully vaccinated, you no longer need to wear a mask.

**[Video] Dr. Anthony Fauci, NIAID**

**When people are vaccinated, they can feel safe that they are not going to get infected.**

We have all the vaccines we need. We just need our people to take it. A, for their own protection, for the protection of their family, but also to break the chain of transmission. You want to be a dead end to the virus, so when the virus gets to you, you stop it. You don't allow it to use you as the stepping stone to the next person.

I think, given the country as a whole, the fact that we have now about 50 per cent of adults fully vaccinated, and about 62 per cent of adults having received at least one dose, as a nation, I feel fairly certain you're not going to see the kind of surges we've seen in the past.

**[Video] Joe Biden**

If you're vaccinated, you're not going to be hospitalized, you're not going to be in an ICU unit, and you're not going to die. You're okay. You're not going to get COVID if you have these vaccinations.

**Dr. Francis Christian**

So the experts, as you saw, were very wrong. And the other experts, it turns out, were correct. "Vaccines for all" was not the way out of the pandemic. This was the days of Delta. And it also showed that the vaccine viral load was actually the same. The COVID-19 viral load was the same in the vaxxed and the unvaxxed. And it showed that countries that were highly vaxxed (100 per cent vaccination, 99 per cent) were also getting the highest counts of new COVID cases.

And what is "misinformation" and "disinformation" in science? Both terms were used extensively in government propaganda in the Soviet Russia and in Nazi Germany. It cannot be that "I don't agree with you" equals misinformation or disinformation. If you don't agree with me, debate, discuss, and disprove me. That is the way of science.

On the right of your screen there is a virologist, viral immunologist, anti-virus vaccine developer and Canadian hero, Dr. Byram Bridle. And this is what he said in his recent Substack: "Over the past three years, not one person who has accused me of disseminating mis- or disinformation relating to COVID-19 has ever offered me the courtesy of a conversation prior to doing so. Not one."

The other thing that was said was that everything was for the common good. Individual and societal evils, which are bad, cannot justify the greater good. And they are fundamentally opposed ideas. But individuals and people, even churches, can be deluded and scared and traumatized into believing that the harm they do is for the greater or the common good. This is the playbook of totalitarian regimes. By repeating the harms, loss of our freedoms and liberties, the common good delusion is normalized and the people become desensitized to harm and evil.

Like in this case: Who doesn't remember the media headlines? "I have no empathy left for the willfully unvaccinated. Let them die." "Unvaccinated patients do not deserve ICU beds." And as a physician and a surgeon, should I be asking the question "What about the willfully obese or the willful smoker? Or do patients with alcoholic cirrhosis deserve ICU beds?" Of course, they do! We don't pass moral judgments in medicine. But government-led propaganda works. "Us and them."

I put this up because the guy on the left was supposed to be supporting the common good by saying that one of the fittest people ever to walk the planet, Novak Djokovic, is a threat to health services. I think that's enough said about that particular— Anyway.

Now I want to talk about Trofim Lysenko of the Soviet Union, who was a geneticist, who Stalin elevated to the head of the science academies. He disagreed with what he called the "bourgeois ideas of the West." And especially also the bourgeois ideas of the Austrian monk, Gregor Mendel. You must remember the Soviet Union was militantly atheistic. And it turned out that Lysenko had a particular view of science.

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A view where he said that math has no place in biology. And he put the famous geneticist and his mentor, Vavilov, on the right, in prison, where he died.

You can actually look this up, even in Wikipedia. Lysenkoism is, "Only my view of science is the truth. Everything else is conspiracy, false, misinformation." Scientists and physicians were persecuted if they strayed from the official narrative. And in time, this came to include all of science except nuclear physics and space. More than 3,000 scientists were deported to the Gulag, imprisoned, or executed.

Now in the COVID-era, the academy, the university, has played lip service to academic freedom but has implemented academic tyranny. The official COVID narrative, which I call "COVIDism," which has become like a religion, and deeply flawed people like Fauci are the religion's high priests.

**Shawn Buckley**

And doctor, I'm just going to ask how much time you have left, just because we also want to allow for some commissioner questions.

**Dr. Francis Christian**

I think it'll be only another two or three minutes.

**Shawn Buckley**

Okay.

**Dr. Francis Christian**

This religion has prayers, chants and slogans like, "Vaccines are safe and effective." When faced with evidence to the contrary, they follow it up by persecution. And the free exchange of scientific ideas has been abandoned.

**With the licensing bodies, they've become the top police of COVID Lysenkoism. The COVID narrative is the religion, COVIDism. The religion of COVIDism threatens to excommunicate you, i.e., take your licence, unless you recant. And the data and evidence do not count at all. And the persecution is pursued with religious fervor, ostensibly for the common good.**

**This is my last slide and I want to end this testimony by asking Trudeau, Wuhan, and Fauci, and Pfizer three questions. The preamble to the questions is the lab leak theory, which was once considered a racist conspiracy and which is now considered the most likely explanation.**

**Question one: What really happened in Winnipeg, Canada's taxpayer-funded Level 4 infectious diseases lab? You will recall that just before the COVID pandemic, two Chinese army scientists, what were they doing in our Level 4 infectious diseases lab? Anyway, they were marched out by the RCMP and deported. We don't know what they were doing. Why is Trudeau hiding the truth from Canadians and going to extraordinary lengths to do so? Was gain-of-function research being done in Winnipeg and then exported to Wuhan?**

Thank you very much.

**Shawn Buckley**

Now, Doctor, I'm going to open you up to commissioner questions. But because we have a virtual witness scheduled in about five minutes, I'm going to ask—if there are further questions—if we could adjourn you and have you come back after the next virtual witness.

**Dr. Francis Christian**

Absolutely. The PDF of this should be in your record if you want it. So anybody will be able to download it and go to the links. Thank you.

**Shawn Buckley**

Thank you. So I'll ask the commissioners if they have any questions. And, doctor, if you can still sit down, there may be some commissioner questions.

**Commissioner Kaikkonen**

I want to thank you for your presentation. I too have read the book *Tortured for Christ* and found the content very insightful.

My question has to do with the Tri-Council Research Ethics Certificate Program. It **addresses research ethics and informed consent requirements for minors under the age of 18 and for those persons who are unable to make informed decisions for themselves. And as you suggest in your letters, students were being induced and incentivized to get the shot in schools even without parental knowledge or consent. So my question is this: How do we reconcile that the adults in positions of authority—and I'm referring specifically to school boards, administrators, and teachers—who are taught research ethics as part of their academic credentialing, how they just complied without question, essentially doing what they were told to do to the point of putting our children at risk?**

**Dr. Francis Christian**

That's a very good question. And I'm afraid it doesn't have an easy answer, but I can tell you what is egregiously wrong in the system.

[01:00:00]

And what is egregiously wrong is the school, the authorities in school, the government, even the school boards, take the place of parents. That is a trend that's been happening for several decades actually. It's not a new thing. The state would like to own your children if they could. And this is just another manifestation of that very disturbing trend. I think we need to take education back. We need to make it very clear to government that these are our children, not yours.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

And I think we would need to adjourn. Commissioners, will there be further questions for this witness? So there will be for the witness.

Dr. Christian, if we can have you just basically stand down—

**Dr. Francis Christian**

Thank you very much.

**Shawn Buckley**

And we're going to be calling Mr. Steve Kirsch and then we'll have you back for further questions.

[01:01:15]

**PART II**

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. We are going to commence this afternoon with finishing questions that the panel has for Dr. Francis Christian. And there are questions.

**Commissioner Massie**

Thank you, Dr. Christian, for your very interesting presentation this morning. I had a couple of questions. The first one is about all of the obstacles for reporting adverse effects following vaccination. We've seen in the States that this system has been put in place—if I'm not mistaken in the early '90s or something like that—when they wanted to make that a practice to report. It's been working for quite some time. I was not aware of the system in

Canada, that it was something that different. So there's been a number of people that have done some analysis, or attempted to analyze, the so-called under-reporting factor that we see in the VAERS data. Some people say it's 100-fold; some people say it's 30-fold, depending on how you do the numbers.

**Based on the additional obstacles that seem to exist in Canada, what would you estimate the under-reporting factor to be in Canada?**

**Dr. Francis Christian**

Is my mic on?

Thank you, Commissioner, for that question. I think it's a very important question for Canadians. That study you were referring to is the study that showed that, on a conservative scale, the under-reporting in the VAERS system—the Vaccine Adverse Event Reporting System—in the United States, is that it reports anything from one to 10 per cent of actual injuries. Okay.

Now, when coming to Canada, I think the problem is that about 99.9999 per cent of Canadians don't actually know how a vaccine injury is reported in Canada. As I pointed out in my testimony, the system is convoluted and broken. It's designed, I think, to discourage people from reporting anything at all. Now, is there a way to actually make sure that we can get robust reporting systems in place? I think, yes. But as you know, in Canada, health is a provincial subject. And provinces have to come together and all the premiers and the health ministers have to come together and say: "Our vaccine injury reporting system is lousy. It's not serving Canadians. We need a better system. It has to happen."

If the OpenVAERS system—where any U.S. citizen can actually go to the website, fill in a simple web-based form and report a vaccine injury—if that itself is showing about 90 per cent under-reporting, I would think that our under-reporting is of the order of, what, 99 per cent? Because if you look at the number of deaths associated with a vaccine in the Canadian system, it's something like 460. That's just not possible. Just look at the data around the world and it just doesn't match the data. But we know now why Health Canada has not recorded the deaths: because it's so difficult to record anything. You know, I pointed out in my testimony how difficult it is. And that hasn't changed.

**Commissioner Massie**

My other question has to do with the so-called, I would say, balance of benefit and risk. And it seems to me that during the COVID crisis, with respect to any potential early treatment, the benefit-to-risk ratio has been tilted towards risk, not benefit. And for the vaccine, it's been tilted the other way around. So are we facing a clear case of double standards here?

**Dr. Francis Christian**

Very much so, Commissioner. The fact is: the ivermectin example that I ran through in my testimony

[00:05:00]

is just one of several medications, some that are over the counter, that have been shown to have had remarkable efficacy in COVID-19.

I'll give an example. A meta-analysis—where we put all the studies together and we used statistical methods to actually arrive at a valid statistical conclusion—of vitamin D showed that if your vitamin D levels were normal, you had something like 70 to 80 per cent less risk of landing up in the ICU. And that's been repeated in studies all over the world. So all the Canadian government had to do, if they really had our health at heart, was to send vitamin D by mail to every household. And they could have made a huge difference in the pandemic. We know that Canadians, especially in winter, have vitamin D levels that are sub-optimal or deficient in up to 70 per cent of the population. So there are several drugs and combinations of drugs that have been shown in study after study to be useful, which have not been actually taken up.

**So to come back to your question: The risk-benefit scales have been tilted so much in favour of benefit and they have been ignored. But I pointed out that that's because there's no money to be made in hydroxychloroquine, ivermectin, vitamin D, and some of these other medications. But there are billions and billions and billions of dollars to be made with the vaccine.**

So can greed explain all this? I think it can. Corporations have no morals. I looked at the history of that banana company, I think it's called Chiquita Bananas, in South America. In order to increase the corporate profits, they have engineered coups, massacred tens of thousands of people, all just to generate billions of dollars. So billions of dollars were at stake and all these other medications—vitamin D, hydroxychloroquine, ivermectin—would have made them nothing at all.

**Commissioner Massie**

Thank you very much.

**Commissioner Drysdale**

Good afternoon, Doctor. Thank you for coming back and facing our barrage of questions. I believe that when you first introduced yourself, you had said that you were involved with ethics in medicine. And my question to you is: Is this concept of informed consent something brand new?

**Dr. Francis Christian**

No, Commissioner, it's not brand new. It's as old as medicine itself.

**Commissioner Drysdale**

**Okay, and who is responsible to obtain informed consent from a patient?**

**Dr. Francis Christian**

**The health practitioner who is administering the intervention or treatment, in this case the vaccine, is responsible for getting informed consent.**

**Commissioner Drysdale**

**Do you believe it's acceptable for a health practitioner to follow blindly the orders of the health department? In other words, "I was only following orders"— Is that an excuse for not following this age-old concept of consent?**

**Dr. Francis Christian**

That has never been an excuse. It wasn't an excuse that was accepted at Nuremberg. "Just following orders" has never been an excuse. In medicine, we have to put the patient first. Not an order, but the patient in front of you. "First do no harm" starts with the patient in front of you, or the person in front of you to whom you are going to administer this intervention, the vaccine.

That is an overriding ethic, overriding principle of medical ethics, that should override everything else: putting the patient first.

**Commissioner Drysdale**

I think you talked about the doctor-patient relationship, or a doctor-patient privilege relationship. Based on what you had testified, did we as a society, did the medical profession allow a third party to get in between them and their patient?

[00:10:00]

**Dr. Francis Christian**

Yes, very much so. But I have to tell you, Commissioner, that that trend in medicine is not new. The individual judgment of the doctor vis-a-vis his or her patient was always paramount in medicine for hundreds of years. And that's because it was understood that the human body has so many variations in physiology and pathology in the way it reacts to disease, that you cannot generalize in any one particular patient. So the individual doctor-patient relationship was paramount.

But about 20, 25 years ago—I've been teaching medical students and residents all my career—there came into medicine the so-called "guidelines culture." In other words, guidelines would be put forward which are essentially algorithmic guidelines, which work perhaps in a computer but cannot work in a human being with so many variables. The algorithmic guideline culture came into medicine and medical teaching about 20, 25 years ago. So the guideline, in essence, was going in-between the physician and the patient. And who actually made those guidelines? Almost all of them are by industry-funded physicians.

If you didn't know the guidelines, you would fail your exam of course, as a medical student or resident. But the guidelines became like a god. And that came between common sense, ethical medical care. This guideline became a god. I think that explains a lot of things in the COVID debacle as well.

**Commissioner Drysdale**

So unlike society in general, which was embracing diversity, are you telling me the medical profession was embracing artificial uniformity?

**Dr. Francis Christian**

Yes.

**Commissioner Drysdale**

Can I ask you another question? Is there a surplus of surgeons with 25 years of experience in Saskatchewan?

**Dr. Francis Christian**

I don't think so, and I would say not in most parts of Canada, either.

**Commissioner Drysdale**

Perhaps this isn't a fair question to ask you, but do you think your removal as an experienced surgeon with 25 years of experience in Saskatchewan hurt the medical community or patient care?

**Dr. Francis Christian**

Most definitely, Commissioner.

**Commissioner Drysdale**

Are you aware that we had doctors testify to this Commission that the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] was not only difficult to report to, but that they had been punished? And one doctor who had reported 10 cases—of which 8 the health officer declined—and he was let go from his position for reporting too many reports to the CAEFISS system?

**Dr. Francis Christian**

I know the doctor who you refer to and I think it's unconscionable what happened to him.

I think some of the mistakes or the egregious violation of medical ethics that have been committed—I'm not saying this lightly—but some of them must go into the area of criminal liability. If in fact colleges have forbidden doctors from giving medical exemptions and then somebody with a genuine reason for a medical exemption gets the vaccine and dies or gets a serious injury, there has to be liability for that. It's not enough to say that this was just a mistake or they were doing this in error. I mean, even a common-sense analysis of some of the egregious violations of medical ethics should show the public that, in fact, the liability exists for harm to the public from the vaccine.

**Commissioner Drysdale**

We also had previous medical experts that testify to us that a number of the reported vaccine adverse effects

[00:15:00]

were very similar to the way that COVID-19 affected the body as well, so that it was impossible or very, very difficult to distinguish between the two. Have you heard that or have you got any opinion on that?

**Dr. Francis Christian**

Yes and no, because there are some vaccine-specific side effects which we know does not occur with the natural infection. And we know for example— Mr. Kirsch pointed out the fact that myocarditis after the infection is actually very uncommon but after the vaccine is exceedingly common.

We know of a big Israeli study that looked at hundreds of thousands of patients and showed that in the unvaccinated, the myocarditis rate was in fact no different from previous years. In other words, there was a steady baseline. But in the vaccinated, we know that myocarditis, and especially in young people, is a specific vaccine-related risk.

There are some other things, like Bell's palsy—that Justin Bieber got and so on—and we know that it was probably the vaccine. But we also know that the vaccine seems to be doing harm in different organ systems.

I'm not saying this is designed to cause harm—I think that question was asked of Steve Kirsch—but if somebody were designing something to cause harm and kill people, this was a genius tool. Because it's so difficult to actually say that this is completely the vaccine's fault unless you do an autopsy. And that's why I think Mr. Kirsch was saying very little is being done in terms of autopsy. It affects so many different body systems that it is actually sometimes very difficult to pin down that this is the vaccine.

#### **Commissioner Drysdale**

We heard previous testimony that the process from start to finish—and to my mind finish is putting it in somebody's arm—had serious problems, which may account for some of the variability of the reports. For instance, there were reports of concerns with regard to the technology itself. There were concerns with regard to the manufacturing quality control of the vaccines. And thirdly, there was concern voiced with regard to the actual implementation or putting needles in arms where they were not aspirating.

My question is: Is it possible that a lot of the variation of these reported effects are as variable as they are because there's so many variable issues with regard to manufacturing, actual injection, and the technology itself?

#### **Dr. Francis Christian**

Yes, I think that's very possible. Dr. Peter McCullough pointed out the fact that the storage of these vaccine batches needs a particular cold chain where it has to be maintained at anything from minus 30 to minus 10. And if it's not, the lipid nanoparticle, the mRNA and so on, can deteriorate. And therefore, a large proportion of those who are being vaxxed are actually getting duds. And therefore, they are all right. But 15 per cent or so are actually being injected with the real thing and are getting problems.

#### **Commissioner Drysdale**

One of the witnesses talked about ivermectin and they talked about the number of clinical studies that were done—peer-reviewed studies, independent studies. Despite that, it was still discouraged, shall we say, by the government. My question is: How many independent, peer-reviewed studies were carried out on any of the vaccines prior to them being injected into people?

#### **Dr. Francis Christian**

As far as I know, Commissioner, none. In most of the regulatory agencies, including in Canada, patient-level data was not requested or required.

[00:20:00]

In other words, the regulatory bodies gave approval based on Pfizer's own telling of the results. In other words, let's say you're the Health Canada person—the chair of the vaccine approval committee. Pfizer comes up to you with a list of things that their own trials have shown and you look at that and you have to give approval. But if you ask them, "Can you show me the actual data from individual patients," they don't have to show that to Health Canada. They have to show it to the U.S. FDA, though.

You probably know of the fact that there was a FOIA request, a Freedom of Information request, from the FDA for patient-level data: in other words, individual cases, the actual health records. And the FDA said, "Oh, you know, we can't give it to you because, if we give it to you, at 500 pages every month, it'll take 72 years." And then a judge said "No, you have to do it in two years." And that's actually been very good, because it's giving us good data from Pfizer's own studies that these vaccines were not working and they were actually killing people. But that's not required in the Health Canada system.

**Commissioner Drysdale**

Were there any studies of these vaccines on pregnant women before they were given to pregnant women?

**Dr. Francis Christian**

None at all.

**Commissioner Drysdale**

Were there any specific studies done on children before they were given to children?

**Dr. Francis Christian**

There were Pfizer-related trials. Those trials were a farce because when we looked at the patient-level data, it showed that those children who were vaccinated actually got more sick. They got more sick and they had more hospitalizations, and Pfizer's own data showed that the myocarditis rate with the vaccine was much higher.

So yes, there were trials—very small ones—of children, but they showed that the vaccine was completely useless and dangerous for kids.

**Commissioner Drysdale**

Why did they call ivermectin horse paste?

**Dr. Francis Christian**

Because I think they thought that we were stupid.

**Commissioner Drysdale**

Well, my next question on that is, isn't penicillin given to horses as well?

**Dr. Francis Christian**

Commissioner, that's a very good question. Because penicillin, when it first was discovered by Sir Alexander Fleming in England, started being used without randomized controlled trials. So the first randomized controlled trials in medicine were actually done in the 1950s. It was in connection with smoking and lung cancer and they showed there was a clear risk and a clear connection. But penicillin literally saved hundreds of thousands of lives on the battlefield in World War II, before there were randomized controlled trials.

Now in the case of ivermectin, not only were there randomized controlled trials that showed huge benefit, there was also observational studies that showed benefit; there were prevention studies that showed benefit; there were some studies that did not show benefit. But the point I was making in my testimony, Commissioner, is that this is a completely safe drug. Absolutely safe. In medicine, we speak of therapeutic range—in other words, the difference in dosage between the minimum effective dose and the maximum dose which causes toxic reactions. And the therapeutic range in ivermectin is very wide. It's safer than Tylenol. So why not use it? And that is the crucial point. Even if it didn't show efficacy in some studies, the majority of studies showed massive efficacy and it should have been used.

**Commissioner Drysdale**

Thank you, sir. Thank you.

**Commissioner DiGregorio**

Thank you so much for your testimony today. I was hoping you could help me understand a little bit more about the adverse event reporting system. You talked about the different layers you have to get through: finding a doctor, having the doctor navigate a nine-page report, and then having it approved by a public health official before it gets submitted to the system. I'm just wondering, are doctors in Canada required to report adverse events from vaccines?

[00:25:00]

**Dr. Francis Christian**

There is an ethical and moral requirement to do so. But as far as I know, I don't believe that there is a legal requirement to do so. In the steps that you just mentioned, I think you just omitted one step. And that is the doctor has to believe you and has actually to accept that this is vaccine-related. A lot of patients, a lot of our Canadian public, are stumbling at that step. Even if they find a doctor, the doctor is telling them, "Oh, this is a coincidence." In nine out of ten cases.

**Commissioner DiGregorio**

That actually was going to be one of my next questions, was whether doctors are trained to recognize the potential adverse effects of vaccines.

**Dr. Francis Christian**

The answer is no. The fact is—and this may surprise the Canadian public and people listening to this—I don't think physicians have been trained to recognize vaccine injuries

for any vaccine. So this ignoring of vaccine-related injuries, as I think Steve Kirsch pointed out, is not a new thing in COVID.

You know, I used to consider myself a pro-vaccine physician. But after this debacle I started questioning everything. The evidence for many childhood vaccines is not what they were telling us. The fact is, with childhood vaccines, with COVID, I feel confident that— I mean, in medical school, that training is not given. There is no vaccine injury segment where we teach medical students, residents, how to recognize vaccine injuries. And to answer your question: No, I don't think physicians are trained to recognize vaccine injuries.

**Commissioner DiGregorio**

You mentioned that once you have a doctor who does believe that there's a vaccine injury, they have to navigate this nine-page form that, I think you said, comes with a 40-page user guide.

**Dr. Francis Christian**

Absolutely.

**Commissioner DiGregorio**

Is knowing how to complete that form part of training that doctors have?

**Dr. Francis Christian**

Commissioner, as far as I know, that form was completely new to most Canadian physicians. That form has to be found on Public Health Canada's website and downloaded. And then there's the 40-page instructions on how to fill that form. How many physicians have the time to do that? And then, after filling that form, as I pointed out, they have to send it to the provincial public health agency in Saskatchewan. There's no fax number, not even an email address. You have to send it by ordinary mail. When that vaccine injury report is received by a provincial health agency, there is a public health officer, presumably, that looks at it. And then decides whether to approve it or not without seeing the patient. This is the broken system we have.

**Commissioner DiGregorio**

And my final question actually relates to that review by the public official. Are there any public or known guidelines as to when or how such a report would be accepted into the system?

**Dr. Francis Christian**

I would be surprised if they don't have their own guideline protocols, which inform them whether to approve or not to approve. I think this is part of the guidelines problem. It's an algorithmic approach. And the main thing is: They haven't seen the patient and they get to approve it or not approve it.

**Commissioner DiGregorio**

Thank you.

**Commissioner Massie**

To come back to my double standard idea, it seems to me that we've heard from other people at previous hearings that if a healthcare worker didn't want to get vaccinated, they were sentenced to some sort of special training session that would educate them about vaccine hesitancy and so on. So it seems that there are some resources to train the health care worker about the issue of the benefit of the vaccine. But do we have similar training about potential adverse events?

**Dr. Francis Christian**

The answer is, as far as I know, no.

[00:30:00]

**Commissioner Drysdale**

Sorry, as I was listening to you answering questions, I thought of something else. I was a professional engineer for over 40 years— 43 years, I believe. And new products were coming out for us all the time. I'll never forget, as a young engineer, I was going to use a certain product. And my boss came to me and lectured me about how I had to be satisfied in and of myself, apart from the literature, that this product was safe and effective.

My question to you is: What responsibility do individual health practitioners—not just doctors, but nurses or pharmacists who are administering these shots—what personal responsibility or professional responsibility did they have to confirm whether or not the shiny brochures they received from the suppliers actually were true and that this thing was safe and effective?

**Dr. Francis Christian**

That's a very good question, Commissioner. Let me answer it in two parts. Doctors are trained to look at data, to look at studies, and to look at the statistics to see whether they make sense. The training though— I had actually a lot of experience in data analysis because I was the director of Quality and Patient Safety. And the National Surgical Quality Improvement Program that I introduced was very data-intensive.

It's very interesting to me that many of the egregious violations of medicine, medical ethics, and so on, have been unearthed to the public by people like you, who have training in data: economists, for example, and people like Steve Kirsch, who have a much superior statistical understanding of how to interpret studies than doctors do.

**So for example, the famous Ferguson model. There was a guy in England called Ferguson. I have absolutely no idea how he keeps his job. Because in pandemic after pandemic he has been wildly wrong and he still keeps his job. And he made a completely ridiculous, nonsensical, comical prediction about the COVID pandemic. My son, who's an economist and has been trained in econometrics, was looking at that and said, "You know, Dad, even in undergrad economics, we know that this model is all nonsense. Why don't these guys actually do proper models?" So the guys who are trained in statistics, data management and so on, including financial guys, are able to see through the data better than physicians.**

I think public health people think they're the only people who can interpret data and that's not true. I can interpret data because I'm a physician trained in statistics and data analysis.

So can people who can look at the data dispassionately, like you. That's the first part of my answer.

And the second part would be to recall to the public the fact that when the data is analyzed and is clear, authorities have not accepted the data. So there's abundant evidence, as Steve Kirsch pointed out, that the vaccine does not prevent transmission and does not prevent infection. Now, public health officials in Canada and other Western countries have ignored that data and have created their own set of rules. Our Prime Minister does that all the time; he creates his own set of "truths."

And that, I think, is a societal problem: the ability to define truth for yourself instead of looking for a transcendent source of truth, which most people call God or divine truth, which used to inform medical ethics for generations. All the medical ethical codes—the code of Hippocrates, he called on the Greek gods. And even the modified Hippocratic Oath in the Christian era said that "I will never think of myself as God."

[00:35:00]

And then the Arabic al-Wallahi oath has the looking to Allah as the source of all moral and medical knowledge and wisdom. And then you have Maimonides in the Jewish tradition, who was a rabbi as well as a physician. And then Thomas Sydenham, who actually said, "*Primum non nocere*" in the 17th century. In all this there was a looking for transcendent truth that lies beyond yourself.

In the modern era, the universities have been captured by the postmodern construct of localized version of truth. And that's why they say, "Okay, that's your truth. This is my truth. So okay, vaccines don't stop infection. That is your truth, but my truth says that it does." The data doesn't really matter. That's part of the problem in society, I think. With the public, too: they're able to construct their own truth.

I was mentioning to one of the commissioners at lunch today that the public keeps talking about doctors and says, "Where is your Hippocratic Oath?" What the public doesn't know is that only a minority of medical schools now take the Hippocratic Oath. In the U.S., it's only 40 per cent that take the Hippocratic Oath. Some medical schools, including prominent medical schools in the United States, ask medical students to write their own oaths. That is part of that postmodern construct, "This is my truth" sort of thing.

**Shawn Buckley**

Thank you, Dr. Christian.

**Dr. Francis Christian**

Thank you.

**Shawn Buckley**

On behalf of the National Citizens Inquiry, I'd like to sincerely thank you for attending today and sharing with us.

**Dr. Francis Christian**

Thank you.

[00:37:29]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

### EVIDENCE

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Witness 2: Stephen Kirsch

Full Day 1 Timestamp: 03:09:52–05:04:52

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

**Shawn Buckley**

Mr. Kirsch, can you hear us? And I'll ask our AV guy if he can— Oh, you're muted on your end. So, there we go.

**Stephen Kirsch**

I'm now unmuted.

**Shawn Buckley**

Well, thank you for joining us today. I'd like to start by asking if you could state your full name for the record, spelling your first and last names.

**Stephen Kirsch**

Yes, Stephen T. Kirsch, K-I-R-S-C-H.

**Shawn Buckley**

I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

**Stephen Kirsch**

I do.

**Shawn Buckley**

Now, I understand you have a presentation for us, but I'm hoping to just ask you a couple of questions. First about, basically, your bets and then move over to Nancy Whitmore. But just to introduce you to the people that are participating with us today: My understanding is that—and it's not just my understanding—you have quite an impressive career in the tech

industry, being credited as one of the people inventing the optical mouse, and that you've started several tech companies that can be quite properly described as important.

**Stephen Kirsch**

That is true.

**Shawn Buckley**

We've had at this Inquiry expert after expert that have had the experience of being labelled by the mainstream media as misinformation spreaders. My understanding is that you also have found yourself in that role. I almost want to say to you, you're in good company and welcome to the NCI. But I wanted you to share with us: How was it that you, because you're in the tech industry, how did you become interested in COVID issues and become passionate about them?

**Stephen Kirsch**

After I was vaccinated, I started hearing from friends who were either injured or dead. I didn't hear from the friends who were dead obviously, but I heard about friends who had died. And I started looking into the data and the data was very consistent, showing that this was the most dangerous vaccine of all time.

So I ended up quitting my job and pursuing this full time. I actually thought it would only take a couple of weeks to show people that the data was inconsistent with what the government was saying. But apparently that didn't sway people, so it ended up being a more difficult task than I had anticipated.

**Shawn Buckley**

You've taken actually some unusual approaches to try and make the point that the current government narrative isn't correct. And one of the things that I saw that you've done, and it's on your Substack, is that you've put out a number of million-dollar bets. And my understanding is anyone in the world can come to you, put a million dollars on the table for any one of those bets, and literally bet that you're wrong.

**Stephen Kirsch**

Yes, I did that for a period of time. I now have one bet remaining. Nobody took me up on the bets, so I revoked them. But there's still one bet on the table, which is whether the vaccines have killed more people than they've saved. And there was only one person in the world that took me up on that but he was only willing to bet half a million dollars. It was an indication to me that only one person in the entire world was willing to risk significant money, believing that the vaccines have saved more people than they've killed. Only one person.

**Shawn Buckley**

I just want to share with the people participating what some of the other bets are, so that they understand you. Somebody could have come to you with a million dollars, and if they proved you wrong on these points, you would have given them a million dollars. And you've already indicated about the vaccines, but you also had a bet that masks don't work.

**Stephen Kirsch**  
That's true. Yeah.

And these are bets, just to be clear. Mike Lindell, who was just awarded \$5 million— The person who proved Mike Lindell wrong was awarded \$5 million. Lindell was an open challenge. This is an actual bet. So the person has to put up a million dollars. I put up a million dollars and then we go through a process to determine who the winner is. So that's different. So the other party has to take some risk. The point is that nobody was willing to risk their million dollars to bet me that I'm wrong about masks.

**Shawn Buckley**  
And one of your bets was that censorship cost lives.

**Stephen Kirsch**  
Yes.

[00:05:00]

**Shawn Buckley**  
Okay. Then one of them was that you had done a presentation on Fox News on August 10th, 2022. You basically say, "Listen, prove my major points wrong." But one of them had to do with Wayne Root's wedding. And I'm wondering if you can share for us what that bet was about. What is the story about Wayne Root's wedding?

**Stephen Kirsch**  
Yeah, he had a couple hundred people at his wedding. About half of them were vaxxed and half of them were unvaxxed and then he tracked what happened after the wedding. And all of the serious adverse events happened in the people who were vaccinated. None of them happened in the people who were unvaccinated, or maybe there was one death. But it was quite dramatic: I think the deaths were maybe seven or eight in one group, and maybe one in the other group.

There was no randomization, of course. But it was a random selection of guests, essentially. He didn't know who was vaccinated and who was unvaccinated. And then he was just tracking what happened to the guests at his wedding, and he noticed that there were somewhere around twenty or so guests who had very serious adverse events, and they were all in the vaccine group, and there were seven deaths in that group.

**Shawn Buckley**  
Now, I just want to switch gears to Nancy Whitmore. My understanding is that she's the CEO of the College of Physicians and Surgeons of Ontario, and that you ended up sending her a letter back on March 14th. Can you just share with us a little bit of the history of what was going on there?

**Stephen Kirsch**

Sure. They had met with some so-called misinformation experts and wrote a big piece on their website about how misinformation is so dangerous. And so, I offered to her that what they were doing wasn't working, because more and more people are vaccine hesitant. And the definition of insanity, of course, is doing the same thing over and over again and expecting a different result. And that if she really wanted to stop the misinformation, then the best thing that she could do was to engage the so-called misinformation spreaders and answer their questions, and that we would gladly answer her questions as well. And we could hopefully resolve the differences of opinion as to what the data says if we could both have a dialogue and point out the flaws in each other's arguments.

**Shawn Buckley**

We've entered that letter that you wrote. For anyone following us, we've entered it as Exhibit SA-4.

Mr. Kirsch, we've already informed you: We had sent out a summons to Miss Nancy Whitmore inviting her to attend today so that she could have a debate in this fair and controlled environment. I regret to inform you that we did not receive a response from Miss Nancy Whitmore, and that summons will be entered as Exhibit SA-4a.

Has anyone on the other side—any physician or journalist or politician, anyone basically shouting the mainstream narrative—been willing to debate you at any time?

**Stephen Kirsch**

No. And it's not just me that they won't debate, it's really anyone who's counter-narrative. I have yet to see anyone who has said anything in any point that's counter-narrative, including the lab leak origin and so forth, that has been debated by people on the other side. None of this, what the press calls "conspiracy theories"—None of the people on the other side promoting, we'll call it the "mainstream narrative," have been willing to engage at all with anyone who is counter-narrative. It's not just me that they won't debate. It's anybody who disagrees with them who has expertise in the field. They will not debate you. They will not discuss it. They will not publicly discuss it.

They will try to censor you and defame you on a one-sided basis, but they will never, ever engage. We've never seen that happen.

**Shawn Buckley**

Thank you. I think that point that you just made is extremely important.

[00:10:00]

Now, my understanding is that you have a presentation [Exhibit SA-4c]. You've put some thoughts together that you would like to share with us, and I'd like to invite you at this time to share your presentation. And you should have share-screen capability.

**Stephen Kirsch**

I do. In fact, let me see here. Hopefully you can see the slides.

**Shawn Buckley**

We can. We have a slide up that says: "Why is everyone so afraid to talk about the elephant in the room?" We have you up in the top right-hand corner, so we can see you also.

**Stephen Kirsch**

Awesome, great. So, apparently this is happening to elephants everywhere in the world, where the elephant is sitting on the psychiatrist couch thing, "I stand in the middle of the room and point out the unvaxxed aren't dying and yet nobody notices me." This is what I'm referring to about the elephant in the room; people just don't want to hear about it.

**So, my background, former high-tech serial entrepreneur. I'm 66 years old, I was featured on "60 Minutes."** And yet today, I'm the top hit in Google when you type in "misinformation superspreader."

I've been doubly vaxxed. I was a believer until my friends were killed and injured by the COVID vaccines, as we said earlier. I was validated by all the reliable data that I looked at and nobody would explain to me how I got it wrong. So I became a full-time journalist. I've written over 1,200 articles on my Substack: [Steve Kirsch.substack.com](http://SteveKirsch.substack.com).

You know, the big learning here is that once you're willing to question your beliefs, everything else makes sense. But if you're not willing to challenge or question your beliefs then you'll never figure this out. Some of the beliefs that need to be challenged are: Is it possible we were lied to? Could the "cure" be far worse than the disease? And could the "good guys" actually be causing harm?

What's interesting of course is that nobody in the world wants to answer any of our questions. Even after I offered to pay them generously for their time. So, I'm now at three times your normal consulting rate. I'll probably bump that to 10 times your normal consulting rate, just to show people that it doesn't matter how much we pay, no one will answer any of our questions. And in return, we'll answer a comparable number of questions from their side for free.

And what's interesting is we invite them to speak at our conferences, but they won't let us speak at their conferences. They won't even take any questions. At the last conference at Georgia State University, they even hired police to escort us off campus, even though we were registered attendees. And then, instead of engaging with us in a discussion after the conference, they snuck out the back door so they could avoid confrontation. This is how it works.

I think the single biggest issue is data transparency. We have a very large clinical trial going on in the world with 13 billion doses, and all the governments worldwide are hiding the key data. And I'll get to that in a second. But the magic trick is that they undercount the unvaccinated to make the vaccines look effective. And Norman Fenton and his colleagues caught them doing this in the U.K., published the evidence, and the U.K. regulator agreed with Norman Fenton, and said that the data that they had in the U.K was not fit for purpose. In other words, it could not be used to determine whether the vaccines were safe or not. It's very important.

Of course, the number one most important data is the death-vax records of the deceased. So, when you die, they need to publish when you were last vaccinated. No government in the entire world does this. No state government in the United States does this. These public records are being kept hidden from view so that nobody will know the truth. No

government in the world—and I've asked a few. I haven't asked them all obviously, but I've asked a few. And they stop talking to me. When I point out that there is no privacy violation and I'm willing to pay the expense to produce this data, they stop talking to me.

**And what's interesting also is that no medical authority in the world is calling for these records to be released. These are ground zero records showing whether the vaccine would be safe and effective or not,**

[00:15:00]

**and there is not a single medical authority in the entire world asking for their release.**

There are also no autopsies to assess causality. There are very few. They're being done in Germany and Japan. And of course, they all make devastating assessments. Ryan Cole in the U.S. has done over 20 autopsies, investigations, and in 100 per cent, the vaccine is implicated in the death. But CDC isn't calling for this. And you'd wonder: Doesn't anyone want to know the truth? And the reason of course why is that if you want to know the truth, you must be willing to accept the result. And that's why nobody looks.

Now, I personally released the data from Medicare to the public just to prove it can be done. And what it shows of course is: The vaccines are killing people. That line that's in red, that line should be going in the other direction in this particular graph. And nobody has been able to show that this data from Medicare shows that the vaccines are safe and effective. I publicized the data; anyone can download it; and no one has been able to show that it shows the opposite of what I claim it shows.

The way science works today is that half a million people can die from COVID and we call it an emergency, if it indeed was that. But when half a million or more people die from the vaccine, we want to mandate it so that everybody gets it. Which is interesting because if one person dies from eye drops in the United States, they recall the eye drops. And when we have an early treatment protocol for COVID, which results in zero hospitalizations and deaths, the CDC [Centers for Disease Control and Prevention] ignores it.

Here are a bunch of mistakes that people have made— And I'll make the slide deck available for people to look at this in detail. But basically, vaccines did the opposite. They increased death, they increased hospitalization, and they increased the infection rate.

And that's just for starters. Masking didn't work, in fact was detrimental to health in a number of factors. And we can go on and on and on. Lockdowns actually increased the number of people who died from COVID. And all of these things that they did were counter-productive, and they wouldn't take anybody who had dissenting views and listen to them.

**So the solutions: to mandate data transparency for public health data, and hold these public health officials accountable in public forums, which we've never ever been able to do. And they should, of course, start listening to the people who they've been censoring and ignore the people that they have been listening to.**

**Here's some of the scientific peer-reviewed literature—in other words, these are papers in the scientific peer-reviewed literature. And it says, "An abundance of studies has shown that mRNA vaccines are neither safe nor effective, but outright dangerous." And this is a really interesting observation: "Never in vaccine history have we seen 1,011 case studies showing shocking effects of a vaccine." Never in our history. That's an objective fact and nobody disputes that.**

The Skidmore paper showed that up to 278,000 people, according to the survey that he did, were killed by the vaccines in 2021 in the U.S. And it's interesting that he was supposedly debunked by Susan Oliver and her dog. And what's interesting is that Susan said, "Well, you know, this was not true, and this was not true, and this was not true." But Susan never then said, "Well, here's the corrected number when you make those corrections."

So the whole point is about trying to take down any information that would be counter-narrative, rather than trying to say, "Oh, there was a slight flaw in this because the ratio, the number of people who were vaccinated versus unvaccinated was a little bit disproportionate. So, let's adjust it by a few per cent, and here's the correct answer." Instead, what they did is they— And by the way, Denis Rancourt and colleagues found the exact same 0.1 deaths per dose rate as Skidmore, and he used a completely different method. But Skidmore's paper was retracted by the editor after basically looking for reasons to retract it.

[00:20:00]

There's something called the COPE [Committee on Publication Ethics] Guidelines, which specify the reason for retraction that the journal adheres to. And none of these COPE Guidelines were satisfied. And so there were dozens and dozens of complaints filed with the publishers, Springer Nature. Springer Nature publishes 3,000 journals. All of those complaints to the ethics email were ignored. All requests for an interview of the editor or of the ethics committee were ignored as well.

**Shawn Buckley**

Can I just ask, because this isn't the only case where somebody publishing against the counter-narrative is taken down: Are you aware of publications which basically support the public narrative that have been taken down?

**Stephen Kirsch**

Yes, there was a Surgisphere paper showing that hydroxychloroquine doesn't work. And it was taken down because it was fraudulent data. So that's the only paper that I'm aware of.

**Shawn Buckley**

And that's a different kettle of fish—actual fraud.

**Stephen Kirsch**

It is because it was a totally fraudulent study to try to disprove that hydroxychloroquine worked.

**Shawn Buckley**

And that would have been published in a peer-reviewed journal.

**Stephen Kirsch**

Yes, it was published in the Lancet, a very famous peer-reviewed paper.

**Shawn Buckley**

Right, and so the peer reviewers hadn't picked up that it was a fraud.

**Stephen Kirsch**

Yes, that they fabricated the data.

**Shawn Buckley**

Okay, sorry for interrupting.

**Stephen Kirsch**

No problem. So basically, these papers that tell you the truth are— One of the reasons that they said it was retracted is because they didn't get approval from the IRB, which is the Institutional Review Board. Skidmore in fact did get approval from the IRB and the approval was that, "We've looked at all your questions and they don't violate— They're all exempt." And so he got a ruling from the IRB saying he's clear to do the paper.

So he wrote in the paper that the IRB approved it. But the journal said, "Well, but the IRB said it was exempt, so they in fact didn't approve it." But they did, even if they approved it as being exempt. These are things that you could clearly see; they were on a fishing expedition. Skidmore has never had a paper retracted in his career, and he's written over 70 papers. And now, all of a sudden, the journal finds five things worthy of retraction in this one paper. Isn't that amazing?

It's interesting that a disproportionate number of COVID papers retracted after the vaccine rollout were counter-narrative, and you wonder if this is how science works. Thirty-two per cent of the papers gave no reason for retraction. In the retraction of the McCullough and Rose paper after it was published, Elsevier said they are not willing to publish the paper and claim that that was their prerogative and not a breach of contract. Here's the letter. It says "I'm afraid the journal is not willing to publish the paper," after they published the paper.

So, the point is that the journals can go in and retract your paper for any reason if they don't like it. This is not how science is supposed to work, they're supposed to follow the COPE Guidelines. Now, there are papers that are published in the peer-reviewed literature that show that the differences between the COVID death rates for the vaxxed versus the unvaxxed—which is supposed to be the big benefit of the vax—is not statistically significant. So, we have no paper showing a statistically significant difference in the vaxxed versus the unvaxxed death rate. The closest one would be this paper. And if you do the **p-value calculation here, you find that it's not statistically significant. And so the point is that there's no proof that the vaccine works.**

**In fact, in Pfizer's own phase 3 trial, it shows that people were 31.2 per cent more likely to die if they took the vaccine than if they took the placebo. It's even more stunning when you realize that there were very healthy people who died at a five times lower rate than they should normally die in that study. So they picked very, very healthy people in that Pfizer trial and they died at a much lower rate. Yet, there was still a 31 per cent differential: they were killing effectively young people at a 31 per cent higher rate in the group that got the vaccine.**

[00:25:00]

**What is interesting is that Pfizer basically said, “Of the 21 patients who died, we didn’t think anyone died from the vaccine.” But they provided no proof of that. There was no histopathology that was done. And the histopathology is actually required in order to prove whether there was a link between the vaccine and death. So they basically said, “We’re not going to look. Just trust us, we’re not going to look. We don’t really want to know definitively whether there is a link, but just trust us. There’s no link. The vaccine didn’t kill these people.”**

**And that’s essentially the problem here, that it’s all based on trust. The CDC and the FDA are trusting what Pfizer says. Pfizer isn’t doing the work to prove their statements, then this goes down to doctors believing that the FDA has said, “We approve it and we’ve looked at the data.” No, they never looked at any of those 21 deaths. And all of my requests to Pfizer to look at that data have been ignored. Why would they do that if it’s safe and effective?**

The Israeli Ministry of Health did a study and they published it behind a firewall, so nobody would see it. But this is the Israeli government data showing the days till death after you got the shot. This is showing 196 days. And you can see here it peaks at around four months or so post-vax for shot number two. It should be a horizontal line. There shouldn’t be any difference at all, the days after you got the shot should be completely random. But here it shows that it’s clearly peaking and that’s very problematic. And because it peaks four months later, people don’t associate the death— They just say, “Well, he died months after the shot, but it was four months after the shot.” People don’t associate these deaths with the vaccine.

Dr. Aseem Malhotra’s father died six months after he got the shot, but Aseem was astute enough to realize there was a connection there. The Israeli Ministry of Health also published this in their paper, which shows a huge spike exactly three days after you got the shot in young people. Now that is not random, that is causality. That is not just coincidence. There is no way you can get a coincidence like that.

In Canada, Ontario announced that deaths from COVID were up 39 per cent and hospitalizations were up 31 per cent. And this is “from COVID” after the vaccines rolled out. Now they told us in Canada that the vaccines are safe and effective. And yet why are deaths up 39 per cent in the year after everybody got vaccinated? And why are hospitalizations from COVID? Deaths from COVID and hospitalizations from COVID. I mean, this is stunning.

**Shawn Buckley**

Just so that everyone understands: In 2022, deaths in Ontario from COVID were 39 per cent higher than the year before, in 2021. Is that what you’re telling us?

**Stephen Kirsch**

Correct.

**Shawn Buckley**

**But even aside from the vaccine, wouldn’t more people have natural immunity in 2022 than they would have in 2021? Because people are catching COVID and, aside from the vaccine, are getting natural immunity?**

**Stephen Kirsch**

Correct. The deaths should be down. And the variants are also less severe. Omicron was less severe than Delta and the earlier variants. So we have a less severe COVID and we have a lot of natural immunity and yet people are dying at a higher rate. And then someone pointed out, "Oh, well, there were lockdowns in 2021." Well, the lockdowns in Ontario ended mid-year, and then they locked down again in early 2022. And lockdowns in fact have been shown to increase. Every place where there were lockdowns, they increased the number of COVID deaths. And that's pretty clear.

[00:30:00]

**There's a Hopkins paper that was published, a paper from Johns Hopkins; three economists** at Johns Hopkins, very well-done paper. So, there's no explanation for this. I contacted Nancy Whitmore at the, at that Ontario—

**Shawn Buckley**

College of Physicians and Surgeons of Ontario.

**Stephen Kirsch**

Yeah, "the College," as they say. And Nancy Whitmore just ignored me. I said, "Look, if there's an explanation, let's hear it." They basically don't want to say anything. David Fisman, who is also in Ontario, would not say anything either. I emailed him, he didn't respond to my email. Nobody wants to explain this.

So a huge increase in Canada: nobody, no authority, will explain this increase and agree to be challenged with their explanation. It's just, like, well, it happened; you should ignore it. This is completely counter-narrative. And every single authority in Canada is ducking questions about this. Nobody wants to explain it. And what's even more troubling is that the press in Canada is not asking about it either. They're not asking these questions.

**Shawn Buckley**

Well, I think it's worse than that. I mean, the experience that we've heard from other witnesses is that the press actively participates in character assassination if you step out. And you don't even have to be a Canadian expert. We had Dr. Bhattacharya on here explaining how the CBC basically went after him after he was one of the authors of the Great Barrington Declaration.

And just so you know, because you're in the United States, there's still a culture of fear here. **We're having— This is a citizen-run inquiry. And one of the features is, we don't just have experts like you on, we allow ordinary Canadians to come and tell their stories. But we've had a large number of witnesses back out at the end because they're still afraid of repercussions, both economically at their work and social, like family and friends. So, we're still in a culture of fear.**

**And I'm wondering if you have any thoughts on whether it's fear that is preventing people from speaking. Or are there other factors?**

**Stephen Kirsch**

Well, yeah. The fear is definitely preventing people from speaking out. There are some doctors who believe the authorities. They're trained to believe authority and trust authority. These doctors will look at what's going on and they'll say, "Oh well, I just got unlucky." And so there are some doctors who still believe that the vaccines are safe and effective and just ignore the evidence in plain sight.

There are other doctors who realize that if they speak out, they will have their licence revoked. They will no longer be able to practice medicine, or they will have their hospital privileges revoked, or they will be fired from their job. The first duty of these people is to provide for their family. And so, that's what they do. They keep their mouth shut and they follow orders, so they're not fired.

An example of a doctor in Canada, in Ontario, for example would be Ira Bernstein. And look at what happened to Dr. Bernstein. None of his patients died but the authorities are in the process of revoking his license to practice medicine. After complimenting him for being an exemplary doctor before the pandemic happened, now all of a sudden, he's an evil guy because he saved lives. And so they're going after him and it's all out of public view.

**Shawn Buckley**

In the province that I live in, Alberta, the College of Physicians and Surgeons, as I understand it, basically directed physicians that they were not to be treating Albertans who presented with early COVID. Rather, they were to wait until people presented seriously at the emergency ward.

Have you heard similar things in other jurisdictions? That's something that I have trouble getting my head around. A college basically directing doctors not to treat patients early.

**Stephen Kirsch**

I haven't heard about that in other places in Canada, but I haven't tracked that at all. I know there are places in the world where physicians are directed to do that.

[00:35:00]

In fact, our own CDC is, I think, guilty in that respect in telling people that none of these early treatments work. And so physicians interpret that as, "Well, I better not do it otherwise, I'm going to get in trouble."

**Shawn Buckley**

Back to fear. Sorry for interrupting, I'll let you carry on.

**Stephen Kirsch**

Yeah, no problem. It's interesting that Ontario also published that there are zero COVID deaths in people under 30 in Ontario. So why do they recommend a vaccine? I mean, you can see here: If you're 40 and under, in fact if you're 50 and under and you're unvaccinated, basically you're not dying. You know, it's pretty darn close to zero. And it's actually zero for age 30 and under here. So, why are they even recommending the vaccine? They're not even talking about the risk. It doesn't make sense.

**This is a paper which people find really, really troubling if you think the vaccine is safe and effective, which is: the more doses of the COVID vaccine that you get, the more likely you are to become infected with COVID. This is a study done at the Cleveland Clinic, which is according to Newsweek the number two hospital in the entire world.**

**So the number two most-respected hospital in the entire world did a retrospective study to look at the COVID rates for their staff—51,000 employees, various locations. And what they found is a pretty linear relationship with the number of vaccine doses you have and your risk of infection. The more doses of the vaccine, the more likely you are to be infected. And the error bars pretty much do not overlap, which means these results are statistically significant: the more doses, the more likely you are to be infected.**

Now, there's nobody that's been able to dispute the study. In fact, one prominent debunker said, "Well, I didn't like the fact that this axis here was linear." That's preposterous. You didn't like the fact that the axis was linear? And this is one of his primary critiques of this study. He also said he didn't like the way study was done. Well, you know, I'm sorry, but the study shows what the study shows. And the most important thing is that there isn't a study anywhere showing that the opposite is true. Because doctors always like to say, "Well, for every study, there's always a study showing the opposite thing." There is not a study anywhere showing the opposite is true.

#### **Shawn Buckley**

I'm sorry. An interesting thing that's jumping out at me is basically, this chart shows negative efficacy. If a marker for efficacy was that it prevented you from getting COVID, which is what the public was led to believe, this is showing that even for one dose— I appreciate your point, for each additional dose it gets worse. But as time goes on in this chart it seems that you'd have negative efficacy if you're more likely to catch COVID than not. But it seems that it gets worse as time goes on in this chart. Am I interpreting that chart correctly?

#### **Stephen Kirsch**

The x-axis is time, so it's just showing you the cumulative incidence. So if you divide that then you get a rate. It's not showing you the rate; it's showing you the cumulative incidence over time, which you'd expect to go more and more over time that more and more people get because it's a constant rate. So the rate would be the slope of the line.

#### **Shawn Buckley**

Okay.

#### **Stephen Kirsch**

Okay? And what's interesting is that the paper itself pointed out, "Hey, we're not the only guys to see this." There were two other studies that were done completely independently that showed exactly the same thing: that people who were vaxxed more were more likely to get COVID. So they said, "Hey, don't blame us. We're not the only study showing this." This is indeed very troubling for the narrative.

**And the beauty of this particular study is that everybody started at exactly the same point in time.**

[00:40:00]

So everybody was exposed to the exact same variants within their communities and you can see the extraordinary difference. Why this study is so interesting is because it looked at people with various doses over the same time period. And it was done in a hospital setting that's very controlled.

The exact same paper showed natural immunity works: that the more recently you were infected with the COVID virus the less likely you are to get COVID. This is someone who's recently infected with the Omicron variant. This is someone who's not infected at all. So, this is not looking at vaccines; this is looking at natural immunity, showing that if you got COVID, the more recently you got COVID the less likely you are to get COVID again. This is showing natural immunity does work, just like medicine has said for years. But the vaccine is doing the opposite. Natural infection is good, is what this paper said. COVID vaccination is effectively bad.

Now we have some V-safe data, which is self-reported data. Ten million Americans agreed to report their status. When they got the shots, they were given a card to register for V-safe. And 7.7 per cent ended up with severe adverse events. That is not safe—7.7 per cent that had to be hospitalized or see the doctor after getting their vaccine is not a safe vaccine. You can't spin it any other way.

And here's a study, the source is *The New York Times*, showing the more you vax the more people die from COVID. Not more people die, more people die from COVID, which is what we said before. Also, if you look at population studies—and this is CDC data—these are squared values, 0.24 here and 0.29. These are very high numbers for correlation. The more you vax the more people die from all causes.

And the latest U.K. data shows that the vaccine increases the risk of death for all age groups. So we're not just talking about dying from COVID. This is dying from COVID. This is dying from all causes, showing higher mortality if you are vaccinated. The regions with higher vaccination rates have higher all-cause mortality. And the latest U.K. data shows that the vaccine increases risk of death for all age groups. So this is all-cause mortality. And it also shows negative vaccine efficacy for all age groups, which means you're more likely to catch COVID and die.

The Israeli Ministry of Health found the same pattern. The vaccine is more likely to kill you as time goes on. This is days post-vaccination and this is the number of death cases. Look how it climbs. It's supposed to be a flat line across here. The vaccine isn't supposed to make any difference at all in the number of deaths but instead it climbs just 30 days after you get the vaccine. That's what it's supposed to protect you from: dying from COVID. And look at **the death rate: it's three times, 60 versus 20 here. I mean, truly stunning. This is from Israeli Ministry of Health data.**

And of course, in our own VAERS [Vaccine Adverse Event Reporting] System the blue lines here are all non-COVID vaccine deaths. So every vaccine combined each year, and then red is total reports of death from all vaccines. Okay, so they match up. Every single year they match up until the COVID vaccines roll out, where the COVID vaccines are completely off the charts versus the non-COVID vaccine. So it's not an over-reporting; it's not that suddenly in 2021 people realize there's a VAERS system and started reporting things. Because the bars only go up for the COVID vaccines and no other vaccine.

There is one of three things going on here. There's either massive fraud and gaming by anti-vaxxers reporting deaths that don't exist— But all of those deaths are reviewed by health and human services. And so maybe sometimes one or two gets through, but there's no way that you can have massive gaming. So, number one isn't even a possibility.

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The second is massive over-reporting. But there's no evidence of that anywhere. We've done surveys of healthcare workers all over the place and nobody says we're reporting for the COVID vaccines more than any other vaccines. It's interesting that happens: all of a sudden, for just the COVID vaccines worldwide, in every adverse event tracking system in the entire world. So could it be there's massive over-reporting? I don't think so. It's not supported by the evidence.

So that just leaves one possibility, which is the deadliest vaccine in human history. And that's the only thing that there's evidence for. And I've confirmed that using surveys that were done by third-party pollsters. And it says that the vaccine is as dangerous as COVID and sometimes more so.

And the mainstream media is not doing any of these surveys to find out, just to validate whether the government's telling the truth. There isn't any mainstream media survey that's been done to look at this data. In fact, there was a Rasmussen study, Rasmussen polls. They said, "This is the most important poll we've ever done." And it showed that the vax deaths were equal to the COVID deaths. And that was amongst Democrats and Republicans and independents. So, you can't say that this is just a right versus left, a liberal versus conservative. It's not. Everybody polled is finding that the vax deaths in people that they know are equal to the COVID deaths, relatively close. So the cure is worse than the disease or at least comparable to the disease.

And what's stunning is that of course the U.K. government claimed that only nine people died from COVID vaccines in 2021 in the U.K. Interesting to see how they undercount that. And of course, even the mice are not fooled. You know, the mice where they do the testing, they're not fooled. Here's the discussion between two rodents: "Are you getting your kids COVID vaxxed?" The other rodent says, "No, I'll wait for the human trials to finish first."

So, someone is clearly lying to you. It's all a matter of what you trust, who you trust. Do you trust the data or you trust the government experts?

And of course, the way you figure this out is that the side that wants to resolve the differences in the civil discussion is almost always— I've not seen a counterexample of this so I can't say definitively never. There's always a counterexample. But in general, the side **that wants to resolve the differences in a civil discussion, the people who want debates, they're the people who are telling you the truth. And the people who are running from these debates? They're the people who don't like being challenged.**

**For some questions, it doesn't matter who you ask. Are the COVID vaccines safe and effective? If they are then the vaccine mandates are pointless and if they're not vaccine mandates are pointless. So who cares? Did my booster protect me from getting COVID? If it did, great, no need for additional boosters. And if not then there's no need for additional boosters anyway. But the question people should be asking is: Why isn't the vax-death data available? This is ground zero data. Why isn't it publicly available from any government anywhere in the world? If they really wanted to reduce vaccine hesitancy, they would show**

this data. The governments would be tripping over themselves to make this data public, the vax-death records public. For each person who dies, show us the vaccine dates.

It's interesting that there's a VSD [Vaccine Safety Datalink] database, which is very definitive. But the CDC stopped Professor Brian Hooker and others from looking at the VSD data. Why would they do that? Why would they hide the truth? And if it works so well, how come the drug companies aren't urging— Have you ever heard of Pfizer, Moderna, any other drug company urging the government to make this vax-death data public?

If the vaccine manufacturers really want to reduce vaccine hesitancy because they're going to sell more product, it is in their interest to make this data public. And there has not been a single call from any manufacturer to make the public health data public. To me, that's stunning.

I offered to bet anyone a million bucks that the vaccines have killed more than they've saved. There's only one guy who took me up on it but he was only willing to risk \$500,000. He wouldn't go for the whole million dollars.

And it's interesting that they're so confident that this vaccine works that they are willing to risk your life on it,

[00:50:00]

but they're not willing to risk their money. Like, Pfizer could easily bet me a million bucks. They won't because they'll lose. The point is that they're risking your life, but they're not going to risk their money or their reputation.

**Shaw Buckley**

Can I just jump in there? Because I would think that if Pfizer took you up and proved you wrong publicly, that would just be a public relations coup in reducing vaccine hesitancy?

**Stephen Kirsch**

Absolutely.

**Shaw Buckley**

So it seems that the point you were making, that Pfizer could easily take you up on that bet, is quite a significant point. So, please carry on.

**Stephen Kirsch**

Yeah. What's interesting also is that nobody can name a single real-world vaccine success story where COVID rates went down at a nursing home or a funeral home after the vax roll-out. I still can't find that success example. And I've talked to other doctors in these Twitter spaces, chat rooms, and I say, "Where's your success story?" And they're unable. All of these people are unable to name a single real world success story. "Hey, at UCSF [University of California San Francisco] the numbers are this." Or, "Hey, at Stanford the number—" Nobody can name a single vaccine success story. That is stunning.

They say it's "10 times reductions in deaths," but they can't point to a single place that that's happening. It's interesting because it's supposed to be happening all over. I shouldn't

be able to find any counterexamples. But all I can find is counterexamples and I can't find anything that supports the narrative. That's really stunning. I mean, that question alone is something that you should be asking your doctor. It's an easy question: If this thing really works, where's the nursing home? Where's the geriatric practice? Where's the funeral home where they can say, "my death rates plummeted after the vaccines rolled out." Show me the funeral home where business went down after the COVID vaccines rolled out. I mean, we cannot find it.

**Shawn Buckley**

And you're talking about basically, a sample size that is staggering in the measures of billions of doses worldwide.

**Stephen Kirsch**

Right. They should be able to find these success examples everywhere. And nobody can name one in the entire world. It's really stunning. I mean, it should be impossible for me to find a counterexample because the vaccines are so effective in preventing death. It should be impossible. And yet I can find hundreds of these and not a single counterexample.

You know, it's weird that we can have this public health emergency when no one's dying from Omicron. I've been to the hospital wards in my local community. They're empty. But how can perinatal deaths climb 20 times after the vaccines rolled out? How can Deborah Conrad's caseload before she was fired go up 20 times right after the vaccines rolled out? And here's the kicker: If it's really so safe, why do they need liability protection? Now that they know it's so safe, why not just drop the liability protection? But they don't.

Bleeding in early pregnancy: seven-sigma increase. Gee, if it wasn't the vaccine, what caused this?

The vaccine groups in the phase three trials for all the vaccines, for all three vaccines, all had higher morbidity than the placebo groups. This was highly statistically significant for all vaccines. And yet they're not pointing that out to anyone, that there's higher morbidity. So clearly from the data we have, there's higher mortality, higher morbidity. Why are you taking this intervention? It makes no sense.

Here Vinay Prasad is talking about a Swiss study, 777 Swiss healthcare workers were looked at after they got the shot. And 2.8 per cent had significantly higher troponin levels, which are an indicator of serious heart damage, just three days after the booster shot. Now how can that possibly be safe?

**I found out that the Chief Medical Officer at UCSF was issuing a gag order,**

**[00:55:00]**

**telling all staff not to talk about the vaccines in the context of any injury. So if somebody was injured, "Do not ask about when they got their COVID vaccine." We haven't had a case where a single prominent individual has switched sides from being anti-vax to pro-vax. It's all going the wrong way.**

**It's all from people like Aseem Malhotra, who is very famous in the U.K., a medical doctor. And he was promoting, he was pushing the vaccines, signing people up on TV, convincing people to take the vaccines. His dad died six months after he got the shot. And Aseem**

started looking at the science and he said, “Whoa, I was fooled.” And so now he’s a prominent anti-vaxxer because he was forced to look at the data after his dad died. And he said, “I can’t think of any drug, anything we have ever used in medicine that has efficacy that is this poor.”

Zoo animals are now dying of unusual causes after the vax rolled out. If this thing is so effective— Nobody is getting it. Even Paul Offit’s not getting the booster and he went on record as not getting the booster. And he’s strongly pro-vax. So why should you get it? If it’s so safe, why did the FDA try to keep the safety data secret for 75 years? John McCain, before he died, said that “excessive secrecy from a government agency feeds conspiracy theories and reduces the public confidence in the government.” This is exactly what is going on here. There are 770 safety signals that have triggered in the VAERS system and the CDC knows it. And they didn’t tell the public about any of those safety signals when they triggered.

We talked about debates. None of the government authorities anywhere in the world, including in Canada, will debate. Three top scientists in Canada—here in this slide—challenged the Canadian authorities to a debate on the science and nobody showed up on the other side. They said, “It’s the three of us against everyone you want to bring to the table.” And they couldn’t bring a single person to the table in Canada. Now that is stunning to me. I can’t name a debate that’s happened ever in Canada, or anywhere else in the world.

Here’s a 123 per cent increase in all-cause mortality in the Philippines on September 30th 2021. Now it wasn’t COVID because there were only 127 COVID deaths that day. So what causes this huge peak?

In Germany, right after they rolled the shots out, these causes of deaths from certain ICD-10 codes—sudden cardiac death, cardiac arrest, sudden death—they skyrocketed. There’s no way that happens by chance. Now, if it wasn’t the vaccine, what caused the rise? You know, you can’t explain this one. This happens all of a sudden. They say that a lot of these things are happening because, “Oh, people aren’t getting their medical care during lockdown. That’s why the death rates are higher.”

Well, Martin Neil, and Norman Fenton actually looked at all of the excuses for what could have caused the death rate. Excess deaths worldwide: What could be causing this? So they looked at all these factors and they found that none of them had a positive correlation with what was going on. The only thing that was positively correlated was the vaccine. Now, nobody’s been able to dispute this study, which is interesting. They all say, “Well, it’s something else, it’s something else.” But they can’t dispute this Devil’s Advocate study where they looked at all these reasons. They showed that they don’t correlate at all.

It’s interesting that for the first time in history, it’s necessary to censor doctors with opposing views. And Peter Marks, who’s the FDA [Food and Drug Administration] director, he’s in charge of CBER [Center for Biologics Evaluation and Research] at the FDA, which is basically vaccines. And he says, “I’m past trying to argue with people who think the vaccines are not safe.” But he’s not argued with any of the misinformation spreaders, not a single one. He’s past that already even though he’s never done it.

And of course, the White House now has a censorship list for the first time in history. And of course, I’m a little upset I’m not on it. But why do they need to have high-tech companies censor doctors for them for the first time in U.S. history?

[01:00:00]

**And I offered a million bucks to anybody, any member of the CDC or FDA outside committee members, to answer some questions. So they just show up. This was not a bet. This was, "Hey, here's a million bucks, just to show up and answer some questions." Nobody would do it.**

**The CDC ignored all the early treatments. I'm going to skip over this. The rhetoric doesn't match the reality. We're seeing so many black swans, athletes dying and so forth in the VAERS system, over 650,000 excess deaths and nobody wants to talk about it. The CDC ignored over 770 safety signals in VAERS. They didn't talk about it. We only found out about it after we issued a FOIA.**

**I have a friend in Silicon Valley; she's a neurologist, she works at a big practice. They had no VAERS reports in the last 11 years. This year they need to file a thousand. So this is not an over-reporting. This is an actual, "We've never seen anything like this in our practice in the last 11 years because we've only been in practice for 11 years."**

Nobody wants to debunk Ed Dowd's book. I know of a large geriatric practice that went from 11 deaths a year to 21 deaths a year in 2022 and they have an 85 per cent COVID vaccine rate. Come on. Why didn't the deaths go down? This is very similar to what has happened in Ontario. And it's a geriatric practice so the numbers are higher.

Doug Brignole offered his life as the test case. He got the vax, died a week after he got the vax, and nobody's talking about it. Huge rise in dementia deaths in Australia between June and July of 2021. Cannot be explained any other way. It coincided with the vax rollout of the elderly.

Pfizer did a clinical trial of pregnant women. It ended July 15th of 2022. It's almost a year ago. Nobody wants to know. What happened? Nobody wants to know. The press doesn't want to know. Nobody's asking them what happened in the trial. How did it go? Isn't that amazing? They do the trial and they keep it secret. And why was enrollment limited to 24 to 34 weeks gestation? The CDC says it's safe for anyone to get the vaccine. We already know it's safe. The CDC has said it's safe. Why did they make the restriction that it was only 24 to 34 weeks to enroll in the trial? Very strange. And yet, they're not telling us what happened in the trial. There is data in the trial. They're not saying a word.

How does this inspire public confidence? Why isn't the CDC asking them what happened? Why isn't the press? I mean, it's unbelievable that nobody wants to know. We still don't know what evidence was used by the CDC to recommend the vaccine was safe for pregnant women. They clearly don't want to know what was in the Pfizer study.

**And of course, there's a four times greater risk of cardiac deaths—or four times as many cardiac deaths—in the Pfizer phase three trial. And of course, they never showed us the data on that. It's interesting: there were five times as many exclusions in the treatment group as in the placebo group on a double-blind randomized trial. That's impossible. That is statistically impossible. That is never going to happen. That means there's fraud in the trial, and nobody investigates.**

**Nobody investigates what happened to the allegations of fraud by Brook Jackson and Maddie de Garay. Maddie was 12 years old when she got the Pfizer shot. She's now paraplegic and she has to eat from a feeding tube probably for the rest of her life. Nobody ever called her. Her experience is not unique. I talked to Janet Woodcock. She promised me that the FDA would investigate. The FDA never called, the CDC never called, and Pfizer never called. Nobody wants to know the truth about these vaccines. And there's nothing**

**more clear than what happened to Maddie, who's a 12-year-old whose life was destroyed by this vaccine—no question about it. Six times as many Southwest Airline pilots are dying per year now than they used to be dying.**

**It's interesting that no doctor or nurse in Scotland has ever died from COVID in the past three years. Zero COVID deaths. All the deaths in healthcare? Those are from other causes, not from COVID.**

[01:05:00]

**The number of COVID deaths of doctors or nurses, non-retired, ages 20 to 64, is zero in Scotland. And this is an emergency?**

I was wondering why the FAA [Federal Aviation Administration] hasn't been investigating any of these pilot injuries and deaths from the COVID vaccine. And so, I talked to Bradley Mims and I asked him directly on the phone, "How come you guys aren't investigating these pilot deaths and injuries?" And he said, "No comment." He said I had to talk to the press office. So I contacted the press office, and the press office said, "Well, we don't see any evidence." Yes, because you're not looking. I mean, that's how it goes.

The ACIP [Advisory Committee on Immunization Practices] chair— ACIP is the outside committee for the CDC that approves the vaccine. So she's like the final straw in getting approval. And I have asked her, "Hey, do you want to see the Israeli vaccine data, which shows that the vaccines are super dangerous?" And she refused to answer the question. So yes, no questions. It's a really easy question. Like, "Do you want to see the Israeli Ministry of Health vaccine data?" I have access to the video. I can give her a private showing. She called the cops on me. She didn't want to answer the question. And the cops couldn't arrest me because I didn't violate the law. I just went to her door and knocked on the door and asked, "Hey, do you want to see the data?" She called the cops on me. That's how bad it is. These people run from wanting to see any data.

A real scientist? A real scientist would not call the cops. A real scientist would say, "Yeah, I want to see the data." But these people aren't scientists. I don't know what they are, I don't even know if they qualify as human beings—if you don't want to see the safety data on this stuff.

So many people dying suddenly. These fibrous clots: they're only happening in vaccinated people. And Chris Martenson did a brilliant video. He says in this slide, "The failure to study these clots with all due rigor is inexcusable and inexplicable, assuming public health is the goal." And that really says it all, doesn't it? Because everybody's seen these fibrous clots and nobody wants to look at it. Isn't that interesting?

**There's only one pathologist in America doing autopsies. And he's doing the proper test to assess whether the COVID vaccine caused the death and he's getting 100 per cent hit rate. Nobody else in America is doing these tests to figure out whether the vaccine caused the death. This is the definitive test. You have to use these specialized tests in order to find out whether the vaccine caused the death or not. If you're not doing these tests, you don't know. Basically, the only way you find out is, after the person dies you autopsy them. You can't do it while the person is alive. You autopsy them and then you find out the truth. Nobody wants to find out the truth.**

**The CDC is not even telling any pathologist to check for a vaccine-caused death. Fifteen-year-olds are now dying from heart attacks on a regular basis. I talked to a funeral director**

in Texas who told me that she's never in 50 years seen a 15-year-old die from a heart attack. In December 2022, she had one death a week for three weeks straight of 15-year-olds from heart attacks. Explain that.

Here's Google searches. Google searches for myocarditis started immediately after the vaccine rollouts for adolescents. And yet the doctors say the rates for myocarditis from COVID are much greater from the virus versus the vaccine. And yet all of the interest spikes right after the vaccines rolled out.

It's being recommended for kids. But kids have one in a million chance of dying—a healthy kid less than one in a million chance of dying from COVID. So the vaccine has to kill fewer than one kid per 10 million. And to prove that would require a trial of 30 million kids. That trial has never been done. Why are they recommending this? In fact, in Canada, over 96 dead children and counting post-vax, when you'd normally see nine a year from flu. Why are the health authorities not talking about this and why did they stop reporting these deaths?

This is from Dr. William Makis. This list has been silenced. It's really tragic.

[01:10:00]

We have names of the people who died unexpectedly. No investigation.

It's very hard to find the name of one healthy child under 12 who died from COVID in the U.S. We've looked at the death records in many states, and we can't find a kid under 12 who died from COVID. Zero.

And nobody's questioning of course the science behind the six-foot rule. If masks work then why is it that every single randomized trial has failed to show any effect? And the Cochrane report says, "little to no difference." I offered people \$10,000 to remove their mask for the duration of the flight. No takers—but they remove their mask happily when they're served food or a drink. What's interesting is that they can all get infected through their eyes and nobody covers their eyes. You can just as well get infected with COVID through your eyes as through your mask. Why are you wearing your mask and not covering your eyes? It makes no sense. And of course, face masks at best are designed to protect the wearer, not as source control.

So these mandates are nonsense because the mandates are about protecting the public. You have to wear this face mask with no portal because you want to protect the public. But: "There are currently no established methods for measuring outward leakage from a barrier face covering, medical mask, or respirator. Nothing in this standard addresses or implies a **quantitative assessment of outward leakage.**" **These things are not designed for outward leakage—hello? And yet we are being mandated to wear masks because of outward leakage, even though there are no established ways of measuring outward leakage. Isn't that interesting? I guess that's how science works.**

**Why didn't the CDC warn parents that of course masks create dangerous levels of CO2 for kids? We have a number of studies that show that, including one that was done just recently—a systematic review and meta-analysis. And my favourite of course is the one with the two Marines testing masks with bear spray. And nobody has been able to refute this video. It's on YouTube. It's a classic video.**

**And if the bivalent booster is so beneficial, why isn't Paul Offit getting it? He explained that we should not be trying to prevent all symptomatic infections. That's not what we should be focused on.**

**And we have Professor Marty Makary testifying in Congress that the greatest spreader of COVID misinformation is the U.S. government. Isn't that stunning? And the reason of course, people don't trust the CDC. I did a survey, 90 per cent don't trust them at all. And the CDC has one overriding goal. The official answer is it's to protect the health of America, but Americans don't believe that. They think it's to protect the drug companies and vaccinate everybody.**

**Critical thinking still seems to have disappeared. And it's interesting that Vinay Prasad and Jeffrey Flier, who is the former dean of Harvard Medical School, says the scientists who express different views on COVID-19 should be heard and not demonized. Which I agree with. But it appears that nobody in mainstream science agrees with this; they all think that people who have different views on COVID-19 should be censored. It's quite astonishing. So they disagree with the former dean of the Harvard Medical School. And I don't know how we're ever going to resolve this because the pro-vax authorities all refuse to engage in a civil dialogue.**

Here's an example: a Paris group of experts, leading scientists, invited most of the leading scientific proponents of the COVID market origin hypothesis to participate in a respectful public debate. All have refused. So you can't even get a debate on the origin. You're never going to get a debate on any of this other stuff. People are going to start to point fingers. The German Minister of Health, Karl Lauterbach, said, "It wasn't my fault. I didn't approve the vaccine." So he's already starting the finger pointing.

And nobody wants to answer any of my questions here. Pfizer and the CDC haven't responded to any of my questions. I don't know what they're afraid of; why don't they just publish the answers? Basically, they lied about everything. All their advice made no difference and made things worse. Virtually all made things worse. Vaccines were a disaster, masks were a disaster, social distancing a disaster,

[01:15:00]

lockdowns made things worse, mandates killed people. We're looking at just tragic numbers of people dying from these interventions.

And the one thing that did work really, really well was the thing that they ignored completely, which is early treatments. And early treatments have basically— If you got on the right treatment protocol you had virtually zero chance of hospitalization and death. **And all those treatments were ignored.**

**Solutions: Stop the shots. Stop hiding the data. Hold public health officials accountable—I don't know how you can do that because no public health official wants to be held accountable. Listen to those who've been censored. And each and every public health official has the power to change everything, because they can release the record level vax-death data in their region. And why would they not want to do this? Why would they not want to show the public the truth?**

I asked the U.K. to release it and they said it would violate the privacy of dead people. In other words, in the U.K. they think— Death records are public, or they used to be public. In a lot of states death records used to be public. You used to go into Ohio and be able to get

the death records. So all we're saying is, "Let's just add the date when these people are vaccinated." So in the U.K. I asked them, "Why don't you just release this data for the dead people?" And they said, "Well, it'd be violating the privacy of dead people to let us know when they were vaccinated." I don't know of a single dead person who, especially if they died from the vax, would object to having this information disclosed.

But we should do a study where we ask dead people, "Hey, do you mind having your vaccine information disclosed?" But second best would be to ask people who are still alive, "After you're dead, is okay for us to disclose your date of vaccination?" Which, of course, nobody has done. So anyway, these people stopped responding to me.

The FDA head Robert Califf, has said that "misinformation is the leading cause of death." Interesting.

**Shawn Buckley**

Mr. Kirsch, I'm just wondering how much longer you have.

**Stephen Kirsch**

Yes, we're done.

**Shawn Buckley**

Okay, perfect.

**Stephen Kirsch**

There's an easy way to fix this problem of course, which is that all he has to do is stop talking. And that's what I'm going to do at this point. And I'll leave you with this final slide, which is, "Anyone not publicly calling for data transparency is not your friend."

**Shawn Buckley**

Well, actually I'm hoping you stick around and allow the commissioners to ask you some questions. You've just given us some tremendous information. I believe the commissioners have questions for you.

**Commissioner Massie**

Well, thank you so much, Mr. Kirsch, for this incredible tour de force in terms of doing an overview. You've covered so many grounds there. I will try to focus my question to a couple of issues that you probably are aware of, but you didn't detail. The first one has to do with the narrative when the vaccine was initially rolled out. It was basically to reach this elusive herd immunity. And when you look at the data from government from all over the world, it seems that it was working so well. And then when the Delta wave hit, what we've heard is that, "Well, what the vaccine can no longer do is to protect against transmission."

My question to you is: Do we have credible data that it ever worked? Because this whole notion that the vaccine was designed to a strain that was different now, Delta, maybe didn't work because it was Delta and not the original strain. Do we know of any data showing that it ever protected against transmission? And why is it that we are seeing that the statistics were showing spectacular results against transmission?

**Stephen Kirsch**

Yeah. I've seen some data that might lead you to believe that the vaccines were working and that infections were going down. And there are certain studies. But based on what we've seen today and the careful studies that were done like the Cleveland Clinic studies, I think it's pretty doubtful that they ever worked. See, what the Cleveland Clinic studies showed is that natural immunity has always worked. Because you could see it in those curves. That natural immunity—

[01:20:00]

**That the more recently you got the infection, the more protected you are. And it's clearly the case, and it's not clear whether it's the time element or it's the variant. Because it's a little hard to tell, right? Because the more recent variants of course are going to be closer in time and they're going to protect you more.**

Is it a time difference or is it variants? It's probably both. But the vaccines were showing just the opposite. So one can infer from that—now that we have this clear data from the Cleveland Clinic study—that it was just a mirage that we were seeing. And we were probably undercounting the unvaccinated and that these studies were not done carefully.

Because the size in the Pfizer trial—there are 22,000 people per arm in the Pfizer trial—and there was only one person who they claimed was saved from a COVID death in that trial. And I know I'm kind of switching here between deaths and infections, but this story starts to get into opinion. I haven't researched this extensively, but I would say that it probably was never the case that these things worked. Because if they did work, we'd be seeing it now too. Because these new vaccines are specifically designed for the Omicron variant, these booster shots. And we're not seeing the reduction, right? We're seeing that the more shots you get, the worse it is. So I'd say that if there is a protective effect, that it is overwhelmed by the non-protective effect of more vaccines making more vulnerable because they pressure the immune system.

**Commissioner Massie**

My other question has to do with the COVID management in Sweden. We could probably agree that, by and large, what they've done seems to have worked much better than in many other Western countries. However, they were pretty—I would say—proactive in vaccinating a large fragment of the population. So I'm wondering whether you have any insight from talking to people that are more knowledgeable about the situation in Sweden: What was the mindset or culture in the health authority that would make them believe that vaccines would be the way out, given all of the other measure that they had implemented so successfully?

**Stephen Kirsch**

**Well, it's like most health authorities throughout the world: that they take their direction from the WHO, from the CDC, from the FDA, from the EMA [European Medicines Agency]. So the authorities are looking to other authorities to figure out where they should stand so they all look unified. Because it would be really embarrassing if the WHO said, "these vaccines are dangerous" and the CDC is saying, "everybody should get vaccinated."**

**All these health authorities tend to be aligned with each other. And so, I think that in Sweden, they were basically looking at that and saying "Well, these guys must know what they're doing, so let's go vaccinate everybody." Sweden has had better outcomes. And I**

think it's probably more from natural immunity, that people were exposed because they didn't lockdown and people had natural immunity. So it wasn't the vaccine that actually caused the lower death rate in Sweden; I think it was more that they kept it open. People got naturally exposed to the virus early on and that was the cause of their success rather than anything else.

### **Commissioner Massie**

Okay. One last question—a very general question. You, from your personal journey, only realized there was something fishy with the vaccine because you experienced it yourself. And I see a lot of other people that have been through a similar experience, that initially trusted the government and trusted the institution and said, “Okay, that’s what it takes to get out of this COVID crisis, I’ll go and do it.” And now you realize after digging in the data that there’s been a lot of, say, misinformation.

[01:25:00]

I don't want to qualify who's doing it. When you look back at how we came to this sort of roll down very quickly across the world—with the lockdown and vaccine and so on—it cannot really happen unless the culture is already there to accept it.

So my question is: Now that we can gather data on the COVID crisis on many fronts—lockdowns, vaccines, and all of the early treatments, you name it—that is showing more and more with hard evidence that the government has been somewhat misleading the population, the greater question is: On how many other very important issues is the government misleading the population?

Isn't that going to open that kind of investigation from critical thinkers?

### **Stephen Kirsch**

Yes, it should. It absolutely should, right? Because once the public has realized that they've been totally misled on these COVID vaccines, and it's done the opposite in all the directions, in infections, hospitalizations, and death. And that instead of saving hundreds of thousands of people, it's actually been killing hundreds of thousands of people.

Once that trust has been broken, then we start to ask the questions, “Well, what else have they been misleading me on? And then it opens up: well, how safe are these other vaccines? For example, Andrew Wakefield has said that there's a connection between vaccines and autism. And I'll tell you, I've talked to a lot of parents of autistic kids. And it only happened after, right after—in some cases in the parking lot after they got their shot. And so, this stuff is being ignored. It's being swept under— These people who are bringing these accusations are being discredited, which then of course dissuades other scientists from bringing the same accusations because they look at what happened to Andrew Wakefield. That's why it was so important for them to make him the scapegoat and to show people, “Hey, if you go against the authorities, here's what we're going to do to you.”

And yet there was this Simpsonwood meeting, which I've written about in my Substack, where they tried to cover up the safety signals or the signals of harm. And they kept saying, “We can't make the signal go away. We can't make the signal go away.” It's just stunning the amount of corruption that is at the CDC, for example, to this day.

And this corruption exists not only on the association between vaccines and autism.

It also extends to fluoridation of drinking water. The CDC has hailed that as a fantastic accomplishment. But the fluoridation of drinking water in America has been a disaster. It lowers IQ points and it really doesn't do anything for cavities. And in fact, I was at this event for Bobby Kennedy. I ran into someone who said, "We got rid of fluoridation of drinking water in our community. And the cavities went down and the IQ went up and it did exactly what the science says it would."

So I think this is going to open minds. And people are going to now be able to question, and be willing to question, other things where we've been very seriously misled. Things that we were all told to believe in, we're going to find that we were misled.

**Commissioner Massie**

Thank you very much.

**Shawn Buckley**

And there are more questions.

**Commissioner Drysdale**

Good afternoon. Thank you for your testimony. I just want to get a few points right in my own head about what you were talking about. I believe you said that in the United States, the public health officials did not want to disclose the vaccine status of deceased people because it violated their privacy. I want to ask you to comment on the fact that when I would go to a restaurant, or a tire-changing place,

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they would ask me my vaccine status and I would have to report that. Was that the same experience in the United States?

**Stephen Kirsch**

Yes, it was the same experience in other countries as well where in order to enter an establishment, you're asked to essentially disclose your vaccination status by showing us your vaccination card because you wanted the services. You were not required to do so; it's voluntary. If you wanted to eat at our establishment, you'd have to show the vaccine card to get in. And there were certain states that required it. I remember when I went to Hawaii: they required me to show my vaccine card in order to enter Hawaii and they also required it to enter into a restaurant.

Now, the email that I showed you—that was actually the U.K. Health Authority, who said basically, "This would be a privacy violation because it would be disclosing private health information. And we're not allowed to do that." And I said, "No, no." On the death record, the 60-year-old died. The laws are going to be different in different places. But basically, in the U.K. they could have anonymized these records to say somebody between the ages of 60 and 65 who was vaccinated on these dates. And they could go and they could anonymize the dates. They could go and do a plus-one/minus-one on the dates, so that nobody's record would actually match up. And nobody could say, "you're making my data public," because the data wouldn't match up. But they were uninterested in doing that.

And I also talked to Norman Fenton in the U.K., who's talked to the regulator, and he got a similar response. They basically don't want to make the data public. They want to take the data and they want to massage it and present it in a way that's favourable to their narrative, so that they control the presentation. It's like you have this massive database of information and they don't want to show it to you. What they want to do is, they want to have this little telescope where you can look at one little piece, and they carefully control what you look at rather than showing you the whole database.

And there was no interest in saying, "Yes. We can't do it right now because of this particular rule but we want to go to bat for this because we think public health data should be made public." There was no interest at all. You know, if you're truly interested in public health, you want to make the public health data as publicly accessible as you possibly can, so that everybody can look at it and make their own conclusions from the objective data. That's how it should work. Instead, they're saying, "We're going to interpret it, and we're going to let you look at it through the lens that we control. And even if we make a mistake on it, you just have to trust us." And that's exactly what happened in the U.K. with this data, where they messed up and they undercounted the unvaccinated. And they misled people into thinking the vaccines are effective. That should just not be done.

To answer your question about the privacy concerns, that was a U.K. statement saying, "We can't do it because of privacy issues."

But again, I think if you asked people, "After you die, do you mind if we publish the vaccine data?" Why not just have people in the U.K. sign a statement that, if they want to keep their vaccine information private after they die, then all they have to do is register with the U.K. government saying, "I don't want my vaccination records released after I die." It would be very simple to do. And nobody would be able to have their privacy violated after they die to know when they were vaccinated. There's no interest in doing that.

**Commissioner Drysdale**

Yes. I wonder how voluntary it was. We had—maybe you want to comment on this—we've had numerous witnesses come forward to us who were fired from their jobs if they didn't disclose, who were kicked out of school, who couldn't go to church.

[01:35:00]

And I question how voluntary their surrendering of that private medical information was. In Canada, in any case.

**Stephen Kirsch**

Yeah, exactly.

**Commissioner Drysdale**

We have heard testimony through the last number of days concerning the financing of various public health agencies—the Canadian one, the American one—and we've also heard testimony of how senior officials from all of those health agencies shortly thereafter became employees of the drug companies that they were regulating. Can you make a comment as to what effect you believe that may have had on those agencies being able to carry out their job in protecting the public?

**Stephen Kirsch**

Yeah, I mean, it's clearly a conflict of interest that is only disclosed of course after they join the drug companies—and who knows what happened before that. Scott Gottlieb is a pretty good example here. He's appointed the head of the FDA and then he leaves there and goes to Pfizer.

And it's a little bit hard to say, "What are you going to do in the future?" And to say, "Well, that's a conflict." Maybe it should be that if you serve the public, that you can't go and work for a drug company for some period of time. Or be paid or be compensated by a drug— But any kind of thing that you do they'll figure out a way around it. Five years or 10 years you can't work for a drug company, then the drug company will say, "Hey, in 10 years, we're going to guarantee you a payment." And they sign a secret agreement. So I think it's difficult to control.

I think you need to just be really careful about hiring people and really understand where their hearts are. One way to find out of course is to look at their behavior prior to when you hire them. You know: What did they do during this pandemic? Were they people who were speaking out and saying, "This is wrong?" Were they saying, "We need to make this public health data public?" Were they champions for the public, or were they just going along with the narrative? I think the most important thing when you're appointing these people is to look for these potential conflicts but also really to look at their past behavior and what side of the narrative that they were on. Are they looking for truth? Are they proponents of truth? Are they proponents of transparency? And before they get the job, what are they going to promise to do in that job? Are they going to promise to make the health data more transparent or less transparent? Are they going to make the processes more transparent or less transparent? It's like medical journals. When they retract a paper and I ask them, "Hey, can we see the correspondence for how you retracted this paper?" They say, "we're not obligated to give that to you and it's a secret."

So people who are put into a job should say, "Hey look: when I go into this job, I'm going to create more transparency here and more accountability." It's all about what your promise is going into it. It's like being elected to a public office. What am I going to do? What have I promised to do, right? Accepting a job in a public health agency should be the same way: "I promise to clean up this agency, I promise to make it more transparent," and so forth.

**Commissioner Drysdale**

Thank you.

**Shawn Buckley**

There's another question.

**Commissioner Kaikkonen**

We've all heard the analogy of—they first came for us and then they came for them and then there was no one left but me. I'd like to turn that around on the question of silence. First, in Canada, we saw the citizens silenced. And now the regulatory bodies are being silent or silenced. And I'm not going to suggest that the Ontario College of Surgeons and Physicians is being silenced, either by dictate or voluntarily, but I'm just wondering: If we wait long enough, will we eventually understand who is pulling the strings because of who is no longer left to be silenced?

**Stephen Kirsch**

"If we wait long enough." Well, nobody knows the answer to that.

[01:40:00]

**You know, there are speculations that there are people pulling the strings and manipulating this. I haven't seen any hard evidence of that. I haven't seen any memos. I haven't seen any smoking guns that indicate this. I think what we have is kind of a perfect storm. We had some research that was done and that research then kind of went awry and kind of escaped or was let out of a lab. Whether it's deliberately or not, there are different points of view on that.**

Then of course, I think that most people involved in this, who are just believers of the narrative, believers in vaccines, believers in Tony Fauci when he said vaccines are the way out, even though they weren't. And we have a lot of people who basically were trying to do the right thing and are believing that they are doing the right thing. And they believe that people like me are evil and destructive and are causing people to die. So these are not evil people, they just have different points of view.

And is there a guy at the top who's pulling the strings and making things worse? Well, certainly, Bill Gates has been funding lots of activities that have made things worse for people like me. But is he doing that because he's an evil person and he wants to see people die? Or is he doing it because he believes that vaccines are safe and effective and people like me are bad? I actually—I may be an exception here—but I believe that Bill Gates honestly believes that these vaccines are safe and effective and that he's completely fooled. And he's not looking at the data like he should be.

Therefore, I don't think that the people at the top are these evil people that want to kill people. Because if they were, then this is not the way to do it. This COVID vaccine is not the way to kill people in large numbers. It's a way to kill one out of a thousand people who take the vaccine, but it's not a way to kill people in large numbers. It's a way to create a lot of chronic disease and so forth, but it's not the best way.

And if you were really an evil person pulling the strings on all of this, this is probably not your main plan of attack here, to construct this. It'd be pretty diabolical if you did it. It'd be pretty clever if you did it. But I don't think people are that smart that they could figure all this stuff out. I think this was kind of an accident and one thing led to another. I haven't seen any evidence yet that this thing is— There's some pretty suspicious stuff here. But it's more people wanting to make a buck than people wanting to actually have evil intentions and wanting to kill massive numbers of people.

**Commissioner Kaikkonen**

**And my second question is: We heard testimony from an embalmer that middle-aged women are dying at an increased level, which appears to be consistent with the retracted findings from Skidmore, who says that 51 per cent of the participants are women with a main age of 47. This is a demographic that has not been identified at any point that I can remember throughout COVID, throughout the last three years.**

**I'm just wondering if you have any insights into why we haven't heard about this in the public's mainstream media or from the health authorities?**

**Stephen Kirsch**

Specifically, the women, I don't know. But it's all lumped into— They don't want to hear about any deaths at all, right? The COVID vaccine has to be safe and effective because the press has promoted it to the public as being safe and effective. And it would be a huge embarrassment to the press to have to admit they were wrong. I think that that has everything to do with it.

The other part of course is that a lot of these media organizations are funded by drug companies and they would lose—or they're worried about losing—ad revenue. So the management is saying, "Let's not run that story."

[01:45:00]

And I know a number of people in media who have left because of that.

But basically, I think that this is not about specifically covering up any particular age group, or male or female. I think it's all about making sure nobody figures out that these vaccines were not as safe and effective as we said. In fact, they're downright dangerous.

The press will do anything it can to make sure that they don't erode the public's trust in the media by telling the truth.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

And there is one more question.

**Commissioner DiGregorio**

First of all, I'd like to thank you again for appearing and giving us your testimony today. You've spoken quite extensively today about data transparency issues and it's clear based on your presentation that you have spent a considerable amount of time gathering data from all over the world.

I'm just wondering if you can comment a little bit about the access to Canadian health and vaccination data, and perhaps how easy it is and how it may compare to other jurisdictions, and whether there are others who are doing it better?

**Stephen Kirsch**

Yeah, so the access to health information varies in different places all over the world. I think the U.K. has one of the best systems because of that; people have focused on that. And then they did an analysis showing that the health data from the U.K. was unreliable. And if the health data from the U.K. is unreliable— The U.K. health data is sort of like the gold standard because they're actually giving us vaccination status information. Unlike in the United States of America where we don't have anywhere close to the level of data that we have in the U.K.

I've talked to the CDC. The CDC says, "We don't get the vaccination records from the states."

And I said, “Really, why not?” They said, “Well, there’s no law that compels them to give us the vaccination records.” So I asked the people at the CDC, “Why haven’t you asked them? You could ask them nicely. You could ask Governor Newsom in California to pass a law or to just hand over the records so that you can do your analysis.” And they basically had never asked. They don’t want to know.

Now in Canada, you can go to the Ontario— and I’ve spent the most time looking at the Ontario data. And they’ve done a really, really good job of tracking all these statistics. But as to whether or not you believe them is another story. They certainly don’t publish the death vax records. The most important thing are those records and they don’t publish them. So the health authorities should be asked that question as to why they don’t. But when I ask, I’ve never gotten a response from any of these people challenging their narrative that’s ended up working out. The health authorities in the U.K. or in New Zealand will actually respond to emails, which is good; it’s a first step. And in certain states, they’ll respond to emails. But then when you press them for the details, they stop talking to you.

I haven’t done the pursuit of this to any great extent in Canada. But I’d be surprised if I found an advocate in Canada. In the U.S., there’s only one guy—one health official in the United States of America—that is willing to sort of bend over backwards and try to get the data. And he’s working on that; he hasn’t produced it yet. But it’s very, very rare. I think there are somewhere around 3,000 county health authorities in the U.S. and only one guy.

In Canada, it would be probably by province. And so your chance of finding someone who actually wants to help you and wants to make this data transparent is pretty minimal. I do appreciate all the work, especially in Ontario. They’ve got a great dashboard.

[01:50:00]

They have great visualizations. They’re showing you the data. It’s just that it’s a little bit hard to believe that data is accurate in terms of their counts. I think that, just like the U.K., they’re undercounting the unvaccinated. Which then makes their data suspect.

Because how could it be? I looked at their infection data, and it shows that the unvaccinated are being infected at a higher rate. Well, that differs from the Cleveland Clinic Study. And so when they’re not counting the infections correctly, it’s probably the case that they’re not counting the hospitalizations and death correctly and attributing them to the vaxxed versus the unvaxxed.

That’s why the national polls that people do are extremely interesting. Because if what they’re saying is true, it should show up in the polls as well. And the fact that the polls don’t validate what’s been going on is troubling.

**But the other thing that I love about Ontario, for example, is they were honest. They did say that these deaths in 2022— The all-cause deaths, which is the most important thing— Because you can miscategorise people as vaccinated or unvaccinated, but you shouldn’t be able to monkey with the all-cause deaths. So, I was actually pleasantly surprised when I saw what appears to be a very honest number from Ontario Public Health showing the 39 per cent increase in COVID deaths.**

Now that was stunning because usually, they try to figure out a way to hide it to depress the deaths. And in this case, you have some honest data—that looks very honest, that is at odds with the other data. So, what you look for is disparities in the data set that you’ve created. So: “Gosh, guys, if you’re right about the total number of deaths in 2022 versus

2021, then how can you explain all this other data that you show us that claim that the elderly in Ontario are almost 100 per cent vaccinated.” Right?

All the elderly groups—60 and up—almost 100 per cent have at least one shot or two shots. A lot of them are also triple-vaxxed. And those are the people who are dying. And when you have a 39 per cent increase in 2022, those numbers just don’t add up. And that shows that there’s this discrepancy. This doesn’t make sense. And the fact that they’re not willing to talk about it, that none of the public health officials are willing to talk about it, that’s what really makes it interesting.

So I absolutely commend Ontario Public Health for pointing out those numbers. Because usually, when something is bad they’ll cover it up. But they actually put it in their report: very clear, that 39 per cent increase in COVID deaths. So those are the things that you can look at and say, “Okay, now that’s inconsistent and let’s go from there. Let’s have an open discussion.”

But the fact that they won’t have an open discussion is very troubling.

**Commissioner DiGregorio**

Thank you.

**Shawn Buckley**

Thank you. I think that’s it for questions. Mr. Kirsch, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

**Stephen Kirsch**

My pleasure. Thank you very much. Thanks for the opportunity to let people know about this information. I always encourage people to— Please don’t trust me, go and get the evidence yourself. All I’m trying to do here is just highlight the data that’s out there and how that data is inconsistent with what you’re being told. And I’m encouraging people to suspend your beliefs and what you believed in before and just match up the data and see which hypothesis it matches better. Does the data match the safe and effective hypothesis? Or do the data and arguments match the hypothesis that this is not as safe and effective as they said?

**Shawn Buckley**

Thank you again.

[01:55:00]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 1**

**April 20, 2023**

### EVIDENCE

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**Witness 3: Angela Taylor**

**Full Day 1 Timestamp: 06:26:21–06:59:04**

**Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>**

[00:00:00]

**Dellene Church**

Good afternoon. My name is Dellene Church, and I'm a lawyer practicing in a small town in Saskatchewan called Davidson. Good afternoon, Angela.

**Angela Taylor**

Good afternoon.

**Dellene Church**

Can you please state your name and spell your first and last name for the record.

**Angela Taylor**

Angela Taylor, A-N-G-E-L-A T-A-Y-L-O-R.

**Dellene Church**

Thank you. Angela Taylor, in your testimony here this afternoon, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Angela Taylor**

I do.

**Dellene Church**

Thank you. Angela, you are an LPN who was working at a seniors' home at the start of the pandemic. And at the time the vaccinations began being given in the seniors' home you were working in you were witness to the effects that those vaccinations had on the senior patients you were caring for. Can you tell the commissioners what you noticed in these seniors after receiving their COVID vaccinations?

**Angela Taylor**

Okay. Can I read from my sheet? Okay.

First of all, I just want to thank you for doing this Inquiry and giving us a voice to tell our stories. I feel privileged to be chosen to be one of the people included in this Inquiry. I just wish I didn't have so much knowledge and experience from our government's mishandling of COVID. I have been a nurse in a long-term care home facility for over seven years and have been working for the Prince Albert Parkland Health Region for almost 20 years.

I saw firsthand how the lockdowns affected the mental health of my residents. So many of them gave up wanting to live. They weren't able to see their family members or friends for so long. They gave up. Then came the good old vaccine. Twenty-nine out of the 30 residents received them. Within 24 hours many of the residents had side effects such as increased heart rates and pulses—not just a little high, but life-threatening high.

We had to call some of the family members to come, which they hadn't been able to see since we were locked down, because we didn't know if they were going to make it. One of our residents, who was the best-functioning resident there prior to the vaccine, went downhill to the point where she could not walk, talk, feed herself, or even hold a cup. She ended up in a Broda chair, not able to enjoy life, and passed shortly.

The next thing I noticed is that the disease processes sped up, like, three-fold, and they have never rebounded. So, the three-fold that I'm talking about is: If they had dementia before they were admitted into the long-term care it sped up so fast that they didn't know anything anymore. Or if they had Parkinson's, it totally crippled them. Or if they had Huntington's, it went faster and faster. Or cancer—it sped up the cancer rate as well.

I must add that I never wanted these. I was not in favour of them and I did not administer these vaccine injections. I did not want that blood on my hands. After working three or four of the vaccines—I don't know how my shifts always landed on the boosters—I finally went to my boss and said, "I do not want to work up to two weeks after their vaccines, because I don't want to phone family members. I don't want that on my hands." It was terrible. I can't even explain what I saw.

**Dellene Church**

Angela, can you tell us a bit about then what transpired as far as your job requirements that it became mandatory for you to be vaccinated?

**Angela Taylor**

It was after the first month that the residents were vaxxed, we were told that we were having to start to get vaxxed as employees of SHA [Saskatchewan Health Authority]. And after what I saw, I knew for a fact that I didn't want this vax.

I'm not pro-vax. I'm not an anti-vaxxer, I mean: I've had all my vaccines, even ones that I needed to get to be a nurse. And when I went traveling, I've had to get vaccines. Like, I'm not saying that I don't agree in vaccines. But I started researching. And I'm guessing you guys have been told that, when you get medication, you usually have a little pamphlet in there. The vaccines didn't have a pamphlet. And we kept being told it was for our health and for our residents and whatever. And I researched myself and I didn't like what I was seeing. And I didn't want the mRNA vaccine and I didn't want aborted fetuses. And I have really lots of allergies.

[00:05:00]

And I was concerned for my health because I have lots of allergies. I tried to get my doctor to give me a medical exemption for my allergies because I can't even take lots of antibiotics. I couldn't get an exemption because Dr. Shahab, the Chief Medical Officer, said that they weren't allowed to give out exemptions. So then I tried a religious exemption. And SHA wouldn't accept my religious exemption either.

I ended up getting the Johnson & Johnson vaccine on March the 23rd because the due date was December 1st. And I only had, like, a week left before I either had to change careers or whatever, kind of thing. So I ended up going in and getting my vaccine. And yeah, it wasn't a good thing.

**Dellene Church**

So after taking your vaccine, you had some serious health concerns. Can you tell us about that?

**Angela Taylor**

Yeah. About three weeks after I had my vaccine, one night I had heart attack symptoms. And I took myself to the hospital and I kept saying "I just received my vax three weeks ago. I've got high allergies." To this day, which is just about two years now, I've got this electrical current that goes from the top of my heart up into my neck and down my arm. Since this all took place, I can't sleep on my left side.

I have had so many tests. So many times, going to the hospital to see doctors that don't even— They just want to COVID swab me just to make sure I don't have COVID; they don't want anything to do with the adverse reactions or anything like that. I've tried. I've gone to a cardiologist. I've been sent to him, but he wrote me off at the end of December because he told me it wasn't my heart. But nobody can come up with a diagnosis.

My health and overall, it's not good. I can sleep 24 hours a day. I am lethargic, which means I just don't have the energy. Yeah. I was not like this two years ago before I had my vaccine. I used to work crazy shifts. I live a block from the nursing home and I would get called and I would be doing 12-hour shifts and then be on call all night and then doing another 12-hour shift. Being on call all night, do another 12-hour shift. I did those countless times. I used to be able to do more than I can do now.

**Dellene Church**

And are your symptoms still being investigated by anyone?

**Angela Taylor**

No. They basically wrote me off. At the beginning they told me to see a massage therapist and chiropractor, because they figured it must be some kind of a muscle or whatever. I did that for two, three months and then I went back. My nurse practitioner retired and I saw my new nurse practitioner. And she called the cardiologist on call in P.A. [Prince Albert], and I went directly there to do a stress test, an ECG, and blood work and all that.

And I actually had a friend who is an emergency doctor in Prince Albert. And I asked him if he would kindly put myself at ease and do a D-dimer test. And that's when they found out

that I actually had above D-dimer. I had a blood clot somewhere. My friend was, like, "Angie I don't know what I can do because I shouldn't send you home, but the CT machine is down. I know you're on an aspirin a day. I should give you Tinzaparin, which is a blood thinner. I don't feel good about letting you go home, because if you die it's kind of on me." I said to him, "I'll be back here at 7 in the morning." Because he knew I lived 45 minutes out of town from Prince Albert and he just didn't feel good about that. But when I had the CT scan, they only did my heart and my lungs. They didn't do my limbs. And I had been telling the doctors that I had, like, a charley horse in my arm. And eventually, after a couple months of aspirin a day my charley horse disappeared, which I'm guessing was a blood clot.

**Dellene Church**

Did any of the doctors you saw mention COVID? Ask you if you'd had the vaccine, how far ahead you'd had it?

**Angela Taylor**

They wanted me to get my second and third shot because the Johnson & Johnson was a one-shot. And I said "No, absolutely not." I said "I know I've got an injury from the vaccine that nobody will even touch me on."

[00:10:00]

They just wanted to give me another COVID shot because it was a Johnson & Johnson, it wasn't Pfizer or Moderna. And they wanted to give me a COVID swab because I probably had COVID that I didn't know about.

**Dellene Church**

So there was no connection made by any healthcare that possibly this was a vaccine injury?

**Angela Taylor**

No.

**Dellene Church**

Or that if you considered it to be one, what you could do about that?

**Angela Taylor**

No.

**Dellene Church**

Okay. So you also had some effects in your family from COVID restrictions and mandates. Your husband, children, parents, and your mother-in-law were all affected. Can you briefly tell us about that?

**Angela Taylor**

Yeah. At our school—it's a public school in Kinistino—I have to sign a form saying that they can get their picture taken. But when the health vaccines rolled out in our school systems,

they did not need parents' signature anymore. And with the peer pressure and all that we pulled our two kids out of public school and we home schooled our 16-year-old and 14-year-old now. They had to quit playing sports because they weren't allowed to.

And then my 22-year-old daughter was going to university in Regina. She was in her third year of social work and she had to drop out because she didn't like online learning. And then because of the vaccine mandates, she couldn't go to school.

My son got married. He's 26 and he could only have 30 people at his wedding.

My mother-in-law— I just want to read this because I don't want to mess this up:

"My mother-in-law got COVID and, to make a long story short, she passed away after getting pneumonia. But the doctors and the nurses wanted to vax her right up until her death. Plus, they treated us like second-class citizens for not having been vaxxed or not having the boosters. It was awful.

We were in the city visiting her and they told us that, 'we may have to put her on a ventilator in a while,' but it wasn't urgent. They suggested that we go somewhere and discuss this as a family, and they assured us that they would let us know before they did anything. We returned from lunch to find her in an induced coma and already ventilated and she never regained consciousness again. They did this while we were gone and her own kids never got a chance to say goodbye to her. Her last words to the nurse were, 'Tell my family I love them.'

They were flippantly passed by the uncaring nurses that told us that they would call before they hooked her up, and then they made her do it alone when we were there at the restaurant less than 10 minutes away. The nurse on the phone had our numbers, and—"

I've told my husband to request her medical records because I'm pretty sure that they did a whole lot of things that they shouldn't have done. Because, for one, she was unvaxxed and she never did want to be vaxxed. So I'm pretty sure they gave her Remdesivir and a bunch of other things. And they had her prone. And everything that I read that you're not supposed to do, they did.

**Dellene Church**

Okay. And your parents: They also suffered vaccine injuries?

**Angela Taylor**

Yes, my parents are elderly and they have a winter home in Yuma. They couldn't get across the border so they decided to get vaxxed so they could go to their winter home. My dad has a lot of health things that go wrong with him because of his back and his neck. But when he's over in Yuma, he doesn't need a walker at all. He's really good over there.

Anyways, my dad had a stroke a few months after they were down in Arizona. And then my mom: she started doctoring and ended up in the emergency room down there. To this date, she can't find a doctor to listen to her. It happened a few months after her Pfizer vaccine— her second one so she could go to the States. Her hands are contractured and she can't hold cups or bake or any of that stuff. And she can't cut her food. When she comes to our restaurant, I have to cut her food for her sometimes because she just can't do the motion.

**She's 73 years old and she was in perfect health. It was my dad that had the health problems, that's why they were going to the States. And she can't find any doctors to admit that it's a vaccine injury either.**

**Dellene Church**

**Okay. And your husband did not vaccinate and lost his job.**

**Angela Taylor**

**Well, he didn't lose his job. He was working for a farming dealership for 19 years.**

[00:15:00]

He was on the set-up and work crew, kind of thing. He couldn't go to Manitoba, and he couldn't eat in restaurants, and he couldn't go in to set up at the shows and stuff. The first show he went to they made him swab so he could enter the building to set up. But the second show he went to they wouldn't allow that. You either had to be vaxxed or you couldn't go in.

And he was to the point where he was just kind of emotionally spent. He just didn't enjoy his job anymore. And then with him and I talking about how everything was so wrong because of my nurse and my HIPAA— I know that unless you are my patient and you have AIDS or HEP or something, and you're, like, having a baby or something that it's going to affect me, I don't get to know your health information.

And I said, "I don't need to go to Tim Hortons and tell them I'm vaxxed or not vaxxed to get a donut." That's so illegal. So my husband and I discussed it and we prayed about it and we actually opened up a restaurant in Kinisto for the unvaxxed, because it was illegal. And thanks to Tony Wells— We went to Tisdale, to one of her Action4Canada things to find out what our legal rights were as a business owner. Because we're not businesspeople, I'm a nurse and he worked for a farming dealership because he loves the farm life.

**Dellene Church**

And one other point I think you should talk about is your experience visiting the Regina legislature and how you were received there.

**Angela Taylor**

Yeah, thanks to Nadine Wilson, the MLA—she's not my MLA, but she listened to me—she **let us go to the Legislative Building. I believe it was the second week of December or something like that. And she told us after the fact— They did their legislative thing. She said in her 21 or 22 years of being an MLA, she has never seen where the person we wanted to see refused to see us.**

**Everett Hindley, Minister of Rural and Remote Health— If you go back and you watch that, you'll be so appalled. I came out of there wanting to run for an MLA because it was worse than watching kindergarten kids. He kept telling Nadine Wilson to go do another election to see if she could win a seat. It was childish. There were so many of us there. There was eight to ten or twelve of us there, and he didn't care about our vaccine injuries or how it affected us.**

There was a lady that I met there and her and her son just about died six days apart. Yeah, the testimonies that we shared amongst ourselves: it was amazing that we're alive. And I said to my husband, "if I die from a heart attack, I want you to pay for an autopsy." Because I know it's the vax. And I have four kids and a grandchild and I know that it's my health.

**Dellene Church**

And did the Minister ever speak to you?

**Angela Taylor**

He gave us 15 minutes of his time because he had another commitment. And he was just doing it for the politics. He really didn't give a crap about any of us.

**Dellene Church**

So no guidance as to what you could do about—?

**Angela Taylor**

No guidance. He's never phoned any of us. He has all of our statements. He's got our phone numbers. Yeah, he doesn't care.

**Dellene Church**

Okay. What do you think our government could have done differently to have avoided the negatives that you've seen?

**Angela Taylor**

We need a whole new government. Everybody's there for themselves and their money and their own gain. They don't care about the little old people. They don't care about any of us. The lockdowns hurt so many people. My mother-in-law said that she would never, ever live through another lockdown because her kids were too scared to come to see her.

It should be: if you want to be vaxxed, go ahead. Go crazy. But it shouldn't be mandatory.

I wrote many letters advocating for my residents, to SHA, to Scott Moe, to Justin Trudeau. I never heard back from anybody. And it was illegal, what we did to those old people. We had to wear masks and we weren't allowed to touch them unless we were changing their diapers.

[00:20:00]

That's not quality of life, especially when you don't have a great end of life. It's so heartbreaking.

**Dellene Church**

Do the commissioners have any questions?

**Commissioner Massie**

Thank you very much for your testimony. I can see you have a lot of notes that you've taken. Would you agree to make that available for the Commission?

**Angela Taylor**

Yes.

**Commissioner Massie**

Thank you.

**Commissioner Drysdale**

Thank you for your courage and your service. I have a question about your vaccine. Your employer brought in a vaccine mandate as I understand it. And you got one injection.

**Angela Taylor**

Yes, I got the Johnson & Johnson, which is only a one-dose vaccine. And it was supposed to be no mRNA and no aborted fetuses.

**Commissioner Drysdale**

But were you able to keep your job when you only had one vaccination?

**Angela Taylor**

Yes, I had to prove that it was a one-dose.

**Commissioner Drysdale**

Okay. I understand.

I have a couple of questions, along with what was going on in the personal care home that you worked in. We've heard testimony from a number of other people who worked in those homes. Can you tell us a little bit about what the residents' life was like during that time with lockdowns, with no visitation, with staffing, et cetera?

**Angela Taylor**

It was devastating. They lost the will to live. Like, it was tough. When you go to a nursing home, you have to give up so much of yourself. And they had given up so much. And now they're locked in this home that they can't have their loved ones or grand babies or great-grand babies come to see them. They don't understand FaceTime because that's not the era they lived in.

One gentleman, he was a war vet. And he thought we were trying to kill him because we had to wear masks and we were giving him pills and he didn't have to wear a mask. So he was scared. He didn't even have the strength to get out of his wheelchair, but yet at night he would barricade his door with a dresser because he was scared we were trying to kill him, because he couldn't see our faces. When I had to give him his medication, I had to take my mask off prior to getting to him. And I had to get down on my knees and I had to say what

each pill was for him to trust me. Because he actually thought that I was going to try to kill him.

We had one resident that actually needed a psych consult because she was trying to commit— Like, she wasn't trying to commit suicide; she said she had no reason to live. And we were scared that she would hoard her pills because she was on lots of narcotics for pain. So we had to get her husband to come in to see her. And it's funny because once they saw their family, they spruced right up.

But we had to get that. And then, since we're in a small facility, it's not easy to get psych consults. Then we had to do FaceTime psych consults because the doctors couldn't see patients. I have in my notes that you will read that after the third or fourth vaccine, after I said I would no longer work these shifts anymore up to two weeks, it was also because after that, they didn't want us to submit anything about adverse reactions to the higher-ups. And I said, "Well, I'm charting it in their nursing notes because this is illegal. Because I am seeing heart rates of over 200 beats a minute, and I'm seeing blood pressures like I've never seen before on people that don't have blood pressure issues." You know, I've worked in the long-term care for seven years and I have never seen two strokes in 24 hours. And a few days later those two strokes had both died in 24 hours. I have never seen that in my seven years at that place.

**Commissioner Drysdale**

What were the staffing levels at your facility like prior to the COVID-19? Did you have shortages of staff? Did you have excess staff? Did you have exactly the right amount of staff prior to the COVID-19?

**Angela Taylor**

We are always short-staffed so it doesn't really matter—pre-COVID, during COVID, after COVID. But the thing is, people abused the whole sick pay. Because— I'm unionized, so I could say, "I was in contact with somebody, so I might get COVID." And I'd get 12 days paid COVID and I couldn't show up for work.

[00:25:00]

So it was crazy.

And then when we were in contact with somebody, they were down to two nurses so they had to get people from all walks of the SHA to come in and fill those positions. Which was funny, because we couldn't go work in any other facility because we couldn't bring bad germs back into our facility. But then people that were working in emerge., or in Estevan, or Saskatoon: they could come work in our facility because we didn't have the manpower, because we had to stay home for two weeks to make sure we didn't get COVID.

**Commissioner Drysdale**

What you've described through your testimony is horrific. You're talking about reactions—or alleged reactions—after vaccines. You're talking about people being locked up in their rooms. You're talking about people not having sufficient staff. You're talking about all kinds of things.

In your experience, in that facility, was there any additional government monitoring? Did they come directly to see what was going on in the facility at any time?

**Angela Taylor**

No. I asked Scott Moe and a few of the MLAs around our area to come and talk to our residents, to listen to what they needed to say. Because that was one of the things that they kept saying to me is, "Nobody asked me what I wanted." They said, "If I wanted to be locked down, I would have did it in my children's homes." Or they said that they would rather die than be locked away in a nursing home where they couldn't even see their family members. We had a husband and wife that could see each other outside of a window. They weren't allowed to touch, kiss, nothing. And yeah. It was illegal, because nobody should be telling them what they can and cannot do as a spouse.

**Commissioner Drysdale**

My last question is: How did the people administering the vaccinations to the residents ensure that there was informed consent?

**Angela Taylor**

Their families.

**Commissioner Drysdale**

And their families were informed of things that you've been hearing about potentials for adverse reactions and the risks and all so that they could actually form informed consent?

**Angela Taylor**

The first few vaccines everybody was just gung-ho because they thought that they could come in to see their loved ones. But that's not what was going to happen. It was never going to be opened. We just got rid of our masks two weeks ago. Yeah.

It was, say my grandparent left me in charge of their written or their verbal consent. I would say "Oh definitely, vaccinate them." Some of them don't even have contact with their loved ones and they were saying, "Vaccinate them."

And now— Well, there's not very many left from the start of this. But what I noticed also because I worked the first so many, by the second or third time, I said, "Oh, so-and-so will be next in 10 minutes, and so-and-so will be next 10 minutes after that." And they laughed at me. And I said, "No, I have figured this out." And sure enough, I would be running for the blood pressure machines, and I would be running for everything because just as it happened prior, it happened again.

Because it didn't go by alphabetical order, I'd figured that much out. But finally, I had enough and I said to my co-workers— Because we're the only nurses there; I'm the in-charge nurse, I look after 30 residents— I went and I got four charts out and I said, "Look. A-B-C-D: first vaccine. A-B-C-D: second vaccine." It always was the same people in the same sequence. It was crazy. And finally, I said to one family member after the third one: "Are you actually going to vaccinate them again for the next booster? Because look what has happened to them every time." I said, "you got to reconsider this."

**Commissioner Drysdale**

How many medical doctors were present during the vaccinations of these residents?

**Angela Taylor**

None. We have a doctor that comes out, maybe, Mondays and Fridays if we're lucky. And he doesn't really like elderly people, so it's not a big concern for him. But we've never had a doctor there. And when we have the adverse reactions, we never send them to a hospital. We just monitor them because it's end of life care.

[00:30:00]

**Commissioner Drysdale**

So, there were never reports to the CAEFISS [Canadian Adverse Events Following Immunization] System?

**Angela Taylor**

Well, we would report it to the doctor and he would come and look at them on Monday or Friday. But for myself I did the complete charting in the nurses' notes, plus I did it for the higher-ups, to be sent the reactions. But, like I said, after so many they quit taking any of the—

They didn't care that this was really happening, I don't think. That's my opinion, because I was just— That's when I said, "Do not schedule me for any shifts up to two weeks after." One time I went in as a care aide because all the staff got sick as well, because they were vaccinated the day before. So I went in to work as a care aide, and there was only two care aides and a nurse. And the nurse started getting sick and the other care aide that I was working with had to go home because she got sick.

I saw so many health issues from my colleagues as well and they won't put the thoughts together. Like, there's a cold and I've worked in that facility for the two years and I never did fit an N95 mask. So I was using the nice blue little medical masks. And I went into 13 rooms one time. We had 13 people that had COVID and I never got COVID. The whole time I have worked there, I've never had COVID. And I was wearing my little flimsy mask with my medical gloves and my medical PPE. I was the only nurse, so I had to go in and out of each of those rooms to give their medications and to do any dressings or to do anything, and I never got COVID. I washed my hands with hot water and soap. I did everything I was supposed to do. Everybody that I work with has basically got COVID a couple times.

**Commissioner Drysdale**

Were there ever any overall staff meetings where you discussed what was going on, and what the reactions you were seeing were, and what the care level was for the residents?

**Angela Taylor**

No. Because a lot of the people that I work with don't want to admit that the vaccines are wrong.

**Commissioner Drysdale**

Thank you very much.

**Dellene Church**

On behalf of National Citizens Inquiry, I'd like to thank you very much for your testimony here today, Angela.

**Angela Taylor**

Okay, thank you.

[00:32:43]



*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 1**

**April 20, 2023**

### EVIDENCE

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**Witness 4: Ann McCormack**

**Full Day 1 Timestamp: 06:59:05–07:28:25**

**Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>**

[00:00:00]

**Shawn Buckley**

Our next witness today is Ann McCormack. Ann, can you please state your full name for the record, spelling your first and last name.

**Ann McCormack**

My name is Ann McCormack, A-N-N M-C-C-O-R-M-A-C-K.

**Shawn Buckley**

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

**Ann McCormack**

I do.

**Shawn Buckley**

Now, my understanding is you have a Bachelor's in Pharmacy and Pharmaceutical Science from the University of Alberta.

**Ann McCormack**

That's correct.

**Shawn Buckley**

And you practised as a pharmacist for seven years.

**Ann McCormack**  
About seven years, yes.

**Shawn Buckley**  
And then, for family reasons, you let your licence lapse.

**Ann McCormack**  
Right.

**Shawn Buckley**  
But you went back as a pharmacy assistant, unregulated, in May of 2020.

Can I ask you what happened to the previous employee?

**Ann McCormack**  
Oh, sure. I had heard about this job. I was home on the farm and the lady that I had replaced was so afraid of catching COVID that she couldn't come to work anymore. She quit.

**Shawn Buckley**  
Okay. And now, my understanding is that the pharmacy that you were working at was not selected initially to receive the vaccine. Can you explain to us, kind of what happened, and what happened with the pharmacy across the street?

**Ann McCormack**  
Sure, I'll try to. I think it's a large picture where a competition atmosphere was set up so that the vaccines were promoted. But I think it started very early at a federal level, where the federal Conservatives under O'Toole sort of accused the federal Liberals under Trudeau of not being able to obtain any vaccines. And then the trickle down was that, when these doses were finally procured, provinces would then distribute them.

And so early doses of vaccine of all the brands were initially given to drugstores that could handle a high volume based on the previous year's flu vaccines that they were distributing and injecting into people. We were a smaller drugstore and the drugstore across the street had a larger volume. They had a larger square footage, more staff.

**And so there became— The managers almost sort of had their nose out of joint that the government actually selected one business over another. As a patient, if you chose to get the vaccine, you couldn't necessarily just go to your regular druggist—especially if you had a date to get across the border, for instance, to Yuma. It really set up a competition and it took the individual's choice of who they went to for their health, I suppose you'd say. It took that choice away from the individual to some degree.**

**Shawn Buckley**  
Now, this is a smaller town, am I correct?

**Ann McCormack**

About 1,400 people. In Alberta too, by the way.

**Shawn Buckley**

Yes, so I presume that—I imagine it's the same in the city, but more so in a rural environment—the pharmacist gets to know the patient and is familiar with the patient's medical history.

**Ann McCormack**

Oh, absolutely. That's the best part. I left being a pharmacist for lots of reasons but the only thing that I really, really miss is seeing the same people every day, doing their blood pressure. You know, we call them the senators. All the old gentlemen would go and get their blood pressures done then they'd go for coffee and compare their numbers, right? It's a social thing. It's a wonderful, wonderful set-up. It is a really loving environment. Yes.

**Shawn Buckley**

Right. But the thing is, with this policy where people have to go to a different pharmacy, they would be going to a pharmacist that does not know their medical history and record. So that pharmacist wouldn't know if there's something contraindicated with taking the vaccine or whether there should be a specific concern.

**Ann McCormack**

That's true to some degree. To some degree, they're obligated to do some history on that person but you are sort of walking in cold, for sure. I mean, it is much nicer to know a medical history on somebody, yes.

**Shawn Buckley**

Now, was the incentive structure different for the COVID vaccines than other vaccines?

**Ann McCormack**

Speaking to Alberta again, I don't know what you'd call it, a traditional vaccine like Measles-Mumps-Rubella or a TWINRIX vaccine for travel,

[00:05:00]

the drug store would bill the provincial insurance company \$13 per dose. That's your dispensing fee. And so for COVID, we billed Alberta Blue Cross \$25 per dose. Nearly double.

**Shawn Buckley**

Now you were wanting to say some things about informed consent. So I'm hoping— And please take your time with this because as a pharmacist you actually would be the person, back when you were licensed, actually dispensing drugs. So pharmacists are highly trained in what informed consent is. And I think you were here earlier today when Dr. Christian was speaking about the Nuremberg Code and informed consent.

Can you explain to us what basically are the elements of informed consent and why they're important?

**Ann McCormack**

Well, I'll go back to what Dr. Christian said: It is the absolute bedrock of patient care. It ought to be the bedrock of banking, of every single way we serve one another as humans.

Informed consent in Alberta is: First of all, you must have the capacity to understand the information before you consent. If you are given every reason in the world to do something, to buy something, to inject something, to ingest something, and you still choose not to, that is your prerogative. That is your choice. However, first of all in Alberta, you must be able to have the capacity to form consent and then you may give your consent.

It's a little bit different in Saskatchewan, in that there is a duty to ensure that the information is understood, and also that a signature is not the same thing as informed understanding and consent.

**Shawn Buckley**

Right. Now, I don't know, what is the legal drinking age in Saskatchewan? Is it 18?

**Ann McCormack**

Is it 19 in Saskatchewan maybe?

We live near Lloydminster, so we're a border city that straddles Alberta and Saskatchewan. And many of the health mandates that came up, like the legal age to go into a liquor store or whatever, would be dictated by Saskatchewan. However, lottery and that kind of thing, the VLT that you'd play while you're drinking, was dictated by Alberta. So it was crazy, really.

**Shawn Buckley**

But it's around 18 or 19.

**Ann McCormack**

Eighteen or nineteen, whatever, yeah.

**Shawn Buckley**

Okay. It's just, we had some evidence earlier today about: How does a 13-year-old be able to consent? That it's just not possible. So that would speak to the capacity issue that you've raised.

**Ann McCormack**

Yes. Even the language that is used to explain side effects to a person, it's just being a nice person. It's just being a decent individual, a moral individual, regardless of whether you've taken an oath or not. Explain things in a way that people can understand and try and ensure that it is understood.

**Shawn Buckley**

Commissioners, I'll just let you know that Ms. McCormack has provided me with a screenshot of the Saskatchewan requirements. But I'm going to ask David if he can pull up my screen, which is the Alberta College of Pharmacy Requirements. And can you speak to us about a sentence there: "Generally, for a patient's consent to medical treatment to be acceptable—" And then there's three concepts.

Can you speak to those and explain those to us?

**Ann McCormack**

Well, it has to be voluntary. You know that saying about, "No jab, no job?" I mean, that is coercion. If you threaten someone's income or their ability to put food on the table for their children because you haven't taken an injection that either you're not aware of, or not sure of, or have a question about, that is coercion. That is not freely given informed consent.

We've talked a little bit about the capacity to form consent and that the patient must be properly informed. I don't know that even a lot of the health professionals have been properly informed. The way medications are promoted—and doctors are sometimes educated and pharmacists certainly are educated—is through drug reps.

A drug rep usually has a Bachelor of Commerce degree. They don't have medical training.

[00:10:00]

Our conferences and learning opportunities are often sponsored by the drug companies. Wings of hospitals in different countries are sponsored by drug companies.

**Shawn Buckley**

And as far as informed consent, my understanding is that a person has to understand both the risks—

**Ann McCormack**

Oh, the risks and the benefits, right.

**Shawn Buckley**

And the benefits. And then the ingredients.

**Ann McCormack**

Well, yes, the ingredients. I don't know that you need to learn how to spell "thimerosal" or some of the ingredients that are in a drug. But certainly, at the bare minimum, you must be able to—in some informal way in your mind at least—balance the risk-benefit ratio and make a decision for your very own body. Or that of your child. Or that even of your unborn child.

**Shawn Buckley**

Now you had some conversations with the pharmacist that was at your pharmacy because eventually, your pharmacy did get the COVID-19 vaccines.

**Ann McCormack**

Yes. I will say I wasn't employed at that pharmacy much after the first vaccine doses came in. But I would ask questions, "Well, what about informed consent?" Because keep in mind, I had let my licence go many years before and came back to work because I wanted to. And there would be questions—I would say, "Well, what about informed consent?" And from educated—to my mind, very good-hearted people—the answer was things like, "Well, that's the way we do things now." And you could knock me over with a feather. When I asked about things like blood clots for instance— Because it was in the popular press, people wanted to know; they were worried and they wanted to know the answer. "Well, what about blood clots? What do you tell them?" "Well, you can treat blood clots."

That was literally the answer: "You can treat them."

**Shawn Buckley**

What would the pharmacist do if asked about the long-term safety data by a patient?

**Ann McCormack**

That's another one that was brushed off. It was to the effect of, "Well, that is how we do things now." One of the pharmacists—again, licensed, experienced, you know, upstanding person in the community—would say, "Well, first of all, there are no long-term safety data. But am I worried about it? No." So you're inserting an opinion in that conversation which, to my mind, ought to be strictly the facts.

Your opinion— I don't know, you guys are the lawyers. If you try to influence somebody with your opinion on a health decision, I think you've overstepped the line as a professional.

**Shawn Buckley**

I appreciate that you weren't licensed at the time so that you did not give any injections. If you had been licensed, how do you think you would have dealt with this?

**Ann McCormack**

I would have quit. There is absolutely nothing—I can't think of a situation where I would have prepared a patient and given an injection, firstly, that I had concerns about. If I had concerns about something, I would have sought answers to satisfy my curiosity. And I couldn't have done it. I couldn't have done it.

**Shawn Buckley**

Now, as things went on—and you already told us that you weren't employed there for much longer after—can you explain for us what happened?

**Ann McCormack**

Yes. In 2012, we lost our toddler son in an accident on our farm. And so, I just felt when I was wearing masks, because they were mandated, I couldn't breathe. I got grief feelings: you know, a bit anxious and like I couldn't breathe. I did try wearing masks at work but I eventually just couldn't. And my doctor actually wrote me an exemption.

So, I tootled along. By then everybody's putting Plexiglass up and putting alcohol on ballpoint pens to keep the germs off everything. You know, all these crazy things.

Anyway, my husband is 60 years old. And about six months before I lost my job, our 14-year-old son took his own life the weekend before school started. So, we have lost two children and there was absolutely no way that I could wear a mask.

[00:15:00]

You know, just the feeling of claustrophobia and whatever. And I say that as if I'm putting a label of mental illness on myself. I don't think that that is, I think that that's a very normal reaction given our circumstances. I suspect that it would be mentally ill not to react to the deaths of your two sons and to be able to wear a mask and all this confining stuff.

Anyway, my husband is 60 years old. One day when I was not wearing a mask at the store, I went to help a customer who was his high school bus driver from 45 years ago. Who said, "Get your mask on," or whatever. And I said, "Well, I can go back here or find somebody else to serve you." Jason Kenney, our premier in Alberta at the time, instituted a "snitch line" so you could phone and report people. And so she used Jason Kenney's snitch line to report me for not wearing a mask.

The health inspector contacted the pharmacy. On April 29, 2021, within 20 minutes—despite coming in early to cover the pharmacy so that my superior could have a private doctor's appointment for 20 minutes and then come back to the drug store—that was the end of my job. I had to go home.

#### **Shawn Buckley**

When we were in Winnipeg last week and playing government clips, when they were talking about snitch lines, they used a much more police-state term. They used the term "ambassador," that you would be an ambassador. I think at the NCI we're going to adopt that: "the ambassador." It just kind of has an Orwellian ring to it.

So you lost your job. My understanding is that you filed a complaint with the Alberta Human Rights Commission.

#### **Ann McCormack**

Yes. I did it on my own and then I thought, "This is ridiculous. That's not going to get anywhere." For one thing, if you live in a town the size of ours— I knew who had made the complaint against me and I phoned her and asked her why on earth she did that. She said, "Well, I'm sorry, but—" I mean, I don't even know if she's alive anymore. She's got to be close to 90, or over 90.

And then I thought, well, I am going to fight this. This is wrong on so many levels. This makes no sense. And then I did get a lawyer, withdrew my complaint, and he submitted a complaint to the Alberta Human Rights Commission. And I'd also tried to reason with the College of Pharmacy. I said, "I'm not even a regulated member. Why did I lose my job?" And of course, what they did was put pressure on all pharmacists so that even unregulated cashiers, everybody, would be wearing masks. I don't know what would have happened to my immediate superior if I hadn't worn a mask. So yes, that's been before the Alberta Human Rights Commission. It will be two years in just a few days.

We had a conciliation meeting to try and work things out—which was not successful at all—in which my lawyer had presence of mind to ask before the Zoom meeting started, because the other party was a little bit late joining, if there was a bias against people like me. “People like me.” And this young fellow from the Human Rights Commission who was sort of mediating this negotiation, or was supposed to be, he admitted. He laughed, he said, “Yeah, well, I guess I have to admit that, yes, we do have a bias against you.”

**Shawn Buckley**

Interesting. Now, my understanding is you filed almost two years ago and the importance of that is: You haven’t had a decision yet, number one. And two, your two-year limitation to start court proceedings is just about to run out.

**Ann McCormack**

Yes, it is. And my lawyer has written two letters to the Human Rights Commission. I think it’s probably about the same across the country but this is of course to the Alberta Human Rights Commission. One last October 28th, saying, you know, “I’m seeing other cases go by.” He’s got five of us within the province of Alberta who have expert testimony and legal representation. “Why aren’t my cases being looked at? Why are tribunals not looking at my people, my specific people, at the Alberta Human Rights Commission?”

He just wrote another letter just a few days ago, six months later [Exhibit SA-6b].

**Shawn Buckley**

I think that was April 14th. Your lawyer is James Kitchen?

**Ann McCormack**

Yes.

**Shawn Buckley**

And he’s coming tomorrow to speak. And we’ll file—in fact, we’ve already filed—those letters that he wrote.

[00:20:00]

Just to substantiate, what you’re saying is that they’ve basically been dragging it out for no reason.

**Ann McCormack**

Yeah. Well, I think the reason is in fact that it times me out, so that they’ve taken my choice to go through the courts away from me. You can’t do it at the same time. If I failed at the Tribunal then maybe I would go through the court proceeding, which would be more expensive and I don’t know if it would be successful or not.

And it doesn’t matter. To me, the fact is that they’ve taken away my chance to advocate for myself, to make my case. It’s so true that justice delayed truly is justice denied.

**Shawn Buckley**

Right. I have no further questions for you. I'll ask if the commissioners have any questions.

**Commissioner Kaikkonen**

Thank you for your testimony. I'm just wondering if there was a formal public tendering process for the government choosing which pharmacies would meet the qualifications for giving vaccines to customers.

**Ann McCormack**

Oh, my! Well, I'm not an expert on that. However, in such an unusual situation to my mind in this country, politicians started naming Shoppers Drug Mart. "Go to Shoppers Drug Mart to get your—" It should be a private business. Why not Guardian Drugs? Why not Apple? And I guess I have seen some coincidences, where Shoppers Drug Mart was bought out by Superstore in about 2013. Owned by Westons. Westons and Trudeaus are pretty good friends. I don't know if that has anything to do with it. I don't know. I haven't read any contracts.

**Commissioner Kaikkonen**

And also, we heard earlier—I believe from Dr. Christian—that there is an assumption that 13-year-olds are able to understand the benefits and possible reactions to the vax. But presumably the adults dictating that children receive the vax would understand the risks. Did you hear or know of any health professionals that chose not to vax a young person on the basis that that youth might not have the capacity to give consent?

**Ann McCormack**

I did not witness that, no. However, as a mom of a 14-year-old son who took his own life, I would say that young people probably don't have the greatest judgment. This was absolutely shocking to us. We'd been at home, of course, without school, for months. My son said that this had been the best summer of his life. Okay, the cops are going to get me because we live on a farm and we were not too concerned about all these restrictions. He went boating with his cousins. He could sleep in. You know, he read books, went exploring all over our farm for acres and acres for hours every day, you know, rode his horse, had the dog. I mean, he didn't have to go to school, so he was having a great summer. So, there's an example of a 14-year-old who made a decision that he couldn't undo. And I would suspect that there are lots of teenagers that may make a decision to take a vaccination that you can't undo.

**Commissioner Kaikkonen**

I'd like to thank you for your testimony and I'm sincerely sorry for your loss. Thank you.

**Ann McCormack**

Thank you.

**Shawn Buckley**

And there's still more questions.

**Commissioner Drysdale**

Thank you for your testimony. Did you witness any of the vaccine injections that were going on in either your drugstore or any other drugstore in your community—like, first-hand witness them?

**Ann McCormack**

The needle going in the arm? No, I didn't. We have an injection room for privacy for people.

**Commissioner Drysdale**

Okay. You mentioned that when you questioned the pharmacist about long-term effects, he didn't seem to be concerned with that. Did the pharmacist and then the people around you understand the unique nature of the mRNA vaccines? In other words, this wasn't like a measles vaccine. This was something different. Did they know that?

**Ann McCormack**

I think so. I think it was in the press. And as I say, I think the political football that it became, like, "We've got to get it! We've got to get it!" Do you remember the competition? It was sort of watching this race to get this vax. There was even different language about it, to get the vaccine out there. Like it was an accelerated pace to get that technology developed, get it into needles, get it into your arm, right? It was a real race.

[00:25:00]

It was a sensationalized thing.

Yeah, so people did know that. As I say, if COVID sprang up in March of 2020— March 17th I think, was sort of the lockdowns in Alberta. School was done for the rest of the year, et cetera. If it was a new disease, surely, surely people must know that if the vaccine was a new technology and only around for six months; there could not possibly be any long-term safety data on it. And if you had that question and you asked it, surely it should have been answered honestly, that we just don't know.

**Commissioner Drysdale**

I just want to confirm what I thought I heard you say. Did you say that normally the pharmacy would get paid about \$13 per dose for an ordinary vaccine, but that they were paid \$25 a dose for the COVID-19 vaccine—that's almost double?

**Ann McCormack**

That's correct and that's Alberta. A pharmacist, like maybe Krista Moe— I believe Premier Scott Moe's wife is a pharmacist and they own a drugstore about an hour and a half from Saskatoon, licensed in Saskatchewan, could give you a better answer about Saskatchewan information.

**Commissioner Drysdale**

Well, Alberta's information is fine. I just want to make sure I understand this. Does that include the cost of the vaccine? In other words—

**Ann McCormack**

Oh, oh, oh. I'm sorry to interrupt you. Yes, that's a very good question. Sorry. And I believe the other commissioner was maybe trying to get at that.

The expenses around delivering the vaccine for the individual drugstores in Alberta would be the storage requirements in a fridge and whatever personal protective equipment you had to wear—gloves, a mask, whatever. So, I won't say that the vaccines were provided to the drugstores free, because they were provided from the federal government bought with tax dollars, right? So of course, they're not free. But the individual drugstores did not buy them themselves. They had to go to the expense of purchasing gloves and masks but they didn't buy the vaccines.

**Commissioner Drysdale**

I understand. So, the increased cost may have been somewhat related to them having to buy PPE that they didn't necessarily need to use for, like, a TWINRIX vax.

**Ann McCormack**

Well, maybe. I think most pharmacists would likely use gloves anyways. Maybe not a mask in the before-times, I guess you'd say, or before COVID. They may or may not wear a mask in close contact with people. I think it was for the extra counselling, maybe, that it took for mRNA injections, to talk to people about them. Probably took more time with this new technology.

**Commissioner Drysdale**

Extra counselling?

**Ann McCormack**

Well, pharmacists are required to counsel and make sure there is informed consent and answer questions around it.

In Alberta, I believe the pharmacists were also encouraged to consult their patient lists—so the database that you'd have per patient, which is confidential. And to my mind, that was not breached; I'm not saying that at all. But they were encouraged to contact people that would normally come to their drugstore and make appointments to give the mRNA injections. I don't think that's ever happened—not to my knowledge—in any other situation before.

**Commissioner Drysdale**

Lust so I'm clear, the pharmacists were cold-calling potential clients and they were using their patient list to do that?

**Ann McCormack**

Yes. And I believe they were encouraged to do that by the Alberta government.

**Commissioner Drysdale**

Hmm. Thank you very much.

**Shawn Buckley**

There being no further questions, Ann, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

**Ann McCormack**

Thank you all. Thank you.

[00:29:20]



*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 1**

**April 20, 2023**

### EVIDENCE

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**Witness 5: Randolph Schiller**

**Full Day 1 Timestamp: 07:29:15–07:56:08**

**Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>**

[00:00:00]

**Wayne Lenhardt**

Could you give us your full name sir, and spell it for us. And then I'll do the oath with you.

**Randolph Schiller**

I go by the name of Randy Schiller, but my legal name is Randolph Schiller. R-A-N-D-O-L-P-H S-C-H-I-L-L-E-R.

**Wayne Lenhardt**

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

**Randolph Schiller**

So help me God, I do.

**Wayne Lenhardt**

You live in the Weyburn area, is that correct?

**Randolph Schiller**

That is correct.

**Wayne Lenhardt**

Okay. Your saga began in what year?

**Randolph Schiller**

In 2020.

**Wayne Lenhardt**

Okay. At that point, COVID had come along. The vaccine was being used. You got suspicious. Could you tell us about that?

**Randolph Schiller**

Yeah. Right from day one in January 2020, when I was watching the news videos from China. When you're seeing some of the people fall dead over in the street, disinfecting the streets, building a hospital in seven days—which to me looked more like prison cells—I questioned the narrative coming out of China. To me, the validity of the virus was not there.

**Wayne Lenhardt**

So did you get the vaccination?

**Randolph Schiller**

No.

**Wayne Lenhardt**

Have you ever gotten it?

**Randolph Schiller**

No.

**Wayne Lenhardt**

So what happened next? Did you suffer any financial consequences relating to COVID?

**Randolph Schiller**

Yes. My employer, Canada Post, had masking mandates. I sought a mask exemption. I eventually got one. Immediately, I was put on short-term disability, which went to long-term disability. And then when Mr. Trudeau removed the masking mandates I could not work, because I was not vaccinated, for about three to four weeks.

**Wayne Lenhardt**

So at some point, you thought about doing freedom of information requests.

**Randolph Schiller**

Yes.

**Wayne Lenhardt**

And when did you do that and to whom?

**Randolph Schiller**

I first started off with the Holy Family School Board in Weyburn. That would have been in December 2021.

**Wayne Lenhardt**

Did you have children at that school?

**Randolph Schiller**

No. No, sir.

**Wayne Lenhardt**

Okay. I believe you told me that you'd been on the board of that school?

**Randolph Schiller**

Yes. Previously, back around 2010, I was a trustee for the Holy Family School Division.

**Wayne Lenhardt**

Okay. So, the Holy Family School Board in Weyburn. And who else did you make requests of?

**Randolph Schiller**

At the same time, I'd mirrored my FOIA request to the Holy Family—to the Ministry of Education and to the Ministry of Health.

**Wayne Lenhardt**

Okay. Do you remember generally what it was you asked for?

**Randolph Schiller**

Yes. I wanted communication between Holy Family School Board and the Ministry of Education. Also, the same thing between Holy Family School Board and the Ministry of Health, or the SHA [Saskatchewan Health Authority].

**Wayne Lenhardt**

Okay. And so what happened next?

**Randolph Schiller**

Immediately they took my request. A couple weeks later, I added another FOIA request to the Holy Family School Board. Shortly thereafter, I got a letter in the mail stating that the Holy Family was going with the Saskatchewan School Board Association: they were going to petition the [Saskatchewan Information and] Privacy Commissioner and disregard my request for vexatious statements.

**Wayne Lenhardt**

Okay. And so that sort of a refusal proceeded through its channels, and then what happened?

**Randolph Schiller**

I eventually won that case with the Privacy Commissioner. I was lucky enough to have a gentleman sitting with me while I recorded the conversation, proving that I did not utter any vexatious comments.

**Wayne Lenhardt**

Okay. Now, I gather there's a difference between asking for material from the Ministry of Health. And there is another agency that you can go through as well. So did you get what you wanted from the Ministry of Health and did you have to go elsewhere?

**Randolph Schiller**

The Ministry of Health came back with those records saying they did not communicate with Holy Family School Division. But I also changed my wording with the Holy Family to go through SHA. SHA did have communication with Holy Family and some of the requests, mostly through the channel of the Weyburn Public Health.

**Wayne Lenhardt**

Okay. Did you get what you wanted as far as the public health records went?

[00:05:00]

Or was there some other avenue you had to go through?

**Randolph Schiller**

No, I didn't get everything that I wanted from the health records, that channel. If you're regarding the freedom of information for the Holy Family.

**Wayne Lenhardt**

Okay. We talked about Panorama records—

**Randolph Schiller**

Oh, the Panorama record. Okay. I wasn't sure what you were getting at there. Sorry about that.

Late in the fall of 2021, because of the vaccination passports that were coming out, I wanted to block my eHealth records. During my blockage of my eHealth records, I found out that there's also an entity through Public Health called Panorama records. That is controlled by Public Health and it holds all your vaccination status and all those other records. During that time with the Panorama records, I asked for what was on my file. What I did find was some questionable entries regarding COVID. And I challenged the SHA. But in my opinion, those records were fraudulent.

**Wayne Lenhardt**

Okay. So in other words, you did get some records. You had to fight a bit. Have you gotten all of the records now that you've requested?

**Randolph Schiller**

No.

**Wayne Lenhardt**

Okay. And there's still some sort of a dispute going on at the moment. What's happening there?

**Randolph Schiller**

Well, between the Ministry of Education and the Holy Family, right now I have a request for review with the Privacy Commissioner because the Ministry of Education withheld or redacted much of the records that I sought.

**Wayne Lenhardt**

Okay.

**Randolph Schiller**

So I'm asking for a review to have everything unredacted.

**Wayne Lenhardt**

And you've provided us with all of the FOIP responses that you've gotten to date, which isn't all of it, and they're on this thumb drive.

**Randolph Schiller**

That is correct.

**Wayne Lenhardt**

Which is going to be submitted to the Commission to go into their records.

Okay. You haven't done any kind of an analysis of all this documentation, like we've heard from witnesses this morning. But could you give us your general overall view of what you've gotten so far and what you're still hoping to get?

**Randolph Schiller**

Well, number one is transparency and informed consent. That's always been my goal. That the government is not very transparent in providing records, just from my personal situation.

**Wayne Lenhardt**

Were the records that you got consistent with what the mandates were at the time?

**Randolph Schiller**

Could you rephrase that, please?

**Wayne Lenhardt**

Well, I think you were concerned— For example, we had a discussion previously about masking and whatnot. Did Public Health or the SHA or someone actually mandate the mask? Or was there just a suggestion? And did some other body go ahead and go a little further than, perhaps, the requirements indicated?

**Randolph Schiller**

I want to say yes, that the Holy Family School Board went above and beyond what I believe was required from the Ministry of Health.

**Wayne Lenhardt**

Okay. So, let me put it this way then. If you were in charge and you had seen these documents, would you have done the same restrictions and mandates as occurred? Or would you have done things differently?

**Randolph Schiller**

No, I would not have done all those restrictions. If I was on the Holy Family School Board, I definitely would have not implemented the policies that they did. But my understanding, all school boards were following those directions from the Ministry of Health and the SHA.

**Wayne Lenhardt**

Did you feel there was any necessity to do what was done that caused you financial harm?

**Randolph Schiller**

No.

**Wayne Lenhardt**

Okay. Is there anything else that you would have done differently?

**Randolph Schiller**

For me, no.

**Wayne Lenhardt**

At this point, I think I'm going to ask the commissioners if they would like more information.

**Randolph Schiller**

Would you mind if I give some of my back story? Because I've done 26 FOIPs. So, I was hoping to talk on a few critical ones, if you guys wouldn't mind.

**Commissioner Kaikkonen**

Go ahead.

**Randolph Schiller**

I want to enter in the record, as well,

[00:10:00]

**I suffer from bad sinuses. Immediately, if I wear a mask, within three minutes my sinuses congest. This has been a chronic problem for ages, and it's been documented in my medical history.**

So I started to seek for a mask exemption back when the directives were first coming out with my employer, Canada Post. And the first doctor I went to was in the Weyburn Health Centre, Dr. Erfani. Hopefully I can mention his name; it's too late now. But I asked him for a mask exemption, and this was his quote: My personal health did not matter. It was for the benefit of the public good. I thought that was a pretty profound statement.

During this time, there's a lot of doctors that weren't seeing new patients, so it took me a couple months to get to a second doctor to ask for a mask exemption. His reply—and I'm going to paraphrase—was, "I can give you an exemption for valid medical reasons but if I do, I can no longer practise medicine in Saskatchewan." I thought that was the nature of healthcare in Saskatchewan.

Back when Premier Moe implemented all the mandates in March, I immediately questioned what was happening. During that time, I sent my MLA and the Premier and also the Minister of Health 45 questions that I thought were questions that the media should have been asking but none did. I did not receive a response from any of those three. And at the time I considered my MLA, Dustin Duncan, a friend. I just thought his silence was very profound.

I sent questions to each one of those, three times. None would respond. I sent those same questions to the various departments of the SHA, Saskatchewan Health Authority. They didn't answer my questions either. So needless to say, that was the reason I started to create the FOIPs. I needed to start someplace so that was where I started, with the Holy Family.

But also, I want to discuss: At the same time I was dealing with the Holy Family issues for the disregard, I had sent out three other Freedom of Information requests. One was to the Premier's office, another was to the Ministry of Health, another one was to the Ministry of **Education. I asked if they conducted a cost-benefit analysis before implementing COVID pandemic mandates.**

**Within a week, I had a call from the Premier's office. I had a 45-minute conversation with the woman on the other end, and she was seeking clarity to what I was seeking. After 45 minutes, she agreed she understood what I was asking for. Within a week of that phone call, I got an estimate in the mail. On that estimate—it was nearly \$389,000 to provide the records, is what they had estimated. I looked at the estimate closely—\$389,000. I looked at the estimate carefully. The records that they were going to provide at that cost were not the records I asked for. So I pressed them further, and they come back with "no records exist."**

**The Ministry of Health and the Ministry of Education did the same thing: No records existed. They did not conduct a cost-benefit analysis before implementing their mandates.**

**I just want to mention, too: It was clear my FOIP requests were going to be a battle, sending lots of reminder emails, because not one of the government institutions were following the 30-day regulations. I should also note that my requests were developed on my personal time and I bore the brunt of these costs. Meanwhile, our government institutions were using employees' time and taxpayer dollars to delay any responses for my questions.**

**When I was going over the Holy Family records, this is what I found interesting as well. The school boards and schools were agents of the SHA.**

[00:15:00]

They were purposely sharing misinformation and promoting fear, from the documents that I was reading. During this time when I was reviewing those records, I was also reading clinical studies from the pharmaceutical companies, and I was going through the SHA website. And what I found was profound. The SHA website was saying that everything was—the vaccines were safe, especially for pregnant women. But the clinical studies weren't saying that.

What was interesting is that I found a site called BASE Learning for COVID-19 Immunization. On this website, it was an online course. And at the end of it you were legally able to give someone—well, I'm just going to say, "the jab" for COVID-19. What I found profound about it: the SHA website, like I said, everything was safe. This course laid out a few of the adverse events that could come from the COVID-19 mRNA drug. But they were still not as close to what the clinical studies were showing.

I just want to add again that the Ministry of Education is still withholding my information, and I've got a review for request within the Privacy Commissioner to have all that material unredacted.

Now back to mid to late June of 2022, after a six-month battle with the Ministry of Health, I finally received records where I asked the question: Could you please provide—I'm going to paraphrase here—all the adverse events for the year 2021 from the COVID vaccine? I asked a similar question to SHA. And I need to read this just so I don't get it wrong: "The SHA is not refusing to provide this information. We are not holders of this information." Which I thought was a profound statement. The SHA is our health authority and they were not documenting the adverse events occurring from the COVID drugs or immunization.

But anyways, back to the Ministry of Health. In late June, I finally received my adverse events records, HE 123-22G. After a quick read, I knew that the document was damaging. It was 122 pages and it involved over 1,200 Saskatchewan people. I immediately sent this information off to SASK ALLIANCE because they had a team of well-known doctors, lab technicians, nurses, and university professors that could actually look at the data too, and hopefully interpret it the same as I did. About three weeks after they were given this material, it was released to the media, and they found the same thing that I found. Out of over 1,200 individuals, 7 people had died in Saskatchewan; 300 people had a severe adverse event and were told to get a second shot. The report didn't tell the entire story.

I'll go on to a different point here, to save some time. That media release for those adverse events, for HE 123-22G, came at the same time as the Carol Pearce tragedy here in Saskatoon. Because of that information, along with the tragedy, it garnered international

attention. But right after that CKOM published an article that stated: according to the Ministry of Health, there was no adverse deaths from the vaccines, the COVID vaccines. I knew that to be a blatant lie. So I contacted CKOM. I provided them with my original FOIP along with the document that I got from the Ministry of Health. And I proved to them that there were seven deaths already in the year 2021. Sarah Mills from CKOM gave me a brush off. This is what she said:

[00:20:00]

**“Thank you for the information. If you have autopsy results, we would certainly welcome them. Sarah.” CKOM did alter their original article, but it did not go far enough to absolve the lies that came out of the Ministry of Health.**

During this same time, I had sent off a Freedom of Information request to the SHA. This is where I asked for records of accuracy concerning PCR testing. This was a long battle. Every month I had to send every other government entity reminders that I was waiting for the material.

I also, at the same time, sent in a FOIP regarding chain of custody for DNA after a PCR testing. Because I was hearing rumours and reading material online that showed that DNA was being sold to other companies after they were tested for COVID. Unfortunately, because of my busy schedule, I let that one lapse. I wish I hadn't.

But finally, in the fall of 2022, the SHA finally provided the records for the PCR Freedom of Information request.

This is the response that I got for the PCR accuracy portion: “The information you are requesting above had not been provided as the SHA is not obligated to create a record in order to respond to access of information request. As you are requesting information, rather than records, this portion of your request has been denied as previous record was not created for a business purpose.”

I thought that was a pretty convoluted statement. I pressured them more on that, and they've come back to me: “no records exist.” SHA's “gold standard” has no records to prove the validity of their testing. I've also sent to the Privacy Commissioner a request for review for that one, because I've been looking for more records for that one as well.

To date, I've done 26 Freedom of Information requests. I've also helped write some for other individuals. Incidentally, one is a federal doctor. Some have been nurses; some have been teachers. And at the moment, I have won three decisions with the Office of the Privacy Commissioner. I've got two filings under review with the Privacy Commissioner with **two more being sent out this next weekend. And I'll be drafting two more as well to the Privacy Commissioner regarding my Freedom of Information request, just because the government and our local authorities are not providing the material.**

Thank you.

**Wayne Lenhardt**

Okay, are there any questions from the commissioners?

**Commissioner Kaikkonen**

Can you clarify that in Saskatchewan there is a response time, a legislative response time, for those requests to be returned to you with information?

**Randolph Schiller**

Thirty days. There is a flow chart that they go by, but it should be 30 days.

**Commissioner Kaikkonen**

But it is 30 days. Okay, thank you.

And then I just wanted to ask about— You made a comment, and I hope I got this right, that Holy Family School Board went above and beyond what was required by the Saskatchewan Health Authority. Can you provide us with an example?

And also, from all of your research, who do you think was responsible for going over and above the provincial mandates? Would that be the Minister of Education, the school board, the superintendents and director, or the school board trustees, or the principals—the administrators? I know the list is long, but I'm just wondering, is there anybody that you have been able to find that would be responsible for making those decisions that go above and beyond the provincial mandates?

**Randolph Schiller**

That I have not found out. But I can only say that, to me, would be the Director of Education. But it also falls down to the trustees. They are the ones that are directing.

**Commissioner Kaikkonen**

And you were a trustee, previously?

**Randolph Schiller**

No, I'm not a trustee currently.

**Commissioner Kaikkonen**

No, but previously? Did I get that right?

**Randolph Schiller**

Yeah, previously. Yep.

**Commissioner Kaikkonen**

So, when you were a trustee, have you ever seen an example of when the school board would make a decision that would go above and beyond some provincial-legislated matter?

**Randolph Schiller**

During my term, no.

**Commissioner Kaikkonen**

Thank you very much.

**Wayne Lenhardt**

Go ahead.

[00:25:00]

**Commissioner DiGregorio**

Thank you so much for coming today and sharing this with us. I'm hoping you can help me understand a little bit better about the process, particularly when you get a response to one of your Freedom of Information requests and you think that it either doesn't have sufficient records or, I think you mentioned, that sometimes they came back redacted.

What's the process you go through then to try and appeal that?

**Randolph Schiller**

Well, it depends on what you're looking for. If I see a person's name that's redacted, I'm fine with that. Or their physical address where they reside, I have no problem with that. Or their personal health information, I have no problem with that. That should be redacted. But when they withhold pages, that's where I have a problem.

**Commissioner DiGregorio**

Okay and so do you make an application, I think you said, to the Privacy Commissioner? How does that work?

**Randolph Schiller**

Yes, it depends on the battle that you want to fight. If you want to continue the battle, you go to the Privacy Commissioner to have a request for review. What I do is I lay out my arguments, why I want those records. Then you wait for the Privacy Commissioner to make their decision, and then they'll get back to you. And also, if you disagree with the Privacy Commissioner, you can actually take them to court. But that process I hopefully don't have to do. Hopefully, I continue to win.

**Commissioner DiGregorio**

Okay. And do you get a hearing from the Privacy Commissioner or just written submissions?

**Randolph Schiller**

No, it's all written.

**Commissioner DiGregorio**

Okay, thank you.

**Wayne Lenhardt**

Okay. And anything else from the commissioners? Okay, on behalf of the National Citizens Inquiry, thank you very much for your testimony today.

**Randolph Schiller**

Thank you very much for allowing me your time.

[0026:53]



*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 1**

**April 20, 2023**

### EVIDENCE

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**Witness 6: Mark Friesen**

**Full Day 1 Timestamp: 07:56:15–08:38:40**

**Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>**

[00:00:00]

**Dellene Church**

Our next witness will be Mark Friesen. Good afternoon, Mark.

**Mark Friesen**

Good afternoon.

**Dellene Church**

Can I get you to state your name and spell your first and last name for the record?

**Mark Friesen**

Mark Friesen, M-A-R-K F-R-I-E-S-E-N.

**Dellene Church**

Thank you. Mark Friesen, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

**Mark Friesen**

I do.

**Dellene Church**

Thank you. Now Mark, from the start of the pandemic, you were active in protesting government mask and vaccine mandates and restrictions. As a result of that, you received several fines. You later contracted COVID and were hospitalized in Saskatchewan and eventually transferred out of province to a hospital in Ontario. You have serious concerns over the medical treatment you received in Saskatchewan and the reason behind your transfer out of province.

Can you tell us about your experiences with that hospitalization?

**Mark Friesen**

Yeah, so my story really starts in June of 2020 when we first started protesting what we knew was coming and that was mandates and restrictions and limitations on our Charter rights and freedoms. We initiated protests well in advance of Saskatchewan implementing those mandates and restrictions, in June of 2020. Because we knew that they were coming. There was indications from other parts of the world that showed that rights and freedoms that generally are taken for granted were being trampled on in other countries. We saw that that was probably going to come here as well, and to our province as well.

So, we initiated the protests. I sort of came to the forefront of this movement in Saskatchewan as an organizer, a promoter of these events across the province. I think I was viewed as quite a thorn in the side to our government. My whole life, I have defended the *Charter of Rights and Freedoms* and inalienable rights that I consider to be God-given. And that's how I approached this situation that was coming and being imposed upon us. That these rights that are enshrined in our *Charter of Rights and Freedoms* should be inalienable and should be recognized as such, because that's how I recognized them. And there's a lot of people in this province that also recognized their rights as inalienable. Unfortunately, our government didn't see that, as our rights being inalienable. And there's a reason for that.

In our system for 150-plus years, the supremacy and sovereignty is given to Parliament and to the provincial governments. Nowhere in our Constitution does it mention "we the people," or does it talk about inalienable God-given rights. And there's a reason they're able to subvert what we've taken for granted for so many years of our lives. Because again, that supremacy and that sovereignty rests in Parliament and to the provincial governments. So while we were gathering and while I was promoting these events and hoping for mass numbers to show up in protest and in opposition of what the government was doing in regard to our rights and freedoms, it was important for us to exercise those rights and those freedoms—like gathering, for example.

There was a mandate and a restriction put forward and a limitation to our Charter right to gather.

[00:05:00]

There was a limitation put on that in Saskatchewan, where we couldn't gather with more than 30 people. It was later reduced that we couldn't gather with more than 10 people outside. There's actually admitted by a prosecutor in this province— When they dismissed **three people's tickets, the prosecutor admitted to them that the province doesn't have any evidence to back up that limitation or that mandate. Now very clearly written— In section 1 of the *Charter of Rights and Freedoms*, it states very clearly that any government that wishes to limit our rights and freedoms must justify, demonstrably justify, those limitations. And to my knowledge, there isn't one government in this country that has demonstrably justified those limitations.**

So I thought it was important that we continue with this protest movement, this freedom movement, to exercise our inalienable rights. And in that, because I was seen as one of the mouthpieces in this province and one that has a shark-infested mouth, the focus was put on me—myself and other organizers in the province. In Regina, I got 11 tickets, each worth

**\$2,800. Because I was simply exercising my right under the Charter to gather and to associate and to express myself freely.**

**Dellene Church**

**And Mark, have those tickets been dealt with at this point or still in the courts?**

**Mark Friesen**

**Yeah, so they're still within the court process; they're under appeal. In a lot of cases, these tickets were increased from what was identified on the ticket. Most of them were worth \$2,800. But there's been judges that have increased the fines to all of these tickets. In most cases, they were increased to five, six. There was a prosecutor that requested \$14,000 for one of these tickets when I was simply exercising my right, clearly guaranteed, quote-unquote, under the *Charter of Rights and Freedoms*.**

**Dellene Church**

Okay. So Mark, after this process where you've been very involved and public, you contract COVID.

**Mark Friesen**

Yes. So, I ran in the federal election under the banner of the PPC [People's Party of Canada] in September—third week of September 2021. After, we had an election evening here in Saskatoon with the federal party and with Maxime Bernier. At that event it was interesting because while the venue was filling up, we noticed that there was no air circulation in the venue. We thought that was a little bit strange, so we went and discussed this with the manager who was on that shift. And she had said, "Sorry, there's nothing we can do about this. There's no maintenance on staff. We can't turn the air on." I found that a little strange. And then as it turned out, a number of people got sick that evening, myself included.

So my story is a little interesting because after that evening, I did feel a little punky. But I really didn't have any symptoms. So I sort of dismissed a lot of what I was going through. I just chalked it up as, I just got off a campaign; I'm exhausted; I'm just going to sleep this week and get caught up on some rest. At the same time, my wife was showing symptoms. So she got quite sick, a lot sicker than I did. And then I woke up the morning of the seventh day after the election,

[00:10:00]

**and I walked from my bedroom to the bathroom. It's about 10 feet. And I just about hit the floor. I couldn't breathe. So at that point, I basically told myself I'm going to be fine; everything's going to be no problem. I went downstairs. I got in my cave, and that's where I spent the remainder of the day. Now, at that time, we still had some ivermectin and some HCQ, which I tried to give myself, obviously too late. And then by 8 o'clock in the evening, I literally crawled upstairs, struggling to breathe, informed my wife that, "I can't breathe, I got to call an ambulance." So that's what I did.**

**The ambulance showed up, took my oxygen. It was at 70, which is quite low. And off to the hospital I went. When I got to the hospital, I don't remember too much of the first three days I was there; I was doing a lot of sleeping. But I was really struggling to breathe. I remember the doctor coming in every day and asking me when I would give them**

permission to put me on a ventilator. And I kept telling him to get stuffed, “I’m not going on your ventilator because that seems to me to be a death sentence.” So I refused that for the first three days. Then I woke up on the fourth day. I had two prongs on my nose, a mask on my face trying to drive some oxygen into my system.

The doctor came in on that fourth morning, about 11 o’clock, and asked me what we’re doing. And I said, “Well, I’m either going to suffocate in this bed or I’m going to die on your ventilator. Those are my choices.” So off to the ventilator I went. Immediately, after being put into a coma, my heart rate went to 260 beats per minute. They had to shut my heart off. It took them three times to get it going again. They just about lost me right off the hop.

Initially, those first three days that I spent, there was no treatment given. And I was aware at that time that ivermectin and HCQ were early effective treatments for this disease, this virus.

### **Dellene Church**

So Mark, are you saying in the first three days before you were put on the ventilator, you were receiving no medical intervention? You were just in a hospital situation?

### **Mark Friesen**

I was basically left there to suffocate. I found out later that while I was in the coma, they did start some antibiotic treatment for my lung infection. They also discovered on my lungs three orange-sized blood clots.

And the evidence behind what the world has gone through seems to suggest that this virus was manufactured and released on the masses. Somebody needs to be held accountable for that.

As I went through this first seven or eight days of being in a coma and just about dying and discovering these blood clots—

[00:15:00]

It was around the eighth day. My wife would get notified by health care staff as to my condition, regular sort of daily updates. But on this occasion, she was contacted by a doctor, the doctor who was in charge of my care. And the doctor was very truthful with my wife. And he said to my wife that somebody way above his pay grade “has decided to put your husband on a transfer list to Ontario.” And in his words, “Your husband is in no condition to transfer across the hall, never mind in a plane at 30,000 feet.” So my wife then asked him, “**Doctor, why would they do this?**”

I get a little emotional at this point, trying to understand what my wife is going through at that moment. Because she’s also very sick and wondering if this is the treatment she’s going to receive.

### **Dellene Church**

And were they asking for her consent to this transfer?

**Mark Friesen**

No. He simply stated, "This has nothing to do with his health," and in his opinion, "everything to do with his politics." So my wife took that to mean that the Government of Saskatchewan is trying to kill her husband. How else is she supposed to take that? When the doctor says, "This has nothing to do with his health. Transferring him is the last thing they should be doing."

**Dellene Church**

So despite all of that, your transfer goes ahead.

**Mark Friesen**

Yeah, my transfer does go ahead. I survived the flight, obviously, through the grace of God. Got to Mount Sinai Hospital. I was put under the care of a world-renowned lung doctor who immediately put me on the strongest antibiotic they have, called meropenem. I had my advocate with me, a gentleman by the name of Sean Taylor, who was an emergency nurse in the B.C. healthcare system, who was fired because he was telling too much truth through his political campaign. So they fired him; so he had some time on his hands. And luckily for me, he was in my corner. His mouth is just as shark-infested as mine. I had the right guy with me. He ensured that all the care that I should have been receiving was happening. And it was. I have to hand it to the doctors and the health care staff at Mount Sinai Hospital in Toronto. As Sean puts it, the attitude was 180 degrees different than it was in Saskatoon.

**Dellene Church**

Was there any comments made at that hospital as to why you weren't receiving that treatment right away in Saskatchewan?

**Mark Friesen**

Not that I'm aware of. I don't know if those discussions had happened; I would have to check with Sean. I don't know, I can only assume, and I'm only left to assume. But that was basically the starting point to my recovery. I ended up being in a coma for five weeks. At the end of my time in Toronto, they struggled to wake me up because I kept fighting with the ventilator. And I wouldn't agree with my breathing. So they tried five times to wake me up,

[00:20:00]

and it wasn't working. And then the fifth time, it finally worked to the point where they were able to transfer me back to Saskatoon. And I also want to say this, that the health care staff at St. Paul's Hospital, once I arrived and was awake and conscious and remembered things, they were fantastic. They were phenomenal. There was no judgment. Because I was obviously unvaxxed: I decided that I wasn't going to take this experiment because there wasn't enough research to back up taking this experiment. And I'm quite happy that I made that decision, even though I went through this experience. I don't think the vax would have prevented this from happening in any way.

**Dellene Church**

And so when you were in the Ontario hospital, did you have family members that were vaccinated that could come and see you?

**Mark Friesen**

Yeah. My daughter actually was able to fly out and spend a couple of days with me.

**Dellene Church**

But your wife was unable because she was unvaccinated.

**Mark Friesen**

That's right. That's correct. Yeah.

**Dellene Church**

Okay.

**Mark Friesen**

Yep. And Sean Taylor was also unvaxxed as well. But he managed to talk his way in. So I'm pretty thankful that he did.

**Dellene Church**

And are you still suffering consequences from being ill?

**Mark Friesen**

Yeah. So the recovery process has been long. The initial recovery process coming out of a five-week coma is extensive. I couldn't walk. I could barely talk. In fact, there was probably about 10 days where my wife was doing some reality therapy with me because I was on some pretty heavy drugs, ketamine and fentanyl and a number of others. So it takes a little while for you to break away from fantasy land into reality. And my wife did a phenomenal job of easing me out of that state and into the state of reality.

Now of course, I spent another month in the hospital. I was released on December 9th. The doctor had said I was probably going to be in there 'til well after the New Year's. But I told him, "You want to bet? I'm getting out of here as soon as I can." So I worked as hard as I could to start walking, so I could function properly at home while still under some care from my wife. I still have issues stemming from this. Significant scar tissue of my lungs. I feel like I'm somewhere at around 65 to 70 per cent of my normal lung capacity. I can't do things that I used to be able to do simply because I don't have breath. I don't have lung capacity. The blood clots that were on my lungs left serious scar tissue and fibrosis. And **that's something that doctors are telling me I'll never get back.**

**Dellene Church**

And what do you feel could have or should have been done differently in your treatment to lessen the seriousness of your illness?

**Mark Friesen**

Well again, as I said, I was well aware, and I think I even asked the hospital staff the first three days I was in a hospital, "Why aren't you giving me ivermectin or HCQ? It seems to be effective and early treatment, so we can avoid some of these consequences." Of course,

their position was the same as what the Government told them. The Government said, "We're not going to be issuing any of that horse medicine." So I really believe that there's thousands, if not more, Canadians around this country that died because the governments across this country decided not to use early effective treatment like ivermectin and HCQ.

**Dellene Church**

And also, your transfer at the time most definitely would have exacerbated your illness.

**Mark Friesen**

Yeah, 100 per cent. Absolutely. Yeah, for sure. It probably extended my coma time, I'm assuming. I'm not a doctor, so I don't know.

[00:25:00]

But it seems all of the things that should have been done and the treatment I should have been given was not given. And mistakes were made. I can't say if it was on purpose. But it seems to me it was when the doctor says, "This is above my pay grade," and somebody above his pay grade has made this decision to stick me on a transfer flight to Ontario. When it was not in my best interest medically.

**Dellene Church**

Okay, I think we'll turn it to the commissioners to see if they have any questions.

**Mark Friesen**

Sure.

**Commissioner Massie**

Thank you very much for your testimony. I have a couple of questions. First is, you said that while you were at home and you started to feel the symptoms of what was likely COVID, you started to self-medicate. Did you have any specific information about the kind of amount or dosage of these molecules you should have taken?

**Mark Friesen**

No. And that's an interesting question because we had ivermectin in pill form, and we had HCQ. The ivermectin in pill form was 12 milligrams, which— I took one, which was woefully inadequate for the size of the human being I am. Only because I didn't know. I was unaware of dosage and what I should have been taking to effectively treat my symptoms. It was far too late in the process. And I have to take responsibility in that for the first seven days that I wasn't feeling quite right, I sort of dismissed it as just being tired and exhausted coming off a campaign. So, I really— I dismissed a lot of what I was feeling, even though I'm watching my wife with her symptoms. She self-medicated as well and ended up not having to go to the hospital.

**Commissioner Massie**

So did she use a different regimen in her case or you don't know?

**Mark Friesen**

She's quite a bit smaller than me. So, I think she just used the ivermectin in the pill form and the HCQ and rode it out by herself. And it worked for her.

**Commissioner Massie**

So, from what you understood from the conversation—I know that some of it was probably after the fact or with your wife—what was the medical reason that was provided for your transfer to Toronto? Was it because they thought that your condition was beyond what they were able to manage and you would get more specialized or more expert care over there?

**Mark Friesen**

No. Again, the doctor had said that this decision had nothing to do with my health and that I shouldn't, in his opinion, probably shouldn't be transferred. So this decision was, again, above his pay grade. Somebody at SHA had made the decision to put me on this transfer list, and according to the doctor, who was in charge of my care, didn't believe that it was in my best interest to transfer. So it doesn't sound like it was a decision with my health in mind or my best interest in mind. It didn't seem that way.

**Commissioner Massie**

So from what you understood, in Toronto you receive antibiotic treatment because one of your conditions had to do with the bacterial infection. Was this antibiotic also available back in the hospital you were in in Saskatoon?

**Mark Friesen**

It would have been. I assume it would have been available to the doctors. I mean, if it's available in Toronto, it should be available at RUH [Royal University Hospital] in Saskatoon. I'm not sure why I wasn't put on that. There was some doctors in charge of my care, I'm sure, that could have prescribed meropenem. And there's another one that I ended up—when I got home, I had a PICC [Peripherally Inserted Central Catheter] line—that I would give to myself called ertapenem. And that was just one step lower than the meropenem but still a very strong antibiotic, just to kill that infection that I had in my lungs. So it seems to me that they probably could have initiated that treatment here in Saskatoon, but for whatever reason, they didn't.

**Commissioner Massie**

Are you aware of any other combinational drug that you would have received with the antibiotic in Toronto?

**Mark Friesen**

Blood thinner, that I remember,

[00:30:00]

being told that I was on some blood thinners to help with the clotting issues from the spike protein and whatever that did to my system. Other than that, I can't recall any other medications that I was on. There probably are some, but I don't recall what they are.

**Commissioner Massie**

And was the blood thinner medication provided also back in Saskatoon before you moved to Toronto, or is it only in Toronto that they started the blood thinner?

**Mark Friesen**

I don't know, actually I don't know the answer to that. I would have to look at my medical records to see if they did initiate blood clot medicine. I'm not sure.

**Commissioner Massie**

You also mentioned—if I'm coming back before you got COVID—that you think it happened during this meeting inside where there was a lot of people and the ventilation was not properly functioning. Are you aware of the number of other people that would have got the infection in addition to yourself and your wife? Or was it just a few people, just only you?

**Mark Friesen**

Yeah, from what I understand, there was at least upwards of 20 people that had gotten sick from that evening. Again, I think we can attribute that to the lack of air circulation in that environment. It definitely was not an environment conducive to healthy existence. And again, I'm not sure why they didn't have air circulation on. It's very curious.

**Commissioner Massie**

Thank you.

**Mark Friesen**

Yep.

**Commissioner Kaikkonen**

I'm from Ontario. And I often wondered when I heard that we were flying patients in from other provinces, what we were doing with the patients that were in our over-capacity hospitals in our own area?

But I'd like to take you back to the Charter for a minute. The Charter writes— In the preamble of the Charter, we know that we're under "the supremacy of God" in this country and "the rule of law." So, to me, the freedom in society means being subject to laws enacted in a legislature that applied to everyone equally, including the premise that persons are **free from both government and private restrictions.**

**So, do you believe the government and the judiciary acted, or are acting, under that premise that they too are subject to the same laws as the citizenry, particularly when you think of the increase in the fines that was suggested by the prosecutor?**

**Mark Friesen**

It seems to me that they're not being held to account. As I said, under Section 1, it's very clear that they have to demonstrably justify any limitations to our Charter rights. To my awareness, there isn't one government that's actually done that: demonstrably justified the limitations of the Charter in this country. I've yet to hear of any government that's provided

evidence that backs up what they did to us, in limiting these Charter rights. I mean, it's gotten so bad even in Saskatchewan, that the Court of King's Bench made a ruling, because it was an emergency that they don't have to live up to demonstrably justifying these limitations. It just seems to me and it sort of proves to me that the supremacy and sovereignty lie within Parliament and the provincial government. What is our Charter for, if it doesn't represent these rights that I consider to be inalienable?

**Commissioner Kaikkonen**

So in terms of our democracy, do you think we're moving towards an oligarchy where we're ruled by the few, when you think of how you just explain sovereignty and supremacy?

**Mark Friesen**

Yeah. This leads us into authoritarianism, totalitarianism, where the government reigns supreme. Again, nowhere in our Constitution, nowhere in our Charter does it refer to that act being derived by the will of the people. Nowhere in it does it represent "the people." It only refers to the Parliament and the provincial governments that they have the supremacy and the sovereignty to limit our inalienable rights. Rights that I consider to be God-given inalienable rights.

[00:35:00]

Nowhere in our Charter, nowhere in our Constitution, does it recognize the will of the people. And so this is why they're able to do what they're doing. I think this pushes us in the direction of fundamental change in this country and recognize that it seems to me our Charter rights and freedoms aren't worth the paper they're written on.

**Commissioner Kaikkonen**

I'm going to read something that's a little bit long, so I'm going to try to make it brief. George Bernard Shaw, in his 1905 play, *Major Barbara*, made a statement, and he was referring to the intellectual oligarchy that acts against the common people.

And one of the lines in that play is, "I now want to give the common man weapons against the intellectual man. I want to aim them against the lawyer, the doctor, the priest, the literary man, the professor, the artist, and the politicians, who once in authority is the most dangerous, disastrous, and tyrannical of all fools, rascals, and impostors."

So when we think of this statement through the lens of the last three years and what you **have had to deal with, do you believe the interests of the common people were protected or that the populace had the tools to legitimately present a dissenting voice, and maybe the freedom as well?**

**Mark Friesen**

**No. This has been a concern for the three years that I've been active: there is a large number of Canadian citizens across this country that had zero representation. They had nobody in provincial parliaments or legislatures, in the federal parliament, representing us, representing our freedoms. We are a very large segment of the population that has gone unrepresented because there was never an entity elected in this country, provincially or federally, that stood for the people. Not one. And that's an incredibly sad state of affairs**

when you have a very large segment of our population that has no representation. There's something wrong, I think, when all of these people— And the convoy showed how many people there are that felt this way. And what the convoy represented that if they're not represented, then we have to represent ourselves. And we're going to gather and we're going to express our opposition to their decisions peacefully, publicly. And that is our right.

But as we saw with the convoy apparently, it's not our right. Apparently, a peaceful protest can be bludgeoned with horses and soldiers and beatings. That's hard to swallow when so many of us have relatives that gave the ultimate sacrifice for our freedoms. And to have them trampled like they have been over the last three years is disgusting.

**Commissioner Kaikkonen**

You've given a number of recommendations throughout your testimony. Is there anything specific that you haven't said that you would like to say in terms of changing the climate or the mindset of governments and the judiciary specifically?

**Mark Friesen**

So I believe there is a mechanism for change in this country, and it's called the Amending Formula. We have to take advantage of what former premier from Newfoundland—I forget his name off the top, Peckford, thank you—created in '82.

[00:40:00]

When they created the *Charter of Rights and Freedoms*, there was also an Amending Formula that was created. I think we have to take advantage of that Formula. I think we have to move forward to amend our Constitution, to amend the preamble of the Constitution, to include, "derived by the will of the people."

I think our Constitution has to recognize the people. I think what we've seen in the last three years has proven to so many of us that our inalienable rights can be abridged at any time the government decides they need to do that. We need a rock-solid Constitution that recognizes the people and our inalienable rights.

So, there's a document that's created by a fellow by the name of Brenton Froelich, and it's called the True North Declaration. And I encourage people to read it. It is, I believe, the mechanism to move forward, to amend our Constitution, to reflect the will of the people, and then also to amend and to repeal section 1 and section 33 of our *Charter of Rights and Freedoms*, which gives the supremacy to Parliament and the provincial governments to do exactly what they've done to us over the last three years. We need to repeal that legislation, **so our inalienable rights are just that. So we never have to go through this again.**

**Commissioner Kaikkonen**

Thank you very much.

**Mark Friesen**

You're welcome.

**Dellene Church**

On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today, Mark.

**Mark Friesen**

My pleasure.

[00:42:25]



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*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 1**

**April 20, 2023**

### EVIDENCE

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**Witness 7: Joseph Bourgault**

**Full Day 1 Timestamp: 9:02:45–10:10:00**

**Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>**

[00:00:00]

**Shawn Buckley**

So our next witness is Joseph Bourgault. Joseph, let's start. Can you please state your full name for the record, spelling your first and last name?

**Joseph Bourgault**

Joseph Bourgault, Joseph J-O-S-E-P-H, Bourgault B-O-U-R-G-A-U-L-T.

**Shawn Buckley**

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

**Joseph Bourgault**

I do.

**Shawn Buckley**

Now, you have a presentation for us. But before we get to that, my understanding is that **you had a serious health crisis some time back caused by mercury poisoning.**

**Joseph Bourgault**

That is correct.

**Shawn Buckley**

And because of that, you were literally disabled for approximately eight years.

**Joseph Bourgault**

I was disabled for, probably— '92, '93. For sure two years, I was mostly bedridden.

**Shawn Buckley**

And this experience led you to learn how to heal yourself because you had not been able to find the answers in the medical community.

**Joseph Bourgault**

Correct.

**Shawn Buckley**

And you literally became passionate about learning about the body and health.

**Joseph Bourgault**

Correct.

**Shawn Buckley**

This has now become a lifetime passion for you.

**Joseph Bourgault**

One of my hobbies.

**Shawn Buckley**

Okay. You're going to speak in your presentation about your business experience. But one thing I wanted to emphasize is that, my understanding is you have learned through that experience about how to get people to work together.

**Joseph Bourgault**

That is correct. I've been in management since I was 20 years old and executive leadership positions since 1986.

**Shawn Buckley**

I just bring that up because, although you're not speaking about it today— Except that I'm going to ask you a couple of questions. You went to Ottawa. You arrived there on January 29th, as the Trucker Convoy was just really arriving and getting organized, and you left on February 16th, two days after the *Emergencies Act* was invoked. For that time, you worked with the truckers to basically ensure that they worked as a team and that the protest remained lawful. So that's why I was bringing up that you basically had gained this experience and you just used that to assist the truckers.

**Joseph Bourgault**

That is correct.

**Shawn Buckley**

I did want to ask you if you could comment on whether the trucker protest was peaceful and lawful.

**Joseph Bourgault**

Well, I'm not sure I'm the right guy to ask that. You might ask the 10 lawyers that were there supervising it, Shawn. But everything— You know, I've been involved in legal matters in our business—

**Shawn Buckley**

I'll just stop you, Joe. I'm really not asking for legal opinions. Just, you were there; you lived it. I'm asking you. The government and media told us they're misogynists and racist and it's all violence and we're seeing pictures of a Nazi flag and I'm just— You were there. What really was it like? Not a legal opinion.

**Joseph Bourgault**

As a citizen, it was 100 per cent a legal, peaceful protest. I heard nothing from anyone, including the lawyers. As a matter of fact, there were two rulings by Ontario court judges that said they could continue with the protest as long as they maintained a legal, peaceful protest. And there were two decisions. One related to the horns: A judge had ruled that the horns had to stop. So there's legal precedent that it was a legal, peaceful protest.

Everything I observed—and I was in many of the meetings as an advisor, basically, to the truckers—there was never any discussion that was illegal or unreasonable. The people that were there leading, trying to organize a legal, peaceful protest: they're the most intelligent, rational, reasonable, people. At least those that were in the meetings. Those that were more, let's say, unable to work as a team, to maintain a legal, peaceful protest, we encouraged them not to be in the meetings.

**Shawn Buckley**

Thank you for sharing that. I just thought it was important for people to appreciate that you had basically contributed in a very meaningful way for really the entire protest, and that you were involved.

I know that's not why you're here to speak today. You're here to give us a presentation and I'll just ask you to begin with that.

**Joseph Bourgault**

Okay. Thank you, Shawn. So first,

[00:05:00]

I would like to start by thanking all the leaders, organizers, and volunteers for the National Citizens Inquiry. I think it's essential that we get to the truth of the matter of the many governments—all the provincial, territorial, and federal governments that have been involved, and the medical agencies involved—in the handling of the, I'll say, "man-made" COVID-19 crisis situation over the last three years. From the get-go—when I heard this was being organized, I had met with Preston Manning at our Calgary offices at Canadians for

**Truth—I'm 100 per cent supportive of what you folks are doing. This is fantastic. It's in the Canadian tradition here. I see the National Citizens Inquiry as a 2.0 to the Ottawa Trucker Freedom Convoy. We're all citizens that deeply value the principles of freedom and truth and justice. And so I'm very grateful to all of you for what you're doing here.**

**Introducing myself, I think it's really important for me to say this: I'm a father of two adult children and I'm also a father-in-law. I'm a grandfather of three, born and raised in St. Bruce, Saskatchewan. I'm president and CEO of F.P. Bourgault Tillage Tools. I'm president and co-founder of Canadians for Truth, Freedom and Justice.**

**I want to give you very briefly a bit about my background, because I have a lot of decades of experience in research, in discerning truth. I started working with my father. I was 13. I worked with my dad for 20 years. My dad was a brilliant mechanic and really a self-taught technician or engineer, who invented the Bourgault multi-purpose cultivator. And I was working with dad through that time. I recall working with dad. Dad would always tell us that— I have three other siblings—at least he told me that if you want to solve a problem, you have to get at the truth of the matter. And I feel like I had the greatest parents in the world. They were both always honest with us, loving, kind, respectful parents. So I deeply admired and valued my parents, as well as my siblings.**

I took two years of university in commerce. And with that, I set up all the accounting systems in F.P. Bourgault Industries, which was founded in 1973, and set up all the accounting systems. I could see Dad needed help in other areas, so I ended up working in service and dealing with the problems that we were having with the earliest models of our equipment. There was a lot of demand for them, but they weren't without challenges. So I ended up working quite a bit in problem solving, and so I ended up inventing—using my creative skills and my problem-solving skills to invent solutions and to develop new products.

My first invention was in 1979. I became the facilities manager and one of the project leaders, the main project leader, for cultivator research in 1980. I designed and developed the Bourgault Fibro Series cultivators in sizes from 24 to 60 feet. And then in '84, '85, a really major invention was the Bourgault Floating Hitch cultivator, which really helped facilitate air-seeding. My father was the co-inventor. He assisted me with it. In 1985, I was appointed to my first executive leadership position. Dad asked me to become the general manager of one of the Bourgault divisions, the Bourgault cultivator division. I was 29 at the time.

#### **Shawn Buckley**

And Joseph, I am going to try and kind of speed you up. Just because I want you to spend time on the things that you would say would be a little more important.

#### **Joseph Bourgault**

**A hundred per cent. So that speaks to my executive leadership skill. I have been in executive leader positions since then. In 1991, we founded another division of the cultivator division, and that is F.P. Bourgault Tillage Tools, and I was president and CEO of that company. In 2011, jumping ahead 30 years—**

[00:10:00]

**In 2011, I was nominated and awarded the Saskatchewan Order of Merit. That's what the S.O.M. behind my name stands for—I use it on occasion, I'll kid about it sometimes, "South of Melfort." For job creation and improving the quality of lives of Canadians. So that speaks to my management executive leadership.**

**A 2.0 in my life was, in 1984, I had developed serious chronic fatigue, and over an eight-year period, that continued to worsen. My health continued to worsen. I worked with it until 1991. In '91, I had to take a leave of absence for my health because I was so ill. But in that eight-year period, I spent those eight years in the conventional medical care system in Canada and in North America. For example, I was three times to the Mayo Clinic over a five-year period. Each time you go to the Mayo Clinic, you go through three days of testing. In those eight years, I never found any clues. Doctors could give me no clues or answers as to what was causing my health problems. So in '92, I knew that I was dying, and I made a conscious decision. I remember that moment where I was going to apply my research skills to try to figure out what was causing what had become severe chronic fatigue, severe chronic headaches, and with that, severe chronic depression.**

By the grace of God, I say, I was searching. And in a health food store, I picked up an *Alive* magazine that had an article about a lady who had recovered from mercury poisoning after having her amalgam dental fillings removed. The light went on at the end of the tunnel. For the first time in eight years, I saw light at the end of the tunnel. And I continued researching mercury poisoning, and I had all the symptoms of it. I found a doctor who I felt was the world's leading researcher, Dr. Hal Huggins in Colorado Springs. I went to his clinic in '93, July, August of '93. He safely removed and replaced all of my amalgams, and I began to recover immediately.

One of the significant events in my recovery was: in '92, my wife, children, and I, from my research, began eating 100 per cent organic food diet, and we saw dramatic improvements in everyone's health. Mine, in '92. I didn't have the amalgams out, so I continued to struggle, but I noticed my capacity to think and reason dramatically improved. It took me eight years or seven years to regain my excellent health, but I continued to study natural health and healing, and that's what led me to understanding how to treat viral infections.

In '95, my wife and I had opened a health food store in St. Brieux, which I was a participant in for 20 years. And we shared what we were learning with people to empower people, and one of the things that we became good at was treating viral infections. Dr. David Williams, who I consider one of the world's leading researchers, had in his research found two herbal products—ImmunoPhase and BronchoPhase—which were used to prevent and treat the H1N1 virus. The H1N1 virus was actually deadlier in my mind than the COVID-19, because it would kill young healthy people. They would have cytokine storms in their lungs. And within a matter of days, their lungs would fill with fluid and it would kill them. **Healthy people. That was not the case for COVID.**

**So we had that in our health food store, and we helped people recover from H1N1 and from other influenzas. These were great products.**

**In 2020, when COVID-19 hit, I knew that we had products available that may work to prevent and treat COVID-19. And then again, in April, another world's leading research doctor, Dr. Joseph Mercola, published information on quercetin. What he had published was that quercetin acted similar to hydroxychloroquine,**

[00:15:00]

as an ionophore to shuttle zinc into our cells. And it's the zinc that actually inhibits our polymerase enzyme, which a virus requires in order to be able to replicate.

When that came out—because I'm not a doctor and I've never pretended to be one—I began to share that information. We published a brochure with a protocol, because even though anybody can take these products, you have to know how to take them. For example, zinc: If you take zinc, and I ran into cases where people were taking very high levels of zinc, that can actually depress your immune system and cause other problems. So I knew the RDA on zinc. And I published a protocol that I knew would be safe and began sharing that. As well, Dr. Mercola published a lot of articles on vitamin D3. And vitamin D3 also acted to prevent and treat COVID. It coats our ACE2 receptors, preventing these spike proteins from being able to dock on our cells, on our ACE2 receptors. So I was publishing that information about vitamin D.

So I understood therapeutics and how to prevent and treat. And over the course of the last three years, anyone who asked me for information, I would share information on nutrition, how they could prevent and treat COVID-19. I assisted over two dozen people to recover from COVID-19, including people who were in hospital who called me.

You can see on that slide, the herbal and nutritional supplements that I recommended to people: ImmunoPhase and BronchoPhase, quercetin with zinc, vitamin D—and there are many other excellent supplements, too numerous to mention here. The drug therapeutics I was following as well, because I felt I knew right away that doctors should be allowed to prescribe hydroxychloroquine, ivermectin, azithromycin. And you can go to that website, [www.c19early.com](http://www.c19early.com), where it has over 2,600 studies and the majority of them are peer-reviewed studies that show the therapeutics that work.

So when COVID emerged in January 2020, I knew that we had solutions, and I was also following the science. I was following the Government of Canada COVID-19 Daily Update Website Statistics, because we had to deal with some panic situation. We knew that the mainstream media was panicking Canadians, the opposite of what you should do. From 30-plus years of executive leadership experience, what you've got to be doing in a crisis situation is you have to remain calm and cool and then focus on the pursuit of truth to understand the root causes of the problem. You don't panic people, that's like yelling "fire" in a crowded theatre.

And that's what the government was doing to Canadians: they were yelling "fire" in a crowded theatre. It just irked me to no end what was going on, and it was affecting our manufacturing company. We have 80 employees and there was a panic going on in early April. What we began to do, late March, was providing a daily update newsletter to all of our employees telling the truth: the good, the bad, and the ugly. Because that's what you do in a crisis situation. We started providing statistics, plus what they could do to prevent and treat COVID-19, and within a matter of a couple weeks, everybody settled down.

The other thing that was happening: By March/April 2020, Laura Ingram, a lawyer and journalist with Fox News, was interviewing many people who had COVID-19 in the US. And hydroxychloroquine at that time was the drug being used with azithromycin. The way, again, hydroxychloroquine works is as an ionophore that shuttles zinc into the cell, and it's the zinc that shuts down viral replication. Azithromycin, the doctors were prescribing in cases like Mark Friesen, where they had a lung bacterial infection. And they had excellent results.

[00:20:00]

The peer-reviewed science that was coming out— Dr. Didier Raoult, is a great example. He's a top-rated European virologist from Marseille, France. He had conducted numerous peer-reviewed studies. I was following him, and his largest one was with 1,061 people, and he had a 98.6 per cent recovery with it. Another doctor in the United States, Dr. Vladimir Zelenko, another honest, what I call "honest truth-seeking doctor" from Monroe, New York: he conducted a trial with 1,000 people, and he had similar results. As I recall, all 1,000 had recovered.

We could see that there was a suppression of the therapeutics. The mainstream media was suppressing the truth about therapeutics. And you could tell already by then, in March/April, there was a centrally controlled narrative. That's all. I didn't have any factual evidence until Rodney Palmer, at a recent National Citizens Inquiry hearing in Toronto, explained what was going on behind the scenes. But it was evident: The mainstream media was instructed to suppress all information about the therapeutics.

With that in mind, by the fall of 2020, a group of friends of mine and like-minded Saskatchewan citizens were fed up with what we're seeing. Because we could see that they were going to kill people, that thousands of people could die if the therapeutics were not released. So we gathered. In November of 2020, we founded and incorporated Canadians for Truth, Freedom and Justice as a non-profit organization to gather truth and share that information with Canadians—to empower and enable Canadians to take preventative therapeutics from the brochure that we had published, how to take quercetin, zinc, and vitamin D.

Dr. Peter McCullough, who needs no introduction, I watched many hours of video with him. And I recall one of his statements that if therapeutics had been allowed, if doctors had been allowed to prescribe therapeutics, over 85 per cent of the people who died with COVID-19 would be alive today. So in Canada, we had, I believe, just under 50,000 people that died with COVID-19. Over 47,000 of those people would be alive today—

**Shawn Buckley**

I'll just interject. You're meaning alive if the doctors had been able to use early treatment.

**Joseph Bourgault**

Correct.

**Shawn Buckley**

Not to wait until they're so sick they're attending at the Emergency Department. I don't know if you're aware, but apparently in the province—I'm from Alberta—the College of Physicians and Surgeons literally directed doctors not to give early treatment for COVID, but rather only treat them when they arrived in emergency wards. And I assume that you would frown on that as a very reckless policy.

**Joseph Bourgault**

Yeah. I would like to know who is behind making those decisions. I believe they came right from the top. And when I say the top, people outside of this country who were controlling the COVID-19 narrative. I believe the World Health Organization was involved in that. I had seen evidence of Bill Gates funding studies to discredit hydroxychloroquine by giving crazy

amounts so that it would not work. So there were people behind the scenes who were suppressing the truth.

**Shawn Buckley**

I didn't mean to get you off on a segue.

**Joseph Bourgault**

So there were doctors in the country, Canadian doctors: Dr. Francis Christian, Dr. Daniel Nagase, Dr. Charles Hoffe, Dr. Mark Trozzi, Dr. Byram Bridle, Dr. Patrick Phillips, and many others who risked their careers. And many lost their careers doing the right thing, speaking out publicly to protect the health of Canadians. Like me, they were just incensed that the truth was being suppressed. And so all Canadians: These people are heroes. They're Canadian heroes.

As I see it, and many of us, I think: We're living in a twilight zone.

[00:25:00]

I grew up, and many of us here grew up, in an era where honesty and integrity mattered. And that if somebody ever lied to us—a friend or anybody that was a perpetual liar—those people were marginalized immediately. Because people who are liars are a risk to society. So I would ask Canadians: How many lies do our governments have to tell us before we stop voting to elect these people?

To me, the therapeutics was the elephant in the room. Again, with what Dr. Peter McCullough said: If doctors could have prescribed therapeutics, 85 per cent of the people who died with COVID-19 would have been alive today. I talked to doctors who attended our meetings of Canadians for Truth. They were frustrated to no end. They knew these medications worked, yet they couldn't prescribe them because they would have had their licenses revoked.

So over 40,000 Canadians would still be alive today. Our hospitals would not have been any busier than normal, and normal, life-saving hospital visits could have taken place. Face masks that did not work would have been completely unnecessary. Lockdowns that did not work would have been completely unnecessary. There would have been no excuses for the reckless spending of 500 billion Canadian tax dollars. There would have been no need for an emergency use authorization for an experimental gene therapy injection. There would have been no experimental injections. That alone would have saved, for sure, thousands of injuries, and we don't know how many deaths would have been prevented. We would not **have created all the trauma, division among families, bankruptcies, mental health problems, the suicides that occurred, the deaths due from lack of medical care.**

**What's happened here has fuelled— For me, I have zero trust in any of these politicians. If they speak truth, fine, but I know that many of them are not truth-tellers.**

As I see it, there was massive, gross incompetence, if not criminal negligence, murder, and genocide taking place. Everybody in Canada understands that we cannot just go out and kill someone without going to jail for life for doing so. According to the rule of law, if someone kills someone, unless it's in self-defence, in order to get rid of somebody— If somebody is killed, an investigation is conducted. Factual evidence is gathered and if the factual evidence proves beyond a reasonable doubt—

**Shawn Buckley**

Joseph, I know you've prepared some slides on criminal liability but we've got a couple of lawyers coming. And I think your point is that you think there should be criminal liability for what happened.

**Joseph Bourgault**

The point is: Canadians have to understand that, because there are people in positions of authority, if it was not gross incompetence, there was criminal negligence. And the factual evidence, to me, that we have gathered shows there was criminal negligence. So I guess I hope that in light of what happened with the therapeutics, Canadians will see that there was an orchestrated effort to suppress that. Whoever was suppressing that, to me, there should be criminal liability.

**Shawn Buckley**

Okay. Just so that people listening understand: The point you're making, and I think you've made it very clear, is we had early treatment available and somebody was making policy decisions not to use those early treatments. Flowing from that, there has been a large number of deaths. I think your slide was estimating 40,000 Canadian deaths. When you nod your head, we're being recorded.

**Joseph Bourgault**

Yes.

**Shawn Buckley**

Yeah. Then, if I recall your slide correctly, also we wouldn't have needed the lockdowns and the vaccine and all the things that flowed from that. Your point is: There has been so much harm—

[00:30:00]

**Joseph Bourgault**

Correct.

**Shawn Buckley**

—caused, flowing from this decision, that someone should be held criminally liable for that. **Just so that we understand what you're suggesting.**

**Joseph Bourgault**

So you'll see there's three parts to my presentation. And what I want to demonstrate is that in all three parts, there was lying and deception taking place.

The next one here is the truth in science. You can see, if you could show the video here, I think this guy wearing a face mask definitely proves that you would have never stopped a virus that's 0.1 micron from getting past that mask. So that's the physiological aspect of it. As an employer, as president and CEO of my company, I have a responsibility to make sure that all of my employees are kept in a safe work environment. One of our first mottos—

**When you walk into our manufacturing facilities at Bourgault Tillage Tools, our motto is: Safety, Quality, Productivity, in that order.**

**Know your facts. In Saskatchewan, Canada, we have occupational health and safety laws. So for carbon dioxide levels, under OH&S regulations, normal atmospheric carbon dioxide is 400 parts per million. Carbon dioxide in a work environment cannot exceed a thousand parts per million. Over that is considered unsafe. Over 5,000 parts per million is considered hazardous. These are the Occupational Health and Safety Regulations that we have to follow. The CO2 levels, if they rise over 40,000 parts per million, it's considered immediately dangerous to life and health.**

**We hired an Occupational Health and Safety expert that is a CSA [Canadian Standards Association] certified trainer to train doctors, nurses, firefighters with respirators and face masks and how to use them. He came in and he measured, behind four different masks and a respirator, the level of oxygen and carbon dioxide. With oxygen, the normal atmospheric oxygen is about 21 per cent, 20.9 per cent at sea level. In our Saskatchewan Occupational Health and Safety Regulations, the minimum oxygen that any of our employees can be exposed to is 19.5 per cent. Below that is immediately dangerous to life and health. And yet we measured the level of oxygen behind these four different masks, averaging between 17 and 17.5 per cent.**

**Shawn Buckley**

Joseph, can I have you back up a slide?

**Joseph Bourgault**

Yep.

**Shawn Buckley**

So when it shows there: carbon dioxide levels cannot exceed 1,000 ppm [parts per million] in the workplace, am I correct that if it was measuring at that, you would have to clear out the building?

**Joseph Bourgault**

No, you would have to take corrective measures.

**Shawn Buckley**

**At what point do you have to vacate a building?**

**Joseph Bourgault**

**Well, for sure, 40,000 parts per million would be dangerous. You hear of people going into caves and dying of suffocation in caves because carbon dioxide is heavier than oxygen. I'll make that point about how dangerous high carbon dioxide is with low oxygen.**

**Shawn Buckley**

Right, but you're basically describing that you had an expert come and measure the carbon dioxide in masks. And just unequivocally, they were at dangerous levels. And these are the types of masks the government was mandating that we would wear.

**Joseph Bourgault**

The government really didn't have any specific mandates, they just wanted people to virtue-signal that they were putting a mask on. But the four different ones— We had an N95, we had a respirator— With a respirator, you can exhaust the carbon dioxide, and it still restricts oxygen but it's much safer. Carbon dioxide is one and a half times heavier than oxygen. When you fill your lungs with carbon dioxide with a mask on, you can't get oxygen. And that's where it can kill you. So we measured.

[00:35:00]

Within two minutes of putting a mask on, you are breathing carbon dioxide between 25 and 43,000 parts per million. The 43 would occur if you would talk, if someone would just talk behind the mask. If someone had exerted themselves behind a mask, it would go way higher. And then with the oxygen, we measured between 17—it went as low as 16, but the average would have been—I took a high average of 17.4, which is dangerous.

**Shawn Buckley**

When someone was exerting themselves. So what do you think based on what you saw? Because I saw children running around in play yards or school grounds with masks on, so they would be exerting themselves.

**Joseph Bourgault**

Correct. It was very dangerous and I'm aware of cases. We had one case in our company where someone collapsed with a mask on. There's evidence that it wasn't only the mask. He had exerted himself and there were other factors involved in his case. His heart stopped, and our first responders in our company revived him, and he ended up three weeks in a coma in hospital. And he survived it. We can't discern factually accurately how much of a role the mask played in that because he had other co-factors. He was a young person, though, so they're dangerous. And I was aware of other cases. A woman who was standing in a line at a Walmart with a mask on. She fainted, fell backwards, hit her head on a cart, and then on the floor. She suffers brain damage. She's from Alberta. I've spoken with her.

In Saskatchewan, we have what's called workers' rights. This is posted all over our facilities. **You have a right to know about workplace hazards. You have the right to participate in a safety program. You have the right to refuse work if it's not safe and you have the right for protection against discrimination. So we live this stuff. Our company is certified under SASM [Safety Association of Saskatchewan Manufacturers]. We have a bronze certification. We're a company of 80 people. We have a full-time person that's been working at this. We hired him full time in 2016. We take safety seriously. So when the government is telling me I got to put my workers in an unsafe work environment, I'm pissed.**

I let the government know about this. They have this information. I feel our federal governments and provincial governments forcing Canadians to wear face masks, they violated the truth in science governing human respiratory health and safety. They risked

**the life of every Canadian citizen. Many were injured due to fainting, hitting their heads, and that sort of thing. They violated their own regulations, which we support a hundred per cent, because they're based in science. They violated the Charter of Rights and Freedoms and they impaired every child's ability to learn while wearing face masks. There's a lot of lying going on here. A lot of lying and deception. Ignoring the truth in science. Ignoring the laws that govern our existence here.**

**One of the things that we're doing at Canadians for Truth, we published brochures on this. We have a brochure that we are handing out to people with what's in this presentation, so that people could see. We still see people wearing face masks! Like, alone in a vehicle. You know, we have to educate our citizens, because the truth matters. It can kill you! You pass out in driving a vehicle, a semi, you could kill a lot of people. It's literally insane that our governments are going along, are not educating our citizens.**

So at Canadians for Truth Media, because our media is not doing this, this is what we're doing. We're creating educational and entertaining programs to inform Canadians and to teach critical thinking skills: how to discern truth on important issues such as face masks and therapeutics because this can save lives. We need an educated, enlightened population. And we need Canadians to understand their legal rights. So we're bringing lawyers in as well in our shows, to help educate Canadians.

[00:40:00]

We need Canadians to vote to elect honest truth-seeking, moral, ethical, and highly competent politicians who would be willing to take an oath to always seek truth, to uphold the rule of law, to serve the Canadian people who elected to serve them.

In this next, the third part, I'm going to overlap a little wee bit here with my good friend Dr. Francis Christian to support what he did and to reinforce. We had submitted a document to the provincial government on May 31st at Canadians for Truth. This was before Dr. Francis Christian had gone public. He was discerning the statistics as well. He went public on June 17th; I believe that's the first that I was aware when Dr. Christian had gone public. The group of us in Canadians for Truth, we went to the Government of Canada website.

Statistics Canada generally does a very good job of providing statistics and so they have that daily COVID-19 update website. It was with 100 per cent disbelief and alarm when the federal and provincial chief medical officers, in early 2021, began promoting experimental gene therapy injections for Canadian children under 19 years of age. The infection death rate statistics were near zero out of 265,000 cases and there were many more. There's a peer-reviewed study that shows over 90 per cent of Canadians had COVID-19. The vast majority were asymptomatic. Eleven kids, had they given them therapeutics, those kids **would likely be alive—or at least 85 per cent of them according to Dr. Peter McCullough.**

**Even if this experimental injection worked, the idea of giving it to our kids was insanity, pure insanity. We worked long, hard days—21 straight days—to produce a report. The title of it is "Risk Analysis: Assessing the Risks and Harms of the Covid-19 mRNA Injections VERSUS Using Zero Risk Therapeutic Drugs and Natural Supplements: Making Informed Decisions Based on the Facts." We were expressing our serious concerns with experimental COVID-19 mRNA injections that were developed at light speed and never tested on animals. Now they were going to be using our children as guinea pigs. We knew that these injections were going to kill, seriously injure, and potentially sterilize because that's one of the side effects. The mRNA goes to the prostate and to the ovaries and the immune system will attack and destroy those body parts. They were going to potentially sterilize our**

Saskatchewan Canadian children. We wanted to warn Premier Scott Moe. We sent that report to Premier Scott Moe and all of the Saskatchewan Party MLAs. So they were warned.

That's why I wanted to do this part of the presentation, Dr. Christian. I felt that they needed to be warned. The survival statistics showed: for kids that were infected, 11 out of 265,011 died with COVID. That was 1:23,000—99.956 per cent who were diagnosed with COVID had a full recovery, and that's without therapeutics. The statistics also showed that the previous three years, 2.5 times more children died from influenza than they were dying from COVID.

**Shawn Buckley**

Can I just stop you there so that people understand what you're saying? When you're talking about influenza, you're just talking about the regular seasonal flu that comes through. If we were to back up for the three years before COVID hit, we had actually 2.5 more children dying from the average flu than from COVID.

Now, am I right—and I'm just guessing here—that for the year where they're attributing deaths to COVID for children, there were no influenza deaths? So actually, there would be fewer children's deaths if we would just call COVID a flu season.

[00:45:00]

Because every year we lose children to the flu season. So for the COVID year, even though we're getting all panicked about it in the media, there were fewer child deaths that year.

**Joseph Bourgault**

Yeah. Very good point, Shawn.

**Shawn Buckley**

Okay. When you're talking about influenza, I just wanted the people listening to understand what you're saying.

**Joseph Bourgault**

There are a group of Canadian doctors—and I won't, well, is it safe to say? There are a group of Canadian doctors and nurses that worked hard to warn parents, to tell parents to make an informed consent decision. At Canadians for Truth, we worked with these doctors and nurses to publish. They created a website we helped fund and these brochures, "COVID Kid Facts," you could go to that website. I think the website is down, but if anybody wanted to read, they had put together very good information to warn parents to make an informed consent decision before injecting their children.

This is stuff that's coming out now. The American Heart Association published a study that 98 per cent of all cases of myocarditis among children are due to the mRNA COVID-19 injection. Dr. Michael Yeadon—that quote that's on the bottom there—said "children are 50 times more likely to die from the COVID-19 vaccine than from the virus." This is Dr. Michael Yeadon, who was a former vice-president of Pfizer, that has stood up loudly against this.

Had the therapeutics been there, we would have saved the children who died. And parents would have had nothing to worry about had they used therapeutics like quercetin, zinc,

vitamin D, at whatever their body weight levels, to prevent and treat COVID. What you see here is one of the protocols that we had published on our website. And we posted this also on Facebook at Canadians for Truth to warn Canadians and to help keep people out of hospitals.

As a Canadian citizen, it's completely unconscionable— I don't know how Canadians can remain silent while they're killing our children. All I can do is encourage as we've been doing, encouraging people to share the truth. Because we can't force people to wake up, but we need to keep sharing the truth as you folks are doing here.

**Dr. William Makis, an honest, truth-seeking Canadian doctor from Alberta, has done more to track deaths and injuries from the experimental injections that have been killing and injuring our kids than any of the governments. And the numbers are pretty alarming, the number of kids that have died. Way more, no comparison.**

So again, our governments ignored the statistical, factual evidence on their own website. Our governments ignored the death and injury statistics from VAERS [Vaccine Adverse Event Reporting System] in the United States. They could have looked over the border. All the information was there. This is, again, criminal, as I see it.

On a final note, I want to say we have much more work to do. But I remain optimistic that with God's help and guidance as Canadian citizens, if we work together and pursue the truth and continue to do as all the truth-seeking Canadians have been doing, to organize and stand up with the science. Do it in a respectful way as much as possible, because obviously our challenge is to awaken the Canadians that are still asleep.

As I see it, one of the ways that we're going to win this is if Canadians that are educated to understand what has taken place here over the last three and a half years vote to elect the most honest, truth-seeking people.

[00:50:00]

I'd also encourage people that are honest truth-seekers to get into office at every level: federal, provincial, municipal. Run for office, those who have been standing up. One of the ways that we're going to regain control over our country is if we can get principled leaders back in positions of authority in our country. I ran for the leadership of the Conservative Party in March, April of 2022, because I'm fed up with electing politicians who value power over the principles.

Any good leader understands that number one, we have to do God's will. And God's will is for us to love, to be respectful, kind, to help one another, to pursue truth, to solve problems. **When we seek the truth, the truth sets us free. And to recognize that every Canadian has a God-given free will, and we can't force anything on Canadians. We can only pray and do the best we can to educate people with the truth. And also, to stand up for justice and freedom. When I ran for the leadership of the Conservative Party, I told the truth like I'm doing here, and I thought, if they throw me out of the race, that's fine, I have done God's will. That's what God wants us to do, is to do His will by being loving, kind, respectful, and always telling the truth, as respectfully as we can. And if we do that, I believe that, as Canadians, we will succeed in defeating the dark agenda that has been taking place the last three and a half years. If we continue to work together.**

**With God's help and guidance, we will not fail. So God bless Canada, and we will stand on guard for thee.**

**Shawn Buckley**

Joseph, before I hand you over to the commissioners, there's actually one thing that I've just been waiting and waiting to ask you. You were talking about how, as an employer—and you guys have some significant-sized companies—you have provincial legal obligations to make sure that you're ensuring your workplace is safe. Under the Criminal Code Section 217.1, an employer can also be criminally liable for criminal negligence if how the direct work is done causes a harm or death. Did you guys have any discussions about whether or not to impose a vaccine mandate and what types of things kind of came into play as an employer when you guys were being faced with that?

**Joseph Bourgault**

I won't speak for my brothers, who also own manufacturing companies in St. Brieux. Between my brothers' companies and mine, we employ approximately 800 people in St. Brieux. But I know my brothers are truth-seekers like myself. My understanding was in our company—and I believe Jerry and Claude handled it the same way in their companies—we respect freedom of choice. And we did not want to discriminate against anyone, whichever way they wanted to go. We respected everybody's freedom of choice. There were no mandates in our community for anybody to take any experimental injections.

**Shawn Buckley**

Okay. So you're an example of a workplace, collectively, as a family, that didn't impose mandates, that just honoured people's right to decide how they were going to treat their bodies.

**Joseph Bourgault**

Correct.

**Shawn Buckley**

And compared to other companies, what types of outcomes did your companies experience?

**Joseph Bourgault**

To my awareness, I am not aware of anybody dying of COVID. We were aware, we were keeping track of people at one time that were injured or died from taking the injection. It was creating a bit of division in our companies. But I've learned from experience. If you handle things in a principled way, you have to respect one of the principles: God gave everybody free will. It's not for me to tell you, or anybody, what they should do. If they're open— We shared with people the statistics that showed all the people in our company under 70, and most everybody is under 70, were at zero risk from COVID-19 plus the therapeutic information.

**Shawn Buckley**

I'm just going to focus you because we're running late. We've got a couple of other witnesses, but were you aware of any other companies that had worse outcomes?

[00:55:00]

I have the impression your companies actually had really good outcomes through this experience.

**Joseph Bourgault**

Yeah, we did. I'm aware of companies that were forcing their employees to take injections. And they lost many good employees as a result because those people refused to take it.

**Shawn Buckley**

Okay. I'm going to hand you over to the commissioners to see if they have any questions.

**Commissioner Massie**

Well, thank you very much, Mr. Bourgault, for this very interesting presentation. You mentioned some of the natural products that play a role in preventing COVID. Quercetin was one of them. You mentioned the work that was published by Dr. McCullough. Are you aware of the study that was done in Montreal by Michel Chrétien?

**Joseph Bourgault**

No.

**Commissioner Massie**

This was in the mainstream media in Quebec.

**Joseph Bourgault**

And this is on quercetin?

**Commissioner Massie**

Yeah. He was all excited about it. He's a real scientist and he was very excited. I've seen it for maybe two to three weeks and then it vanished completely from the horizon. Again, to me, that's an example of— I will speak about what's going on in Canada. I'm very happy to learn about what you've done. But we have a team of people also in Quebec that has done similar work and, I think that as I go across Canada, people are not very aware because of the language barrier, which is unfortunate.

Another example of a clinical trial very successfully done in Montreal in the Institut de Cardiologie by Dr. Tardif on colchicine. This was actually praised by Dr. McCullough as one of the very promising treatments for some indications in Covid. Have you heard of that?

**Joseph Bourgault**

No, I have not. I'm sorry. I do believe that if we would have wanted to save tens of thousands of Canadians, it would have had to have been the doctors given the authority to prescribe these, whether it was ivermectin or hydroxychloroquine with azithromycin. Natural supplements play a really critical role. Millions of Canadians are aware of this as well. I would be one of probably millions that are aware of this.

**Commissioner Massie**

I thought your studies—the work you’ve done on masks and potential side effects for health—are very interesting. Because this is something people have hypothesized, that wearing this device could actually lead to all kinds of issues with the build-up of CO2, for example, which is really bad for your health.

When you started those studies, were you aware of the science that would actually support that kind of warning about wearing the mask?

**Joseph Bourgault**

We knew the Occupational Health and Safety signs, that we could not put an employee in an environment where the level of carbon dioxide would be above 1,000 parts per million. And we knew that we couldn’t put an employee in it. That’s all in our Occupational Health and Safety Regulations. So we understood that. What I didn’t know, so I hired a guy, an expert with a CO2 oxygen monitor, to come and measure. And we recorded this. This is all on video. We are actually planning on launching a lawsuit on it.

**Commissioner Massie**

So to the best of your knowledge, the health authorities, whether in Saskatchewan or in Canada, are not aware of this potential health hazard?

**Joseph Bourgault**

Well, just a short story. In our company, the way people were wearing masks, we told them that if you are alone in your office or six feet away from others in workstations in the manufacturing facilities, that you wouldn’t have to wear a mask. Somebody possibly reported—it doesn’t matter—somebody possibly reported us. So three government officials came in unannounced and met with myself and our general manager and our human resources manager and I explained this to them. And they made a lot of notes because they didn’t know any of this.

**Commissioner Massie**

Is it acknowledged today with the new data that is coming from the work you’ve done or other people,

[01:00:00]

that wearing masks on a constant basis could actually be a serious health hazard? Is it acknowledged by health authorities?

**Joseph Bourgault**

I would gladly work with any government official on this information to get it out. No government agencies have reached out to us to get this information out there.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

You mentioned that it makes no rational or logical sense to be experimenting with our children. When we think of universities and colleges and the K-12 system, and now our pre-school, where all those educators who have the credentials behind their name were responsible or facilitators of their programs, what would you say to them now, knowing what they have done to our children and understanding what masking is doing?

**Joseph Bourgault**

Well, what I would love to see happen in our country is that we return to teaching the basics of reading, writing, arithmetic, teach computers, accounting. But critical thinking skills, what I observed here in our country, I believe that what we saw: 70 to 80 per cent of Canadians, including professionals, have no critical thinking skills. To discern the truth is easy. You set the goal of truth. You keep an open mind. You listen to what anybody with any expertise has to say. You do your research and gather the facts as you would in a criminal trial. You gather the factual evidence and, based on the facts, using deductive reasoning and logic, you can discern the truth. That's so simple. Why are we not teaching our children and university students how to solve problems?

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

Good afternoon, Mr. Bourgault. You talked extensively about the government and what they've done. But I would like you to comment briefly about the role of the media in this, the role of the colleges of physicians and surgeons. The government couldn't impose this on their own without assistance, so can you talk a little bit about the role of the media and the colleges?

**Joseph Bourgault**

Well, agreed. Obviously, government, like a premier— Unless you're a doctor or you've had life experience like myself, your government officials are going to have some difficulty in discerning truth on medical issues. So they rely on doctors and scientists for this information. But surely in Saskatchewan, in a province with 1.2 million people, or in Canada, there would be medical— And we have them, medical professionals like Dr. Francis Christian. There are many of them that were speaking up and they were silenced. To me, silencing the honest, truth-seeking doctors in our country: to me, that's criminal, what they did. Because those doctors, around the world, could have saved millions of lives. **But in Canada, they could have saved over 40,000 lives.**

**The media— I can't encourage people enough to listen to Rodney Palmer on his presentation of what was taking place behind the scenes. Obviously, the Liberal-NDP government, using hundreds of millions of dollars to buy our media, to shut down journalism— In the words of Rodney Palmer, truth-seeking journalism had gone out the window. It became a propaganda arm of our governments with this narrative. And so there's criminal activity in the media.**

**I believe there's criminal activity in our medical agencies. I believe they're controlled. Health Canada, I believe, is controlled. The pharmaceutical industry is there, and I think the World Health Organization. Dr. Astrid Stuckelberger, a World Health Organization scientist,**

explains really well what's going on at the World Health Organization and how it has been corrupted by Bill Gates and his organization, GAVI. So there's corruption right from the top.

**Commissioner Drysdale**

One last question, sir.

[01:05:00]

Considering your extensive background in industry, I'm sure you're somewhat aware of the anti-combine laws in Canada. And could you comment on how the current state of the media, the fact that we have so many mergers—and they just announced a big merger in Canada with the media organizations—how would this be allowed to have happened in Canada, considering the anti-combine laws that you were subject to? And do you think what has happened is a benefit or a negative to Canadians?

**Joseph Bourgault**

Thank you for that question. Diversity to me is nature. God is diversity and I never had trouble with competition in our industry. It's essential to have competition. I don't see anything that's going to correct this monopolization, this centralization that is taking place in our society. And at CanadiansForTruth.ca I really encourage people to go there and read the principles that we espouse. The foundation of a just society and an enlightened society, I believe, flows from these basic principles. Recognizing God as our creator and all the principles and laws that He created to govern our existence. And so I think we need that type of political leadership, principled leaders that are not going to put up with bullshit and corruption. We need incorruptible people in positions of leadership in our country.

**Shawn Buckley**

Joseph, we've got a couple of more witnesses and we're going to be sitting past six and you kind of segued off the question. Sorry about that.

No further questions. Joseph, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving us this testimony today.

**Joseph Bourgault**

Right. Thank you.

[01:07:15]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

### EVIDENCE

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**Moderator Statement: Shawn Buckley**

Full Day 1 Timestamp: 08:53:55–09:02:45

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. It was brought to my attention that this morning when I did a call out for lawyers—because we are short of lawyers—I had said we need some bilingual lawyers for Montreal. And my mistake was we definitely need bilingual lawyers, but our hearings are going to be in Quebec City. So, we are looking for a team of bilingual lawyers that can assist us, basically doing what Dellene and I and Wayne are doing here today, but in Montreal with largely French speaking witnesses. And then we're also short of counsel for Vancouver, which starts in two weeks. So if there are any lawyers that want to assist us with that, please contact us immediately. And I think we're, you know, a couple short in Red Deer too, but what the heck.

So we're going to start with a video presentation just to bring us back, to remind us, some of what we'd experienced before. So, I'll just ask David if you can run that for us.

**[Video] Teresa Tam, Chief Public Health Officer of Canada**

I think the public has to know this is one of the worst-case scenarios in terms of an infectious disease outbreak and that their cooperation is sought. If there are people who are non-compliant, there are definitely laws and public health powers that can quarantine people in mandatory settings. It's potential, you could track people, put bracelets on their arms, have police and other setups to ensure quarantine is undertaken. It's better to be **pre-emptive and precautionary and take the heat of people thinking you might be over reactionary, get ahead of the curve and then think about whether you've overreacted later.** But it's such a serious situation that, I think, **decisive early action is the key.**

**[Video] Saqib Sahab, Saskatchewan Chief Medical Health Officer**

Whenever an election is called, whenever. If after the election is called, there's evidence of increasing transmission, rapidly increasing transmission—like Italy—I think serious consideration will have to be given to what steps can be taken to minimize further transmission. So yes, you can put very restrictive measures in place, either locally or more broadly, depending on what's happening at any time. We have announced something that we were expecting for a while now: that we have our first confirmed case of COVID-19 in Saskatchewan. It was a person who had traveled from Egypt. Egypt is one of the several

countries listed on the WHO website that is showing COVID transmission. The individual is comfortable isolating at home, like the majority of cases in Canada. Public health is diligently following up with the individual, their movements while in Canada and in Saskatchewan, to see if there's any contacts that need to be informed to self-monitor themselves. We were expecting to see a case at some point. We will expect to see more cases in the future, primarily linked to travel. Anyone, irrespective of travel, if they have a cough or fever, stay home. Anyone who is outside, practice good social distancing. Avoid shaking hands, cough in your sleeve, wash your hands frequently, or use a hand sanitizer. And at the first sign of fever or cough, self-isolate, and don't go to school, university, or work.

**[Video] Saskatchewan Premier Scott Moe**

So today the government of Saskatchewan is announcing a number of aggressive new measures to prevent the spread of COVID-19 in our province. The Chief Medical Health Officer of Saskatchewan has made the following order pursuant to section 45 of the Public Health Act and it will be effective Monday March the 16th. The Chief Medical Health Officer orders that no public gathering of over 250 people in any one room should take place. The Chief Medical Health Officer's orders that no events with over 50 people with speakers or attendees who have traveled internationally in the last 14 days should take place.

So effective immediately, international travel, including travel to the United States of America for government employees on government business, has been prohibited. The Chief Medical Health Officer strongly recommends that all employers and individuals across the province follow these practices. This will help us limit the spread of COVID-19 in Saskatchewan. It will help to protect residents from exposure to the virus and it will reduce the impact of COVID-19 on our health care system, essentially flattening the curve.

[00:05:00]

Most important is the responsibility that we all have to ensure that we do what we can to reduce the risk to ourselves, reduce the risk to our families, and reduce the risk to our communities. And the best way that we can do this is to practice social distancing, to wash our hands and wash our hands often, to avoid close personal contact like handshakes or hugs and to self-isolate if we feel any of the symptoms, any symptoms of illness.

**[Video] Saskatchewan Premier Scott Moe**

Today, the government of Saskatchewan has declared a provincial state of emergency giving the government broad powers to address the COVID-19 pandemic. The declaration of a provincial state of emergency provides our government with powers that include the ability to limit travel to or from a community or a region of the province. The decision to declare this provincial state of emergency comes following confirmation from the Chief Medical Officer that Saskatchewan has eight new presumptive cases of COVID-19 and this decision comes on Dr. Shahab's advice.

Public gatherings larger than 50 people are prohibited. All restaurants, bars, and event venues must limit their seating to 50 per cent of their capacity or up to a maximum of 50 people, whichever is less. And I would also note that this is phase one with regards to bars and restaurants and we may implement phase two in the coming days, which would be closing them completely. All gyms, fitness centers, casinos, bingo halls are all ordered to close until further notice. And all government of Saskatchewan ministries, agencies, and crown corporations will implement a phased-in work-from-home policy that will become effective on Monday, March the 23rd. The Saskatchewan Health Authority will be discontinuing all non-urgent elective surgeries and procedures and diagnostics as of March

23rd. Parents with children in daycare should also be preparing for the potential for further restrictions in the days ahead.

And I want to conclude by saying this to the people of this great province. We will get through this, and we will get through this together. But we all have a responsibility. And we all have to take that personal responsibility seriously. And I would say that most of us are doing that. But I have heard some anecdotal reports of people that have returned home from abroad and who are out in the community the very next day. And we just simply can't do that. We need to self-isolate. And I know you may say that you're feeling just fine but you might be endangering the health and the lives of others. Your neighbor possibly, or even an elderly family member.

And I know this is completely counterintuitive, especially here in our province. In times of crisis, we are a community, and we pull together as one. We've shown that so many times. But today, pulling together means we need to stay apart. Helping each other out during this pandemic, it means listening to Dr. Shahab and his advice that he provides, as well as his counterparts, public health officials from across Canada. And this means each and every one of us should adhere to the advice that they provide us. It's important for us to understand that these measures will not completely prevent the spread of COVID-19. But they will flatten the curve. We will get through this. And we will get through this together.

**[Video] Teresa Tam, Chief Public Health Officer of Canada**

I think the public has to know this is one of the worst-case scenarios in terms of. . .

**Shawn Buckley**

Sorry, that video just loops.

[00:08:50]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

### EVIDENCE

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**Witness 8: Bryan Baraniski**

Full Day 1 Timestamp: 10:10:45–10:34:11

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

**Wayne Lenhardt**

I think this is going to be an interesting sequel, which wasn't really planned. But we may be able to call this Exhibit 1 or a supplement to Mr. Bourgault's presentation.

Bryan, could you give us your full name and then spell it for us, and then I'll swear your oath.

**Bryan Baraniski**

Bryan Baraniski. B-R-Y-A-N, Baraniski, B-A-R-A-N-I-S-K-I.

**Wayne Lenhardt**

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

**Bryan Baraniski**

I do.

**Wayne Lenhardt**

You own a hotel that includes a bar and the usual accoutrements in Tobin Lake. Is that correct?

**Bryan Baraniski**

Yes, I do. We have a resort there. It's the hotel with a restaurant, a bar, conference facilities, cabins, campground. We do guided fishing.

**Wayne Lenhardt**

And it runs year-round, correct?

**Bryan Baraniski**

Three hundred sixty-five days a year, yeah.

**Wayne Lenhardt**

Okay. At a certain point, you contracted COVID, correct?

**Bryan Baraniski**

I did on March the 6th, 2021.

**Wayne Lenhardt**

Okay. Could you tell us about that?

**Bryan Baraniski**

Well, I went to work in the morning. I show up to the hotel usually at 8 o'clock in the morning. And I showed up and went to my office. I wasn't feeling good when I woke up. I decided, well, I'm just going to hide out in my office for the day, so I don't give anybody the flu, or whatever I think I have. As the day progressed, I was getting a little bit worse. I had the shakes a little bit, so I decided, well, I better go home. So I went home. I have a house four blocks away from there and drove home. Went in my house and decided I'll just lay down and maybe it'll get better.

My son shows up at about six o'clock, and he hears that I'm not at work, so he comes to check on me. He comes to the door and I answer the door. He goes, "Dad, your lips are blue." I said, "Oh, okay." I said, "Well, I'm trying to sleep this off, get better in the morning." So he takes off. In the meantime, he had phoned my ex-wife, which is his mother, and tells her the situation. Well, he comes back, and he says, "Dad, I'm taking you to the hospital." I said, "No, no I don't think so." I said, "I'm going to sleep this off." And he goes, "No, get in the truck or I'm going to throw you in the truck." And of course, me and him are always confrontational, but I was too weak and stuff to argue with him. So I jumped in the truck and, okay, I'm going to the hospital.

I get to the hospital, and they admit me. They do some tests on me and they tell me I've got pneumonia. After the doctor had told me that, another nurse comes in. She takes a swab and sticks it up my nose, and it's painful as hell, and she runs out of my room. I'm sitting there, and I end up spending the night. The next morning, I was having a little tough time breathing; it was getting a little worse. And then the doctor comes in and says, "You have COVID." Okay, that's new. They were monitoring me fairly close. Then about noon or so, my breathing was getting a little tough—shorter, shorter breaths. And the doctor says, "We got to load you up and take you to Saskatoon."

**Wayne Lenhardt**

Your oxygen levels were a bit down, were they?

**Bryan Baraniski**

Yeah, I was short of breath and it was tougher to breathe. Yeah. I knew I had something, maybe it was pneumonia. I've never had pneumonia before, so I didn't know what it entailed. So yeah, so the ambulance shows up, and they're concerned whether I have enough oxygen to make it to the city or not because it's a three-hour drive. So they put an extra tank in just to make sure I'm going to make it there.

They loaded me up and hit the sirens and away we went, flying. It was fast. I was looking out the back window, and we were passing the vehicles and siren on pretty much all the way there. Get into Saskatoon University Hospital. They admit me. About half an hour in the waiting room—or not in the waiting room, just waiting to get a bed, I guess. Then, finally, they admit me into a room and they're monitoring me. My breathing is getting worse; they got me on a mask. The next day, I was getting worse and worse and worse. The next day, I'm off to ICU,

[00:05:00]

into the ward they had for all the COVID patients. I think there was 10 rooms, all separately isolated and behind glass. So, on oxygen, of course. It was getting worse and worse; pretty soon I was on 90 per cent required oxygen. So the doc goes, "We're going to have to put you on the ventilator if it gets any worse than this." And, of course, they put a tube down my nose, a feeding tube. And yeah, like I don't know if you've seen the picture. It was on CBC News, anyway, because I was the anti-lockdown guy. So they had to beat me up.

So then that night or the second day in, the doc comes in. He says, "You better get a hold of your family and tell them to prepare for the worst." Because as I'm there for my two days, I see them taking body bags out as people dying, right? That are dying of COVID. So, I'm down to short breaths—"aha-aha-aha-aha"—like that's how I'm breathing all day long because I've got no lung capacity. So then, when the doc tells that, I figure, "Well, I'm not going to call my kids and worry them." I'll just start writing letters, right? So I figured this is it for me, right? You know, he's telling me to prepare for the worst. I know what that meant. And so I'm writing letters to people that I figure should hear from me.

The third day in, I was still holding at 90 per cent. Then I woke up one morning, and I had the feeding tube out of my nose. I figured, "Oh Jesus, now they're going to fight to put that back in." It was painful as hell. And the doc goes, "Oh, no, maybe not." He says, "You're down to 85 per cent oxygen." He says, "Maybe we don't have to put that back in." So they monitored me for a few more days and I hovered around that 85 per cent, not over 90. So I wasn't on the ventilator.

The staff treated me really good. One nurse brought me chicken noodle soup because I said, "Hey, if I'm going to die, can I die with chicken noodle soup in me because I don't get none in here, right?" So, she went home and made homemade chicken noodle soup and brought it to me. She said she wasn't supposed to do that, but she brought it to me anyways, which I was thankful for.

Finally, I get out of ICU 10 days later, and they put me in recovery. I'm down to 65 per cent required oxygen, and it won't get any better, and it's staying the same. They tried to get me down to 55, and I struggled to breathe, and they put me back up. So I had several doctors that would come throughout the time I was there, probably three or four different doctors. And one doc says, "You know, you could be here for a couple of months. We've seen it where it takes a while to get you to recover, to get your lung capacity back." And I figured geez, I'm not sticking around here for a couple months.

**In the meantime, the CBC had done a story on me while I was in ICU, with the tubes and everything in me. They posted it on social media and on the CBC News. And, of course, all the people beat me up there. They were on social media. They were commenting about how bad of a guy I was and wasn't following the rules, and I was the anti-lockdown guy. Then, Joseph Bourgault, the previous guy that was just on here, he seen me on CBC News. He phoned up the hotel my son was running at that time. In the meantime, they had shut my hotel down; they had shut it down for two weeks. Kicked everybody out of the rooms. Told everybody that they had to leave. My son wasn't even allowed to go there. I was peeved off because it was on autopilot. It was on autopilot for three days in the entire hotel—12,600 square feet. Mechanical systems running, everything. Nobody's allowed in that hotel for three days. Not my son. He's told to be isolated.**

I was furious—wild at the government. I couldn't believe that they're handling it like this. This thing could blow up; there could be a water leak. But nobody was allowed in the hotel for three days because we had a COVID outbreak, they said, at the hotel. So that was fine. I was arguing with my son to get back there. And of course, his mom, my ex-wife, was saying, "No. Listen to public health. Don't get in any more trouble. Your dad's in enough trouble already." Right? So that's how that went down. We ended up opening up two weeks later. We had to get an independent cleaner to come clean the entire hotel because they wouldn't let any of our staff do it because they might have COVID.

So anyway, I'm back in the hospital trying to recover here. My ex-wife, of course,

[00:10:00]

she's bringing me grapes and chocolate bars and stuff up to the ward, not allowed to see me because I'm isolated. This is probably day 20-some that I'm already there, and she's brought grapes and stuff several times. In the meantime, Joseph had called me, and said, "Hey, I seen you on CBC News." Of course, he got the number from my son because I have my cell phone right by my bedside. He said, "I like the fight in you." He introduced himself. We had a lot in common. I used to farm, and he had Bourgault Industries. We actually owned some of his cultivators and so had a good introduction there for about half an hour.

Then Joseph says to me, "You go get some quercetin and some zinc, and you're going to walk out of that hospital in five days." And I figured, "Oh, well, I'm going to try that for sure." He said, "I run a health food store, and I've helped lots of people with COVID. And they've all recovered with quercetin and zinc." So, I phoned up one of my wait staff. I have 25 employees in the summer but about 12 to 13 in the winter. One of my waitresses in the city that I'm fairly good friends with, I phoned her up said, "Go down to the health food store, get some quercetin and some zinc. Bring it up to this ward, up here at the University Hospital, and I'll e-transfer you whatever it is." So she did that. I e-transferred the amount.

**So the next day, I still hadn't got my stuff. So I said to the nurse, "I'm supposed to get a package delivered up here." And she goes, "Yeah, it was delivered up here. But I showed it to the doctor and the doctor says you can't have it." I said, "Oh, okay." She said, "No, it's not prescribed by us, by the doctor, and whatever's prescribed by him that's all you can have. You can't bring any other medicine in from outside." So I figured, okay, I got to think this one out. So I phoned up my ex-wife and said, "Go down to this health food store, go buy some quercetin and zinc." I said, "Open up the bottle, throw the pills in the bottom of the grapes and bring it up here." So she does that, does what I tell her and brings it up there.**

Of course, she told me not to mention her name. She goes, "I'll get in trouble. Don't mention my name." Yeah, okay well, I'm not going to mention her name, but you guys all figured out who she is already.

So then the nurse sees grapes and chocolate bars and brings it through. That was on a Tuesday. So Tuesday, Joe said to take it during your supper and dinner meals. This was Tuesday afternoon when I got this package. I took a quercetin and zinc at supper that night, and then the next morning for breakfast, I took two more. I figured another zinc, another quercetin and— Heck, I'm just about dead, anyway. What the heck are you losing doing three? He said it was maybe hard on the liver and stuff. But I figured that's the least of my worries and so I took it three times. I took it at breakfast the next day, lunch, and supper. By supper, I had improved quite a bit. The doctor noticed. He says, "Yeah, your oxygen requirement is down a bit. You're down to—" I think, it was 45 or 50 per cent. Of course, I never said nothing to him.

The next morning, on Thursday morning, took the same routine, three more times during that day. By supper or just after supper, when the doctor comes through, he goes, "You've improved quite a bit." He said, "If you carry this on, you get under 30 per cent, we can ship you back to Nipawin." He says, "You can go to the hospital there."

So the next day I was down to less than 30 per cent. So then the doctor goes, "Yeah, we can transfer you over to Nipawin." He said, "I'll line up an ambulance." And the ambulance was like 1500 bucks or something like that. I said "Well, can I just catch a ride with my ex-wife? She has a house back in Tobin. She's going back Friday nights, anyway, because she has a business in Saskatoon. She comes up Monday morning, comes back Friday night." So anyway, after being convincing to the doctor, he said, "Oh, okay. We'll just give you an extra oxygen tank to take with you. But she's got to take you straight to Nipawin." And I said "Yep, fair enough."

So anyway, as I'm getting my clothes on and signing out the release forms and everything, as you're getting out of the hospital, I said, "Doc, I got to tell you something." I said—this is tough here but—I said, "You've got to give this quercetin and zinc to everybody that comes in here." I said, "Because I smuggled it in here." So he looks at me, and he goes,

[00:15:00]

"How do you spell it?" I said, "quercetin," and I spelled it. So he goes and researches it, and he says, "Well, we can't. It's in Health Canada trials, and we're not allowed to prescribe it yet." And I said, "Let me guess. It's going to be in Health Canada trials till everybody gets a vaccine, right?" And he smiled and walked away. And then, I went to Nipawin.

**So I get to Nipawin. I'm in the hospital for three days there and, finally, they release me. They get the oxygen set up in my house. So I got oxygen. They give me five tanks of oxygen—these little portable ones that I can move around. So three days, I get checked out of Nipawin hospital. I head back to my place. Of course, I got to get back to work. The first thing I do as soon as I get home, I grab an oxygen tank and head down to the hotel, right? Dragging this oxygen tank, away I go. A few hours later, it's all used up. So I got to go back and get another one. And next thing you know, my five tanks are used up. Over each day, I was reducing it a bit, anyway, but I didn't have enough to get through for the remainder.**

But my mom, who's in her 80s, she's in a senior's home. So I sent my son. I said, "Brady, take these five empty oxygen tanks, go to see Grandma, and bring her full ones back here." So he took the five empty ones there to her place and brought the five full ones back.

Because I was only getting oxygen— Once a month is when the person showed up there, right? So used up a few of those tanks and then, pretty soon, about five days after being out of the hospital, I was off oxygen. I was back to normal. And I have not been sick since.

**Wayne Lenhardt**

So I'm going to move you along a little bit. I think you're sitting here hale and healthy at the moment. So I think you obviously recovered. What was it, 30 days you went through this ordeal?

**Bryan Baraniski**

Yeah, I was admitted in the hospital March 6th, and I got released from Nipawin April 3rd.

**Wayne Lenhardt**

Okay. Tell me about the financial consequences of what you were doing on COVID.

**Bryan Baraniski**

Part of the reason CBC was beating me up is because I got two \$14,000 fines. And then we got five \$2,800 fines, some of my staff members got for failing to wear a mask.

**Wayne Lenhardt**

And they shut you down for a certain period, right?

**Bryan Baraniski**

Two weeks. Probably lost \$50,000, we figured.

**Wayne Lenhardt**

And how many staff did you have that you had to send home?

**Bryan Baraniski**

Thirteen staff all got sent home.

**Wayne Lenhardt**

Okay.

**Bryan Baraniski**

So one of the staff, she had an exemption for a mask, which was fine. The public health supervisor, who had been to the hotel several times had said that she was okay, at first. And then, finally, he came out there. He goes, "No. We're not accepting these exemptions anymore." He said, "You have to fire her or else make her wear a mask." I said, "No, I'm not." I said, "You can go tell her that." So he went up to her, he says, "You either put a mask on or you have to go home or I'm going to give you a \$2,800 fine." She goes, "Fine, I'll go home then." So she went home.

Some of the fines they give me— Of course, the supervisor from public health, he'd phone me up pretty much every second day, right? He always had a complaint, like what we were doing. We had our feet stuck in where we were anti-lockdowns for sure, right? Wherever there was a loophole, we'd try and figure out how to work around it. One of the times, I'll give you an example, is that they lowered it to 10 people, private party, right? That's all you could have at a household. So we had the bar that was closed, locked up, but we'd have 10 people in there every night because people wanted to come there. And we carried on like normal, except the doors were locked.

One time the RCMP showed up. Of course, we were getting complaints and they're at the door, and "No, you can't come in. Sorry, we already got our 10 people in here." So of course, away they went. We wouldn't let them in. There was nothing they could do about it. We had the doors locked, and we weren't open to the public. It was a private party, right? So that's some of the things how we carried through.

What else did we have going on? When they give us the \$14,000 fines, the one was failing to keep track of all the customers who was there. We had a book. We had a desk at the front of the restaurant that you signed in. So anyway, they had come there one time, and they give us the fine because three of the names were unreadable.

[00:20:00]

And then some of them were a little bit vulgar, like, there was Daffy Duck, Phil McCrotch. And then, they'd write a number—seven, six, eight f-you, writing stuff like that down. Some of the people just were not following the rules. I couldn't have an extra staff to monitor sitting at the table. So of course, they come in there, and we got a \$14,000 fine for that.

The other fine we got was failing to ask for a vaccine passport. So that was controversial, too. Because I was working the morning in the restaurant, and then there was a public health girl, which I knew that she worked for public health. She was sitting at one of the tables and I'd taken her order and everything. Sorry, I hadn't taken her order yet. I brought her water and everything. Then my son Brady showed up, and I said, "Table two." I said, "I haven't taken her order or anything yet, you can go grab it." So he goes over there with a mask and everything. He puts a mask on because I say, "Hey, that's a public health girl over there. Make sure you get your mask on right." So we're trying to hide it, right?

He goes over there, mask on and everything. Then he gets fined for failing to ask for a vaccine passport. And of course, Brady goes, "Well, I didn't know if my dad asked for it. I just assumed that he asked for it." And no, it didn't matter. So we got nailed a \$14,000 fine because she never got asked for the vaccine passport. So you've kind of set us up there, we thought. It was kind of dirty. So of course, same thing: Three cop cars show up, and the public health people, and they get out. You'd swear to God it was the biggest drug bust that ever happened. And they come out and give us a \$14,000 fine, right? Middle of the afternoon. Cause a big scene, so all the customers can see it.

So we fought them all. Of course, we lost. The judge, he wasn't on my side, for sure, I didn't think. He just thought that the government had the right to invoke those policies. And I didn't follow them and that's just too bad, right? He did reduce the fine down to \$12,000. So we got two of those fines. Then I got a \$2,800 fine. My son got a \$2,800 fine. Three of the staff got \$2,800 fines. The RCMP officer that gave those tickets out also stated to the three girls, "You put your mask on and the next time we come in here, and you have your mask on, we'll just get rid of those three tickets." Of course, went to court, and we tell that story,

and the judge goes, “The RCMP don’t have the authority to release your tickets on a public health order.” So, they all got nailed \$2800 too.

**Wayne Lenhardt**

Okay, due to the late hour, I’m going to ask the commissioners if they have any questions. I think that’s a no. So on behalf of the National Citizens Inquiry, thank you so much for giving us your evidence.

**Bryan Baraniski**

Thanks.

[00:23:26]



*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 20, 2023

Day 1

### EVIDENCE

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**Witness 9: Cindy Stevenson**

Full Day 1 Timestamp: 10:34:50–10:56:48

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

**Dellene Church**

Our next witness is Cindy Stevenson. Cindy, can you state your name for the record and spell your first and last name?

Okay, you need to unmute. Not yet, no. Can you see your mute button? Just make sure that's off.

**Cindy Stevenson**

How about now?

**Dellene Church**

There you go.

**Cindy Stevenson**

Okay, I just had my headphones on. I'm sorry about that. My name is Cindy Stevenson, C-I-N-D-Y S-T-E-V-E-N-S-O-N.

**Dellene Church**

Thank you. Cindy Stevenson, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Cindy Stevenson**

I do.

**Dellene Church**

Thank you. Cindy, you refused a COVID vaccination and as a result, you were fired from your job of nine years with CN Rail.

**Cindy Stevenson**

That is correct.

**Dellene Church**

Can you tell us about that experience, how that came about for you?

**Cindy Stevenson**

Well, I could see kind of what was coming with all the talk about vaccinations and all the political push for, certainly, passports and mandates. And I had sent an email request to my union looking for representation, because I did not consent to the trials, the medical trials and the therapeutic of what they were calling a COVID vaccine. I had stated that there was so much risk. I put on there the VAERS [Vaccine Adverse Event Reporting System] reporting, which had indicated that there were more than all the vaccines combined in 30 years of adverse events. There was risks that I did not want to take. And also, that I was COVID-recovered: I had just had COVID in August of 2021 and they were demanding that I get a vaccine prior to October 29th or I would not be working after that.

The union responded to that email with a positive message, saying that they understood and that the information in the email would be forwarded to the national and the local chairperson of my union. I never heard anything from the union again until November 10th of 2021. I was held out of service on November 15th, 2021.

**Dellene Church**

Okay. And through your union, was there contact yourself with your employer, or contact with the employer through the union as well?

**Cindy Stevenson**

I had contacted the employer multiple times. Stated that I was COVID recovered, that there were higher instances of injury for people who had recovered from COVID, especially such a close proximity to having the virus. And then obviously them demanding that I get a vaccine right away, that it exacerbates and causes extreme inflammatory results. I had done quite a bit of research. I sent a lot of information to the union and my employer in regards to vaccine injuries, risks. Natural immunity was very, very widely acceptable and it was also acknowledged in the National Institutes of Health. There was an article January 26th of 2021 stating that natural immunity was long-lasting with COVID-recovered people.

Everything that I had sent in, all the concerns I had with the risks, with it being stated as a **medical trial, it was in trial phases, nobody responded with anything. Except for the union stated to get vaccinated to avoid consequences.**

[00:05:00]

**And also, the employer said that I was privileged to continue working if I was vaccinated. Natural immunity and positive proof of natural immunity being positive is not acceptable.**

**Dellene Church**

Did they offer you any options for testing in order to continue your work?

**Cindy Stevenson**

No.

**Dellene Church**

**So after you had tried all of these options and avenues, what happened then for you to be let go? How did that proceed?**

**Cindy Stevenson**

**My last shift was November 14th, and the next day people who refused to either give out their personal medical information and/or that refused were just held out of service. And** there was really nothing that we could do. The union did respond to me November the 10th. A representative asking me four questions, which were quite odd: If I informed the company that I had COVID; did I get a PCR test, which I did not. And just, you know, asking what the company said about my COVID. But nothing to do with any of the concerns that I had forwarded, multiple concerns. I did end up putting in a complaint with the CIRB, the Canada Industrial Relations Board. November 28th, 2021, it was submitted. I prepared it myself, which is not really recommended. They did close the complaint down. It's a Section 37 complaint in regards to unfair treatment and discriminatory treatment or arbitrary treatment by a union. They had stated that there just wasn't enough evidence there to go forward.

Since then, I filed a human rights complaint with the Canadian Human Rights Commission, which was never addressed. I did ask for multiple — I sent emails and I called trying to get an update. They have not responded. I did apply for Service Canada Employment Insurance in November 2021, which was declined. And the reason being was due to my misconduct. So I was left without a whole lot of options. I did retain a lawyer to prepare a reconsideration for a Canada Industrial Relations Board [CIRB] review, which— They're not really wanting to give any updates, so I can't update where that is. That was filed on September 29th, 2022, so I'm still waiting on that. I've had multiple emails sent to members of Parliament, my Member of Parliament, MLA, in regards to other issues with the natural immunity.

I did get my job back June 20th, 2022. There was a motion brought forward by a couple of gentlemen in Toronto. A lawyer had brought forward a challenge to the ministerial order. That was June 14th, I believe. The government suspended the mandates and we were called back to work. Three days later I got a call from CN stating that we were good to come back to work. And I had 72 hours' notice to give them my return-to-work plans, which I did. At that point, I had contacted my union and asked what the protocol was going to be, if we were going to be held out again, or what was going to happen. And there was no positive response, just non-answers.

**I did give them my return-to-work plan. I did go back to work on June 20th. Only later, the 28th— I got a letter from CN dated the 28th of June stating that they could reinstate the vaccine mandate if the government said that health and if the science said so, which— There was no response from the union.**

[00:10:00]

**I did go back to work. I managed to kind of pick myself up and return to work. No response for any of the questions that I had forwarded by email to the union. They basically just told me to leave it alone. That my CIRB filing was frivolous, the one that I put in in November.**

**There was no support from the union whatsoever. And it became quite difficult to continue working because of the stories of coworkers who were vaccine-injured. It started to kind of get quite resentful, and being in a safety critical position that I worked, I just— I was really not doing very well in that situation simply because— With the natural immunity, it finally being recognized and it's on the mainstream news, nobody acknowledged anything that they had done.**

**I couldn't continue working and I did resign March 3rd of this year, unfortunately. I just couldn't keep working with the situation that happened, and in a company where I thought that if you bring safety concerns forward with mounds of evidence, they ignored. I just couldn't risk and keep working there. And just knowing that at any time they could just say, "Well, we're going to do this again," it just got to be too much.**

**Dellene Church**

And so, what were the economic losses you suffered over this time?

**Cindy Stevenson**

I was out of work for seven months. I've spent quite a bit of money on my lawyer, which is worth every penny. I didn't ask for any remuneration. I would have liked my seven months of pay back because I feel that I was wrongly disciplined. The union, in our little handbook, states that: "Employees have the right to be informed of known or foreseeable hazards in the workplace, and be provided with information, instruction, training and supervision necessary to protect their health and safety." It also states that I have the right to participate: "Employees have the right and the responsibility to participate in identifying and correcting job-related health and safety concerns." And also, that I have the right to refuse to perform in an activity that "constitutes a danger to the employee or to other employees." They did not live up to that expectation. I really had no recourse there, but I would have liked my seven months back.

With all the information that came out— Obviously, we were held out of service or terminated, some of us. People need to have the ability to be able to make an informed decision and not be forced into any sort of dangerous or hazardous work. I would ask for that as well, and to have my disciplinary record removed for obviously being held out of service for being non-compliant to a vaccine policy.

Yeah, it's monetarily — I think more so, it was just emotionally damaging. Because every avenue that is available to people to keep them safe at work, to be able to participate in safety discussions, that needs to be addressed. Every avenue—political leaders or members of Parliament or the Premier's office; I tried to reach out to institutions, Service Canada, the Canadian Industrial Relations Board—they all just ignored everything that happened.

**Dellene Church**

**You also mentioned in your questionnaire the effect not only on yourself, but on your family and especially your children, for having trust in our country and government and health system. Can you talk a little bit about that?**

**Cindy Stevenson**

Well, all young adults,

[00:15:00]

my children, four of them. And this lack of trust, there is no trust and there is no recovery for my entire family, just seeing what happened to me. They all worked through everything. We've remained kind of not affected by the pandemic, thankfully; we're a very close family. But every institution, everything that we believed in—the healthcare system, the political system, all of the systems set in place for Canadians—never in a million years would you ever dream that you would be discriminated against because you didn't want to participate in a medical trial, and/or possibly being put in harm's way.

We're all changed. Every single one of us and there is— At this point, for myself, I don't even know if having justice for all the wrongs that have been committed will— It won't change me, anyway. My kids, definitely. They're younger, they're more affected because of their young age. But yeah, the lack of trust is— It's not healthy.

### **Dellene Church**

Is there anything else you'd like to add today?

### **Cindy Stevenson**

Well, I did want to add in that I did ask for — I had my natural antibody test done at a Saskatchewan private business. When I went back to work, the media was hyping up all of the boosters, and you got to get your shots, and they were thinking about mandating shots. I ended up contacting the place where I got my natural immunity test the first time in August 2021, and looking to get another test just to see if it still registered the natural immunity. I did email. And I got a response back that they were no longer able to perform those tests. The Saskatchewan Health Authority had told them they weren't allowed.

So I did contact an MLA, Nadine Wilson. She seems to be the only person in Saskatchewan that is speaking out against the narrative. And I did let her know what is going on. Because when I asked, even just to get my natural immunity test back in August 2021, I called my healthcare provider and was told that, if the test was ordered by that healthcare provider, that they would be called immediately and reprimanded. And then I called another, just a random health clinic, just to see if I could get this test done, because I could see that they were going to start mandating these vaccines. And really, I did not want to be having to put myself in any harm's way. And they told me the same thing: they could not order that test.

So, there is something very nefarious going on. The letter that I received back from the Saskatchewan Health was just to get vaccinated and they need the resources and they can't be offering these tests. But why I paid for that test, and the only way that I was led to the **facility that offered it, was through the first healthcare provider that I had contacted. They said the only place that will do it is this location. And I have all that in writing as well.**

**I did actually send information as well to the Premier's office in regards to why naturally immune people have to be subject to this vaccine. When you have measles or you have the flu, you don't go get a shot afterward. But nobody listened. I emailed the Saskatchewan Health Authority. They never responded. My MLA— Even when there were questions of when they were trying to mask the kids and have vaccine clinics in the schools, there were documents that were on the SHA website. There was an article actually from March, 2021, which alluded to all the trials for the kids. They weren't going to be doing anything at this point just because they were trials and they didn't know.**

[00:20:00]

And that article, I sent it to my MLA and he did not respond. I sent it to my MP. But that article went missing off the SHA website. Now I did copy it and I did give that to Nadine Wilson, MLA in Saskatchewan, as well. Because whatever is going on, they are trying to just lure people or lead people into— The only thing to do is just get a vaccine and that's it.

**Dellene Church**

Okay, I think we'll turn it over to the commissioners if they have any questions for you.

**Commissioner Kaikkonen**

Thank you. I just wanted to ask: Do you know if CN is still receiving funding from government?

**Cindy Stevenson**

I don't know if they're receiving anything from the government in regards to incentives. I do know that our union, it was part of the— They're actually on a website, it's called Faster Together and it is a program, a website where there's participants, a lot of unions, where they promote vaccines. I did ask my union representative if they were receiving any monetary incentive. The answer I got back was not that he was aware of.

**Commissioner Kaikkonen**

Okay, so my second question, if they did receive or if they are receiving from the public purse, is simply: Do you believe that CN was neutral in their decision-making regarding the government mandates at any point?

**Cindy Stevenson**

No.

**Commissioner Kaikkonen**

Thank you.

**Dellene Church**

Okay, thank you very much for your testimony today.

**Cindy Stevenson**

Thank you.

[00:21:57]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 20, 2023

Day 1

### EVIDENCE

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Witness 10: Marjaleena Repo

Full Day 1 Timestamp: 10:56:49–11:28:38

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

**Dellene Church**

Next witness today is Marjaleena Repo. Marjaleena, can you please state your name and spell your first and last name for the record?

**Marjaleena Repo**

My name is Marjaleena Repo, and it's M-A-R-J-A-L-E-E-N-A. And last name is Repo, R-E-P-O, Repo.

**Dellene Church**

Thank you. Marjaleena Repo, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

**Marjaleena Repo**

I do.

**Dellene Church**

Thank you. Marjaleena, you found out very early in the pandemic that wearing a mask posed a serious risk to your health.

**Marjaleena Repo**

Excuse me, I can barely hear you. If you could be a little bit louder.

**Dellene Church**

Okay. Marjaleena, you found out early on in the pandemic that wearing a mask posed a serious risk to your health and you were given a medical exemption by your doctor.

**Marjaleena Repo**

Actually, yes, that happened. I first became aware that there was a plan by the City [of Saskatoon] to introduce masking, particularly in buses. Of course, I was very concerned about that. I travel on buses. And when I found out that they were going to do that, I knew that I was going to be involved personally because of my health issues.

So I protested to the City. I made a presentation to the City in a hurry, where I documented what I knew already about the health hazards of masks. I wasn't presenting anything about the effectiveness of masks or anything like that, but the health hazards that are already known. Because I know that I was going to be hit with it in a big way. And that presentation I did it in good faith, and I appealed to them to pay attention to all the populations that would be affected by these masks. People with bronchial problems, what I have. COPD [chronic obstructive pulmonary disease] of course. People who had difficulties hearing. Anybody who was deaf would be incapacitated.

And I especially spoke about children. How children's lives would be affected in a long-term way. And damage their capacities to learn and to relate and so on—all the things that happened. So I presented that in good faith. And I didn't get even one question, and they passed the masking order unanimously.

While doing that presentation, preparing for it, I found out that they had no information. They had no data. They had nothing that would justify doing something so drastic. They had no idea of a precautionary principle. Nobody who had prepared that material, the go-ahead, had any knowledge. They didn't introduce it as an issue—no consideration—and suddenly we were in a situation. And I was in a situation that I had to think twice before I go on a bus, what to do. I couldn't wear a mask for long, any kind of length really. I knew that.

And so my protest hadn't worked and I decided, okay, well, I have to cope with this. Try to do the best of it. Try to avoid hospitals. Try to avoid any situation where they make me wear a mask. And try not to go on the bus. At that time, it was September 1st, I could still bicycle, so I could get around. And I could go to a neighbourhood store that didn't have any masks. So I thought I have a certain freedoms left.

And then, you know, the one thing that I couldn't do— My partner and I had to go shopping once in a while. And of course, I couldn't go into a big store. He hated to go in it and he hated shopping too. But I had to send him in. I would sit in the car, and the weather was cold; it was winter, getting to be winter. And he would go in and hate every moment of it. Because he would be told, "Move this way!" "You're walking the wrong way!" "Where's your mask?" "Your mask is not done right!" And that was done by customers and staff.

So consequently, our shopping trips were quite short. I couldn't really do anything. So my life shrank, just about overnight. But I thought, okay, this is going to war. And I'm some kind of a soldier—reluctant, but I'm going to kind of hang out.

[00:05:00]

But I couldn't do it very long because I started to suffer from serious pain towards the end of October. And I thought, this is not good because I might have to go to a doctor. And I was in severe pain. I had leg pains, I had back pains. I couldn't even sit I was in so much pain.

So I went back to visit my clinic that I had been a member there since the early 80s. A very nice, lovely clinic—the Saskatoon Community Clinic—that I had really liked and supported.

**And I made an appointment to go and see a doctor there. I had just gotten a new doctor I was told, because my previous one had retired.**

**And when I came to the clinic, I didn't recognize anything. It was like an alien world because it was just masks with people. Masked people, masked patients, masked staff. I could barely hear anybody. I still have big difficulty hearing. I have a hearing aid—a top-notch hearing aid—but I can't hear people behind masks. That becomes immediately a communication problem because I have to repeat myself. I keep asking them, "What did you say? Can you say it again? I can't hear you!"**

**And so that became the whole clinic experience. I mean, it was absolutely disastrous for me. I cannot possibly cope with these people because I was harassed there. You know, my mask wasn't right on. I was leaking air. I was actually hanging onto air every second.**

And finally, in my doctor's office, just before she came, I was given a blood pressure measurement by a very anxious nurse who was correcting me and pulling me and telling me to put the mask on. And my blood pressure was 208. It went up very quickly, it didn't come down for a long time. And when my doctor came in, she saw that. And she heard I was sweating, I was puffing, I thought I was going to fall. And she said at one point, "You're in stroke territory." And this is what I felt: I could easily die on the spot. It became that kind of experience for me.

And the new doctor that I had was conscientious and compassionate, and she confessed that she couldn't stand the masks herself. And she tried to help me get out of the place by giving me her shawl so I can kind of just hide behind it so nobody would attack me, I think. And she said, "The next time when you come, just come straight to my office and sit there."

Of course, the next time I couldn't really come. But she did send me for tests. So now I had to go to three hospitals to get tests. And they were both—all—nightmares in terms of getting in and being treated like a human being. Because already the corruption had set in. And the thing that they should have gone by, which is "first, do no harm," had evaporated. There was no sign of it. So everywhere I felt I was being harmed personally. I was attacked personally. I became an enemy in no time.

Even having the test was so stressful that I stressed about it the day before. I stressed during it happening and I was stressed the following day. You know, I'd been captured by the enemy aliens. And I couldn't shake them because I needed those services.

So anyway, I did get my tests done. And on October 23rd I got the results. I went to City Hospital to see the breast cancer doctor.

**And he came to his office and he sounded sad, but he had his mask on. And I asked him, "Whatever you're going to say to me, I want you to take the mask off because I cannot hear you." And he did take it off. And he was momentarily a human being because he also felt sad for me.**

[00:10:00]

**And he told me that my breast tumor had spread to my bones, and I was not operable. I had stage four. And he comforted me. He touched me. He hugged me. He probably had to worry about somebody walking in and seeing him without the mask. And he invited me to come back any time to talk. So he had what was left of the humanity. He still had it.**

And I walked out of the City Hospital and I didn't know what to do. Where should I go and cry? I thought, I can't go on a bus, so I'm going to go to the nearby coffee shop. City Perks, it's a nice place. I could go there and get a cup of coffee. I could have a scone and I would go in a corner and I would cry.

I went in. And the two women who were working there— It was very early in the morning. I was the first customer. And before they said, "good morning," "hello," or something to that effect, they said, one of them, "Where's your mask?"

I said, "Well actually, I can't wear a mask."

"Well, here we have to mask. Didn't you see the notice outside?"

And I said "I actually didn't."

And she said, "Well, if you can't wear a mask, then you at least have to sign this. You have to sign your name and the address."

And I said, "Well, that's not mandated yet. That's been talked about. It's not happening."

She said, "Well, these are our rules. This is a private business. And these are our rules."

And that was the end of that, except I left very distraught. Maybe I had hoped that I would tell them my story and then cry some more and they would comfort me. They would be human beings.

I left and wrote a post on my Facebook, telling about my experience. I didn't mention why I had gone there and why I wanted to cry. But I just told about the treatment and said that I felt I was bullied. And I would never go to such a place. And that was on the 23rd of October 2020.

The next day, I woke up, I had hundreds of hostile messages on my Facebook. I was totally flooded. There were people that hated me so much they wanted me to go into a— They wanted me to get COVID and die. They wanted me to go to a hospital where they wouldn't treat me. They just wished that I would disappear. And, you know, incredible phenomenon.

It turned out that there was a radio station in the city that had discovered my posting and considered it an attack on the little café. But more than that, an attack on public health measures and therefore I had to be punished. And this radio station—which I've never heard of called Bull 92.9—had decided to mobilize these people to go after me with incredible insults.

**It took me a while to even be able to cope. I couldn't talk to my family about what had happened to me health-wise because I had to basically fend off hostile elements. Names of people I've never heard of, they were not anybody I ever knew anything about.**

**And with this event—having a terminal prognosis, devastating prognosis—then being attacked at the same time by fellow citizens.**

[00:15:00]

**I mean, they're supposed to be fellow human beings. They didn't know me and they had decided to undergo a full attack on my person, personhood. I had to worry about whether**

they would come to my house. I mean, would they come and throw stones through my window? What else would they do?

The next part of that is that I had decided I have to do something about it. I found out what this man had written in his Facebook, on his program. He mentioned my name; he had my posting there. He wrote, "She has also been a regular on the radio page of this station before we banned her for spamming misinformation and causing a general ruckus."

So what he was doing there, he was describing somebody else. He put my name on it and attached this description. Then sent it off to his fanbase, who then decided that they had to do something. They were also told that there was going to be a protest—also anti-vaxxers and anti-maskers would be surrounding the café—and therefore everybody has to get busy to do something. And everybody got busy to do something which was directed at my person.

The only thing I could do with that—after recovering from it—was to say, "I have to get a lawyer to do something about this. I will get a lawyer."

And I found a lawyer. I said, "You have to clear my name. I don't know how long I'll live. I have been smeared. My name has been scandalized. I want that cleared."

And he took that on. I wanted him to write a tough letter and demand that Pat Dubois—was the name of the fellow, and he is part of the broadcasting family—that he would be made accountable for his actions. The lawyer wasn't very confident that we could get anything. I was very convinced that we would win this case and we went ahead—at least the first letter, which produced results. He agreed to take off the description, but he did not give an apology. I wanted a full apology. I wanted that done so that he would have maybe paid some compensation also for what he had done to me.

At that point—just when I thought that we were now moving to the next phase, which is making more demands—my lawyer quit on me without talking to me. And he said "I don't want to continue. And I don't think you're going to get anyway anything." He basically withdrew without consulting me, saying "You wouldn't be able to prove anyway that you weren't that woman who caused the ruckus." So he basically ceased to be a professional lawyer right in front of me.

So that case— The reason why I have been bringing it up is because it's been festering me ever since. I've had so many other things to deal with and confront with and take on that it's festered. But I've finally decided to find out if I can still put in a complaint about him. I did find out just yesterday: I can. Because you can go after with a complaint about the lawyer as long as they practice. So that's in the works, so that I at least get some satisfaction **along the lines that I have planned to do. Some satisfaction.**

**Anyway, that was a little bit long story, but I needed to have it out because it has been like the poison in my system. It was created by the same mentality that the clinic had and the hospitals had: that you are an alien, you don't belong to humanity, you can be abused, you can be controlled, you can be not listened to, not respected, et cetera. It has been the full story.**

The next serious humiliation that I had, after I had received my medical exemption—

[00:20:00]

I received that from the same doctor that had been very good with me. At the end of November, I got a medical exemption and I started to use it wherever I could. And it was never—about 95 per cent, 99 per cent time it wasn't accepted—but I carried it with me on buses particularly, because I went back on bus travel.

And I had it, and sometimes the driver would ask for it or say, "Why don't you have a mask?" And I would say, "I have a medical condition, I can't." And they would accept it. It was uncomfortable, because there could anytime be a driver who would be gruff, who would insult you, and you never knew what you would get. Maybe a customer would come to you and say, "Put the mask on," or throw a mask at you. So it was ongoing. And I knew that I wasn't alone. Because luckily, I connected with protests in the city and I would go there. And at least we could commiserate and exchange experiences and horror stories. And they were all horror—similar things.

**Dellene Church**

And it affected every area of your life.

**Marjaleena Repo**

Pardon me?

**Dellene Church**

It affected every area of your life. That exemption did not protect you.

**Marjaleena Repo**

It didn't! It was, it was like nothing. I still have it somewhere here too. I also carried with me what the public health regulations said: that if you have a particular medical condition and you are signed in by your health professional, you don't have to wear a mask. Basically, it was there. I had both that and all of it was swept aside by people who became the judges and juries of my existence.

After my prognosis, I had to actually attend the Cancer Center here in the city. That was a nightmare of the nightmares. Because I have to now deal with masked and gowned and gloved people, who basically only wanted to know where my mask is. Or why. Mask was the only topic! I didn't get a kind word there; I, in fact, got threats. Threats like when I was measured for radiation treatment and the technician that measured me, when I said to him "I can't"—I was telling them— All the professionals, I was telling them "I can't breathe. It makes me feel panicky. I think I might faint if my blood pressure goes up." And I said "I can't wear a mask to this!" He said, "Then you're not going to get radiation."

And he meant it! It was it was that kind of control. It's life and death, you know? It could be trivial, and it could be life and death. That all had to do with the mask becoming the king. And no basis for it. Absolutely no basis for making it that, and no—

**Dellene Church**

Marjaleena, we're running close to the end of our time, so I'd like to ask the commissioners if they have any questions for you.

**Commissioner Kaikkonen**

Thank you for your testimony. When you said you the people around you only wanted to know where your mask is, do you ever remember society—a place in society—where our greeting to one another would have been honed in to just one simple question, “Where is your mask?” Do you ever remember a time where society would be that abusive to one another?

**Marjaleena Repo**

I had a hard time hearing you. I mean, it's very blurry. Can somebody repeat that? I'd like to hear it.

**Commissioner Kaikkonen**

I don't know if I could repeat it all. You made a comment, “only want to know where my mask is.” That other people who were speaking to you would normally greet you and say “How are you?” or “Good morning,” or something to that effect prior to COVID.

What happened to our society? Or maybe that's not the right question. Have you ever seen a part of society where the only thing that mattered to people around you was: Where is your mask?

[00:25:00]

**Marjaleena Repo**

I didn't quite completely hear you. I wish I could. But that's almost like an example of my experience when people had masks. You don't have a mask, but you're at a distance there and the sound distorts.

But getting back, just the essence of my story is the dehumanization— Medicine disappeared as a human practice. And it did it so quickly. And then the masking just became a method to punish you in every which way. It was just incredibly fast! And my head was constantly, “How can this be? How can it happen? Who are these people? What happened to them? Did they all get processed somewhere that they came out this way, that they can't— They don't hang on to their humanity?”

And I'm talking now about health professionals. They absconded. I didn't see any resistance. They didn't have kindness. You're in a cancer clinic and you feel abused by everybody. Because they didn't want to know of you. They didn't want to know you! They wanted to know your mask. They wanted to make personal contact with your mask. And **that was the horror of it.**

**It's kind of a whole, total distortion very quickly of the whole society. And I don't see how it can get back, how these people can get back to that. How can they find their previous selves—if they had them—and become human beings again and treat others with essential respect? And this is what I've lost systematically, a sense of feeling that I'm respected. I'm respected. Because any time, I can be questioned by total strangers.**

And then the nameless strangers, you know, hundreds. There was maybe 300 abusive emails orchestrated by a disc jockey who had nothing better to do. And he actually praised the event, what they had done: “We kicked ass.” Well, the only ass that they kicked was me. And he got away with it because my lawyer gave up on his own profession. Everything is,

like, giving up on humanity and knowledge that we've accumulated over a hundred years and become totally primitive people. You know, with the mask, that is exactly being at the receiving—at that end. It's like you're back into a primitive society.

We still are there, and it might be around the corner. It's not going away because the same people who are in power, they haven't been pushed away yet. And they pine for this power. Actually, during that period, anybody— Powerless people become powerful. Because they can exercise power over me, just like the bus driver did that banned me from a bus. I was actually banned from a City of Saskatoon bus that wouldn't open the door. Just waved a mask in front of me and took off and left me.

**And I complained about it to the Human Rights Commission because it was rank discrimination.** And the Human Rights Commission basically didn't want to touch it. And complained to the Ombudsman—complained about the Human Rights Commission to the Ombudsman—and the Ombudsman said “Well, they have their own rules.” So these institutions, one afternoon, collapsed internally and became enemies too.

So that has been our collective experience. And I think that I've lived it. I've lived it with others and for others.

**Commissioner Kaikkonen**

Thank you for your testimony. And do know that, after today, I'm quite sure there's a lot of people in Canada praying for your healing.

**Commissioner Massie**

Thank you very much for your very touching testimony. I was wondering:

[00:30:00]

How is your health right now?

**Marjaleena Repo**

How is what?

**Commissioner Massie**

Your health.

**Marjaleena Repo**

It's not very good. The only thing I'm getting right now, I've been getting one pill a day, chemotherapy. So I'm hoping to continue. I'm hoping that I can last. And I hope that I can live long enough— I've lost three years now. All the different things that I had wanted to be and do, I can't get them back. But I'm hoping that other people can make the changes that I would have wanted to make. I wasn't able to because we have an immense thing to deal with. My prognosis health-wise is still the same. I'm inoperable. I rely on the pill and I'm just hoping I last.

**Commissioner Massie**

Thank you very much. Take care.

**Marjaleena Repo**

Okay.

**Dellene Church**

Marjaleena, I'd like to thank you very much for your courage through the last three years as well as your testimony here today.

**Marjaleena Repo**

You're welcome.

[00:31:49]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 20, 2023

Day 1

### EVIDENCE

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Closing Statement: Shawn Buckley

Full Day 1 Timestamp: 11:28:38–11:29:26

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

**Shawn Buckley**

That's the last witness that we have scheduled today. And I think that everyone that just listened to Marjaleena will understand why we're doing this. If there's any doubt in anyone's mind that we need to hear stories, I think that that's put to rest. And Marjaleena, I thank you for your bravery. And I thank you for sharing with us. And I think that every Canadian that sees your testimony will share with me the shame that we feel.

So we're adjourned.

[00:00:48]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
SASKATOON HEARINGS**

**NCI | CeNC**

**Saskatoon, Saskatchewan, Canada  
April 20 to 22, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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#### Final Review

Jodi Bruhn, Anna Cairns, Margaret Phillips



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 01:04:29–01:37:37

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

#### **Shawn Buckley**

Welcome to the second of three days of the National Citizen Inquiry hearings in Saskatoon. I have been asked to remind people to go to our website, [nationalcitizenshearing.ca](http://nationalcitizenshearing.ca), and to sign the petition, and also to donate. Every time we do one of these sets of hearings in a city, it costs us about \$35,000, and we hope to recover our costs as we go along.

Commissioners, this morning I am attending as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I wanted to speak a little bit about masks, because that seemed to be a theme yesterday from various witnesses. It got snuck in one way or another. As I was thinking about masks, I was asking myself the question: Surely our governments knew? Surely the health authorities knew that masking was not a good idea? The CAPR's meta-study has come out. We had Steve Kirsch yesterday at one of his slides indicating the media and the public health authorities were relying on this Bangladeshi study, which apparently anyone reading it can understand that it's not there. We had Joe Bourgault here yesterday who, just as a businessman with employees, they brought in an expert to actually measure CO2 levels and oxygen levels within masks and were able to determine very quickly that they were not dangerous. So when I am a little along in my presentation this morning, I want you to keep that question in the back of your mind: Did they know?

I didn't have time to research, but I think one of the main advisers to Trump has admitted on TV that no, they just kind of made it up: "Well, let's do something, let's mask." And we've heard about all of this harm, about kids, literally their IQs being stunted because they are wired, hardwired; their brains learn how to speak and to learn emotion and appropriate behaviour by seeing our faces. So, an immeasurable amount of harm has been done. And the question I want you to keep in the back of your mind is: Did they know?

Now, I spoke last week in one of my openings about fear and how it is the main weapon used against us because we are so afraid of being shamed. We are herd animals. We are community people. We need to be part of the tribe. And we are so afraid of being shamed that our greatest fear is being excluded. In fact, police states have learned that, rather than

just torture and torture and torture people, just put them in isolated confinement for a long period of time and they'll break.

Now the enemy uses this fear that we have of being shamed by the herd and being excluded. It's the primary weapon. And the war is for your mind. This is where the war is being fought. And your enemy wants your mind closed so that you don't think. The enemy will give you messages, will give you a belief, and then will use this tactic of fear against you to close your mind. Understand, what I'm saying is: You will be given messages. You will be given beliefs. Then once you've accepted them, once they've been hammered in—although it's going to be constant repetition, I mean, read Hitler's *Mein Kampf*: repetition, just keep repeating the lie over and over and over and over again, and it becomes truth. Once you've accepted the message, then the next tactic—and it's playing on your fear of being shamed, it plays on your fear of being excluded from the tribe—is what I call “labels of shame.” And labels of shame are terms that are deliberately made up so that we will close our mind if somebody presents to us a message that is different than that that we've been force-fed. Labels of shame would include “conspiracy theorist.” What do you do if you're having a conversation with somebody, “Oh yeah, well, then there's this ‘conspiracy theorist—?’”

[00:05:00]

All of a sudden you don't even want to go there because if you do, that label will be attached to you. And now you will be an object of derision and shame: “climate denier,” “anti-vaxxer,” “disinformation.”

Wasn't Dr. Francis Christian refreshing yesterday? I found it interesting, I didn't know that the words “disinformation” and “misinformation”—that those words were first used in the Soviet Union as labels of shame. But understand that these terms are actually weapons that close your mind. Because if I have accepted the mainstream narrative that the vaccine is safe and effective, and then I've come to believe that if I personally go against that narrative I will be labeled as an anti-vaxxer—and I understand that that is a term of derision—now my fear of being excluded from the tribe is going to kick in. I'm actually going to have an emotional reaction to that type of information and I will close my mind as a defence mechanism. And I will close my mind because the last thing I want is to be shamed. The last thing I want is to be excluded from the tribe. So I hope you can see how effective these labels are. You're fed a belief and then you're placed in this context where, if you challenge that belief, if you even entertain ideas that go against that belief, you will be labelled with a derisive label and you will no longer be part of the herd or the tribe.

Now the danger about that is it means that we're only allowed to have one belief, and that's a belief that's given to us. It's not a belief that we've arrived at with our own thinking and without critical thought. So we've got to defuse those terms. We've got to start calling them out. **I think we need to be proud of them. We need to call ourselves “anti-vaxxers” and “conspiracy theorists” and “disinformation spreaders” and “climate deniers” even if those labels actually don't even apply to us. But we have to take the power away from them.**

**And as soon as somebody starts doing that, I think we have to start explaining to them, “Do you understand that actually is a weapon being used against you? It means your mind is captured because when you use that label, it means that you are looking at any other counter-argument or information basically with disdain and with derision. And because you have that view, you can't even consider it. So your mind is closed. It's not about changing your mind. I mean, if you're so right, why are you threatened by information?” I think we need to be explaining to people that these weapons exist. Because if they can't see the weapon, they can't defend against the weapon.**

When you hear a journalist use terms like “misinformation” or “anti-vaxx” or “climate denier” or “conspiracy theorists,” in that context it’s being used as a weapon. When you hear your family members or friends using that term, I hope that you can appreciate that they are a victim. So the weapon has been used against them and the weapon’s been effective, but that’s not a person to get angry about. That’s a person to have this conversation, about how they actually have a closed mind.

We have probably had the biggest fraud in history perpetrated on us. I mean, anyone watching these proceedings, it’s like: We have had these vaccines mandated. I mean, this can’t be a surprise to anyone. There were vaccine mandates. We all experienced it. For the first time, we’ve been basically told we can’t work, we can’t fly, we can’t travel, we can’t go to a hockey game unless we take a treatment, which by all definition is experimental. And we’re learning just how misguided that was—and that’s being a very generous term. I think that historians will look at what has happened in the last couple of years and describe this as the biggest fraud perpetrated in human history connected to a vaccine.

[00:10:00]

And a lot of people listening to these words will go, “Yeah, I agree with that.”

Now, pay attention then to what happened yesterday. I was fascinated how witness after witness who would agree with me, “That vaccine was bad news and we’ve been gamed.” Witness after witness said the magic words: “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer.” We heard that time and time and time again by a various number of witnesses that were outraged about what the government did. And yet here they are at the National Citizens Inquiry almost instinctively saying, “I’m not an anti-vaxxer.” And you know why they’re saying that? Because they don’t want that label on them. So even in the context of these proceedings, witnesses that are saying things that definitely go against the government narrative are saying, “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer.” They’re saying this because their minds are captured on that point.

I can almost guarantee you that every single witness that said that has not looked into the science behind the vaccines to determine for themselves whether any given one is safe or effective. I can almost guarantee that. But they don’t want to be shamed. And instinctively, like robots, they do that. Do you see how scary it is in a context like this? Like, literally, this is an inquiry into what happened, into what likely is the biggest fraud in history connected to a vaccine. And we have witnesses instinctively saying while they’re testifying, “I’m not an anti-vaxxer. I’m not an anti-vaxxer. I’m not an anti-vaxxer.” It’s evidence to us of just how deep this conditioning goes.

**As I say, the only way to break the power of these labels is to embrace them proudly and to let people know. Let’s stop being ashamed. Somebody wants to throw any label at us, let’s stop being ashamed. Because that’s where the power is. If you understand it’s just a weapon, the label is actually a weapon, and if you allow yourself to be shamed then the weapon has power over you: once you realize that, it stops. And these labels are dehumanizing. “Climate denier?” What the heck? You mean we can’t have an honest discussion about that? “Anti-vaxxer?” Like, really? If there’s strong science on anything, and Steve Kirsch made this point, then you’d think we’d want to actually look at the science and we could just shame anyone that disagreed with objective truth, couldn’t we? And wouldn’t that be what happens? Human beings are not stupid. We have the ability of critical thought. We have just had weapons used against us so that our minds are closed and that we don’t think critically. But these terms are dehumanizing and they’re meant to be.**

And our actions have been dehumanizing. You know, our last witness, Marjaleena Repo, really struck me yesterday. If you haven't seen her evidence, you must see it. She was an elderly lady who could not wear a mask. She had COPD [chronic obstructive pulmonary disease]. When she was on the stand at the beginning you could hear her breathing. And I see some people nodding in the crowd, "Yeah, I know, I heard her breathing problems." She's got a letter from her doctor. There's no question that this old lady cannot wear masks. She can't. Medical reasons. Full stop. She shared with us how she went to her oncologist and got the news that she had stage four breast cancer. So basically, a death sentence. She's shocked. She's grieving. She's anxious. She decides to go to a café to just kind of get some comfort. And they ask her to wear a mask. And she says, "No, I'm medically exempt." And then they want her to sign her name and write down her address. Just like it was the East German Stasi: "What's your name? What's your address?"

[00:15:00]

And she quite rightly said, "Well, actually, that's not a requirement." And they have this little confrontation and she leaves. She posts on Facebook what happened. Remember, what was it—the next morning when she saw? Like a hundred people led by this radio newscaster had shamed her publicly. This little old lady, who had just learned that she had stage four breast cancer, who was just looking for a place where she could settle down, who can't wear a mask for medical reasons, was being publicly shamed by what I describe as mob violence. This public shaming, where we shame others online: that is mob violence. And let's call it for what it is: It's evil and it's wrong. I'll explain that a little further.

Do you remember how she said she got no kindness at the cancer clinic because she wouldn't wear a mask? It's almost like she was a leper. She's basically repeating things we've heard throughout these proceedings from patients and medical people that testified. She was banned by the bus driver. That's her way of getting around! Listen to a couple of things I wrote down that she said— I'm not a transcriber, I might have gotten this wrong but the meaning is going to shine through. Just listen: "Masking became a method to punish you in every such way." This is her experience. "Masking became a method to punish you in every such way." She said, "The horror of it, the horror of it, this total distortion, and very quickly—" She couldn't believe how we just turned as a society on her. And she described it as dehumanizing.

The treatment that she received can only be described as utterly shameful. I was ashamed listening. I was ashamed as a Canadian to hear how she had been treated. And she said, "I didn't see any resistance." I think that's the biggest thing of all. I think that's more shaming than anything else. We had a witness in Winnipeg [sic] [Toronto] that had a mental disability and a physical disability—and told the police before she was violently taken **down at Walmart and handcuffed and dragged out in front of a whole line of people. But what shocked her most was nobody helped. Nobody said anything. There was no resistance.**

**The questions we need to ask ourselves today is: How do we get there? How do we as a society get to the point where we're bullying old ladies who can't wear a mask? And there's no resistance. How do we get to the place where we're going to wrestle a disabled person to the ground in front of a crowd and there's no resistance? Nobody says anything. And that was over a mask too. It can't be fear. It can't be fear from the virus that you have to wear a mask to protect yourselves. Because if people were really afraid that they were going to get to COVID if they didn't wear a mask, then they wouldn't have even gone to restaurants. Because sure, you had to wear it going in, but as soon as you sat down at your**

**table you could take your mask off. And yeah, you're six feet away from the next table, but give me a break: If you were afraid that you were going to catch the COVID virus and get hurt or die because somebody wasn't wearing a mask, you would not go to a restaurant. And my favourite is the fact that the people that buy the mainstream narrative don't see the problem with this one: One day we're wearing a mask. One day we're wearing a mask, we're shaming old ladies in cafés, we're wrestling disabled people to the ground in Walmart. And the next day the government says, "You don't have to wear a mask."**

**[00:20:00]**

**And all of a sudden, we're all okay! We're 100 per cent okay. We can not wear a mask. We can smile at each other. Everyone's in a better mood. And that's not possible. That the government can all of a sudden understand that a virus is no longer going to go near somebody because they've taken a mask off. Was there some agreement with COVID-19 that was binding that was signed with the government?**

It's not fear, it's compliance. It's compliance. Because the government then just says all of a sudden, "You have to wear a mask again," and then we're shaming old ladies again, and we're wrestling disabled ladies to the ground in Walmart. This is cult-like behavior. Listen to that. This is cult-like behavior. This became an excuse for Canadians to become vicious. And we were vicious. And we were encouraged to be vicious.

We had one witness, the pharmacist, telling us how in Saskatchewan they set up a snitch line. We watched some video clips in Winnipeg and it wasn't called a snitch line. It's like, "Be an ambassador. Be an ambassador." If that isn't a scary term. George Orwell would be very proud of that term, "ambassador." Now understand that when this is compliance, and understand how we were led to be in bad behavior: as I asked earlier understand, ask the question, "Didn't the government know that masks would make no difference?" Because if you conclude that the government knew, or should have known, that masks truly were a farce, and yet led us into these acts of violence and viciousness as a society, then some much more troubling questions come up in your mind.

The question I have for all of us who shamed people online, who were unkind to old ladies who weren't wearing masks, who stood and watched a disabled person get wrestled to the ground by the police—and I could go on and on—my question is: "Is this what we really are?" Because the problem is, we can say, "That's not who we are." We can say, "No, we're Canadians and we're kind to each other and we respect." But I have a saying: You don't look at what somebody's saying. If you want to know who a person is, who they truly are, you look at what they do. It's our actions that tell us who we have chosen to be. It's our actions. And I am ashamed of our actions. Masks are absolutely dehumanizing and the way we've treated each other is shameful. And understand that masks, like the passports: they're a **sign of obedience.**

**If you conclude, "Wait a second, the government should have known. Why are we having to do this?" And I've spoken about the passports being a police state ritual; I might go back to that tomorrow, I haven't decided. But understand that the masks are a visual sign of your obedience to the state. Putting on a mask before you go into a store or a restaurant has become a new police state ritual.**

**Back to, "the government knew the masks didn't work." I wear a cloth mask that some lady was just selling online, that there's no way it's sealed against my face. And there was no specific requirement. If this was real, then we would have had to wear real masks. People actually would have been wearing respirators and the whole like. So, I'm hoping we can**

**accept that you're not really being honest with yourself if you truly believe that this worked.**

**But let's say the government knew this didn't work.**

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**What happened subconsciously to a person who— Before, we were free. So before the mask mandate, you could do anything. You could go to the grocery store. You could go to kid's hockey game. You could do anything. Essential service, non-essential. You didn't have to put on a mask, you're absolutely free. Nobody was going to kick you out of the store. Police weren't going to come and wrestle you to the ground. You weren't going to be treated with unkindness. But as soon as there's this mask requirement now you actually have to go through the ritual of putting the mask on. And if you believe it doesn't work and is a farce, understand this is now just a total ritual of submission. And subconsciously the message is that, "You have to go through this action."**

You used to be free to go to the grocery store but now you're not free to go to the grocery store. You are granted the privilege "if" you do what the police state is asking you to do and put on a mask. We need to start understanding that there's a real programming-in-our-mind problem. There's a real subconscious thing that occurs when we participate in things like masking. Let's say we were in a situation where we truly were in a scary, dangerous pandemic and masks could be helpful. There's still a cost. There's still a cost to the government saying, "You must wear them," instead of saying, "Here's the danger, you choose." Right? Because a lot of people—if we were being fed truthful information, we would choose to do things. Most of us probably would. Not all. The government makes it mandatory to force compliance. We're told. But understand, it also conditions us to be sheep. Because it tells us we're not free to do something we were free to do before unless we go through this ritual. So there's more going on here.

I've already said those that were attacking Marjaleena Repo are themselves victims. It means that they have accepted the conditioning, they've accepted the fear. And they're actually enforcing the ritual. So many people would not have worn masks but for it was the social pressure. It was the businesses, it was the citizens, it really wasn't the police. So we embraced this unaware.

I think that the second commandment is our only way back as a nation. And for those of you who don't know what the second commandment is, it's just when Jesus said that we are to treat every other person like ourselves. So basically, we're supposed to treat people the way we want to be treated. That's the second commandment.

**I don't want to live in East Germany when it was under communist rule and their secret police, the Stasi, had every neighbour and family member snitching on everyone else. And I don't want to live in the Canada of 2020. I don't want to live in the Canada of 2021. And I don't want to live in the Canada of 2022. I don't want to ever live there again: Where we have governments telling Canadians to be good ambassadors. Where we have Canadians basically enforcing police state rituals. Where we have Canadians not treating others like they themselves would want to be treated. And I think our moral compass, our basically societal norms of right and wrong have been broken.**

I was very interested when Dr. Francis Christian was on the stand yesterday, and he was talking about post-modernism. Where something might be true to you, but now we're in this milieu where, "Yeah, well, that's your truth, but I have my own truth." So there's really

no anchor of truth. There's no moral standard. And that has been deliberately imposed upon us through the education system, through the media. It's been deliberate. And it's been imposed on us to separate us, and to divide us, and to conquer us.

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Because we have a civilization that was based on Christian principles, and you can't deny it. For those of you who are lawyers, one of our great jurists was Lord Denning. And he had great influence in our civil law, and our civil law dictates our responsibilities to each other. "Hey, you can't trespass on my property," for example. There was this one famous case where he just asked the question, "Who then is my neighbour?" Because we were entering an industrial age and we could now be affected by things more broadly than when we were just in an agrarian society. And he asked, "Who then is my neighbour?" That was the touchstone. The second commandment was the touchstone for determining what our civil obligations to each other are. So we had a society, and we still have a legal system, based on the second commandment, that we are to treat others as we would like to be treated ourselves. But that is being undermined, and this culture is being undermined.

I think our only way back is to understand that there are moral truths. And that the second commandment is a moral truth. It is true. You can't say it's not your truth. I'm telling you: "It is true that you are to treat others like you would like to be treated." And that needs to become the bedrock of the new Canada. If we all believe that we have to treat others like we want to be treated then there will be no bullying of old women online. And there won't be unkindness in cancer clinics. And there won't be this viciousness and this dehumanization of others. And so we have to get back to our anchor, our moral compass.

So that's how I wanted to open today. It's important because, what we're seeing here is, we're seeing witness after witness after witness affected. Experts concerned about how we basically haven't followed the law and how all our institutions have changed. And lay witness after lay witness basically testifying about the effects of this. And the problem is that we have gone into this postmodernism, this moral relevance. And we no longer hold it as a core value that we need to treat others like we'd want to treat ourselves. And if we did hold onto that, we would treat each other with kindness and respect. And none of this could happen. I think that we need to understand and start thinking at a philosophical level.

[00:33:08]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 1: James Kitchen**

**Full Day 2 Timestamp: 01:37:38–02:55:50**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Shawn Buckley**

Our first witness will probably help us with that. David, do we have James Kitchen yet? So, James, can you hear me?

**James Kitchen**

I can.

**Shawn Buckley**

Okay, so first of all I'll ask if you would state your full name for the record, spelling your first and last name.

**James Kitchen**

Sure. James Kitchen. That's J-A-M-E-S. Kitchen is K-I-T-C-H-E-N.

**Shawn Buckley**

And James, do you promise to tell the truth, the whole truth, and nothing but the truth today?

**James Kitchen**

I certainly do.

**Shawn Buckley**

Now, for those of you who don't know you, you are a lawyer. You practice in the area of Charter rights, you practice administrative law, you practice criminal law, and you've been involved in many constitutional challenges at the Justice Center concerning COVID issues.

**James Kitchen**

That's right.

**Shawn Buckley**

You're here to speak to us about a number of things, and I'm just going to let you launch in.

**James Kitchen**

That's great, thank you.

**Hello everyone. I appreciate this opportunity to do this. I hope that I'll have a lot of** information that's maybe not quite been heard the way I'm going to say it—from a person who's in my situation, because most lawyers are quite scared to speak as candidly as I have and as you've just heard.

What I want to cover today briefly is my analysis on why the courts failed to uphold and protect your rights. Not so much how—we know that, I think—but why. And then I also want to talk briefly about what I call the regulatory capture of the health professional regulatory boards, but really all professional regulatory boards.

So let's launch in. Why did the courts do what they did?

First you need to understand at a basic level that our system is set up intentionally to divide power, not to have it coalesced around one person or one small body. Inevitably, we know from history, as soon as you do that you get tyranny. You no longer have freedom, you don't have respect for individual rights, you don't have the rule of law. You have arbitrary despotism.

We have generally the legislative, executive, and the judicial. The courts, our judiciary, are the third branch of government; that's by design. These three powers are separated.

Usually, the executive is limited by what the legislative will allow them to do. Of course, if they step out of bounds, the people can say, "This is wrong, this is not lawful. Courts, please tell them it's not lawful and protect our rights." For a long time, that functioned pretty well in Canada compared to the rest of the world historically.

But what you had in March 2020 is of course: the legislative and the judicial shut down. So you have all the power that are normally spread across these three coalesced into one: the executive. So you have all these cabinet orders, and of course they delegate a lot of their authority to the health ministers and the regional health authority leaders like Deena **Hinshaw, et cetera, all across the country.**

**Now you have health ministers and the small groups of people in their office and the Deena Hinshaws of the country running around basically ruling as petty tyrants. And you don't really have any accountability and oversight. So whether these people had good intentions to begin with or not—of course that may be doubted—naturally, power corrupts. So what happens is you have these people going around and they're just tyrannizing everybody who doesn't agree with them.**

Okay, so the judicial branch is supposed to do something about that.

Well, first of all, they shut down for the first two or three months. I don't know how many people remember that but that was immediately concerning for me and, as cynical as I tend to be, really quite shocking. They literally shut down, were no longer ruling on cases. But when they fired back up around June of 2020, it quickly became obvious that they did not see their role as holding government accountable and upholding rights. They saw their role as enabling government to continue to act in this arbitrary, repressive way because: "for the greater good," "we're all in this together," et cetera, et cetera.

So why?

Well, the first thing I want to try to explain to you to help regular Canadians understand—I've been doing this for years all through COVID and even before: you have to understand who judges are and how they get to their position. They're just regular people, insofar as lawyers are regular people, if you can believe that. We tend to be mostly regular people. Judges are just promoted lawyers. They're regular people who care about their professional reputations, their social reputations, and their physical safety.

What I observed— At least for me in the cases that I had in front of the judges that I was in front of,

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and also, my colleagues and what they told me about the judges that they were in front of, I saw these very human realities really coming through. I saw judges who were scared, who were afraid. For their personal safety. And, I perceived at least, for their reputation, professionally and socially as well. There's obviously some speculation on my part there, but that I think played a role.

But specifically, the personal fear, the personal safety issues, perhaps surprised me a little bit because I would have thought and hoped that, as a judge in this country, you would recognize that there might be some sacrifice and some risk. There might actually be some difficult things you have to do to uphold this duty that you have. You're not merely enjoying a job that you can't be fired from, and that you're going to earn north of \$300,000 at every year no matter what. You do actually have a duty to serve the country. And that may actually involve occasionally some risk and some sacrifice on your part to do that.

It really seems like judges in our country do not have that perspective. They do not see themselves in that role. I think that played in, because I saw judges really quite concerned about their own personal safety. Just the fear and the way that they looked at me, and the comments that they made, and the comments they made to my colleagues in court. And just the way they wore their masks and the way they got really upset if anybody in the courtroom didn't.

If anybody even knows about me, I've of course never worn a mask and never will. I decided in July 2020 I'd rather give up my law licence than wear a mask. I deliberated about that decision. That took a lot of consideration. My wife and I sat down and thought about that beforehand, so I wouldn't just succumb later on.

And I was challenged every time I went into court, which wasn't very often. Physically, I got challenged. I was publicly challenged at the Coates trial. I was challenged at a trial for some pastors in Edmonton that were charged \$80,000 for not letting a health inspector in. "Why aren't you wearing a mask?" I'm sure you've heard this over and over again: It was almost as if the judges didn't know about the law, or weren't aware of the human rights

protections, or couldn't fathom that somebody's not wearing a mask because of their religious beliefs, which is my reason.

There seemed to be a real, real reluctance, a real hesitancy to respect that. I don't think it was just rooted in the normal typical political reasons for not liking it, but actual personal fear. Of course, that raises the question: Why are the judges so afraid personally? Well, obviously, a lot of them are older. You can understand that. No matter what you believe about this, they are the more at-risk population. So there is that factor. We have to keep that in mind.

I think it also goes to show that judges are generally consumers of mainstream information, which is part of the reason why they seem to be so impervious to inconvenient or minority facts and information and opinions and perspectives. Because they have been inoculated by mainstream information, because these are the worlds they live in. Do judges get up and read the *Western Standard* in the morning? No. Unfortunately, I'd be very surprised if any of them did. They probably get up and read CBC, and that's just part of the problem.

That goes into my second point about who the courts are and why they did what they did. You have to understand: There's a lack of a conversation in this nation, I think, about this issue. You have to understand that judges are appointed. Why are they appointed and who are they appointed by? Well, they're appointed by politicians, and it's a political process. Do judges have to meet a test for merit? Well, of course they do. And certainly, from my perspective, most judges I get in front of—they're pretty competent. They might have prejudices and biases and political views and ideologies, but they're pretty competent. I don't usually encounter incompetent judges.

So it's not that people are being appointed to the bench merely because of their political views. But there are lots of meritorious lawyers you can pick from to go on the bench, to go on the courts. Who are you going to pick as a politician? Well inevitably, whether you mean to or not, you're going to lean towards the judges who you know or you suspect share your political views and ideologies. I don't just mean donating to the political party. Obviously, we've heard about the judges that have donated tens of thousands of dollars to the Liberal party. That's a very partisan allegiance. I'm talking about a deeper, more philosophical ideological allegiance.

If you're a lawyer who has supported the People's Party or maybe the Conservative Party or whatever—

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pick your alternative freedom, right-leaning party—you support that party probably because you hold conservative views about individual liberty, limited government, that market forces are good, socialism and Marxism are bad. These are your underlying political views.

You don't need to talk to me very long to understand that I'm a libertarian and that I think government is bad and individual rights are good and that human flourishing only happens in a context of maximum human individual rights and freedoms. So if you put me on the bench, do you think I'm going to walk around and throw around section 1 justifying what the government's going to do? Obviously not. You don't need to be a brain surgeon to figure that out. Is Trudeau ever going to appoint me to the bench? Well, of course not. Maxime Bernier might consider me, but Trudeau's not. Right? Of course not. It's not so much about

whether or not I'm a partisan Conservative and I'm at Poilievre's rallies. It's about the ideology.

You have to understand that most lawyers in this country—for a couple of decades now, and I'm a younger one but from what I've seen from older people—it's been now 10, 15, 20, 25 years that the legal profession as a whole in Canada has shifted to the left. People who view the world the way I do and the way Mr. Buckley does and the way some of the other lawyers you've heard from do, we're in a very small minority.

That plays out in a number of different ways. But one of them is that we are the pool of people that judges are chosen from. If a lot of judges, generally, are more left-wing than the general population of the country that they're representing then they're going to rule in a way that the rest of the country sometimes finds confusing. That's what we get.

Obviously, we've had conservative governments. But even they are limited in who they can choose to put on the bench, because most lawyers tend to lean left. And by "left," I just mean that they tend to take a lower view of individual rights and freedoms. They take a higher view of government intervention. They take a lower view of market forces. They generally don't believe that people are really good at governing themselves. They generally believe that government intervention is required, it's good, that government is benevolent. They believe in the rights of the collective and that individual rights are just sort of a nuisance that we tolerate when we can.

That's just their worldview. That's their ideology. So of course, they're going to impose that. They're invited to through section 1 of the Charter. Section 1 of the Charter takes rights away from the people, gives them to the judiciary, and says: "You can remake the country in your image and we trust you to do a good job of it."

This was the Charter's self-destruct button and it only took 40 years for it to be pushed. This is part of the reason why you have constitutions that don't have those self-destruct buttons that are still sort of hanging on for dear life, as in our southern neighbours, who for a quarter-millennia have had a pretty decently free society, historically speaking. Whereas, after 40 years, our major constitutional instrument for defending rights and freedoms has already been essentially destroyed. "Freedom of expression," 2(b) is maybe the last part of the Charter that has any meaning beyond words on a page. And that's because of the fact that we've given all this authority to mould the Charter over to these promoted lawyers.

So you have to understand the role of ideology in judges and the fact that a lot of them subscribe to a general left-wing ideology. It's been going that way for many decades now. If you were to go back to the '50s, '60s, '70s, '80s, you could find rulings from justices like Iacobucci and Major and go back to *Boucher v. the King*, which is a famous pre-Charter case, **and you can see all these wonderful ideas about individualism and freedom and the rule of law and rights and limited government.**

**But that has died out and been replaced by the new decisions that we've had from the new Supreme Court justices and appellate court justices that have used section 1 to strike down our rights. And that's what happened over the course of COVID. And we know that. We know it was section 1. But why?**

**The last reason I'm going to point you to as to maybe why this happened: Knowing that judges are just regular people, they tend to have left-wing views and they are politically appointed partly because of their political views, what I saw is the role of chief justices.**

**Now we're getting into the inner workings of how the court works. What is the role of the Chief Justice? Well, oftentimes it can be their role—if they decide to exercise it a lot—to appoint which judges are going to sit on cases.**

**And this is typically a good thing, right? You need some sort of guidance in this at times. Ideally, you're going to have judges with appropriate experience sitting on cases that are complex and involve that kind of experience.**

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**What I saw is that the chief justices tended to directly intervene a lot, and in two ways.**

One, they tended to take a lot of the COVID cases themselves. I saw this in BC with Justice Hinkson. I saw this in Manitoba with the primary Justice Center-led COVID-challenging case over there. I saw it when I was involved in the injunction about the international bridge between Windsor and Detroit. That was heard before the Chief Justice of the Ontario Superior Court. It was surprising to me the amount that chief justices involved themselves in these cases, took them themselves "I'm going to take this case." And of course, you look at all those chief justices' decisions and they're all pro-government. They're all against the people. They're all against the rights. They're all upholding the COVID narrative and the government's efforts to supposedly stop COVID. Universally.

But what I also saw almost across the board: the judges I saw that were sitting on COVID cases were recently-appointed Trudeau appointees. There's a couple of problems there. And it's not so much that they're Trudeau appointees per se, it's that there was a really strong trend. It's not like all the judges on our bench are recent Trudeau appointees. Obviously, there are lots of judges that were appointed by the Harper government. And we can go back into the Liberal governments from before that way back into the '90s and '80s, because some of our judges have been there for 20, 30 years. They were appointed when they were in their forties or fifties and they're still there, which is not necessarily a bad thing.

But that's just it. In my experience, between my cases and all the cases that I saw my colleagues do, we weren't getting the 70-year-old guys—well, men and women—that have been on the bench for 25 years and have sat on a whole bunch of Charter cases, and have kind of had mixed rulings, and were appointed before Trudeau's time. But those judges exist. We never encountered them. We never saw them. And it's hard to believe that that's mere coincidence or just merely numbers. It's hard to believe that a judge with the kind of experience to handle— That a really complex Charter case on COVID is actually being heard by a judge who's been on the bench for less than two years and has never heard that kind of case.

**That's concerning. Why is that? Why is that judge being selected, presumably by the chief justice to sit on this case? It's definitely not the best-qualified judge to hear this case. These cases are obviously hugely important. Why are we constantly encountering the same type of judge over and over? How come we're never getting before a judge who might actually rule in our favour because he actually does hold different underlying ideological views about the rules of government and how far section 1 should be used or abused?**

**And that, I think, contributes to the "why."**

**Why do we see so, so few decisions from our courts that in any way challenge the narrative or uphold the rule of law or the rights of individuals when it comes to the vaccine**

mandates, when it comes to masks, when it comes to the general COVID restrictions, when it comes to all the tickets that people have gotten under these unconstitutional laws? And all these challenges based on section 2, which is free speech, freedom of religion; section 7, the right to life, liberty, security of the person; section 8, privacy.

**Why are all these failing? I think part of it is because the judges who might actually take a different view of the law were either passively or directly prevented from sitting on any of these cases. There are a few judges left in the country I've read decisions from and I've thought to myself, "I'd like to see what he or she would have had to say about this if they had been the judge at first instance."**

**It's difficult because we don't talk about this. Lawyers are terrified to talk about this. I'll give you an example—and this, I'm going to talk about in my second part.**

I criticized the courts in Alberta. They had a vaccine mandate for the courthouse. Lawyers and members of the public could not access certain parts of the courthouse if they were unvaccinated. People who were vaccinated had to demonstrate proof to access those areas, which is a problem as well: not just prohibiting the people who can't. This is injustice. It's tyranny. It's oppression. It's completely unbecoming of the court, who is supposed to think independently for itself.

I mean, if our courts are not thinking independently for themselves, if they're simply parroting what the government is saying, we obviously have a problem. They're obviously not functioning as the independent third branch of government. They're not doing their job.

So I criticized the courts publicly. I did it in an academic way.

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I did it strongly, of course. As anybody who knows the way I speak, I speak strongly. But I was not vulgar, I was not demeaning, I was not insulting, I did not swear. I was academic—strong but academic—about my criticism.

Sure enough, a lawyer who works at a bank in Ontario complained to the Law Society of Alberta, saying I was being uncivil and not upholding the respect for the administration of justice in the country.

Well, the Law Society, instead of doing its job to dismiss that complaint, decided to investigate the complaint and demand that I defend it and give a response to it, and that I had to meet with somebody, et cetera. This went on for over a year and I had to go through this process. It took me several hours of my time. And now, ultimately, that complaint has **been dismissed, which I find interesting. I actually am surprised; I didn't expect it to be. I can only speculate as to why, but I suspect that if I was a complete nobody, a complete no-name lawyer, it might have gone differently.**

**So you can see from that example right there why this conversation is not happening. Because who's going to start it? It's going to have to be the lawyers. Are they really going to take that risk? I had to talk to my wife before I posted that. "Wife, I do this, the Law Society may take my licence. We're not going to be eating as well." Wife said, "That's okay. Go ahead. Your integrity matters more."**

**There are not a lot of people in that position—who are willing and able to make that sacrifice. Here's the problem: You shouldn't have to. You should be able to have this**

conversation and criticize the courts and criticize these things without putting your licence on the line. I'm putting my licence on the line today to be here to speak with you. I know that. And I'm prepared to do that. But I shouldn't have to. And the reason that I am is the reason why this conversation isn't happening as much. And it's part of the reason how we got here in the first place. If we'd had this candid conversation for the last 20 years about who our judges are and what they believe and why they're ruling this way, we might not have been so ready to fall the way we did over the last three years.

And again, I point you to our neighbours to the south. When they are talking about who they're going to put on the bench, they have an open, rancorous conversation or debate—whatever you want to call it—about who that person is and why they're being appointed and whether or not they're good to be appointed there. Because they know: Americans, at least, more so than Canadians, understand that a lot of their rights and freedoms depend on the philosophical and political views of those nine promoted lawyers who sit in Washington. That's why they want Kavanaugh and not a judge who can't even tell you the definition of a woman. Because they know that one is going to do a whole lot better at upholding their rights and freedoms in the long run—the rights and freedoms of themselves and their children—than the judge who can't even define for you what a woman is.

We lack that conversation in Canada, which is part of the reason why we have got into this mess. I spent a lot of time on that. I'm going to spend a little bit less time on my next point because I want to leave a little bit of time for questions.

So, the courts are part of the reason all this tyranny and this abandonment of the rule of law happened. One of the other reasons—not the only, but one of them—is what I call the regulatory capture of professional regulatory colleges. The Law Society would fall into that category.

Now, just briefly, the whole idea of— You probably have not given any thought to these bodies prior to COVID. “Why do I care what the College of Pharmacy is or what it does?” “Why do I care what the College of Physicians and Surgeons is or what it does?” Well, you should care because it has a direct role in your life, and you've probably painfully experienced that over the last three years.

The idea of these colleges is that we want— At least as Canadians, we like all this over-regulation, so we want the professionals to be regulated to protect the public interest so they don't hurt us. Meanwhile ignoring that the market would probably do a better job of that, but that's a debate for another day. We say, “Okay, well, if we have direct government control, that might be bad. That might be too much power and control for governments. They might wield that power over professionals and then control them and then they can use that to control society more.” It's probably not a good idea to have direct government control of professionals, especially health professionals. And that's part of the reason why the bill in BC is such a bad idea.

So the idea is self-government. We delegate the power to regulate and control professionals to protect the public interest to the professionals themselves. And they will have legislative authority and they will have a body to do that and the professionals can elect people to these bodies to do that, so there will be some democracy behind it all.

And the idea is for independence from the government, right? Again, division of power, separation. We don't want to coalesce all the power over everything into one body, we'd get tyranny.

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**These colleges are supposed to stand up to government when government goes too far, and say: “No, we have clients and patients to protect. You’re going too far. You shouldn’t be doing this. We’re the experts in this area, you’re not. And let us tell you, this is a bad idea.” Again, it could be law, it could be the pharmacist, it could be the physicians, it could be the accountants, whatever it is. They’re supposed to actually resist government or criticize government or engage in a dialogue with government to protect the people that they serve. Their job is to protect the public interest.**

**Of course, what that means has been lost in all of this. The colleges have interpreted this to mean “protect our agenda and protect the government.” But it was supposed to be “protect the people.” Right? Professionals are supposed to serve as a bulwark, to stand between the people that they serve and the government.**

Instead, what happened is they did the opposite. And that enabled the government to continue to do what it did. It enabled the media to sway the masses to the government’s perspective, because the people weren’t hearing from the experts who were dissenting. Because there were plenty who were dissenting. There were plenty more who would have dissented but they were scared of censorship and discipline by the regulatory colleges.

So they didn’t speak up. And then the few who did speak up were in fact disciplined. And I’m sure you’ve heard some of these. I’ll just give you some examples that I went through:

Some of you may be aware of the mask case I have in Alberta, with the chiropractor there versus the College of Chiropractors of Alberta. He went through a lot. They tried to take his licence on an emergency basis, saying he was a harm to patients. They failed because I intervened. And then he went on this two-year long proceeding.

I called four expert witnesses about how masks don’t work and they’re harmful and they’re dangerous. And this body called the Discipline Tribunal—they have two public members and two chiropractors so that’s an interesting thing right there, the fact that it’s made-up half with members of the public, which can be a problem because it’s hard to grasp all the issues for public members. Unfortunately, a lot of the public members that get into those positions are the types that like to police and control the professionals and tend to have a view that the professionals that are there must be bad, must be doing something bad to the public.

Sure enough, the Tribunal ignored all the evidence, ignored my experts, gave a huge wrong decision about how everything the College did was good. And none of the evidence that **Dr. Wall brought in—from Dr. Byron Bridle, for example, or Chris Schaefer, the occupational health and safety expert in Alberta—none of this evidence was any good or reliable. These people are wrong. Interesting, though, they didn’t even cite to the record to support their decision in the end. And they decided against him. And he now faces discipline, and all these other things that I’m going to be going through with him.**

**That’s just one example of how this works. Were there lots of chiropractors in Alberta who didn’t want to wear a mask or who in fact didn’t just didn’t get caught? Sure there was, but they didn’t want to go through what Dr. Wall went through. So they complied. They submitted. They bowed down. They covered their face, because they were scared of one of their patients snitching on them to the College. Because the College now has just become this bulldog for AHS, Alberta Health Services, instead of independently standing up for its**

members and saying, "Masks don't work, they're harmful, we know that, we're not going to comply with this."

If you're a chiropractic patient you know that most chiropractic patients are the types of people that would have been upset about this whole thing—wouldn't have worn a mask, would have seen through the narrative, and would have wanted their chiropractors to stand up for them. They would have wanted the Chiropractic College to stand up for them. It didn't.

I had some other cases of course, with physicians. The CPSA [College of Physicians & Surgeons of Alberta] went after a doctor because she was prescribing ivermectin. She literally saved three people's lives just in the weeks leading up to this new prohibition— with ivermectin. Because we all know it works. So, what's the College of Physicians and Surgeons of Alberta doing getting in there, aligning themselves with the likes of all these pharmaceutical companies who contributed to the loss of millions of lives over the last three years? Why are they coming in and implicitly supporting that position by professionally disciplining a doctor who's prescribing ivermectin?

Maybe they disagree with the doctor. But should not the doctor have some clinical licence and some discretion to prescribe things? Most of you would say, "Yes, of course." But no, the College comes in and says, "We're going to discipline you if you don't stop prescribing ivermectin."

[00:30:00]

I had to defend on that.

I had another doctor who could not take the shot because of her religious beliefs. Sure, AHS went after her and didn't want to employ her anymore. That's one thing—that's an employment issue. Then the College went after her and made it a matter of professional discipline that she didn't take the shot. Even though her reason for not taking the shot is a protected ground in human rights legislation, and the human rights legislation is supposed to be above all other legislation, as our courts have been saying for the last 20 or 30 years. I had to defend her.

I had to defend multiple nurses in BC and Alberta who, because they said online somewhere, "Masks don't work and you shouldn't wear them and please don't take the shot, it's dangerous," these Colleges wanted to take these nurses' licences. And I had to defend them.

And I'm sure you're aware of all the medical doctors across the country. There's a whole bunch in British Columbia, Alberta, and Ontario that have either lost their licences or are facing that because they stood up to the narrative, because they actually challenged it. They actually did their job as professionals to give you the truth and defend you.

Yet what has happened? The regulatory colleges, who are supposed to lay off that and actually let professionals have their professional and clinical judgments, went after them and censored them and scared them by threatening to take away their licences, and then actually taking away their licences. Which means now they don't have a livelihood, which means: How can they continue to do what they do?

Same thing here. How can I continue to serve you and serve the nation and the work that I do if my licence is taken? I'm not allowed to do it anymore first of all; so now you've lost me

from doing that. And you're probably not going to be able to hear much from me anymore because I'm going to have to go off and find a job to feed my family and I'm not going to have time to do this.

**This is how it works in a practical way: If the government can control the professions, if the professionals are no longer independent, you've removed one of the few major bulwarks against tyranny. Right? The courts are one. Professionals and their regulatory bodies are one. And there are few others. And if you systematically remove all these, tyranny is the result. The abandonment of the rule of law is the result. And that's what we've got for the last three years.**

**I wasn't surprised, but I really wish these bodies had functioned the way they're supposed to, because, had they done that, it would have looked a lot different. And I encourage all of you to care a whole lot more about how these regulatory colleges work. They have public members on them that get appointed by government and they have professionals that are elected by the professionals to them. Increasingly now, what governments want to do is decrease the amounts of professionals that are elected by themselves into it and increase the number of public members appointed by the government.**

That sounds good in theory, because "public members, public representation." Yeah, okay. But who's being appointed? Again, it's like the judge scenario: The people being appointed by the government are those personally and politically connected to the government, which means: they get in there, they're going to do what the government wants.

So it's not necessarily good to have more public representation on these professional bodies. What you actually want is almost entirely professional representation because at least then there's more hope that those professionals are actually—because there are some other professionals that support them and elected them—going to do their job to hold government accountable and stand up to them.

Before I finish, I'll just give you one example of that. That's what's going on now with the Law Society in Ontario. You may or may not have heard: Years ago, before COVID, we had this whole thing over there with the critical race theory ideology. Lawyers had to sign up to some Marxist ideology in order to continue to practice law and to do things in their firms and all this stuff. They had to sign this "statement of principles," and these "principles" were basically Marxist principles about race.

What happened is, this lawyer said, "No, we're not doing this." And my friend Lisa Bilty got together with a bunch of lawyers and they ran—I think it was 2018 or '19, around there. A bunch of them got elected to the Law Society as benchers and they were able to put a stop to some of that.

**Now we're having another election again for the benchers in Ontario. And that's the main issue. Is the Law Society going to continue to be this woke arm of enforcement for government ideology or is it going to actually do its job to simply regulate lawyers in a limited way? That election is going to matter for the rights of Ontarians, let me tell you. Because the direct result of that is that lawyers like me, who actually defend the rights of the minorities who oppose the government tyranny, are on the chopping block if these bodies get too much power.**

**The Law Society of Alberta is having an election later this year. And the public should actually care and get involved and be aware of who is running. What may happen if we get a Law Society of Alberta that's completely woke,**

[00:35:00]

and completely censorious, and has gone way beyond its mandate and simply politically punishes all the people who criticize it or oppose it like I do? People's rights are going to suffer. And the public needs to start caring about this stuff and paying attention so we can somehow try to prevent COVID from happening again.

So that's everything I had to say in my initial presentation. That leaves a few minutes for questions, I hope. And I'm ready to answer those.

**Shawn Buckley**

James, before I turn you over to the commissioners, you've spoken about section 1. And I think you referred to it as the self-destruct button for the Charter. I'm wondering if you can also speak about the doctrine of mootness and how that has been used to affect COVID cases.

**James Kitchen**

Sure. The idea behind mootness is that the courts will say: "We don't want to waste our time on academic debates. There has to be a real practical issue. We don't want to just rule to make the law better. That's a waste of our resources." The problem with mootness is that judges have been overusing and abusing this to help government, and government knows this.

Everybody knows that the law moves pretty slow. If government puts in law A, it's going to take the lawyers two months at least to get together and mount a challenge to it and file it. At least—maybe more like four months. Then they've got to get to a hearing, which takes more months. So maybe within eight months we've filed our challenge and we're getting a hearing.

Well maybe six months after the law was in place, the government just yanks it out and says, "We're not doing that any more." Which, I guess is good, but the damage is done. What are you supposed to do about that? You've lost your job. You couldn't get your passport. You've been dragged out of Walmart. You were denied medical procedures. And now it's too late. The damage is done.

So, what happens now? The government says, "Well, it's moot now. The law's not in place anymore. It's a waste of time to go back and evaluate whether it's good or not—because what's the result? The law's not there; you can't strike it down even if you find that it's unconstitutional."

**And the courts say "That's a really good point. You guys are fine. We're not going to rule on that. It's moot. It's academic. There's no practical value to the country if we actually rule on whether or not that law is unlawful."**

I've seen that used over and over and over and over and over again through Justice Centre cases, through some private cases. I've had it come up a little bit in my cases, but I've seen it a lot in my colleagues' cases. It's a misuse or abuse of the law in my opinion. Of course, courts would disagree. They would say, "This is exactly what the law should be." What I would say is it shouldn't be, because the reality is you're giving government a free pass. They know darn well now that you can put a law in place and keep it in just long enough until finally there's a hearing on the challenge that the lawyers were able to get together.

**And now they will yank it. But the damage has been done. And the government can keep putting in unconstitutional laws, yank them, then just put it another one.**

**This is part of this is a problem. It's not hard to figure out. You put in a law. You yank it before the hearing, then the judge says it's moot, and you just put it back in again. And then what? The same thing. The lawyers have to get together and get a hearing. The courts are enabling this. And I'd like to think that they know better because I don't think they're that stupid. This is yet another way that government is getting a free pass being able to do whatever it wants, which is not the rule of law. That is arbitrary rule. That is tyranny.**

**The whole idea of the Canadian justice system is to have the rule of law, have government actually follow the law, and have the courts hold them accountable. Well, that's not going to happen if every time the government passes a law, then yanks it just before a hearing, they are able to get away with it because the courts say it's moot. That's been a big problem all through COVID. It was a problem before, but it's been a big problem all through COVID.**

**Shawn Buckley**

Thank you, James, and I will turn you over to the commissioners for questions.

**Commissioner DiGregorio**

Thank you so much for your testimony today. I have a few questions.

You spoke a little bit earlier in your presentation about the process of appointing judges and how there is a political element to it. I'm just wondering if you have any views or recommendations on how Canada could improve upon that process.

**James Kitchen**

One: You could actually have some judges elected. That's pretty radical but that does happen in some of the lower court levels in the U.S. They have a mixed system where most are appointed, but some are elected. I don't think that's a bad idea to introduce some of that.

Our country is very fractured. Albertans think very differently than the people who live in the GTA, generally, or in Ottawa.

[00:40:00]

I think a lot of Albertans or Saskatchewanians or Manitobans or British Columbians don't realize that the judges at the superior level—not at the provincial level, but the main level of court with inherent jurisdiction, I think it's called the King's Bench in Saskatchewan; it's called the King's Bench in Alberta—these judges rule on provincial cases all the time. But they are federally appointed. Every King's Bench judge in Saskatchewan is appointed by Trudeau in Ottawa, not appointed by the Premier of Saskatchewan. Provincial courts level are—so that's good—but not that level. It's the same with the Court of Appeal. Who promotes those judges to the Court of Appeal? Trudeau.

In Alberta, we had a judge come in brand new. She ruled in some COVID cases, ruled in favour of the government, and then she was promoted to the Court of Appeal. You can guess why. And Trudeau was the one who did that appointment.

**So the judges who sit in the most important levels of court in each province are federally appointed. Maybe that should be changed. I suggest it should be. It should actually be the provincial government that appoints those judges who are in those courts in the province, who have jurisdiction over the province. And that way, at least hopefully, you have judges that reflect better the views and values of the people in those provinces, which helps protect those provinces from the tyranny of the federal government in Ottawa. So that's one recommendation.**

**My third recommendation is—obviously I don't have high hopes of this happening—but it would be nice to open up the conversation both at the cultural and at the political level, of: "let's talk about how judges are appointed and why they are appointed, and let's start being honest with ourselves."**

Yes, there's a merit-based test and everybody we're talking about in Parliament about whom we're going to select has passed that merit-based test. What's the remaining selection criteria? Look, it's the judge's political views. It's: "We like this judge because we think they're going to bring the country in a better direction." Liberals think the country goes in a better direction when the government has more control. Conservatives think the country goes in a better direction when the individuals have more rights and freedoms.

Let's actually be honest and have that conversation and admit that. They do a little bit in the States. Obviously, there's still this charade that the judges just rule about law and they don't impart their political views on the cases, when we know that's all hogwash. In fact, it's a good thing it is because we want judges who say, "This is the Constitution, these are the rights, I'm going to uphold them, I'm not scared of the government." At least, if you're a guy like me, you want that. Let's be honest about it at the political level and have that conversation. I'd like to see that happen.

Right now, it's really oblique and it's really vague, what's really happening, and nobody's having an honest conversation about who's actually being appointed and why. I think we should just have that and be honest with ourselves and say, "If the judges are going to be appointed, not elected then let's talk about why." It's a merit-based test, but it clearly can't be only a merit-based test. Let's be honest, and let's have that part of our conversation when we decide if we're going to elect Trudeau or we're going to elect Poilievre.

We know Poilievre is going to put freedom-minded judges on the bench. We know Trudeau is going to put socialist judges on the bench. And maybe you want socialist judges. So you can vote for Trudeau, and that's part of your reasoning. Maybe you don't, so that's part of your reasoning. There were millions of Americans that held their noses and voted for Trump because they wanted Kavanaugh and Gorsuch on their bench to protect the rights of their children. We don't have that conversation in Canada at the political level or the **cultural level, and I would like to see that change so we can be honest with ourselves.**

**Commissioner DiGregorio**

**So is one of the ways that that could be done through hearings for judicial appointments prior to judicial appointments?**

**James Kitchen**

**Yeah. They should be much more public than they are right now. Members of the public should be able to come in and in some limited way, even be able to ask questions, I think.**

**I think you can look at the American system of how they do it. Ask: How can we do this and maybe do it even better to have this be as transparent a process as possible?**

**Maybe not at the King's Bench level per se, but especially at the appellate level and at the Supreme Court of Canada level. These are the judges who are remaking the country in their own image and deciding how you and your children are going to live. So the public should have some input and there should be some grilling from the public about who these people are.**

**Why should judges from the King's Bench be appointed by Trudeau to the Court of Appeal without the public having any say in it and being told? "Hey, notice to the public: we're going to have a public hearing on whether John Smith is going to be promoted to the Court of Appeal. Come have your input. Come have your say." That should happen.**

### **Commissioner DiGregorio**

Thank you. My next question has to do with your discussion about the chief justices of the court and the discretion that they have to appoint particular judges to cases. And I'm just wondering if you have any thoughts or recommendations on how any perceived problems with that process could be addressed.

[00:45:00]

Whether there's something that could be done in the court rules themselves that talk about how cases are assigned, or if you have any thoughts whatsoever on that.

### **James Kitchen**

That's really tough because the court does need to be independent in order to do its job. So, you don't want too much interference with that. At the end of the day, you do somewhat just have to rely on these judges really caring, actually perceiving what's good for the nation and caring about that enough to let things unfold. Or, maybe to say: "Look, I'm going to make sure that there's a balance of my lefty colleague here and my righty colleague here, and I'm going to give one case to him and one case to her and let them shake it out and then I'll let the Court of Appeal deal with it."

That's how it should happen. And it's difficult to say we can fix that by having more oversight or control, because that right there is going to challenge the independence of the courts, and we don't want that. We want the courts to be independent. The trouble was the lack of ideological independence over the last two or three years.

**I think the way you really fix that is you start to have a more transparent process about who is being appointed to the bench. And hopefully, through that, you get a more balanced representation of the people of the country on the bench. We always talk about diversity of judges representing the country, but we only talk about it in this woke, superficial way of skin color and what genitals you have. That's ridiculous. Is that going to reflect the visual diversity of the country? Sure. Is it going to reflect the political or philosophical diversity of the country? No, it's not likely to.**

**The way you fix that ultimate downstream problem of the chief justices is at the source—by having a judiciary that actually philosophically represents the country. So you actually have judges who think the way I do alongside the Marxist judges who think government is great, and let's just rubber stamp everything so they can get on with making the world a**

**better place. And in that way, you actually have that philosophical debate amongst the court itself. And the public is watching that, and aware of that, and gets to have a say in each election on who they're going to elect and then whom that elected person is going to ultimately appoint to the Supreme Court of Canada, and how they're going to decide that.**

**Abortion is a perfect example in the States. We've got enough conservative judges, now the states have the say over abortion instead of the federal government. That process should be happening here, and it's not. I don't think the way to fix that is to come in and try to exert too much influence over the chief justices.**

**Commissioner DiGregorio**

Thank you. I'm hearing you say that the way of dealing with it is right up front through the appointment process.

In terms of where the courts are at today: We had a witness in our last set of hearings in Winnipeg who was a former justice who, when I questioned him about what the courts could do to address the state of where they are and the decisions that they've made throughout COVID, he thought that a self-reflection exercise should be conducted within the courts themselves. I'm just wondering if you had any thoughts on that.

**James Kitchen**

I think that would be better than nothing. But I think that has its limitations. I don't know if the courts are even capable of that at this point. The number of small-c conservative judges, I would guess, are outnumbered 8 to 1. And their voices are not tolerated. The left-wing ideologies are not tolerant of different viewpoints. The right-wing ideologies are. They don't mind that. They disagree vehemently, but they tolerate the disagreement.

So, yeah—I guess I agree. I just struggle with whether or not that's going to actually help. I unfortunately take a fairly pessimistic view on this. I say, if this problem is going to be fixed at all, it's going to take a long time and a lot of hard work. It's going to take a lot of young people who actually believe in rights and freedoms to say, "I'm going to be a lawyer and I'm going to get involved in this system and maybe even someday I'll be a judge." And it's going to take a lot more lawyers to be more brave if they actually feel this way, and to speak up. And it's going to take years and years of systemic reform.

For years we have been putting left-wing judges on the bench. And that's culminating now, where we are. The law is dramatically different from what it was in the '80s and '90s when we actually had a free society and the Charter was working and we had judges upholding the rule of law.

**It took 20, 25 years to get here. It's going to take probably just as long to get out. We're not going to fix it overnight, but we have to start having the conversations at the cultural and political level.**

[00:50:00]

**And hopefully then downstream we can start systemically fixing the problems on the bench by having more transparency, having people with varying viewpoints that are getting on the bench to reflect the views of Canadians. Not everybody in Canada is a socialist who thinks government is great; some people actually do believe rights and freedoms are good.**

**Let's reflect that instead of calling these people bad names and stacking the court with people that will keep shutting those people up.**

**I don't know if that self-reflection is going to be nearly enough. I guess it's a good start.**

**Commissioner DiGregorio**

**Thank you. I just have one more question, because I think the other commissioners have some as well. So, I'll restrict myself to one last question which has to do with the Charter itself.**

**We had a witness in Toronto, a law professor, who spoke to the need to amend the Charter.** I think for some of the similar reasons that you were talking about, describing section 1 as a self-destruct button. I'm wondering what your thoughts are on whether or not Canada needs to amend the Charter.

**James Kitchen**

Well, absolutely. It's useless for its original purpose, which was to be a shield for the people against the government. It's been rendered useless. I think we'd probably be in a better spot if we got rid of it. There were a very few people who said in the '70s and early '80s, "The Charter will take away freedoms in the long run. It won't increase them."

If you go back to Supreme Court decisions prior to the Charter, they were strong on free speech and freedom of religion and all kinds of other areas when it comes to individual rights and freedoms. We didn't need the Charter. It only looked like it helped in the very beginning because of who the judges were that were interpreting it and applying it.

So, get rid of it! Amend it? Sure. Obviously, you want to get rid of section 1 and probably section 33, the notwithstanding clause. Chuck those two out. Maybe you'd have a workable document because now what you've done is you've taken away the discretion from the judiciary to remake the country in their own image. And now if there's a rights violation, the law is struck down or the government action is struck down. Period. Absolute rights.

That's what the American system is. Look how much better it is. Look how much longer it's lasted. There is no, "The government can do whatever it wants if the judge agrees with it" in the Constitution of the United States of America. It is "Government shall not do this." If the courts find a rights violation? That's it. Done.

It's not that, in Canada, the courts don't find rights violations. They do all the time. It's just part of the process. We find the rights violation and then we justify it in other sections. **Get rid of section 1. It renders the whole Charter useless to the people.**

**Forty years is not a long time in the history of law. The fact that our Constitution has been rendered useless in 40 years is really quite pathetic. That should be obvious. I guess it's not obvious to the public but to legal scholars, it's obvious that that was a poor document if it only took 40 years for it to self-destruct.**

**Amend it, maybe—but I would say, "chuck the whole thing." The country was in better shape as far as rights and freedoms before it was instituted. Whatever you do—amend it, replace it, chuck it—the problem is giving all this power to the judges to remake the nation in their image. And then the governments appoint the judges so the governments can do it through the courts. And the whole system at a philosophical fundamental level is wrong,**

and it's taken 40 years for that to be revealed. It needs to be fixed, whether it's through amendment or complete abandonment.

**Commissioner DiGregorio**

Thank you.

**Commissioner Kaikkonen**

Good morning, James. Thank you for your testimony.

I was thinking as you first started speaking about when Jesus came to a city and he wanted to bring peace, but their eyes were hid and he wept. And I thought: "Wow, is that where we are in our country?" But then I listened to you say, "We need a conversation." And that's what we're doing here. We're starting the conversation. We're bringing forward a conversation. We're looking at ways that we can contribute and offer hope again in this country.

I do have a couple of questions. We've seen a number of losses recently in the courts, for example, *Servatius* in B.C. As these cases are not being appealed, don't these rulings have a potential to be cited or even become precedent-setting in future litigation? And how do we counter that?

I believe in that particular case, that was a parent who brought forward her concerns. She didn't go through the administrative process, exhausting all the appeal processes through the administrative part of it. But then she loses in court. She has a good heart. She has her own motivations. So she walks away. And that precedent is set. And there is no one else that can step in and appeal in that particular case.

I'm just wondering what those lasting precedents are going to do in this country if we can't change the conversation?

[00:55:00]

**James Kitchen**

Well, they're very dangerous. It's always a conversation that I and my colleagues have, "How do we avoid setting more bad precedents?" There's almost a hesitation to litigate in this area because we don't want to just keep giving the courts cases that they can rule on to set bad precedents to support a further abandonment of rights down the road.

**It's sort of a catch-22 because if you don't litigate, then you don't have the possibility of setting the good precedent, and if you litigate, you have the possibility of setting the bad one. What do you do?**

**The lower court decisions—non-appellate levels, first instance trial-level court decisions—their precedential value is limited because it doesn't bind even the same court. It doesn't have a lot of impact outside of the province that it's in, so its damage is limited insofar as that precedent is not in any way binding or even necessarily influential.**

**If you get to the court of appeal level, now you're making binding law. The Court of King's Bench in Saskatchewan has to follow what the Court of Appeal in Saskatchewan says. So if you appeal, you're potentially creating a worse precedent if the Court of Appeal is going to**

uphold it. There's no easy way to fix this. All we can do is keep trying. As it takes years for these to go through the courts, a lot of these cases are at the appellate level now or on their way to the appellate level.

The courts of appeal in this country could turn this around if they wanted to. The courts of appeal in B.C. and Saskatchewan and Alberta and Ontario, and eventually the Supreme Court of Canada, could turn this around. I'm not really hopeful, even if the courts of appeal may do a good job somewhere. Of course, in our [Supreme] Court in Ottawa, there are only two people who really uphold the *Charter of Rights and Freedoms*: Justices Brown and Côté. I haven't seen from the other seven of them that they really have any kind of acceptable regard for what those rights actually mean and for the role that section 1 should play, if any.

So I'm not excited about what's going to happen when these COVID cases get to the Supreme Court of Canada, assuming at least some of them do. That's just how it works in the law. You have to take the risk of setting bad precedents in order to go after the law or the government action that is wrong.

I don't have a good answer for how we avoid the bad precedents. I just know that if we continue to set them as we have for the last two and a half, three years, the long-term bad consequence of that is that it's a big neon sign for the government, saying, "Yep, you can do whatever you want" five years from now, because you're going to be able to rely on all this COVID case law about how government can get away with anything under section 1.

That's why I say the problem is to deal with the law itself, to remove section 1 of the Charter altogether. That's the only way you can, in a wholesale manner, get rid of the precedents—to actually change the Constitution.

#### **Commissioner Kaikkonen**

And my second question is: Yesterday we heard testimony that those fined under COVID mandates were seeing their fines increased by the prosecutor when they got to court.

I'm just wondering what it will take to restore justice in this nation so that administrators apart from judges are not permitted to go above the law, as in this case—threatening to increase fines beyond the scope of the fine the police gave and what is considered acceptable by the legislature.

#### **James Kitchen**

It's my view that too many laws are a bad thing. Discretion is generally actually a good thing.

**All these systems and all these laws and our Constitution and our whole societal structure are only as good as the people who live in the society and who fill these roles. It's only good insofar as there are enough individuals who are moral and ethical and actually understand to some degree what is good and right for people, for humanity, for society.**

**If people honestly believe that Marxism is the path to better human flourishing, it's going to impact their morals and ethics, and their morals and ethics are going to be corrupted by that corrupt ideology. But if they actually believe that individual rights and freedoms and the ability for people to live according to their own view of what's best, with as few**

restrictions as possible, is the path to human flourishing, are they going to have the types of morals and ethics that are going to guide them to use their discretion in a good way?

So ultimately you fix that, I think, at the cultural and societal level. Not by just having more laws. This goes back fundamentally, philosophically, to the last 300 years. You can only have a society that is self-governed through limited government and limited laws and a lot of freedom in an open market if the people are generally somewhat moral and so therefore can actually govern themselves.

[01:00:00]

**That's what the French philosopher and observer Alexis de Tocqueville observed in America.** This American way of living free is only possible because the Americans are generally a fairly moral people and can actually engage in self-government.

That's who Canadians are going to have to be. And they're going to have to come to terms with the fact that historically, whether you like it or not, the most moral and therefore the most free societies have been informed by Judeo-Christian values and morals and beliefs. All the other tyrannical societies in history generally didn't have those views and values. And generally, the people could not govern themselves without chaos and violence, and so needed a strong arm of some sort of state or emperor or ruler over them in order to keep the chaos from destroying everything.

We have to go back to the philosophy of how to live in a society that is self-governing and is moral and is free. And recognize that, yes: If the people, each individual who's fulfilling these roles and exercising their discretion, don't have some sort of morality, if they don't have some sort of view that the world is a better place when people are free, then they're going to abuse their discretion. They're going to become corrupt in the way that they do things. And you're going to have less freedom—less equality, by the way, as well—and you're going to have abuse of power. You're going to have corruption.

Dissidents and minorities, like those who didn't want to take the shot or didn't want to wear the mask, didn't want to comply with everything, are going to suffer as second-class citizens. Because, inevitably, without morality what you're going to have is just mob rule, implemented through all these people exercising their discretion in a way that upholds that mob rule.

That's what we've seen, I don't think you can fix that through just putting in a better rule or a better law. You have to fix that at the human level. That is the only way to ultimately fix it.

**Commissioner Kaikkonen**

Thank you very much.

**Commissioner Drysdale**

Thank you very much. I've got some fairly basic questions, I think, and then I have some questions that will probably get us both in trouble.

**The first one is: Are judges subject to the rulings of the Law Society, considering they are lawyers or promoted lawyers? They're not?**

**James Kitchen**

They're not.

There is a body—I think it's called the Judicial Council—across the country that's made up of the chief justices and the associate chief justices. This body self-regulates judges. For example—if I'm getting my story right and so take this with a grain of salt—I seem to recall, when Trump was elected there was a judge— I forget where it was, I think somewhere out east. And as sort of a joke—he was an older guy, he thought he could still joke—he walked into the court one morning with some sort of Trump hat, MAGA hat, whatever. And everybody had their hair on fire about this.

**Who is the body that deals with that? Well, it's the Judicial Council that deals with that.**

So again, you have a problem. If all the chief justices and associate chief justices who are politically appointed to those positions hold a particular view about what it means for judges to be professional, or acceptable in their conduct, those are the ones enforcing it. Obviously, judges are going to self-censor and they're going to be scared to speak out. And they're going to be scared to act or do in a certain way because they don't want to be sanctioned by the Judicial Council, which can sanction them just by telling them to smarten up.

Or this Council can actually recommend to the government to have this judge removed. That's extraordinarily rare in Canada, but that's actually the process for how a judge would get removed. The Judicial Council would recommend that Judge X is "out to lunch" and he needs to be removed by the government from his post. He's no longer fit to actually be a judge.

So that there's sort of an internal regulation amongst judges through this Judicial Council, and that right there is somewhat influenced by the government of the day, because the people who sit on that are appointed to their positions.

**Commissioner Drysdale**

Has the Judicial Council to your knowledge made similar types of restrictions on judges that you experienced with the Law Society yourself concerning the COVID narrative?

**James Kitchen**

Good question. I'd like to know that. I'm not aware of that. That's a really good question. I wish I knew. My guess is no, but I just don't know.

**Commissioner Drysdale**

**We've heard a great deal of testimony in the last several weeks from people who talked about what Dr. Christian said was the fundamental basis of modern medicine, and that was informed consent.**

**We've had testimony that people who were given the shot—**

[01:05:00]

**and there's been a great deal of testimony on this from people who actually experienced this—were really told nothing before they got their shot. For instance, pregnant women weren't told that it wasn't tested on pregnant women.**

**I can go on about that, but again, I'm short for time here. My question comes down to this: Are you aware of any college of physicians and surgeons in Canada bringing a doctor or some other practitioner to task for not having fulfilled this most fundamental precept of medicine? And that is, allowing people to make an informed consent when so many have testified that they were not.**

**James Kitchen**

**No. I'd be shocked if a college of physicians and surgeons did that.**

**I currently have open a complaint from a member of the public against Dr. Deena Hinshaw—as a doctor, not as the Chief Medical Officer of Health, but as a doctor, because** she is a regulated member of the College of Physicians & Surgeons of Alberta. A member of the public has complained about her partly along that basis: that she was recommending these shots for his children, his teenagers, and that recommendation was so unsupported scientifically that it does stray into unprofessional conduct. That complaint is before the College of Physicians & Surgeons of Alberta, so they're going to have to make a decision about that, that I will publicize.

I fully expect the College of Physicians & Surgeons to completely exonerate Deena Hinshaw and say that she did everything right, and that they're proud of her, and that there's no professional misconduct.

If they were acting independently, they would actually make a decision to have— Right now it's at the preliminary stages, because the complaint's already been dismissed and I've appealed the dismissal of it. So, we're not even getting into the actual hearing of it. But if this body was doing its job and saying, "We need to investigate this. We need to see the evidence. We need to have the scientists and the experts come forward. We need to have a full public hearing on this, we need to figure this out—" Me and my client both fully expect the College to not do that. We expect them to protect Dr. Deena Hinshaw. We expect them to protect any doctor who was complained about for not properly giving informed consent to the people that they administered the shot to, or recommended that the shot be administered to.

No, I expect the College to do the opposite: to continue to toe the party line, and to protect the COVID narrative and protect the government and protect the doctors that did that, and to continue to use all their enforcement efforts to censor the doctors who disagree with them and disagree with the government, disagree with the COVID narrative.

Again, that's the problem. These colleges are doing the opposite of what they should be doing.

**Commissioner Drysdale**

**So that talks about one of the most fundamental beliefs held in our medical system.**

**I want to now ask you: Is it not a fundamental belief of our justice system that every party standing before the court is of equal stature and the law will be applied evenly regardless of who you are, whether you're Ken Drysdale or whether you're the Government of Canada?**

**James Kitchen**

**That's the ideal. We're not living up to it. It's the ideal that we have informed consent. We're not living up to it. It's the ideal that we accommodate Christians because religious beliefs are protected in the Human Rights Act, as much as we accommodate transgender people or black people, or whatever, but we're not.**

**We're not living up to those ideals. The laws are only as good as the people who choose to enforce them and live by them and try to implement them. It doesn't matter. The ideals are not being met because the people just don't care anymore to meet them.**

**Imagine how morally bankrupt you have to be as a person to say, "I'm going to fire you because you won't inject yourself with this experimental injection. The Government's mad at me and telling me I have to do this." You're clearly a coward. You clearly have no moral compass anymore.**

We have hundreds of thousands of Canadians who are completely morally bankrupt. That's what they've done over the last three years: they've shouted at people who won't wear masks, and they've fired people who won't take a shot, and they've refused discrimination to religious people because they can't stand them. They've said: "You're not equal because you won't agree with our science, and you won't agree with the government, and you won't agree with the narrative, so you're not equal to us."

That's what the ideology of Marxism teaches. It actually teaches inequality in the name of equality.

So here we are. We're not living up to our ideals as a nation at all. I think it just goes to show that we've been a lot more like the whitewashed tombs that Jesus talked about when he was talking to the Pharisees. We've put on this show that we are nice and compassionate and caring and meanwhile, deep down, we're not. And when the crap hits the fan, like with COVID, it all comes out.

[01:10:00]

We're exposed for the morally bankrupt, cruel, vicious people that we really are. We need to admit that and come to terms with that if we're ever going to get out of this and address our moral failings as a people.

I don't care how many laws you have or how good they are on paper. They're useless without some sort of cultural morality about what is good and evil, and what is bad and what is right, and individual rights and how they should actually be respected.

**Commissioner Drysdale**

**You talked about the issue of mootness, but you didn't mention anything about the practicality of that. What I'm talking about is, I believe Brian Peckford launched some kind of challenge against what he said were Charter infringements and the government declared it moot.**

**What kind of consequences financially does that have for a plaintiff when the government declares something moot? And does that have a chilling effect on someone else who might want to bring a case forward?**

**James Kitchen**

Well, it does, because it takes a lot of money. Somebody has to pay for this, or somebody has to take a huge cut in the income that they're earning as a lawyer in order to run these cases. They take hundreds of thousands of dollars, at least at market value, to bring these cases to the courts. Then all that money is down the drain because the court just said, "It's moot, we're not going to rule on it." So there's one financial consequence.

Part of the problem, and part of the reason that the Justice Center existed, part of the reason Liberty Coalition Canada exists—which is the organization I work with now—is because we recognize that ultimately, none of these cases about civil liberties are ever likely to come to the court because they cost a lot of money to bring. And who is going to come up with that kind of money? Even if they have it, are they willing to spend it on something like that?

The only way you can challenge the government in a lot of ways through these civil liberties challenges, these Charter challenges, is to crowd-fund and pull the funds, and to take the best cases, and to pay the lawyers a reasonable rate to run the cases all the way, and to finally get a ruling from the courts. Because the courts don't just roll around finding Charter cases—they're not supposed to, anyway. They have to be brought to them.

It takes a lot of resources to bring them. When the courts just dismiss them as moot: yeah, it's a waste of a lot of resources. You drain the resources for those challenges to continue to happen. There's only so many resources. Then there's the chilling effect: Why should I even bother challenging the law? The court has got the government's back, they're just going to rule it's moot or they're just going to justify it under section 1. Why should I even bother?

So yeah, there is that there is that chilling effect.

Then you have the reality that the court, if it wants to, can award costs against the applicants and say: "Look, you never should have brought this challenge. This law has already been taken out. It's moot. You should have withdrawn your challenge as soon as that happened. We shouldn't be here today. The government had to spend resources to defend your action. I'm going to award some costs against you. You're going to have to pay some of the government's costs." Sometimes that does and sometimes it does not happen in those types of cases. It's up to the court whether or not to award those costs.

So yeah, there's lots of costs and lots of chilling effects that result from the courts just constantly saying "it's moot" or "it's justified under section 1." Eventually the people just say, "We don't have any more money, we've spent it all and we've just given up because it's not worth it to continue to spend this and not get anywhere."

**Commissioner Drysdale**

You talked about, at the beginning of the pandemic, how the courts shut down. And we've heard from other witnesses recognizing the three different branches of government: the legislature, the administration and the judiciary.

I want to ask you about the fourth level of government, and that is the media. The media plays an incredibly important role in our democracy as the interface between all those three levels of government and the people. Their role is to report to the people what's going on, so the people can make an informed decision.

Can you comment on that aspect of what went on in the pandemic: the media's role in this whole thing?

**James Kitchen**

Well, only briefly. I litigate publicly, I do a lot of media work, so I'm familiar with the media. I see it as a tool to educate the public and hold the courts accountable and hold government accountable. And I use it to the best of my ability. Obviously, you don't see me on the CBC every day. You're going to see me on the *Western Standard* and *The Epoch Times*, et cetera.

So I guess I would just say two things. Obviously, the media is corrupt and biased: pro-COVID narrative, propping up the government.

[01:15:00]

Part of that is completely explained by the fact that a lot of these mainstream media outlets receive money from the government. It's obvious why that's a bad idea. You're an idiot about human nature if you can't see why that's a bad idea. That never should have been allowed. If there had been any litigation against that, the courts should have done their job to say, "No. That's an infringement of freedom of the press, freedom of expression." Because obviously the press is not going to be independent if it's receiving money from the government that it's trying to criticize.

So obviously, the media—terrible through the whole thing, and it's contributed dramatically to the whole thing.

But I guess again, I would go back to saying to the people. Stop being so gullible. Stop only watching mainstream sources. Seek out alternative news sources. Stop watching and listening to CBC or Global or CTV or whatever. Start reading the *Western Standard*. And don't just read, by the way, your favourite alternative news outlet. Read five of them. Get the different perspectives.

People don't realize how much power they do actually still have in the quasi-democracy that Canada still is. You know? Withdraw your market support for these mainstream organizations. Stop bemoaning the fact that the mainstream media is lying about everything, and make sure that you never participate in that by never consuming mainstream media and telling everybody else, "Hey, you probably should not consume mainstream media. Let's go consume a truthful alternative media. Let's consume different ones and compare them to see which one is the most truthful."

So part of it's the media's fault, part of it's the people's fault too, I think as well.

And I've heard repeatedly from people throughout the COVID thing that they've begun to wake up and realize when they started to consume some more alternative media sources. It sounds ridiculous to me, because I've never been roped in by mainstream media sources, because I've just always been that kind of guy. But for some people that's a big deal.

I had a number of people that came to me in 2020 when I was the crazy conspiracy theorist that they thought was awful, and said "Oh geez, you're right! One of the ways I realized that you were right is because of the BLM protests. I started to pay attention to what was going on there and the mainstream media's narrative about it, and the inconsistencies. Then I started watching some alternative news and getting some actual truth, and now I've changed my views on the whole thing."

I have heard that over and over and over again. So it can happen and it can be really good when it happens and that's what has to happen. People have to unplug from the CBC, Global News, whatever: stop caring about what they say or don't say and just start consuming alternative media or even producing the media themselves. We've seen a proliferation of alternative media sources over the last two or three years. That's a good thing. That's a source of hope right there that, because of the technology we have now, we can have these small independent journalists who can go out and give people the actual truth.

**Commissioner Drysdale**  
Thank you very much.

**Shawn Buckley**

James, that's it for questions. On behalf of the National Citizens Inquiry. We sincerely thank you for participating today.

**James Kitchen**

Thank you. It's my honour.

[01:18:12]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witnesses 2 and 3: Suzanne and Barry Thesen**

**Full Day 2 Timestamp: 02:56:15–03:32:57**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Louis Browne**

Good morning, members of the Commission, ladies and gentlemen, and Mr. and Mrs. Thesen. My name is Louis Browne. I am a partner with the law firm Willows, Wellsch Orr & Brundige LLP in Regina, and I'm delighted to be one of the volunteer lawyers working with the Commission here in Saskatchewan. Mr. Thesen, Mrs. Thesen, good morning. I'm going to start with you, Mrs. Thesen. Can you please state your name and spell your last name for the Inquiry, please?

**Suzanne Thesen**

My name is Suzanne Thesen, S-U-Z-A-N-N-E, Thesen, T-H-E-S-E-N.

**Louis Browne**

Thank you, Mrs. Thesen. And would you prefer to swear an oath or solemnly affirm?

**Suzanne Thesen**

It makes no difference.

**Louis Browne**

Okay. Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

**Suzanne Thesen**

Yes.

**Louis Browne**

Thank you. And Mr. Thesen, can you please state your name and spell your last name for us?

**Barry Thesen**

Barry Thesen, B-A-R-R-Y, Thesen is T-H-E-S-E-N.

**Louis Browne**

Thank you. And Mr. Thesen, would you prefer to swear an oath or solemnly affirm?

**Barry Thesen**

Don't matter.

**Louis Browne**

Mr. Thesen, do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

**Barry Thesen**

Yes.

**Louis Browne**

Thank you.

Mrs. Thesen, I wanted to start with you— Just because it is perhaps a little bit unusual, certainly in a court proceeding, to have two people testifying at the same time. Can you just please tell us, what is your relationship with Mr. Thesen?

**Suzanne Thesen**

Barry Thesen is my husband. That's it.

**Louis Browne**

Sure. And how long have you both been married?

**Suzanne Thesen**

Oh, we've been married about—how many years, Barry? Forty-some years.

**Louis Browne**

Okay. And then so briefly, we're going to get into it in details, but just in kind of 30 to 45 seconds: Why are you testifying with your husband here today?

**Suzanne Thesen**

Well, I'm here to help Barry. It's very difficult for both of us to be here. Barry was quite severely injured. And it's left him—it's very difficult for him to express himself and say what he wants to say. He can't find his words, things like that.

The reason we decided to come was because for every one of us that testifies, there's probably thousands that have a story to tell. I do have notes here and I am going to try to help Barry with his testimony.

**Louis Browne**

Sure. Thanks very much. We're going to get to the incident which brings you here today. But I just want to have a reference point because we don't know Mr. Thesen.

Can you just give us again a 30 to 60 second description of your husband in terms of energy, activities, and overall health before May of 2021?

**Suzanne Thesen**

Okay. I'll let Barry say a little bit about himself. What do you want to say, Barry?

**Barry Thesen**

I'm just a retired farmer and also a fuel and fertilizer company, agency I owned and sold. And that's what we did before we retired.

**Louis Browne**

Mr. or Mrs. Thesen, can you just tell us a little bit about how Mr. Thesen was before May of 2021, just in terms of his overall energy, activities, and health?

**Suzanne Thesen**

Barry was— Actually, he's being quite modest here. He was a large farm owner and he ran an Imperial Oil agency, which is a fairly large business. And he was involved in various committees and he was very active in the community. We had recently retired and so we were spending more time travelling.

[00:05:00]

We were spending more time with our grandchildren, and he was active and well.

**Louis Browne**

Excellent. Thank you.

I'd like to go through your evidence in time frames, okay? We're going to talk about certain time frames, what happened during those time frames, and we'll move on to the next time frame. Okay?

So, we've now covered before May of 2021. Can you tell us what happened in May of 2021, please?

**Suzanne Thesen**

In May '21, Barry had his first Moderna shot. And he didn't have a serious reaction, he had a few. And he's going to tell you what kind, okay?

**Barry Thesen**

We were uptown in Melfort and took the shot. And it made me feel not very good for about two hours or three hours. It wasn't real bad: I had a sore arm. Everything outside of that wasn't much problem.

**Louis Browne**

Okay, great. And then let's carry forward then to what happened next that's relevant for the Inquiry. Can you tell us the date, do you remember the date that that first vaccine occurred?

**Suzanne Thesen**

I'll help him with that a little bit. He has a difficult time with events and time and remembering things.

First of all, maybe I can say that he was hesitant on getting this shot. The reason he finally decided was because he was trying to convince me to get the shot so we could continue our travels like we had planned. And also, his father was in a nursing home and in order to visit his dad, he had to get a shot. When I chose not to have my shot, that meant that I couldn't see him unless it was through a window. And after that, when he wasn't well, it was not at all. And I'll probably live with this for the rest of my life, but I was not able to be with him when he passed away, which was of course during COVID times.

Barry, he went for his second Moderna shot.

**Louis Browne**

Hold on a second. When did the first shot occur, please?

**Suzanne Thesen**

Pardon me?

**Louis Browne**

When did the first shot occur?

**Suzanne Thesen**

The first shot was in May, 2021.

**Louis Browne**

Do you remember the date?

**Suzanne Thesen**

Yes, I do. I think it was May 5th. And the second shot was in Melfort on May 10th.

**Louis Browne**  
The second shot was on May 10th.

**Suzanne Thesen**  
Yes, 2021, again.

**Louis Browne**  
Okay, so when was the first shot? Sorry, when was the second?

**Suzanne Thesen**  
It was May—

**Louis Browne**  
Just take your time, Mrs. Thesen, just take your time.

**Suzanne Thesen**  
Oh, sorry. May 10th, 2021, was in the mall.

**Louis Browne**  
And what was that? What happened on that date? Was that the first or the second shot?

**Suzanne Thesen**  
That's the first shot.

**Louis Browne**  
Okay, so what we have then is the first shot happening on May 10th, 2021. Is that correct?

**Suzanne Thesen**  
Yes.

**Louis Browne**  
And where did that shot occur?

**Suzanne Thesen**  
That was in Melfort and it was Moderna.

**Louis Browne**  
And that's in which province? Which province are we talking about?

**Suzanne Thesen**

That's the first shot, yes.

**Louis Browne**

Which province did that occur in?

**Suzanne Thesen**

Which mall?

**Louis Browne**

It was in Melfort? What is the province that Melfort is located in? I just can't lead you, so just please tell us what province that's located in.

**Suzanne Thesen**

Oh, the province? It happened in Arborfield, Saskatchewan.

**Louis Browne**

Saskatchewan, okay. Thank you. So, please carry on. What happened after that? We can carry on to the second shot now.

**Suzanne Thesen**

His second shot was on July 13th, 2021 at 11 o'clock.

**Louis Browne**

Where did that occur?

**Suzanne Thesen**

That happened in Nipawin—again, Saskatchewan.

**Louis Browne**

Okay, thank you. And then, so what happened? Tell us what happened?

**Suzanne Thesen**

Well, Nipawin is about a half hour away from us. And the pharmacist did have him sign a consent and I have it here. I went and got it. And nowhere on the consent, first of all, does it say anything about side effects or injuries, possible injuries.

[00:10:00]

It's very basic. They did make him wait also 15 minutes and he started feeling unwell once he went back to his truck.

Should I let Barry say a little bit? I'll fill in if he has trouble, okay?

**Louis Browne**

Can we just understand, Mrs. Thesen? Were you with him in the truck?

**Suzanne Thesen**

No. I'm a substitute teacher so I was subbing that day, so I didn't see him 'til a little bit later on but— Should I let Barry say?

**Louis Browne**

Sure.

**Suzanne Thesen**

Barry, can you say how you felt?

**Barry Thesen**

I didn't feel too bad to start with. And it was probably maybe a half hour later, I started feeling really quite sick. And I just didn't know how to deal with it. I should drive home or what? And then I kind of backed off and just sat around for a while. And then, I went home, feeling a little better. By the time I got to home, I was really in bad shape. I shouldn't have been driving. When I got home, I got in the house. And I barely got up the stairs into the house. [To Suzanne] What happened then?

**Suzanne Thesen**

This is what Barry told me earlier and I wrote it down. He says he thought he was going to pass out when he was in his truck, so he had to wait in his truck for a little bit until he felt more stable. He was very dizzy, and he felt like vomiting. So after waiting in his truck for a little bit, he got home and by the time he was home, he was shaking uncontrollably. He said it was almost like convulsions. It was just, like, all over the place. He was sweating, almost like dripping wet, and yet he was very, very cold. He could barely make it up the stairs, and he went straight to bed.

And then, when I got home, I couldn't wake him up. I was quite worried about him. Off and on during the night, it was like he was laying still— Shaking a little bit but all of a sudden, again, he would start shaking uncontrollably with his arms flinging all over. It was like convulsing.

**Louis Browne**

And did you suggest anything to him at that point?

**Suzanne Thesen**

Pardon me?

**Louis Browne**

Did you suggest anything to him at that point?

**Suzanne Thesen**

I did not. I tried to wake him up, and then I thought, well, maybe he'll feel better in the morning. Then I fell asleep for a while, and then I'd wake up when he was shaking all over the place. Barry didn't get up 'til about 9 o'clock in the morning. So he slept a long time. When he got up, I had been up for a while. When he got up, it was shocking. His right side of his mouth was drooped. His body and shoulders were drooped. His eyes were wrong. They weren't right. They were unmoving. His arms just hung to his side. He was shuffling his feet, and he was walking very, very slowly, almost as if he was in a fog.

Barry told me— I asked him, how are you feeling? He said he felt weak and he felt like he had been beat up, like a car had run over him. He was extremely disoriented, couldn't speak. If he tried to say a sentence, it was wrong. It wasn't the proper words or the proper structure. He was finding it really, really difficult to process things. For example, I would give him a dish and I'd say, "Can you go put this in the fridge?" He would take it—and it was almost zombie-like. He would take it

[00:15:00]

and turn around in the opposite direction that he was supposed to go to, and start walking towards, let's say, the stairs. And then he would just stop, and he didn't know what he was supposed to do, where he was.

So simple things, like, for example, he'd say, "I'm going to bed." I would watch him head to the wrong room. He would go in the opposite room. And he'd look around in the room and he didn't know that. And then finally, he'd turn around and look again around, and finally, he'd find his way. I was just observing him.

That night and for the following few weeks—because this went on for quite a few weeks—Barry remembers practically nothing of those two weeks. When I went to bed he said, "Are you coming to bed?" I said, "Yes." He says, "Well, do you sleep here?" I said, "Yes." "Oh, well, that's nice. Okay." It's just that he did not know what was going on.

When he woke up, I said, "We should go to the hospital." I felt like it was probably a stroke or something. And he said, "No."

[To Barry] Do you want to say why you didn't want to go to the hospital?

**Barry Thesen**

I don't think I can say.

**Suzanne Thesen**

[To Barry] No, you can't? Okay.

Barry said he didn't want to go to the hospital because he was scared that he was going to be stuck there and I wouldn't be able to visit and he was going to die alone. My sister's a nurse and she came over and she says, "I'm not a doctor, but I think he had a stroke. You should go to the hospital." Barry again insisted, "No, I've had enough."

My opinion, I guess, was that the damage had been done and I was also afraid of him going in there and never getting out.

[To Barry] Do you have anything to add to that? [Nothing to add].

Can we skip to what he's left with now?

**Louis Browne**

I just wanted to ask you, Ms. Thesen— so we're in the very brief aftermath of the second shot. Right after the shot, you've described a number of your observations of your husband. But can you just identify: What was his appearance like? What was his face colour like at that point? Was it normal?

**Suzanne Thesen**

His face?

**Louis Browne**

Face color, like the color of his skin.

**Suzanne Thesen**

He was, like, ash white, ashy gray-white.

**Louis Browne**

Okay, sure. Thank you.

In and around that time, was there any interactions with your family physician? With Barry's family physician?

**Suzanne Thesen**

No.

**Louis Browne**

Okay. Why don't we go then to how we're doing today? How are we doing recently, lately?

**Suzanne Thesen**

Cognitively, and Barry can help me with that— I'll get him to talk. Cognitively, he says his brain is like it's in a fog all the time. And he finds it difficult to express himself, to make decisions. He can't say what he wants. And the weird thing is, he now has, like, visions, and he'll explain that to you a little bit.

**Barry Thesen**

It's just like the birds came into your house and they're flying around in there and it's not really— It's like a shadow of a bird. And it drives you crazy, I guess. Makes you just wonder what's going on. It kind of comes and goes, you know, it isn't constant.

[00:20:00]

Like the last couple of weeks, I've been feeling quite well, I thought. And before that it seemed like all it is, is like animals or birds or whatever. And they kind of flutter around and, I don't know. It's weird. But I also read where it's a problem.

[To Suzanne] How did that go?

**Suzanne Thesen**

Well, just recently, I saw that—because I thought it was so strange—it's one of the things that other people have also been experiencing. I don't know for sure, but another thing that Barry keeps commenting on is, like, there's people in our house. And then when we— Barry likes to set the table before we're going to eat. And almost every time, even yet today, he'll say, "How many people are here?" And I'll say, "Just you and I." "Oh, I thought there was more people." I said, "No, there's just you and I." And he keeps thinking that either his grandson's downstairs or he says he hears voices; he thinks people are here.

Another thing that is happening to him—now Barry will confirm that; he says that it hasn't happened in the last couple of weeks—for example, I will send him off to the neighboring town, which is, like, seven kilometers away to his daughter's place. And I'll say, "She's waiting for you for supper. I'm going to be away." And he will go towards that town and, all of a sudden, he will have to pull over and stop because he doesn't remember where he's going. He doesn't remember why he's going. He explained it as a total blank. He just goes totally blank. Then he, after sitting for a little while, sometimes it'll come back. But even then, he's very disoriented. He gets into that town and he doesn't remember where the house is.

**Louis Browne**

Mrs. Thesen, can you or Barry tell us: How's Barry's strength doing these days? How is his walking, his legs?

**Suzanne Thesen**

His walking now?

**Louis Browne**

And his strength, his overall physical strength.

**Suzanne Thesen**

He's extremely weak. His knees— He'll talk to you about the pain he has, like a constant pain. But his knees, he has to be very, very careful. When he goes up the stairs, quite often even holding on to the railing isn't good enough. He'll use his hands and put them on the steps in front of him one at a time. When he goes down the stairs, he goes one foot at a time, like a two-year-old where you go one foot, two feet at the same step, and then keep going that way. He's lost a lot of his strength, he's lost his appetite, he's lost weight, he has a very, very hard time with dates, events. For example, if he knows he has an appointment, I'll write it down on a calendar, and he has it on his phone. But every day he has me check to make sure, like, "When is my appointment?" I said, "Well it's still five days away." The next day he'll ask me the same thing, "When is your appointment?" and then I'll repeat that.

Barry also does that with other things. There's certain things that really bother him and he doesn't remember, so it has to be checked every day.

[00:25:00]

He wants to use the car to go uptown. He will say, "Are my plates good?" "Yes." "Okay. Is my licence good?" "Yes." "Well, how do you know?" "Because we checked the day before, right?" Then he will go to the car and get the registration and he'll bring it in. It's very difficult for him to process the expiry date, so he'll say, "Can you help me with this? What does it say? How long?" And I'll say, "You're good for six months." "Okay." Then the next day it's the same thing.

TV, he struggles with the remote, trying to find channels. I often go and set it up for him, ask him what he feels like watching. Paying bills: he has to depend on me for a lot now. So I pay the bills, I do the banking, even business, and his credit cards and debit cards are extremely confusing for him. He'll say, "I'm going to go get some money. Which card do I use?" I say, "If you're using the ATM, you'll just use your debit." "Which one?" "This one." So he'll go and use that card and then he'll come back and he'll say that it didn't work. I'll say, "Which card did you use?"

Sometimes he'll say he used the black card—the MasterCard—or sometimes he'll say, "I use this number." "Oh, that's for the other card." He still has a business card and he has a personal card and we have MasterCards. And for him that's a lot.

[To Barry] "Do you want to say anything, Barry? Are you okay?"

**Barry Thesen**

That's enough.

**Suzanne Thesen**

That's enough? I know.

**Louis Browne**

And Mr. and Mrs. Thesen, you're both doing very well. And we're coming to the end here. I just want to confirm something before I invite the commissioners to ask questions. Mrs. Thesen, everything we've discussed today occurred in the province of Saskatchewan, Canada. Is that correct?

**Suzanne Thesen**

That is correct. Both shots were in Saskatchewan and we live in Saskatchewan and have for a long time.

**Louis Browne**

Thank you. At this time, I do have maybe one or two more questions, but they're conclusion questions. I'll just invite the Commission if they have any questions.

**Suzanne Thesen**

We did end up going to the doctor. Do you want to know how it was recorded, his injuries?

**Louis Browne**

Are we talking about the VAERS [Vaccine Adverse Events Reporting] System?

**Suzanne Thesen**

Both. We went to the doctor first. There is one doctor that Barry trusts; his name is Dr. Fowler and he lives in Carrot River. Due to lockdowns we had to do a phone interview. And I asked Dr. Fowler—we had him on a speaker phone and so we did it together—to file the injury report. Dr. Fowler was extremely hesitant. He says, “You do realize that you’re the first person that has ever had an injury that I know of.” And I’ll say, “It doesn’t matter. I want this recorded. I want it sent away to—” Then he would say, “These forms are really long and difficult. It will take us a really long time. Are you sure you want to proceed?” I would say, “Yes.” He says, “It does appear like your husband suffered a stroke but maybe it was a coincidence, maybe it had nothing to do with it.” I said, “Please, we’re asking you to report the injury.” He did go ahead and he did finish recording it and we’re hoping he sent it away.

[00:30:00]

He did follow up and he wanted us to go see a neurologist. When the appointment came, when it came time for Barry to go see the neurologist, Barry refused. He said no.

**Louis Browne**

And we can maybe just pause there for a second. Why don’t we invite the commissioners to ask some questions, and then we’ll just carry on? I don’t know if the Commission has any questions, but if not, then I’ll wrap up. We’re good. You’ve answered all their questions. So my second last question for you is: In summary, in just 60 seconds or so, what would you like this Inquiry and Canadians at large to take away from your evidence today?

**Suzanne Thesen**

First of all, I don’t think Barry would have taken the vax, or the shot—I guess I would call it—if they would have properly warned him that there was going to be some possible side effects.

Barry’s always been fairly trusting of the institutions, and doctors, and the government. I just know he just thought it was just harmless, “We’ve always taken vaccines.” And another thing is the coercion that went on to get these shots. Barry probably wouldn’t have gotten that shot if he knew he could have travelled without the shot. And also, if you could go and visit people in the nursing home without the shot.

**Louis Browne**

We may have covered it and there may not be anything more to say, but I want to make sure that you feel you’ve had your day in court, so to speak. My last question for you: Is there anything else you’d like to share with us today?

**Suzanne Thesen**

We just feel this injury was totally unnecessary. It was preventable. This injury has changed our life forever. It's stolen our dreams and retirement plans. It's stolen everything from us. Barry is the real hero here—to be here today. This is difficult for him, to say how it's affected him and how it's damaged him. The world needs to know what it's done to people.

This has nothing to do with our injury, but I do have one thing as a teacher. Can I say something?

**Louis Browne**

It's your evidence.

**Suzanne Thesen**

I'm still substitute teaching, and I was on a leave for a few months. I was teaching in the Grade one and two classrooms, and what I saw was horrific. If you can imagine: In the middle of winter, when kids go outside to play and they have runny noses, and they come back and their masks are frozen on their face. In the classroom, they're wearing those wet masks. And if ever somebody came in the classroom, they were told to put their masks on. Put them up. Put them up. Another thing that's damaging, that not that many people talk about is: everywhere you go, they have these sanitizers. When you first get into the door, kids had to go and line up and get their temperature taken. They had to also squirt stuff, this sanitizer, on their hands. Kids' hands would get raw and they thought it was fun.

And then they would go in the classroom and there was one in the classroom.

[00:35:00]

Now I would discourage them. I would say, "No, you can't." But they only had to use them before they ate, after they ate, before they went outside, after they went outside, before they went home, after they came in the school. It was on and on. Then parents would also buy them sanitizers that they would put on their desk and use, like, 10, 15, 20 times a day. Then they would eat their sandwich.

Kids would come in an hour late and then they would say, "I'm late because I just had my shot." It was beyond difficult. I had to turn around and just get hold myself a little bit. I just kept thinking, what if that child gets injured like my husband? What if?

That's all I want to say.

**Louis Browne**

Thank you, Mrs. Thesen. I just want to make sure if Mr. Thesen has any concluding thoughts. If not, that's totally fine.

**Barry Thesen**

No, everything's good.

**Louis Browne**

Mr. and Mrs. Thesen, thank you very much for giving us your evidence today.

**Suzanne Thesen**

Thank you.

[00:36:41]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

### EVIDENCE

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Witness 4: Dr. Luz Maria Gutschi (Parts I and II)

Full Day 2 Timestamp: 03:33:20-03:46:30/03:55:08-05:04:01

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

#### PART I

[00:00:00]

**Shawn Buckley**

I'd like to begin by asking you to state your full name for the record, spelling your first and last name.

**Dr. Luz Maria Gutschi**

My full name is Luz Maria Gutschi: L-U-Z M-A-R-I-A G-U-T-S-C-H-I.

**Shawn Buckley**

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

**Dr. Luz Maria Gutschi**

I do.

**Shawn Buckley**

Just by way of introduction, my understanding is you're an expert pharmacotherapeutic specialist. And you're going to have to explain for us what that is.

**Dr. Luz Maria Gutschi**

I'm a pharmacist by training and have some extra training in what we call pharmacotherapy, which is therapy using drugs, as well as drug assessment skills, which includes looking at the data and assessing the drug for safety and efficacy and for application to individual patient care.

**Shawn Buckley**

Okay. And as far as the drug assessment thing, you've done reports for the Canadian Pharmacists Association and for various regulatory agencies.

**Dr. Luz Maria Gutschi**

Correct. I've written a few chapters for the Canadian Pharmacists Association on vitamins and minerals, and on lifestyle management. And I provided expert scientific advice to the Patented Medicine Prices Review Board [PMRB], which is a quasi-judicial board that regulates the prices of pharmaceuticals and vaccines in Canada.

**Shawn Buckley**

And then you've also been a clinical pharmacist for the Canadian Forces Health Services Centre.

**Dr. Luz Maria Gutschi**

Yes, I ran an [inaudible] clinic. In addition, I have practiced in intensive care units for 10 years, and have developed an expertise in antimicrobial management, including what we call antimicrobial stewardship and infectious diseases.

So quite a variety of experiences that I've had in my career.

**Shawn Buckley**

Right. Now we've entered—you sent me a CV that we've entered as Exhibit SA-2a, which also includes that you've got a doctorate in pharmacy.

**Dr. Luz Maria Gutschi**

Yes.

**Shawn Buckley**

And assuming I haven't changed your CV, you adopt it as true?

**Dr. Luz Maria Gutschi**

Yes, that's true.

**Shawn Buckley**

Okay. Now, you've got a presentation for us today [Exhibit SA-2]. We've invited you to speak about the manufacture of the mRNA vaccines. And I'm going to ask if you can proceed with that.

**Dr. Luz Maria Gutschi**

Yes, thank you. And I will try to do it as a—

First of all, before I start, I would also like to thank the Thesens for their testimony. It was very emotional for me as well, as I've had some— I understand that I've seen these— I'd

just like to say, “thank you” for their testimony. It was very emotional. And I think this is a great thing that we get to hear what happens with vaccine injury, among other things.

What I’m going to talk about is fairly technical, which I apologize for. However, I feel it is necessary for people to understand how these products were regulated from a regulatory perspective, and what the implications are for the future. Most of this was independent, as I basically stopped working a few months before the pandemic was announced.

Because of my infectious disease training, I was very interested in a pandemic and was following all along. And when I heard about the vaccine, I started doing what I would normally do in order to assess a drug.

One of the first things I do is I go to the European Medicine Agency [EMA], which is not typical of most people. Because in my previous experience, I had found that their reports were very complete, with lots of information that usually assisted me in my analysis.

For background, all regulators work from a Common Technical Document that’s called the eCTD, which is: the same information, the same basic information, is shared among all the regulators in the Western world—

[00:05:00]

the EMA, which covers all the European Union, except for Switzerland and the UK, and then Canada, the FDA [Food and Drug Administration], and Japan and Singapore as well.

In this case, this product was reviewed as a rolling review assessment, which means they started assessing each piece of information as it came in, as it became available. What is normally done is the manufacturers would make an entire submission, bring it in, and the regulators would look at it. It does not change safety, efficacy, and quality requirements—that’s what we were told. I would say technically, that is true—the requirements were not changed—but there are implications for a rolling review, in my view, for assessment of the drug.

The pivotal trial, the trial that showed that we had 95 per cent vaccine efficacy, was published in November 2020. And shortly thereafter the vaccine was approved under Conditional Marketing Authority. That’s what they call it in the EU. It is an EUA [Emergency Use Authorization] in the US, an Interim Order in Canada. The Public Assessment Report that I used for this assessment went on the web on 2020. And actually, it was corrected in February, but I think I read it in January 2021.

I expected what is known as “regulatory flags,” which are specific obligations. These are **obligations placed on the manufacturer in order to get full authorization that they had to meet. Canada has something similar, and so did the FDA. I expected that with regards to safety and efficacy and clinical data from the clinical trials in humans.**

**What I did not expect is that I saw four specific obligations out of the six that were manufacturing-based. And I read this and thought, “My goodness, how could they let this go on and actually give this to people?” I was really quite impressed. But I thought in my innocence that it would just take a little bit of time, and they would fix some of these manufacturing defects. So I told my family, “We’re going to wait until they fix these things,” because that’s likely, “and then we’ll reassess at that point.”**

In addition, there's a leak of confidential documents to the dark web in January 2021. I found out about it in September. And it supplemented quite a bit all the information that was on the European Public Assessment Report [ePAR].

First, I'd like to talk about the steps in manufacturing this product. It is very complex with lots and lots of parts to it, or components, and each of those components have to be of very high quality. There are a varied number of manufacturers, number of suppliers, ultra-cold storage, and rapid transportation between sites. They'll have, like, 108 hours by the time they made the mRNA, and had to run over and put them in the lipid nanoparticles.

There are advantages to an mRNA vaccine, especially for a pandemic. Number one: it's fast. You can make a sample for 20 or 30,000 doses in 10 days from start to finish, and regular vaccines will take months. And the other advantage is that it is cell-free. We are not using cells, which are bound to be complications—such as putting it on chick embryos or other cells like insect cells or tobacco that we use, whatever.

The steps are: You make it in a production bioreactor, which actually does include E. coli. You digest out the DNA so that you can extract the mRNA, and then you have a lot of purification steps. You put it into the LNPs [lipid nanoparticles], which then require a bunch of purification steps. And then you bring filler finish, which is actually quite a big step. Manufacturers usually subcontract that out, and that is the steps for quality control, dilution, sterile filtration, capping it, labelling it. Then they put it in the deep freeze and sent it out as required.

Oh, dear, I'm stuck. Shawn, I'm—

**Shawn Buckley**

You're having some technical difficulties, are you?

**Dr. Luz Maria Gutsch**

Yes, I am.

**Shawn Buckley**

And you see, usually we have these at the beginning of the day. So it's nice to shake this up.

[00:10:00]

**Dr. Luz Maria Gutsch**

Lovely, I might have to go to my other computer if that's all right? Or I'm just going to have to— It's not working.

**Shawn Buckley**

If you need a couple of minutes, we actually have a video that we skipped over that takes about 6, 7 minutes that we could segue to, and then have you pick it up from there?

**Dr. Luz Maria Gutsch**

Fine. Let's hope I can get it to work. Thank you very much.

**Shawn Buckley**

Well, thank you, Maria.

So just to announce: We watched a video yesterday and what we've done is we've just had one of our video people put together clips for Saskatchewan. Because sometimes it's good to remember, even though it wasn't that long ago, just some of the things that we've experienced. So, okay— And our video lady is just looking for that, so just be patient and we'll just wait for Maria to get back on track.

**[Video] Scott Moe**

So effective immediately, public gatherings are now limited to no more than 25 people. Night clubs, bars and lounges must be closed. Effective on Monday, restaurants are required to close except for takeout and delivery services. Personal services, such as hair salons, are also ordered to close.

Dental, optometrist, chiropractic, podiatry clinics are also ordered to close except when offering non-elective procedures. Daycare facilities are limited to eight children unless they are able to...

**Shawn Buckley**

We have Maria logged in, so it might flip back or forth a little bit. We can give you a few minutes, Maria.

David, I think we might just take a break and we'll come back in about five, six minutes.

[00:13:10]

## PART II

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry. We're sorry that we had to take a break, but when you're doing things online with virtual witnesses and the like, invariably you have some technical difficulties.

I'm pleased to have Maria Gutschi back on the line, and hopefully Maria, we're good to go. **I'll just ask you if you can continue with your testimony.**

**Dr. Luz Maria Gutschi**

Thank you very much. Can everyone see the screen in here?

**Shawn Buckley**

We can. We've got a slide "Regulatory review: Vaccine or gene therapy?"

**Dr. Luz Maria Gutsch**

Yes. So I talked about all the steps in manufacturing and the complexity of it.

One of the questions many people have is: Is it vaccine or is it gene therapy? And by definition, with the FDA and as well as the EMA, it is objectively a genetic therapy. Because it includes ribosomal nucleic acid, which is a nucleic acid or genetic therapy, and it acts inside the cell by translating those nucleic acids into a protein—in this case the spike protein. So objectively, it is defined as human gene therapy product. It does not necessarily affect our genetic makeup, but under regulatory, it is being classified as a vaccine for evaluation purposes.

We did a deep dive, some of my collaborators and I, to look at how the process occurred. In the early 2000, for example, the EMA and even the FDA had looked at mRNA- and DNA-type products and had classified them as gene therapy products, and they were being assessed as that.

Somewhere between 2004 and 2008 though, these products then became classified as vaccines such that, in 2012 in the EMA, the mRNA products were going to be evaluated as if they were a vaccine. Similarly, the FDA specifically said that guidance for gene therapy products do not apply to vaccines for infectious disease.

What we call in regulatory affairs the indication: What is the use of this product? If it is used to prevent an infectious disease, then it went down the vaccine regulatory pathway. And both the EMA and the FDA also specifically excluded them from long-term studies for genetic therapies. Because I could see a potential possibility where you would assess it as a vaccine for efficacy or under the clinical trials—you know, works as a vaccine; you do the clinical trials as a vaccine trial—but then assess its adverse events as gene therapy products. But these were specifically excluded.

Regulatory guidelines that are used in Canada, the EMA, and the FDA, was the WHO [World Health Organization] 2005 guidelines, who actually give nucleic acid vaccines the status as a vaccine. It delineates the controls, Good Manufacturing Practices for purity and quality, and supporting studies for a new formulation, which is the case for these mRNA products.

It's interesting that Moderna, even in its Security and Exchange Commission filings as late as June 2020, will admit that mRNA is considered a gene therapy but it is not assessed as such. And the BioNTech founder, Ugur Sahin, in 2014 wrote in a very seminal paper that they were uncertain where it would be classified. Because it would be classified either as gene therapy, somatic cell therapy, or biologic—and biologic includes vaccines.

So the issue with this mRNA product is that we really have two separate products. We had one product that was made in a different manufacturing process for the clinical trials, that pivotal November 2020 paper, and then we have the product that was used and rolled out commercially. While they were in the clinical trials that manufacturing process was not amenable to making millions of doses. It was an engineering issue that had to be resolved to scale up to make a large amount.

What they did—

[00:05:00]

On the left-hand side is this two-step reaction that you make. Now comes the technical part: You have to make a DNA, right? And from the DNA you make the mRNA, and the DNA is a

template in a line, and on the left-hand side is a two-step process. And on the right-hand side, the commercial product was a one-step process. And so it wasn't as accurate, and it had more contaminants.

And then came the purification steps. With the purification, they used something called magnetic beads to take the beads out that would suck the mRNA out, and then it would be denatured, and then the beads would get demagnetized, and you'd have nice little mRNA. With the commercial product, they had to scale it up and use a lot of filtration steps. And as a result, there were a bunch of unforeseen circumstances.

Overall, what the regulators were worried about—and these came very loud and clear in the documents, in the ePAR as well as the confidential documents—was the quality and purity of the mRNA; the different manufacturing process on scale-up; contamination; what was being produced by the mRNA, the spike protein; what they call characterization; and potency or pharmacology.

First, let me look at mRNA because it's absolutely, I find, critical for people to understand. Number one, the mRNA in these products—both in the clinical trials and here, are biosynthetic and modified. I think people think it's just simple mRNA from the virus, for example. Nothing could be further from the truth. They have been modified a great deal. I call it a biosynthetic, sometimes I call it a bioplastic mRNA.

On the left-hand side, this is how Moderna actually explains mRNA. It's a string of code basically, that goes through— The yellow thing is the ribosome, which is a little kind of a factory, and the little string coming out is the amino acids. Those get folded up into the spike protein. At the beginning, you have a 5' cap, which is kind of the beginning of a sentence, or the start. It's a capitalized word. You have what's known as untranslated regions. They're just regulatory functions. Then you have that section, a coding section.

For coding, you have something called codons, or three nucleic acids make one protein. It's a triplet to make a protein. At the end, you've got a stop codon that tells it to stop making the protein. Then you have a long poly(A) tail, which sometimes wraps it out and keeps that ribosome steady so that it can continue to make the protein.

What they've done with the mRNA is that these individual codons: they've substituted another nucleic acid. You end up with the same protein. You end up with the same amino acids in the same sequence so that you really have no change. That's called a synonymous mutation, so that there's no change in the end product.

However, there are potential issues regarding how it's translated and other issues with the mRNA. Why do we actually do it? Why did BioNTech and Moderna do it? That's because the virus— **If we put the virus mRNA into the lipid nanoparticles particles and they go into the cell, the cell realizes it is foreign mRNA and will mount a response to get rid of the viral mRNA, just like when you would get infected. So it gets destroyed before it can be made into the protein.**

**In addition, you actually facilitate the translation into protein and you make more protein than you normally would. It's also important to realize that we have human elements in this modified mRNA at the 5' end and at the 3' end. They are proprietary, or there's a patent for those. We think they come from the hemoglobin. The particular amino acid that they substituted was something called N1-methyl-pseudouridine. It is found in humans but in very, very small amounts. The organism that has the most N1-methyl-pseudouridine I found is a group of bacteria called archaeobacteria,**

[00:10:00]

which are ancient. These are bacteria that are found in the bottom of the Mariana Trench near those sea trenches growing at near-boiling water temperatures and at pHs of 1. They can tolerate a lot. So this nucleic acid is extremely stable.

What happened with the roll-up and the commercial or the scale-up is that you had a lot of truncated and fragmented mRNA. You need a full intact mRNA with the 5' cap and the poly(A) tail to make the protein. What we found was up to 50 per cent— They were running 55 to 60 per cent intact mRNA and the rest was truncated and fragmented. You could see these little bumps. Not only that, but the bumps were at specific times—or specific lengths, I should say. That usually meant there was a problem with the actual process, the IV transcription. As the mRNA was made, it would stop and wouldn't continue on, so you had that fragment length.

So they had a big meeting with Pfizer and said, "What's going on here? Can you please discuss this and tell us what the impact on safety and efficacy will be?" Pfizer said, "We really don't think it's going to be a problem. The bumps are the same. We just have more of them and it's unlikely to impact safety because they would be degraded and not translated since they don't have all the elements that are required for that to occur."

In the end, though, what the EMA was very concerned about is that we did not have the same product for the commercial batches as we did in the clinical trials. Normally under regulatory affairs, what most regulators would do with this amount is that we would ask for another clinical trial to ensure that we got the same safety and efficacy as we did in the original clinical trial that was published in November 2020. They had a big meeting. This slide is from a meeting they had with all the regulators, including Health Canada, the FDA. And said, "This is our concern: What are we going to do with it?"

I don't know what the outcome was. All I know is, as of December 2020, these amounts of impurities were accepted, and it was still given its conditional marketing approval despite these problems.

Back to the mRNA that are biosynthetic and modified. These issues with this modified biosynthetic mRNA was a potential problem that was recognized even by the founder of BioNTech: that with prolonged treatment, you might have adverse events within the cell. You could have toxicities or immune pathology because, even though they are less immunogenic than viral mRNA, they may have some actions that we don't know about. Especially in this little area here: We don't know how it's going to be metabolites and risks with metabolites, how it's going to be broken down, and potential unwanted cross-effects. These things needed to be assessed. Again, I reiterate, it has non-natural nucleosides as well as human.

**Well, what happens to this modified mRNA? No RNA or protein metabolism or excretion studies will be conducted, said Pfizer too, and that is in keeping with the WHO guidelines. "We don't have to do it, so we're not going to do it." That was said to the EMA as well. Because they were following the guidelines, they said, "okay."**

What do we find? We find that the mRNA doesn't get broken down very easily because of the N1-methyl-pseudouridine. We found back in early 2022: detected in the blood at 15 days; January 2023, we find it a month here, 28 days in the liver; and this seminal paper found it up to 60 days in the lymph nodes, both the vaccine and the spike mRNA. And we don't even know how much longer it would be because this is where they stopped.

And in case we didn't know that this N1-methyl-pseudouridine lasts a long time, this paper in 2015 showed that if you put just one of these in luciferase, they got protein production for up to 21 days.

The second outstanding issue is the spike protein production.

[00:15:00]

One of the things we do from a regulatory perspective, this is not really— If I want to label this as a vaccine, and I will use that term because regulatory-wise that's the way it was seen— It is really a pro-vaccine, because the active drug is the spike protein, not the mRNA. The mRNA acts as a pro-drug which gets converted to the active drug. This is not uncommon in pharmacology. We have a lot of pro-drugs we use. There are certain major advantages to using them sometimes. But what we normally would see is that if we have a pro-drug, we want to know the structure and the function of the active drug as well.

And this I found as the specific obligation number one. When I read the ePAR in January, I was quite struck with the language used by the regulator: "A severe deficiency of the characterization section is" that we don't know what that spike protein looks like and you haven't given us enough information for us to assess whether or not that pro-drug is converted to the active drug in a way that satisfies regulatory processes.

And this language was quite strong, and I was quite amazed because this shouldn't really be an issue. This really shouldn't be a problem. That was one of the things I told my family. If I don't even know what the spike protein looks like, I'm not going to take this until I find out.

Figured it was just a matter of time. June '21 came along: nothing. And as well, December '21 came along: nothing. I looked for any evidence of the spike protein for two years. And I called this "Censored" because this little pharmacy school in Ohio published this in March of 2022. And you could see here that you actually—this is Moderna, though—had protein production up to 12 days. And these researchers were quite surprised by that.

And I want you to read this section here out of their paper: "In communications with Moderna and Pfizer regarding the proteins expressed by their synthetic mRNA vaccines, each company's medical information group disclosed that they had not examined the protein dynamics for more than 48 hours" after it was transfected in cell culture; that's how we measure it. "Owing to its proprietary status, they would not disclose any information related to the nature of the protein that was expressed."

This would mean that the spike protein is proprietary, or it's information that is only kept within themselves. That does not mean the regulator does not have access to that information. Regulators deal with proprietary information all the time. When I worked for PMPRB, we knew the prices that they were probably planning to price the drug at, which is really proprietary information. So there was no excuse as far, or there was no real reason why Pfizer and Moderna couldn't give the information regarding the spike protein.

It actually did come out. I found out about it with the judicial drop, the Judicial Watch documents in February of this year; we did get what they provided to the EMA. And as you can see here, the EMA was still not happy with this information, because the sizes weren't what they expected it to be. Pfizer said, "Well, that's because there's sugars on this spike protein," which is true: the virus spike protein is covered with sugars, which affects the kinds of antibodies that are made. So the EMA said, "Well, strip off the sugars, redo it and verify it with more quantitative tests called mass spec." And eventually this was done, but

not done until February 2022, when the EMA say, "Okay, we're satisfied." But as far as I know these things were not verified with mass spec. So the complete knowledge of this spike protein is still outstanding.

**The second related problem is: Does it get converted? And if I transfect or I put those lipid nanoparticles on cells, do they go in and do I get a spike protein? This is measured through cell flow cytometry assay, which you see here. In the top line: you see this S1 green, that spike protein? Hah! You know the cells do make spike protein. It does not quantify if the expressed spike protein will be elicited**

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or have the desired immune response in vivo, in active living organism, and it does not quantify how much spike protein is made. And the EMA still have problems with some of this testing.

I will give the commissioners the YouTube video that my friend— David Weissman goes to these FDA meetings. The FDA has a vaccine advisory group that advises them. And eventually in June, Dr. Portnoy asked Dr. Gruber from Pfizer how much spike protein is made and for how long. And Pfizer's answer is, "Well, we really don't understand that. We really don't understand the way vaccine works, but we feel it's an academic problem or an academic question, because we've got the antibodies. So it doesn't really matter so much how much protein we make or for how long." And this is where it stands.

At the end, the head of Pfizer R&D, Kathrin Jansen, who retired in November said, "We flew the airplane while we're still building it." And I think that's really quite true. They went from step to step and really were behind the eight ball the entire time.

What you see behind this clip from Dr. Jansen is the European Medicines Agency's procedural steps and scientific information after authorization. There are 80 pages of this stuff. If you read it, you see there's a change to an importer or to a batch release site, a site where any manufacturing took place. We change in manufacturer starting materials, change in how you make it, lots of changes in tests and et cetera. And what Jansen said is, instead of scaling it up to a big, big thing, they scaled it up to six or seven little factories, which of course means you had even more issues with contamination and fragmented.

One thing that I didn't actually— okay, so do I have enough time? I just want to go briefly over lipid manufacturing. Lipids are made spontaneously. They're not like a chemically made thing. You have the lipids in ethanol, and they're synthetic as well. The mRNA is in water and what you do is you mix it at very high speeds, like a jet mixer. And Pfizer and Moderna don't even know how it works. This is under separate patents and the pH is **changed, and by its swirls and all this stuff, they basically self-assemble into these little nanoparticles.**

**There are lots of issues with the little nanoparticles. They are sometimes not that stable. Over time they get bigger—and sometimes it takes six months—but they naturally grow bigger. And one of the reasons we have PEG on the outside is to stop them from getting bigger when they bump into something else.**

**We think of them as being round, with the lipid nanoparticles on the inside. This is a picture of one that— And you can see a few are empty: you don't see any mRNA. And if you stress them—this is freeze and thaw, freeze and thaw; this is more than one freeze and thaw—they'll start to what we call "agglomerate," or start to clump together and fuse, and**

sometimes you can release the mRNA out. We're not sure. And that's also dependent on pH. And also, the Japanese found if you shook it for five minutes, like really shake it, vortex shaking, the lipids all fall apart.

**But a regulatory assessment of the LNPs was as novel excipients. What does that mean? It means the excipients are separate, non-pharmacological. They have no intrinsic activity of their own, they just enable the drug substance to be applied to the patient in the right form, and supports the way and place of action without being active themselves.**

**Under the regulation, the WHO 2005 regulations, you do get some toxicology profile, repeat those toxicity, some kinetics or biodistribution, and a few tests on general toxicity, teratogenicity, which I will not address.**

What was not assessed by the WHO guidelines? No assessment of how long the actual individual lipids really last in the body. They did some preliminary work and supposedly we call a half-life of 25 days.

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So you multiply that by five—that's what we do in order to determine how long it takes to get rid of all of those little lipids, not the nanoparticles, but the lipids. Thank goodness they're very small amounts, so the EMA said, "Well, it looks like it lasts a long time, but they're tiny. It's really small amounts, so I don't think it's going to be a problem." No verification of that though.

Drug interactions were not assessed because vaccines don't cause drug interactions. But in this case, this particular product did, and we had a few patients end up in hospital quite sick with interactions with an anti-schizophrenic drug, clozapine, because it is so inflammatory and transiently in the liver that it can interfere in some patients with some drugs.

We have an issue called CARPA. This was an outstanding issue for me. And it is complement-activation-related-pseudo-allergy. It looks like an allergic reaction but it's not, and it's due to the fact [inaudible] take on a nanoparticle. This is known. We have a drug that we give in chemotherapy, which is a nanoparticle with a chemo inside: doxorubicin used in breast cancer. And we have lots and lots of CARPA-like reactions from this, and it's well known, and we have lots of protocols on how to manage it.

CARPA, if you're not managing or looking for it, can be dangerous because there's amplification and patients can get pulmonary hypertension. They can drop their blood pressure, they can have bronchospasm, and it looks like an allergy. But it is not the typical **anaphylaxis of IgE allergy—though it's treated the same. We don't look at secondary pharmacology and pharmacodynamics. Genotoxicity and carcinogenicity was not done, because these are natural MRNAs—I disagree with that characterization—and natural lipids—I also disagree with that characterization. So therefore, we don't need to worry about it. That was the rationale used for the WHO 2005 guidelines.**

**The environmental risk assessment: Well, you would do that for gene therapies, because you would look to see where the genetic therapy in the lipids go to, whether or not they're excreted as exosomes. In fact, we found that to occur with the Pfizer vaccine in a paper done here in 2021 by Bansal, where they found— Exosomes are little bits of the cell wall, and inside was a spike protein and partially digested lipoproteins. And these can move to**

other parts of the body and actually transfect and provide the spike protein into another cell.

**In addition, there's a product that's very similar that is a gene therapy product that has similar lipid nanoparticles, doesn't have mRNA. It's a non-coding, and a very, very small RNA. They found that they have some—they call them exosomes as well, that float around for a long, long time. And my colleagues and I are wondering if this is the rationale for shedding. It needs verification, it has not been studied; it is just a potential possibility as one reason why spike protein or mRNA can last in the body for some time. And it doesn't cause as much cytokine stimulation compared to intact LNPs, which can be quite immunostimulatory.**

Speaking of that, here are some of the toxicity assessments done with rats. Just this month, they actually published the rat liver studies, or the rat toxicity that they did. And this is a picture right from the trials that was used for the regulatory assessment. You can see a bunch— This red in the middle, off in the lower left side, is an artery with blood in it, and little white dots that they think is a bit of lipid accumulation. It wasn't considered really super important, but it was a potential possibility that meant that we have some toxicity in the liver.

And what happened here is that the results of this study was September of 2020. And we had already started the clinical trials. Under normal circumstances, we'd either do a reassessment or amendment on the trial and measure, say, the liver function tests in a set of people, to ensure that this potential signal that was found here is not found in humans.

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And actually, the EMA said, "Well, you know, it doesn't look too bad," and I would agree with that. "But we also have the patient data that's coming in and assessed in clinical trials, so we'll be able to know if this is an ongoing issue." Unfortunately, to best of my knowledge, the people who know the clinical trial data better— I don't believe that liver function tests were measured on a regular basis, and someone could correct me if I'm wrong on that.

On the biodistribution side, I think most of the people understand some of the issues regarding the biodistribution. And I will say a few things. One, if it was assessed as gene therapy, that signal that stopped at 48 hours—because we only have data to 48 hours— would not have stopped at 48 hours. It would have continued until we had those signal detection. This biodistribution study labeled the lipid nanoparticles. The issue with that is it doesn't tell you how much spike protein is made. So just because the lipid nanoparticles that we see, and were tagged, went to these organs, it doesn't necessarily mean that there's a lot of spike protein made. It is likely, but that assumption needs to be tested.

**In addition, if the lipid nanoparticles have luciferase in it—which is the issue that was here—instead of the actual mRNA that is in the vials, that is in the commercial product, there's no guarantee that the biodistribution will be the same either. Because sometimes packing—you know, those mRNA, the packing within a lipid nanoparticle—can sometimes change its biodistribution.**

**Most importantly, there were no Specific Obligations imposed on either the toxicity issues or on the biodistribution issues, which means that there are no further studies that might be required for future mRNA vaccines. And this, in my assessment, should be changed.**

Lastly, assays and tests. This was a new platform, as they say in regulatory language. We had no standards against which we could measure things. What is the right test to measure how much RNA is in those vials? Do you use this, do you use that? And even if you know which tests to use, how are they going to be done? This is what we call a pharmaceutical standard, or United States Pharmacopeia.

We use this in hospital. There are certain criteria on how we have to clean our hoods, and we can't just use any old alcohol: a specific alcohol. And we have to do it in a certain way, with a certain amount of coverage. It is very well spelled out so that you can guarantee every little pharmacy, hospital pharmacy in Ontario or whoever's following, are doing the same thing. That's a compendial standard.

There are no compendial standards for many of the tests that are used. They are currently being proposed and in talks. So hopefully that will improve things quite a bit.

The contaminants that are found in making the mRNA: We had some previous testimony about the double-stranded RNA contaminants, the entire plasmids, which is a risk—a huge risk perhaps—for genomic integration. Though I remain actually—I think that may not be, but that's just me. Double-stranded RNA. Endotoxin. Endotoxin. Endotoxin: Is what's found in the E. coli cells that you use to make the plasmid DNA. Very hard to eliminate from these products. Endotoxin is ubiquitous and it's extremely toxic. This is what causes septic shock. And this is what I saw in ICU, in the patients who got sick with gram negative bacteria: It's the endotoxin that causes much of the damage in septic shock. We need to have compendial standards. We need to make that endotoxin as low as possible. And that is an ongoing issue that needs to be resolved.

The EMA reviewer, I think was summarized here, had some very poignant observations. They said, "inherent variability in making this product." "We are going to have difficulty testing," especially on the potency side. "It's a brand-new technology," we don't know where it's going further. "Potential toxic impurities,"

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and a "risk of bioavailability issue."

These guidelines are wholly inadequate. And in fact, the WHO is actually making new guidelines, which I think are still not going to be sufficient, because they're still not going to be assessed as gene therapy products.

This is what was discussed and how these products, especially the Pfizer product, was analyzed by the European Medicine Association.

**And that is my testimony.**

**Shawn Buckley**

Thank you, Maria. I'll ask the commissioners if they have any questions.

**Commissioner Massie**

Thank you, Dr. Gutsch, for this presentation. I have a couple of questions. The first one is, given the change in regulation, I was not aware that the classification of these mRNA-based vaccines had been amended so long ago; I thought it was more recent. So, I'm wondering—

because they hadn't mandated it more than 10 years ago, and they were probably already testing some mRNA vaccines for a number of indications like cancer and so on—why is it that the industry and the regulatory agency have not taken the steps to ensure quality attribute in production and biodistribution and so on? It seems to me that there's kind of a gap—

**Dr. Luz Maria Gutschi**

A big one.

**Commissioner Massie**

—in the quality that you would expect normally for still a new product. I mean, this is not a product that has been used that broadly.

**Dr. Luz Maria Gutschi**

Correct. You would expect that some of the quality issues would have been worked out ahead of time. And I don't know why they had so much— I think they weren't expecting the issues with the IVT that they found with the in vitro transcription. And all the truncated— That they weren't expecting. They were trying very hard to get the double-stranded RNA out, and the endotoxin out, and the DNA out. I think they had worked that out pretty well.

The problem I have with those contaminants is that we're not taking into consideration they're transfected, so that they're in the cell as opposed to outside the cell that you would get, say with endotoxin; you would have the endotoxin outside the cell and you wouldn't have it in. I'm not sure that was taken into consideration. But you're right. And it's not only the way I feel; it's not only that these things should have been thought upon, or it's maybe the scale-up was an engineering issue that lab and other researchers did not consider. It is sometimes how I feel as a pharmacist when orders come to us. It's like, "How am I going to operationalize that order? Because there's a bunch of steps here you guys haven't considered." And maybe there was that gap of understanding: the engineering aspect that wasn't there, number one.

And number two: It was obvious to me that it was going to be approved December 2020 no matter how bad it was. Because all of the issues that were coming up in November, I think, some of them might have been able to be solved by, say, March of 2021. Hold it off for three to four months. And that wasn't done. That's another question that I had.

But I agree. I think there were a lot of unforeseen situations that was on the biotechnical engineering field that was not considered by the researchers. That's my feeling.

**Commissioner Massie**

**My other question has to do with the requirement by EMA on the quality—critical quality attribute of the product. If I remember well, what was qualified in the batch produced for clinical trial didn't seem to be the same level of quality in the large-scale commercial product. And I think I heard you mention that they were asked to try to get a solution for that, but it seems that this was not possible or was not done, and then it seems that the solution was, "Okay, we'll just raise the standard."**

**Was that what happened? And what kind of concern would that raise with the quality of the product?**

**Dr. Luz Maria Gutsch**

Oh, it's huge.

[00:40:00]

The critical quality attributes are what has been placed— So you come up with a standard batch that you think is your quality batch. It defines how much the RNA integrity, how much purely RNA, how much of the contaminants are allowed, and how good the LNPs are. So it was quite a long list. And that was defined, as you said, for the clinical batches. And they basically dropped it all! Including the double-stranded RNA, because it was a big fight you could find in there where they said, "The standard that you put forward, Pfizer, we don't like." And yet a month later, it was accepted.

Yes, it seems to me—and this is just my impression—that the batch standards were lowered. So that basically anything that came out of the factory was acceptable. So that there would be very few batches that would be turned away. That's the way it looked like to me, that any batch was going to be accepted.

Including batches with stainless steel particles in them. I don't know if anyone remembers that story of Moderna's: In September '21, a bunch of doses were sent to Japan, and they had stainless steel particles you could see with your eye in them. And they should never have left the factory floor, or the fill and finish. Remember I said they have optical eyes, and they have people actually looking at them before they're sent out. I cannot understand, based on all my years of experience, how something with particulates that you can see with your eye—with the naked eye, you don't even need an optical or anything—left the factory floor. And yet it did.

**Commissioner Massie**

With respect to batch quality, we've heard in other testimony that it's possible that the activity of the different batch would actually vary, meaning the level of spike protein or the quality of spike protein that was produced from a given batch. And we've also learned that there seems to be some batch from the VAERS [Vaccine Adverse Event Reporting System] database that seems to have more adverse event associated with it.

You could look at it from two different angles. The one that has the highest amount of adverse event could have been the batches that were more active, if we speculate that the adverse event is the result of spike production. Or it could be because of all kinds of contaminants in the batch that are triggering unknown reactions in people.

What is your take on that?

**Dr. Luz Maria Gutsch**

I think it's all of them. But one that I am concerned about—that really, I think, needs some more work—is that CARPA syndrome I talked about. We do know that in the beginning, Pfizer's product line— just as it was leaving, just as they were approving it, they found particulates in the Pfizer product. And if you look at the monograph—this is the stuff that the pharmacists look at—it says you should be looking at the vials. Each of them. If you see particulates, you throw it out; you don't use it.

**And what was happening there: The lipid nanoparticles were agglomerating and they were getting big and they could get more toxic that way, and cause what I think is that allergic CARPA reaction.**

**I'm also thinking that it's not only the mRNA, it's that the lipid nanoparticles were made in such a way that they weren't stable enough. One of the reasons is that the buffer that was used by Pfizer did not keep those LNPs from agglomerating. So they changed to the Tris Buffer in October '21, which is the same one as Moderna had, and that stabilizes the nanoparticles. That might play a role.**

**Those lipid nanoparticles are quite fascinating, and it's taken me a long time to wrap my head around them. And they can be quite toxic under certain circumstances. So let's not rule out the lipid nanoparticles. And let's not rule out that you can have differences from vial to vial in addition to batch to batch. Okay?**

One thing that I found out recently: Remember I showed you they mix them at the end? The lipid nanoparticles are diluted out and they're mixed in a big bioreactor. What they found is that you don't have the same mRNA at the top of the vat, the middle of the vat, or at the bottom of the vat.

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So it's quite possible as they're filling their batches that not every vial has the same amount of mRNA. That is a possibility as well. And that is the difficulty of making a stable solution of the lipid nanoparticles.

**Commissioner Massie**

Yeah, on that note, I was wondering about— You mentioned that the lipid nanoparticles were assembled from lipids, right? Is there an issue, to the best of your knowledge, with the source of lipid, where they're getting it? And do we have assurance of reproducibility of the lipid quality?

**Dr. Luz Maria Gutschi**

In the beginning, that was an issue. And the EMA identified, "How do you make it? Were there contaminants in there?" Et cetera. That has gotten better. That is the one thing in these products that has improved: they've gotten new manufacturers; the quality has improved so that it is much more reproducible. It's easier to make lipids than it is mRNA. However, most interestingly is that you do have some metals like arsenic and lead in it just from the process, in very tiny amounts that normally would pass toxicology because it's an **exposure— Tiny amounts: we have it in our food, we have it in other drugs that normally would not cause a big problem.**

**But what they found is that those metals act like a catalyst. And you ended up with reactions in between the lipids and the mRNA so that they formed what is called chemically an adduct. And when you have adducts you don't have the mRNA available; it basically is ruined. So that might be another reason why some batches or some vials did not have mRNA available to be translated, because it was adducted to the LNPs.**

**Yeah. All kinds of problems with manufacturing this product.**

**Commissioner Massie**

Maybe one last question. The scale-up or the commercial production of these mRNA required an incredible logistic, in terms of having different manufacturing sites, different sources of material that would come from different places, and the assembly of the final product may be in other places. So that requires that every step at these different sites is properly, I would say, controlled for quality—examined and checked.

Do you think that the regulatory agencies had, or currently have, the resources to do the typical inspection that they would normally do for production of such large quantities of an injectable product?

**Dr. Luz Maria Gutsch**

No, I don't think they were done. I think the Americans tried and the Europeans tried. But it was hard to do. Some of them were done virtually. And they're just behind, right? You get qualified a year later rather than before you start making it. You basically get the paperwork. Paperwork looks good but this site inspection could sometimes take a year.

And that's not only for this product, okay? This is true for many, many drugs and many, many products we have on the market. That office is understaffed and the site visits of manufacturing plants is a huge, huge problem all across the Western world.

So, no, I don't think so. I don't think they were kept up. And who knows? Yes. Another problem.

**Commissioner Massie**

Thank you very much.

**Dr. Luz Maria Gutsch**

You're welcome.

**Shawn Buckley**

So are there any other commissioner questions? There are, okay, and I have a couple more too after they're done.

**Commissioner Kaikkonen**

Good afternoon. I'm just going to ask a more practical question. On your "Not Assessed" slide, one of the points was the drug interactions were not assessed. So if I extend this thought a little bit further to vulnerable populations living in government subsidized low-income housing, or a group home, for example, where mandates were demanded, vax for all occupants: Could this mean that there were no medical considerations, interventions, or oversight for pharmaceutical medications already prescribed?

And I'm going to take it to the bipolar population. Where they're diagnosed as bipolar, they didn't go to the pharmacy where the pharmacist may have had access to their already-prescribed medications. Rather, a nurse came into their facility and vaxxed them. I'm just wondering what your thoughts are.

[00:50:00]

**Dr. Luz Maria Gutschi**

I would say, at the rollout or in the beginning, this was not considered at all—that there would be any drug interactions with this vaccine. In general. And so that wasn't under consideration. I think astute pharmacists found that they were seeing deterioration in some of these patients that you're talking about and had access to their drug files. And with Clozaril in particular, because you're measuring the white counts, which are directly related to the levels of Clozaril, you could see that happening before your eyes. So that is how that was picked up. And it just required a mind to ask these questions and assess them. And so then the case reports started coming in that this is a potential problem.

But originally, no. That would not have been given a consideration. At all. And it is a concern to me because you read case reports, and you see people getting acutely psychotic or acutely having some mental health issue for a few weeks after vaccination. And the vaccine as a cause was never, ever considered. Except in retrospect.

**Commissioner Kaikkonen**

Thank you. That's all.

**Commissioner Drysdale**

Good afternoon, doctor. There was just a few things that I thought I heard you say, or picked up, and I wanted to confirm my understanding. We've heard a fair bit of testimony concerning the vaccines. And one statement I believe you said is that you did not feel it was likely that there would be genomic integration.

**Dr. Luz Maria Gutschi**

Yeah. That has to do with the circular DNA that Kevin McKernan has found contaminating them. I am not certain that the—I don't have the expertise to say that. I'm just saying that needs to be looked at as a potential risk, but I am concerned with the actual action of the mRNA within the cells as well. So let's not forget that. That's really what I'm trying to say.

**Commissioner Drysdale**

But I want to make sure I understand this, because I've asked this question from a number of different witnesses who talk about— Hopefully I get the term right, I'm not a doctor or a pharmacist. "Reverse transcription," was a word that was used before.

**Dr. Luz Maria Gutschi**

I'm sorry. Reverse transcription, I'm not that familiar with it, because it's very a genomic thing. So I can't make any comments regarding that particular aspect of these vaccines. If it was assessed as a gene therapy product, though, this would be assessed right off the bat, right? So that you would have the answers to that.

**Commissioner Drysdale**

That's an interesting thing that you talked about. You went through the definition of a gene therapy—and this clearly is a gene therapy. I need help with this, because then I heard you say, "Well, they said it was a vaccine. And then they assessed it as a vaccine, but it's really a gene therapy."

Is that, is that like— Oh gosh, I'm trying to think of historical examples where something with— Oh, I know one: Mr. Buckley mentioned a number of times that certain provinces had snitch lines but in Manitoba, they called them "ambassador lines." So you went from being a snitch to an ambassador. Are we talking about the same thing? It really is this, but we'll just call it this.

**Dr. Luz Maria Gutschi**

It is very, it's regulatory kind of language. In regulation, oftentimes the indication, what its use is going to be, dictates the kind of clinical trials. So Pharma gets very good at picking out what they think their drugs should be used in for the first indication, even though they really plan to use it in this disease. They will do the studies for this one, which opens up the door for the second. So it is probably an issue with how regulation works.

In this case, though, I think it was a bit egregious, because it is a gene therapy product. It probably needs its own regulatory path, in my view. Right? Because you would design the clinical trials to meet what you would need for vaccines,

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but all the other kinds of tests you would do for a gene therapy product. So that would be what I think should happen. And I think that's probably the route that they'll take.

**Commissioner Drysdale**

I want to comment— I don't want to lose the thought about genomic integration. My understanding of what that means is, in my terms, that there's a potential—perhaps unrealized or unevaluated—that the effect of this could be to change the genetic blueprint in the receptor's body. And the genetic blueprint is the DNA, as I understand it, actually is the instruction set or the recipe. I'm trying to speak in terms that I can understand—I'm not a doctor—and that perhaps the folks listening can understand.

The DNA, as I understand it in talking with previous witnesses, is kind of a drawing or a map or a recipe as to how to make other cells. And if you integrate something foreign into that, who knows what that plan is now telling us? So we could have issues with cancer. We could have issues with—I'm being silly, but—instead of getting a liver, you get a heart. Is that what we're talking about?

**Dr. Luz Maria Gutschi**

Yes. Well, it's the mRNA itself— I guess there are studies that show it can potentially be reversed, that's the mRNA, it can be reverse transcribed in, so you don't need DNA in there. And it all depends where it gets reverse transcribed in, is my understanding. So if it's done in cells that are rapidly dividing or in germ cells, like in ovaries or testes, much more important than, say, it's reverse transcribed into a muscle cell, because it's not going to make anything, necessarily.

Then we have the second part, which is the contamination with intact DNA plasmids. It's much easier for them to do genomic integration. And that is, I think, the testimony that I also listened to from Laura Braden.

So there's two separate issues: The intact DNA plasmids, which are contaminants that should not be there, and that's one issue. And then the mRNA itself, can it go and reverse

transcribe? And those are issues that need to be resolved. And I really can't comment any further than that.

**Commissioner Drysdale**

I understand. But again, this was not something that was given to a hundred test subjects in a laboratory. This was something that people were— And I'm not sure, I'm not a lawyer either and I do not understand the difference between "coercion" and "forced." People keep saying that the vaccines were coerced into people. And when someone's threatening their job, and someone's threatening your livelihood, and someone's threatening your children, I don't know what the difference between coerced and forced is, and maybe we can get Mr. Buckley to shed some light on that.

But this was not something that was given to a hundred test subjects that agreed. This was something that was given to billions and billions of people in the world, and we don't know these fundamental questions.

And what Dr. Braden was talking about: This reverse transcription or this integration into the genome, we could have unleashed a Pandora's box on our planet. And we don't know the answer to this.

**Dr. Luz Maria Gutschi**

Yep. And I would say the mRNA itself, the biosynthetic mRNA, you could describe the Pandora's box even just for the modified mRNA.

**Commissioner Drysdale**

Two last, more easy, questions. Did I also hear you say—because I asked this question previously of other witnesses—and I thought I understood you to say that the vaccines that were used in the trials were not the same vaccines necessarily that came out in production when you went to your drugstore and got it put in your arm.

**Dr. Luz Maria Gutschi**

Correct. That is a big, big issue. Because of the production and the manufacturing and the quality between the two products, they are, in my view, totally different products, and should have undergone some kind of verification that the commercial batch products was going to give you the same safety and efficacy as those in the clinical trials.

**Commissioner Drysdale**

One last question, doctor. In December of 2020, we heard from testimony, Health Canada came out with a written statement to all Canadians that this vaccine could be trusted, that it was produced in a rigorous process,

[01:00:00]

and that it was being monitored in a strong monitoring system. In your opinion, is that statement correct?

**Dr. Luz Maria Gutschi**

When I heard that, I went: Did you read the ePAR? I said, "How could they say that is a strong, high-quality thing?" I guess their definition is not mine, is all I can say regarding that. That's not what I would expect of a good manufacturing product.

I'd like to make one more note regarding this. We have regulators— Or for instance, the incorporation of the FDA in 1906. Their role was for quality control, was for labeling and adulteration. Because prior to that, kids were dying because they were given syrups that contained cocaine in it, or heroin, that was not on the label. The role of the FDA when they were first put into being was not for safety and efficacy, it was for quality control. And I feel that all our regulatory agencies have failed their basic mandate.

So yes, their definition does not meet mine.

**Commissioner Drysdale**

Thank you very much.

**Shawn Buckley**

Maria, I've got a couple more questions that just came to me as the first question—

**Dr. Luz Maria Gutschi**

Of course!

**Shawn Buckley**

Because Commissioner Drysdale was asking you about reverse transcriptase, and you're talking about— Well, you're insinuating it could be worse if this would collect in things like ovaries or testes, which I think you referred to as germ cells. But isn't it true that the research is showing that is exactly where these mRNA particles congregate?

**Dr. Luz Maria Gutschi**

Yeah. So, it could be a potential—yes. The biodistribution study needs to be redone because I'm not sure how much it actually shows. It could be worse than what we think. And it could be better, I'm not sure; considering the side effects that we see I don't think so. But it could be actually worse than what was the data that we actually have. So I just want to keep that in mind, that that is a potential possibility.

As far as all this molecular genetic stuff, I'm a pharmacist by training. This is new to me, so my expertise is really limited in this area. I don't want to step outside my bounds.

**Shawn Buckley**

But you are an expert in the manufacturing process, and you've used some wonderfully technical terms. But a lot of the people participating are not going to understand those.

**Dr. Luz Maria Gutschi**

I know.

**Shawn Buckley**

And when you and I were discussing things, you actually said, “Are you going to ask me this question?” Which used a non-scientific term. That was: “How did the European Medicines Agency change their mind on the good manufacturing practices nightmare?” And it’s the word “nightmare” that’s jumping out, because that’s a very scientific term such as “train wreck.”

How would you describe in layperson terms the quality that was coming out at the end of the manufacturing process?

**Dr. Luz Maria Gutschi**

I thought it wasn’t even fit for veterinary purposes. Nothing against— They’re actually very good drugs, but I thought this was swill.

**Shawn Buckley**

You mean veterinary drugs are good drugs.

**Dr. Luz Maria Gutschi**

Yes, they are good drugs. “I wouldn’t even give my dying cat this,” is what I said when I first read it. I said, “How could anyone let this product leave their factories?” I was absolutely horrified when I first read the ePAR. And then when I read the documents that were leaked, the confidential documents: It was at least a little bit good to hear that the EMA, the bench regulators, the regulators who are actually looking at the data, were also concerned. So it wasn’t just me. They were also quite concerned with the quality.

It’s obvious that something happened between November and December 2020. That all the issues that were brought up. There was large turnover in EMA after these drugs were approved. There were some high-profile people who left. I feel that, yes, there was a lot of internal turmoil. And that this normally— Even for a pandemic! Which is usually what I am told while it was a pandemic. And I’m thinking, it’s not always better to do something than not to do something.

So, “We needed a vaccine, it’s better than nothing!” And I think that is a fallacy, and it may not have been better than nothing.

[01:05:00]

**Shawn Buckley**

So let me lead you a little bit. Am I correct that the European Medicines Agency identified some atrocious quality control issues?

**Dr. Luz Maria Gutschi**

Yes, they did.

**Shawn Buckley**

I mean shocking quality control issues.

**Dr. Luz Maria Gutschi**

Yes, they did.

**Shawn Buckley**

And then, within a short period of time, they basically gave Pfizer a pass on these quality control issues.

**Dr. Luz Maria Gutschi**

Correct.

**Shawn Buckley**

And following that, there was an exodus of personnel from the European Medicines Agency.

**Dr. Luz Maria Gutschi**

There was a few high-profile— I can't remember the person's name. There was one or two that left that were— And I remember reading about it but I don't have that collection, that actual news item. But there was somebody who did. Same thing in the FDA as well. And we know Marion Gruber left in mid-2021 because of the way the FDA was reviewing these products.

There were some people who were quite upset about this internally, that I'm certain of.

**Shawn Buckley**

Right and, "this" meaning basically giving pharmaceutical companies a pass on quality control that is literally dangerous.

**Dr. Luz Maria Gutschi**

I believe so. And I want to make one point regarding that. It's unusual for pharmaceutical companies themselves, manufacturers, to make drugs of this low quality. It's bad for their brand. It isn't necessarily about money. Because these drug companies, if you remember, they would always fight against generics: "We make the drugs better than generic manufacturing. Our quality is better." We have biosimilars, like different companies. We have generic Humira now. And there was a big fight in the—

**Shawn Buckley**

If you don't mind, I'm just going to focus you because we are short on time. And I was just trying to get the answer from you that this was a shockingly unsafe quality.

And then the final question. You teased us when you were giving your presentation, and you said, when you first saw these quality concern things, that you and your family would wait to see if they were resolved. Were they ever resolved for you and your family?

**Dr. Luz Maria Gutschi**

No, we suffered. None of us got vaccinated. My daughter— She has a PEG allergy, did not get a medical exemption. She was seven months pregnant and had to leave early and has

not gone back to her hospital job. My son lost his position as a young trumpet player in an orchestra, which is extremely difficult to get. And my husband, he got his privileges taken away as a physician working in a hospital.

And me, I was always worried I was not going to be treated well, because I have a chronic condition and concern about being admitted to hospital. So yes, it was difficult for all of us. None of us got vaccinated. And it was not a good time.

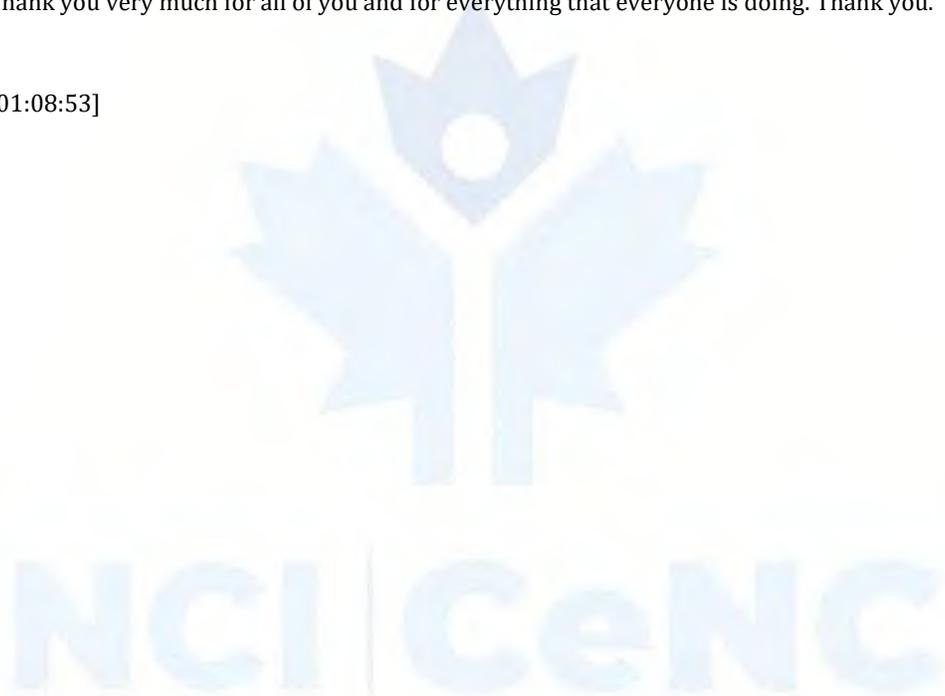
**Shawn Buckley**

Thank you. I don't think there are any further questions. Maria, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

**Dr. Luz Maria Gutschi**

Thank you very much for all of you and for everything that everyone is doing. Thank you.

[01:08:53]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 5: Stephanie Foster**

**Full Day 2 Timestamp: 05:46:44–06:15:00**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Shawn Buckley**

I'm pleased to announce our first witness this afternoon is Stephanie Foster. Stephanie, can I begin by asking you to state your full name for the record and spell your first and last name, please.

**Stephanie Foster**

Stephanie Foster, S-T-E-P-H-A-N-I-E F-O-S-T-E-R.

**Shawn Buckley**

And Stephanie, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Stephanie Foster**

I do.

**Shawn Buckley**

Now, just to introduce you to people, you have worked as a legal assistant in the past?

**Stephanie Foster**

Yes.

**Shawn Buckley**

And then you went on to become a teacher assistant?

**Stephanie Foster**

Yes.

**Shawn Buckley**

And you had been back and forth between Ontario because the father of your children lives in Saskatoon?

**Stephanie Foster**

Yes.

**Shawn Buckley**

Okay. Now, when you were a teacher assistant, my understanding is there was a requirement by your employer that you get vaccinated?

**Stephanie Foster**

Yes. I had to get vaccinated or I wasn't able to do my job.

**Shawn Buckley**

Can you tell us what happened with your vaccination?

**Stephanie Foster**

I had to get vaccinated or I would lose my job. Then also, at the time, my uncle had terminal cancer. So, my family wanted us to get my children and I vaccinated so we could come see our family. As well, as my children needed to fly back and forth from Ontario to Saskatchewan. So, they needed to be vaccinated to fly back and forth.

**Shawn Buckley**

Right. So, what happened to you personally after you were vaccinated?

**Stephanie Foster**

After I was vaccinated the first time?

**Shawn Buckley**

Yes, so maybe tell us about both shots.

**Stephanie Foster**

Pardon?

**Shawn Buckley**

Tell us about both shots.

**Stephanie Foster**

Both shots?

**Shawn Buckley**

Yeah.

**Stephanie Foster**

Okay, so my second shot, I had got it on July 11th, 2021. And after that, on August 13th, 2021, I had a seizure. I do have epilepsy; however, my last seizure was in 1999. So I do believe that the COVID shot has given me seizures again, or brought them back.

**Shawn Buckley**

I'll just put that in perspective: when you last had a seizure, you were 18.

**Stephanie Foster**

Yes.

**Shawn Buckley**

You're now 40. It was 22 years between the two.

**Stephanie Foster**

Right. And then, I also had my first booster shot at the end of January of 2022. And the end of February of 2022, I had a seizure again. Both times of those seizures, I had also lost my license.

**Shawn Buckley**

So the Motor Vehicle Branch would take away your license because they're worried you have epilepsy again.

**Stephanie Foster**

Yes.

**Shawn Buckley**

Now, did you have a problem after your second shot, with blacking out and falling down?

**Stephanie Foster**

Yes, I would get dizzy sometimes—I still do—and have blackouts and fall down. Just not really shaking like seizures, but just episodes that just don't make any sense.

**Shawn Buckley**

Okay. And when you say blackout, basically you lose the ability to see? Or what are you describing when you say blackout?

**Stephanie Foster**

Blackouts, sometimes, where I just can't see. And sometimes, I'll have a blackout where I'll just fall down.

**Shawn Buckley**

And had that ever happened to you before you were vaccinated?

**Stephanie Foster**

No.

**Shawn Buckley**

So that was something that was brand new.

**Stephanie Foster**

Yes.

**Shawn Buckley**

Now, your mother's deceased now, but her name was Carol Pearce?

**Stephanie Foster**

Yes.

**Shawn Buckley**

And my understanding is that your mother, Carol, was at Shopper's Drug Mart to get basically her booster shot?

**Stephanie Foster**

Yes.

**Shawn Buckley**

Can you tell us what your experience of that was?

[00:05:00]

**Stephanie Foster**

My mom was visiting me at my house that day and she had asked me if I would go with her to get the booster shot. I had begged her not to get it and told her I believed it was giving me seizures. She said she wanted to get it because she felt she needed to keep up with the Joneses and she just felt like it was something she had to do to keep everybody safe.

So she went—and I had given her a birthday present that day, an early birthday present—and she was supposed to come back after her shot. She left and when she was at Shopper's,

right after she got the shot, she texted me and told me she was waiting her 15 minutes. And I said, "Good job." And then, I think it was about seven minutes later— She died.

**Shawn Buckley**

**What's the next thing that happened with you, because your mother obviously stopped texting. How did you find out that there was something wrong?**

**Stephanie Foster**

**My brother phoned me and he told me. This was about 45 minutes after my mom left my house. My brother phoned me and said, "Mom's in an ambulance and the ambulance driver said, 'get to the hospital and expect the worst.'" My brother said he's on his way to pick me up. I just started screaming, "No! No, this isn't right!" And they picked me up. All the way to the hospital, I prayed to God that she was alive. Then I got to the hospital. Right away I asked them, "I want to go see my mom," and they wouldn't let me in. They kept telling me I had to wait; I had to wait. I just didn't understand why I had to wait. They told me I had to wait for a social worker. I didn't understand because I thought, you know, a nurse would just come and bring me to her. So I just had a feeling right then that something wasn't right.**

Finally, a social worker came and took us into this room and told me that a doctor was going to come and talk to us. I just had a feeling right then that it wasn't good; it wasn't good. I couldn't stop crying. And two doctors came into the room. All I heard was the one doctor said, "She's gone." I didn't hear anything else of what the doctor's saying because my mind just blacked out. I just started crying hysterically, and I just said, "I want to see my mom."

So a lady took me to see my mom. I just laid there with my mom and I kept telling her to wake up. She wouldn't wake up. Then, the doctors said I could stay with her until the coroner came. And then the coroner came and she sat beside me and I kept saying—I was screaming out loud to the doctors, to the coroner, to everybody, saying—

[00:10:00]

"The shot killed my mom! The shot killed my mom!" Like, there was no way the shot did not kill my mom.

My mom was healthy, she was super healthy, there was no health problems with my mom at all. When she left my house that day, she was perfectly fine. Then she got that shot, then she died. Seven minutes after, she died. And I see her in the hospital right after and she was gone. So I kept telling them that it was the shot; it was the shot. The coroner hadn't even looked at my mom, hadn't even touched my mom. She just sat there right beside me in the chair. I said, "No, it's the shot," and the coroner said, "No, it's natural causes."

**And I knew right then: You're lying. You're lying to me. There's no way you know that.**

**Shawn Buckley**

Sorry, I turned my mic off.

**There's actually video footage of your mother coming to your house that day and then leaving that day [Exhibits SA-8 and SA-8a].**

**Stephanie Foster**

Yes.

**Shawn Buckley**

Just because your neighbour has a security camera that's motion sensor.

**Stephanie Foster**

Yeah.

**Shawn Buckley**

I'm just going to find those. So, David, can you set up so that my computer is showing up on the screen? I'm just going to go back to the beginning.

So, that's your mother there in the red jacket?

**Stephanie Foster**

Yeah.

**Shawn Buckley**

And so, that's her coming to your house that day. And I'm just going to play it again because you've told us that she's healthy and it looks like she's just walking normally.

And, now, I'm going to play the video of your mother leaving. And so, this will just be minutes. This is her on her way to Shopper's Drug Mart. And I'll just play that again. I just want people to watch to see: she appears to be just a healthy, normal person. That's what you were describing is just, your mother was a normal, healthy person at the time.

**Stephanie Foster**

Yeah.

**Shawn Buckley**

Now, after this happened, some people reached out to you on Facebook. Am I right about that?

**Stephanie Foster**

Yes.

**Shawn Buckley**

And David, if you can just pull up my computer screen again. Now, you sent me basically, a Facebook string [Exhibit SA-8c]. And this is from your phone. Am I right?

**Stephanie Foster**

Yes.

**Shawn Buckley**

I'm just going to scroll down. This is actually the text conversation, the last text conversation you had with your mother.

**Stephanie Foster**

Yes.

**Shawn Buckley**

She had texted you on this thing, "Book your COVID shot and come with me. Shoppers on Herald." And you text back, "I don't want another one." And she texts, "Okay." And then you text, "You coming over?" And she says, "Waiting the 15 minutes, LOL." And you say, "Good job." And she says, "Thanks." And that's the last communication you ever had with your mother.

**Stephanie Foster**

Yes.

**Shawn Buckley**

And I'm sorry to be upsetting you with this, but we so appreciate you sharing. I'm just going to scroll down a little more because this Wendy Janzen reached out to you on Facebook. My understanding is a few people reached out to you on Facebook who either were there or had heard about what happened from others who were there?

**Stephanie Foster**

Yes.

**Shawn Buckley**

I expect there was more conversation than this, but Wendy Janzen writes to you on Facebook. "Three days ago in Saskatoon, Saskatchewan, a friend's grown daughter was standing in line with her son at the pharmacy. They saw a long line of people waiting for the needle. A woman received the needle and collapsed immediately; help arrived quickly and she could not be revived. Everyone else just stayed in the lineup for their turn."

[00:15:00]

Am I correct that you heard that from other sources, also? That, basically, people stayed in line to continue getting the shot.

**Stephanie Foster**

Yes.

**Shawn Buckley**

I'm also going to play—it's difficult to hear, but it's the 911 recording [Exhibit SA-8b].

Stephanie, you sent me one; I clipped the talking before and after, so we're just down to the 911 clip. It's difficult to hear but I just want to play it, because you sent it because they actually refer to the COVID shot as being a cause.

David, you might have to crank the volume up and I'm just going to start playing that. I apologize everyone, it is a little difficult. Oh, that didn't work, did it? Do you have that 911 one? That's not the— We'll let David play it on his system.

**[Audio recording 911 call, mostly inaudible]**

**Shawn Buckley**

I'm sorry, Stephanie, I know that's difficult to hear that. But I thank you for sharing that. That was at least the paramedics reporting that it was the COVID shot. I appreciate they're not doctors. Yeah. Thanks, David.

Now, something else happened and that followed afterwards. Because this created a bit of discussion in Saskatoon. People were concerned about what happened to your mother. And my understanding is that, so a couple of days after your mother died, somebody went to the pharmacy with just kind of the intention of seeing how they were going to respond to questions about your mother. Does that sound right?

**Stephanie Foster**

Right. Yep.

**Shawn Buckley**

You were able to get a copy of this and you've sent this to us.

**Stephanie Foster**

Yes.

**Shawn Buckley**

Okay, so, David, I'll ask you to play that. And so, just so people understand, this is not Stephanie. This is somebody else who's just decided to go back to the pharmacy and see how they would respond. Well, first of all— The first question and answer, listen carefully too, it's really interesting.

**[Video] Unknown Speaker**

Do you guys do COVID shots here?

**Pharmacy Employee**

We do. We don't do walk-ins. It's an appointment. If you want, I can give you our QR code and you can sign up for it.

**Unknown Speaker**

I have a question regarding the safety of it. Have you had any issues, recently, with anybody?

**Pharmacy Employee**

Yeah, I mean, like, there is the possibility for side effects.

**Unknown Speaker**

Like, what kind of side effects?

**Pharmacy Employee**

Um, sore arm, fever, that kind of thing.

**Unknown Speaker**

I heard that somebody died here two days ago right after that.

**Pharmacy Employee**

We aren't commenting on that.

**Unknown Speaker**

Why? If I want to get a shot, shouldn't I know these things first?

**Pharmacy Employee**

We're not commenting on that, that's what my manager told us.

**Unknown Speaker**

When you have to get a medicine, don't you have to let people know?

**Pharmacy Employee**

That's not the case with a privacy issue, I'm not allowed to do that.

**Unknown Speaker**

Okay, I'm going to hold off because I heard somebody died.

[Video Ends]

**Shawn Buckley**

Now, Stephanie, you've shared with us symptoms that you had following the shots, before your mother died. But my understanding is just the mental shock and grief of what happened has led to some further medical complications?

**Stephanie Foster**

Yes.

**Shawn Buckley**

Can you share with us those, please?

**Stephanie Foster**

I've gone through quite a bit of trauma.

[00:20:00]

**When my mom first passed, for at least the first four months, I was basically numb. I couldn't accept the fact that my mom was gone. I couldn't sleep. I maybe could get an hour's sleep. I couldn't take care of myself. I couldn't take care of my kids. I have severe fibromyalgia, severe PTSD. My health has just deteriorated so badly. I've gained a lot of weight. I've just basically gone completely downhill.**

**I've had a period where I went three weeks where I couldn't even talk. I couldn't even walk. And if I did talk, I sounded like a robot. It would hurt to talk. I went to the hospital twice. They didn't know what was wrong with me. They did CAT scans. They did all kinds of tests. They just sent me home with pain meds. And I saw three different doctors in the walk-in clinic. Same thing. They looked me over. They didn't know what was wrong with me. Sent me home with pain meds.**

So I was scared. My family was scared. We all thought that I was never going to get my speech back, that I would never be able to walk again. I was looking into sign language and had my kids look into sign language. And then eventually, I started slowly being able to speak again. Slowly being able to walk again. Still a little bit difficult to walk. Now, the doctors are saying that I need surgery done on my spine.

So it's just one thing after another after another. And it's just, they say— I've been to a neurologist. I've been to every kind of doctor, except a psychiatrist, because every doctor I go to says I need to see a psychiatrist. Now the problem is that I don't have a psychiatrist I can see yet.

**Shawn Buckley**

When we were watching that video that somebody had done, when they went back to the pharmacy and they asked if there's any side effects, and the lady said, "Yeah, basically soreness in the arm and fever," I know that would have upset you to hear.

If you could say something to the pharmacy concerning your mother, what message would you have for them?

**Stephanie Foster**

I want to know why they didn't help her. Why didn't anybody help her? Why did everybody just stand in line? It doesn't make any sense. I feel like she could have been helped. I feel like she could have been saved. I was told by people that everybody just stood there and by the time somebody came there, they checked her pulse and there was no pulse. I believe that if somebody got to her right away, instead of everybody just standing around, they could have done CPR and brought her back.

**Shawn Buckley**

**And I understood it's been reported to you by several people that the line just kept going forward and people kept getting jabbed.**

**Stephanie Foster**

**Yes. I feel like they just left her there, like she was nothing; like she was just a nobody. Like, "Come on, next! Who's next? Come on, let's just get on with it."**

**And that breaks my heart so badly.**

[00:25:00]

And then it was afterwards when the doctors and everybody is saying natural causes. No. She did not die from natural causes. And that makes me very upset because I felt like they just wanted to brush my mom under the rug and that was it.

No. My mom is a person and a wonderful person, and she should not just be brushed under the rug and forgotten about and say "natural causes" because nobody wants to say that she died from the COVID shot. And she did!

**Shawn Buckley**

Do you know what they listed on the death certificate as cause of death?

**Stephanie Foster**

They said that she had a massive heart attack. And that she died instantly. My mom never had anything wrong with her heart, ever.

**Shawn Buckley**

Thank you. I have no further questions but the commissioners might have some questions for you.

**Commissioner Massie**

Thank you very much for your very touching testimony. Did you ask for an autopsy for your mother?

**Stephanie Foster**

Pardon me?

**Commissioner Massie**

Did you ask to get an autopsy?

**Stephanie Foster**

Yes.

**Commissioner Massie**

Did you get the result?

**Stephanie Foster**

My brother has it.

**Commissioner Massie**

And what does it say?

**Stephanie Foster**

I believe it says, "massive heart attack." I haven't got to actually see the report.

**Commissioner Massie**

Is there a plan to do further investigation in the tissue of her heart to find out what triggered it?

**Stephanie Foster**

I'm not sure because my brother has the actual documents and I haven't been able to get access to them.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

I'm sorry for your loss. Did you get anybody at the drugstore reach out to you at all?

**Stephanie Foster**

Pardon?

**Commissioner Kaikkonen**

Did anyone at the drugstore reach out to you?

**Stephanie Foster**

No.

**Commissioner Kaikkonen**

Thank you.

**Shawn Buckley**

Thank you, so we have no further questions.

Stephanie, actually, I commend your bravery to come here. I know that it was difficult. And on behalf of the National Citizens Inquiry, I sincerely thank you for sharing this with us.

**Stephanie Foster**

Thank you.

[00:28:16]

**Final Review and Approval:** Jodi Bruhn, August 21, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 6: Ryan Orydzuk**

**Full Day 2 Timestamp: 06:16:03–07:28:04**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Louis Browne**

Next, we have Mr. Ryan Orydzuk. Mr. Orydzuk, can you please state your name and spell your last name for us, please?

**Ryan Orydzuk**

It's Ryan Orydzuk, R-Y-A-N O-R-Y-D-Z-U-K.

**Louis Browne**

Would you prefer to swear an oath or solemnly affirm today?

**Ryan Orydzuk**

I'll swear an oath.

**Louis Browne**

Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

**Ryan Orydzuk**

Absolutely.

**Louis Browne**

Thank you. Sir, what city or town do you reside in?

**Ryan Orydzuk**  
Edmonton, Alberta, currently.

**Louis Browne**  
And how long have you lived there, approximately?

**Ryan Orydzuk**  
Well, I lived outside of Edmonton for a short period of time, but pretty much my whole life.

**Louis Browne**  
Okay. And I understand that you worked as a federal public servant, is that correct?

**Ryan Orydzuk**  
Correct.

**Louis Browne**  
And how long were you so employed?

**Ryan Orydzuk**  
Just about over 15 years, I'd say.

**Louis Browne**  
Okay. And are you still so employed?

**Ryan Orydzuk**  
No.

**Louis Browne**  
Okay. Now, I understand that you're here today as an expert witness. We're going to get into your CV and whatnot shortly. And David, I can just maybe invite you to tee up— Mr. Orydzuk has a number of the documents we'll use, but we will be looking for [Exhibit] SA-9a in a moment.

**But, Mr. Orydzuk, can you just tell us, in a nutshell, what is your expertise?**

**Ryan Orydzuk**  
Primarily in occupational health and safety, recognized as kind of a jack-of-all-trades in that department.

**Louis Browne**  
Okay, and we have your CV up on the screen. So this document here, do you recognize that document?

**Ryan Orydzuk**

Correct.

**Louis Browne**

And do you want to just tell us, did you generate that?

**Ryan Orydzuk**

Yes.

**Louis Browne**

Okay, what is it? Tell us a little bit about this.

**Ryan Orydzuk**

This is just a document I use to kind of give a little bit of information as to my background. A little bit of what I've done, my most recent experience, some of the things that I'm proficient at, et cetera.

**Louis Browne**

Okay. And as far as your expertise in occupational health and safety, we're going to look at a document here shortly. But can you just tell us: How did you come to become an expert? How did you gain your expertise in occupational health and safety?

**Ryan Orydzuk**

It was primarily through Canada Post Corporation. I started out originally as a letter carrier with the organization and found myself what they call a Local Joint Health and Safety Committee Co-chair, after about five years of employment.

It was in that role that I showed some promise, I believe. Some executives thought I had some promise in occupational health and safety, so they told me to apply for a job as a safety officer for the Edmonton Mail Processing Plant [EMPP]. I was hired in the position, was successful in attaining it, and I worked in that position for about four years. I was peer-mentored for two years straight by a very competent safety officer. He showed me the ropes of everything I was doing and we worked as a team.

Then from there, obviously, there were lots of education events in relation to that provided by the Corporation. I did a little bit of external training. Because of my role and what I encompassed it was more of a generalist role, so I never specialized specifically in one aspect of occupational health and safety.

**Louis Browne**

Okay. And I believe, David, we're going to need the learning history, [Exhibit] SA-9a. I believe Mr. Orydzuk does not have that document.

If we could pull up that document, please—SA-9a? It's the learning history, second from the left there. Okay, yeah, that's the one.

Mr. Orydzuk, are you able to manipulate that document from where you are?

**Ryan Orydzuk**

Not that I'm aware of.

**Louis Browne**

Okay, if we could have that? Okay, sure, we'll come back to it.

Mr. Orydzuk then, let's go over to your letter of October 25th, 2001 [sic, 2021]. Are we able to open that? There we go.

[00:05:00]

So can you just tell us, Mr. Orydzuk: Do you recognize that document [Exhibit SA-9d]?

**Ryan Orydzuk**

Yeah, absolutely.

**Louis Browne**

And what is it?

**Ryan Orydzuk**

It's a document that I called my Letter of Informed Consent and this was a document that I sent to my employer. It's dated in October but it wasn't submitted to my employer until about mid-November. I originally was trying to speak to my employer verbally before I submitted anything officially. But this was the document that I gave them to advise them of the concerns I was seeing with a lot of the breaches of occupational health and safety policy.

**Louis Browne**

Okay. We won't go over it in detail but it is a fairly substantive document. In here, Mr. Orydzuk, though, I'll draw your attention to—for example, point number four. If we're able to go to that part of the letter, please. Therein you pose the question to Canada Post— And just to be clear, was Canada Post your employer at this time?

**Ryan Orydzuk**

Correct.

**Louis Browne**

Okay. So the question you posed at number four is, "Does Canada Post believe that their proposed vaccines are safe for their employees to take? From the start of the pandemic, Canada Post has stated that it follows the guidance from the Public Health Agencies of Canada. Vaccines are approved for use in Canada by Health Canada."

Do you recall generating that question and putting that in the letter?

**Ryan Orydzuk**  
Absolutely.

**Louis Browne**

Do you want to just give us a bit of background? Because I noticed that there are several references and links underneath that though. Just tell us what was the intention here, with point number four and all of these links and references that you have.

**Ryan Orydzuk**

Well, in essence, what I wanted to point to the employer—and again, this is about informed consent. So a lot of folks have been mentioning that through the testimonies. And informed consent from different aspects. It could be, you know, medical informed consent, people talking about employer informed consent.

But for me, I wanted to find out exactly what my organization knew about COVID and the vaccines themselves—everything to do with what they were implementing, right? So I posed to them 90 questions or so and I provided a bunch of research. Because I had researched this for probably about six months ahead of time, because they were announcing the vaccines— At the beginning of 2021, it came out.

I wanted to just find out where they were at with their level of knowledge and what they did in terms of their due diligence as the employer to ensure that what they were providing their employees was safe to take. This one question was just an obvious one: Do you guys feel that it's safe to take? They couldn't even answer something as simple as that.

**Louis Browne**

Okay, thank you for that. If we can just move over to point 12 in your letter, please. And therein you state: "Does Canada Post believe that the SARS-CoV-2/COVID-19 vaccines that they are mandating their employees to take are safe, when compared against the federal occupational health and safety definition of danger?" And then you had a link therein, as well.

So now we're starting to see a blend of your occupational health and safety training being infused into the questions. I mean, it's all throughout, but this question specifically brings to bear your occupational health and training expertise.

Can you just tell us a little bit about that particular question, what you were driving at, what you were hoping to get from your then-employer?

**Ryan Orydzuk**

Yeah, so when it comes to occupational health and safety, it's regulated by the federal employer. A lot of things—especially work refusals and any kind of process or work that the employee does—are based on the concept of danger or hazard or risk. If something is considered a danger by the legal definition that's provided by the Canadian government or the interpretive guidelines that coincide with that definition, then the employer should be informed of that danger and the concerns that they may be facing legal liabilities with that.

So for me, in this case, I was saying to the employer, "Do you recognize what the definition of danger is as it's written in the *Canada Labour Code*? And do you think that maybe, by

chance, these vaccines meet that definition as it stands?" It was my particular opinion at that time that it absolutely met the definition of danger.

**Louis Browne**

And what sort of response did you get from your employer?

**Ryan Orydzuk**

From the start of the pandemic, Canada Post has stated it follows the guidance of the PHAC [Public Health Agency of Canada]. And I received that answer for, I think, 78 per cent of the questions that I submitted. There were 90 questions.

**Louis Browne**

Okay. Just a couple more with the letter and then we'll move on. But if I could get you to go over to point number 14. Fourteen: "Does Canada Post consider myocarditis or pericarditis a serious medical condition? Would refer to Health Canada experts." And then you had a couple of links there.

[00:10:00]

What were you driving at with that particular question and what was the response?

**Ryan Orydzuk**

Again, this is falling in line with the definition of danger to a degree, in the fact that at that particular time, there was recorded events of myocarditis, pericarditis in people that were taking the vaccine. So again, for it to be a side effect of the vaccines themselves—and as Canada Post was implementing them as personal protective equipment—for me, I wanted to say, "Are you guys aware that this is a side effect? And do you think that this is dangerous, then?" Because that is a potential side effect of the vaccines themselves. So again, leading towards that definition of danger.

**Louis Browne**

Right on. Okay, last one in the letter and then we'll move on. I think it's on the same page there, but number 18. And therein you posed the question, or made the point to Canada Post: "Is Canada Post aware that the injections that they are demanding their employees to take—Pfizer BioNTech, Moderna, AstraZeneca and Johnson & Johnson—are currently listed in the National Library of Medicine under [clinicaltrials.gov](https://clinicaltrials.gov) as experimental, and that **these injections are not scheduled for completion until 2023 and beyond?**"

Again, just tell us a little bit about where that question was coming from, how it fit into your role and your expertise regarding occupational health and safety. What was their answer?

**Ryan Orydzuk**

Yeah. With this question, there was a lot of doctors at the time that I was following that were explaining that these were still under experimentation guidelines. And they were providing links in the documentation that they were putting on their websites or their web pages, whatever it was. I clicked on a few. I went to the clinical trials site. I checked out a

couple other ones in the U.S., for sure. They were showing that there was experimentations for all the vaccines still and they were all ongoing until 2023.

So to me, I was just again trying to illuminate to my employer: We don't know exactly what we're dealing with here. Maybe we don't want to push this forward yet because there could be some concerns that we're unaware of or long-term effects that we're unaware of. And I know maybe on its surface right now it could seem somewhat safe but we really don't know. So maybe we shouldn't undertake this as a workplace activity.

**Louis Browne**

Right on. And their response was?

**Ryan Orydzuk**

Again, very similar: following the Public Health Agency's guidelines.

**Louis Browne**

Okay, is there anything else about your letter that you'd like to reference or say at this point in time, Mr. Orydzuk? Otherwise, we'll go to the learning history.

**Ryan Orydzuk**

The only thing I'd like to say is, to me as a safety professional, given what I provided them straight off the get-go, this should have stopped any employer from continuing forward. Just based on the fact that I painted a very fair picture on what the legal liability was for the employer.

Not only that, I also made it very clear, abundantly clear, that the vaccines themselves met the legal definition of danger in occupational health and safety. So to me it was frustrating to have basically, a one-answer response for every question, right? So I couldn't figure that part out. But to date— I mean, this was all made part of an official work refusal at Canada Post. And I think any Canada Post employee could access this, if they just looked up the local Joint Health and Safety Committee minutes.

**Louis Browne**

Okay, thanks very much. So that letter of October 25th 2021 is already marked as an exhibit, SA-9d. So David, it looks like we've got the learning history up and running. Thank you for converting it.

**If we could turn our attention to the learning history. This here, Mr. Orydzuk, do you recognize this document?**

**Ryan Orydzuk**

Absolutely.

**Louis Browne**

What is it?

**Ryan Orydzuk**

It was a document provided by my learning and development team. It was originally in, I think, a different format. I just did some screen captures offline of all my event or training history at Canada Post as a federal employee.

**Louis Browne**

Okay, so is it fair to say that this captures a lot of your training at Canada Post, but there's still some courses that you took that are not captured here. Is that correct?

**Ryan Orydzuk**

Yeah, correct.

**Louis Browne**

Okay, so this is a 49-page document going over the various courses and in-house trainings [Exhibit SA-9a]. And again, I don't want to go through it in detail but if I could get us to page three of 49, please. Oh, 50, sorry.

So up at the top there, Mr. Orydzuk. Again, I just want you to tell us that it's the same format that we see. There's a document, there's a number, there's a title—in this case it's "A Workplace Free of Discrimination and Harassment (pre-reading)." There's a date and some other numbers and whatnot.

So just in a general sense, before we go into this one specifically, what do each of these entries tell us, as far as the course that you took, or the level of detail, or how much was involved, et cetera?

**Ryan Orydzuk**

Unfortunately, these ones don't tell you too much on the course detail itself. But I can say that this list includes 165 training events and I probably had over 1,000 hours of training, easily.

[00:15:00]

If not more, maybe even 2,000 in safety.

A lot of what I learned was all hands-on. That's where you really learn the job, by actually going through the process. That was why it was really good to be peer-mentored with a **Canadian Registered Safety Professional for the first two years.**

**Louis Browne**

Okay, great. So I do want to touch on a couple of the courses, just so we all understand the nature of your expertise. This one here: "A Workplace Free of Discrimination and Harassment." In a nutshell, what would that course have taught you? What knowledge would you get from that? How would you apply that in the workplace?

**Ryan Orydzuk**

It would depend on the level of the course. So different courses were given to different grades of employees, I guess you can say, because some people would have different responsibilities when it came to the actions with the courses.

For me myself, I believe this course would have been something along the lines of supervisory, so: How do you prevent this from happening? What do you do? How do you handle the employees? What do you record? Where do the documents go? Et cetera, et cetera.

**Louis Browne**

Okay. And if we could please go over to page 10. And if we could go one more down please, page 11, I guess.

So that one there, Mr. Orydzuk, where it says, "Introduction to Labour Relations (online)." I note that you completed this course and so again, we're not going to go through all of them but what would these types of courses have taught you?

**Ryan Orydzuk**

Yeah. So after my safety position at the EMPP, the organization did a big restructure and they pulled people from different parts of the organization and put them in, what was called, a human resources business partner role. And in that role my territory expanded, all my area of responsibility.

This particular course was all about— We were adopting aspects of labour relations. So I was 90 per cent safety but then I also had labour relations to deal with, and grievances. So they started to give me courses along those lines so that I could manage that as part of my portfolio. The labour relations course was: How do you respond to employee concerns? How do you prevent them from happening, so they don't go to a grievance? If a grievance does occur, what are the steps you have to take? How do you log it? Et cetera, et cetera.

**Louis Browne**

And so would you have also learned about the legal framework and the laws in some of these courses, or in that one in particular?

**Ryan Orydzuk**

Yeah, definitely. I would say more so in the safety aspect. Labour relations was dealing more with the collective agreement side of it, but Canada Post is governed under the *Canada Labour Code*, so that's like a subset. Occupational health and safety is part two of that, so that's a little bit of a different learning and a little bit of a different course material.

**Louis Browne**

So where would you have learned, for example, the obligations or consequences for an employer if they don't adhere to the occupational health and safety standards? Or would you have learned that sort of thing?

**Ryan Orydzuk**

You learn them in courses. I mean, they make it very clear. And when you hit that management step when it comes to federal entities, they provide handbooks, they provide everything in the world so that managers are very aware of their legal liabilities when it comes to occupational health and safety specifically. Because that's the stuff that a lot of employers—if they don't fulfill their due diligence, they can go to prison, they can suffer huge fines, et cetera.

**Louis Browne**

Okay, excellent. If we could please go to page 16. Yes, that one there. So I guess, three quarters of the way down, or the last full one, Mr. Orydzuk, it says, "Care to be Fair: Fostering Respect and Fairness at Canada Post."

Tell us a little bit about that course, what did you learn, how did you use that?

**Ryan Orydzuk**

Those courses were all about: how do you manage your relationships in the workplace, what the expectations are, how you address conflict discourse in the workplace. That was more of a lighter course. It wasn't heavy. I think it was, maybe 30 minutes to an hour. It was just to go through the basics of what you can do to address concerns, what you think discourse should look like between yourself and an individual in the organization, and how to resolve that. Specifically, again, if it doesn't have a resolution between yourself and the person that you have an issue with, you would raise it to your supervisors and go through that process and escalate.

**Louis Browne**

Okay, thank you. I think I've illustrated what I wanted to with respect to this, now 50-page document. Is there anything else you want to say about your learning history and the various courses that you took here before we move on?

**Ryan Orydzuk**

Nothing particular, no.

**Louis Browne**

Okay, that is already marked as an exhibit, as SA-9a. So at this point, Mr. Orydzuk, we will turn it over to you with your NCI testimony. Please, give us your testimony and your evidence.

**Ryan Orydzuk**

Thank you very much. I just want to thank the panel of course, for having me out to present this [Exhibit SA-9b].

[00:20:00]

I hope it's illuminating for everybody.

I just want to remind everybody here, too: this is a very quick and brief overview of occupational health and safety. I could honestly talk about this stuff and talk your ears off for probably about a week on it. I dig it. I don't know why. I just like safety, but there's a lot more to this.

A question to kind of start with—and this is important for the panel to consider, as well as anybody in the audience: If I was bringing this information to you as a safety professional and showing you that there were concerns, both with your liability and the risk of your own life and your employees' lives being at risk, would you consider continuing on with this? Because, ultimately, it could land you in a lot of hot water.

**Ann, the former pharmacist:** I listened to her discussions and I had to say I agreed with her on a lot of points she was making and I loved her touching on informed consent. She asked a question at the end of her interview, she said, "Who is accountable for all of this?" This is a question that everybody's been asking, right?

So I'm going to share with everybody who I think is accountable and how it all works and how maybe some of the occupational health and safety laws apply around this.

So who is legally responsible for the COVID-19 fiasco? Was it Big Pharma for creating the injections? A lot of people seem to think that. Was it the Public Health Agency for approving the use of the injections? Some people think that. Was it the government for pushing the mandate to begin with? Or was it even ourselves for making the decision to take the vaccine in the end?

And I don't know, maybe a bit of this is all true, but for me, it was your employer. It was everybody's employer because, up until the point employers decided to put in workplace vaccination mandates, it was an option for people to take the vaccine. It wasn't until the employer said you had to that everybody did a mad rush to go get a vaccine, because they didn't want to lose their jobs, right?

This comes back to something that my parents used to say: If all your friends jumped off a bridge, would you jump, too? And what we're, kind of dealing with in this situation, to a large degree, is the Milgram Experiment. What we have is an authority figure—and it's not just an authority figure that's providing pressure on you or coercion to do something. Like it was mentioned earlier, they're forcing you now because they're making it a condition of your employment and it's affecting your ability to pay your bills, get food on the table, et cetera.

This is what happens at the end of it all, when people push things forward a little too fast and they don't do what's expected of them when it comes to occupational health and safety. **You start to wonder.**

**So employers— When they decided to put this in place, they should have asked themselves three basic questions: Am I actually required to follow this vaccination mandate because that's something that's going to come up in this? Is it even legal for me to implement this kind of vaccination mandate? And if I listened to the Prime Minister's request regarding a vaccination mandate, have I completed all my due diligence as the employer?**

I can say flat out: no, no, and no.

Let's take a look at the Prime Minister's own announcement—and this was right from his own desk. If we take a look at some of the pieces in here, it should have been very evident

to folks what this was intended to be, which was a workplace policy that they were implementing to protect you.

So as you can see at the very beginning, it says here that we're doing this "to protect the health and safety of all Canadians." Then he mentions, "As the country's largest employer," —so he mentions he's the employer—"the Government of Canada will continue to play a leadership role in protecting the safety of our workplaces." So again, this falls under occupational health and safety in the workplace.

"Employers in federally regulated air, rail, and marine transport sectors will have until October 30th, 2021 to establish vaccination policies." So he's referring to, what he calls his "Core Public Administration," which he is responsible for and the boss of. However, "Crown Corporations and separate agencies are being asked to implement vaccine policies mirroring the requirements announced today by the rest of the public service."

So in this sense, again, this is proof that the employers, especially mine at Canada Post—they were never mandated to follow this process. They were asked by the government to follow this process, which means they assume all the legal liability for the process itself.

Prior to COVID-19, what was going on? Employers typically didn't try to mitigate flu viruses in the workplace, right? If anybody had the flu, take a sick day, go home. And even back then, I remember, if I was sick, my employer would be like, "Well, come into work, we need you. Come into work. I know you got the sniffles. No big deal."

[00:25:00]

But then things changed.

They did not re-engineer the work environment to try and control viral spread. They did not provide their employees any sort of personal protection equipment to stop exposure. They rarely had any seasonal signs posted in their facilities. Most employers, outside of a few exceptions like the military and maybe the medical industry, never asked their employees to take an influenza vaccine or any other medical product as a condition of their employment.

Employers would never violate the *Genetic Non-Discrimination Act* by forcing employees to undergo genetic testing as a condition of entering or continuing a contract agreement with that individual. So what a lot of employers were offering were an accommodation process where you would go get a PCR test three times a week and keep confirming to the employer that you weren't sick, you didn't have COVID. That's going to be a part we're going to touch on here and I'm going to explain to you why the employer can't do that.

**Members of the public were never questioned on health and safety matters, nor were they asked to wear personal protective equipment. So our employers were literally asking people coming into the post office, "Can you wear a mask? Can you get a mask on?" And we never bothered any customers with that before and it just seemed kind of strange we were doing it now.**

After that, employers—this is post-COVID-19—decided to try and mitigate SARS-CoV-2 as a workplace hazard, right? They never did the flu before but all of a sudden, they needed to mitigate SARS. They began to build barriers and install Plexiglass walls in their facilities, which were completely useless. Employers went overboard with unproven personal protective devices that were never designed to prevent the wearer from COVID.

So the paper masks that people were wearing, the cloth masks, those aren't regulated personal protective equipment devices, right? People need to wear very specific personal protective equipment that needs to be designed to mitigate the hazard in question. And paper masks that aren't fit-tested to your face, they're not going to protect you against the virus. There's no way. So providing you that is just for show. It's just, "Yeah, we look like we're trying to do something."

Employers decided to put signs everywhere, constantly reminding people to use chemical hand sanitizers, wear their masks, and remain six feet apart from one another. Then finally, employers went to the extreme and decided to create vaccination policies. I mentioned the PCR testing. And of course, people were questioned and pursued regarding medical status and mask compliance. This was at every degree in the company.

So when it comes to federal employers, this is a little bit of a flow chart here to try and explain to everybody how it all works, what due diligence is. When any employer puts a new process, piece of equipment, or they initiate a new activity in the workplace, they have to roll everything under part 2 of the *Canada Labour Code* and the Canada Occupational Health and Safety Regulations. This is to make sure that they don't harm an employee and then miss something and then go to jail for it down the road. It's really simple.

What does this break down to? Well, there's certain aspects of this: there's the Criminal Code of Canada and there's the Westray Law. The Westray Law, what a lot of people don't maybe know about it, was a law that was designed to hold employers accountable after the 1992 Westray mine disaster in Plymouth, Nova Scotia that killed 26 workers. In that same situation, we had employers that thought they knew better than the employees that were raising concerns. They thought they knew better than the safety officers that were saying that the site itself was suffering from industrial hygiene issues. And then, sure enough, an explosion occurred from all the mining dust and 26 workers were killed. So then amendments were made to the *Criminal Code of Canada* that include the employer's liability in this.

Other acts that are in consideration for the employer while they're implementing the new process are the *Hazardous Products Act*, and this has to do with stuff like your WHMIS [Workplace Hazardous Materials Information System] categories. And everybody took that training when they went to the work, right? You take WHMIS training at the beginning. And then you have of course your hazardous products themselves—and these are the ones that are recognized and registered as dangerous goods. Then of course with my corporation we had collective agreements.

And these are all what I would call fail-safes of safety, right? The employer uses these to make sure that they're doing all the necessary steps so that they don't get themselves in trouble.

And these break down into further brackets. So under the Westray law, you have to consider the duties of the employer, which are all listed in section 125 of the *Canada Labour Code* and they're very specific as to what the employer is required to do. There's informed consent, there's the right to know, the right to participate, and the right to refuse—which is a very, very, very important part of this that everybody was denied, in essence. The definition of danger, in the OH&S Interpretive Guidelines that tell you what these definitions mean.

**Under the *Hazardous Products Act* and these other aspects here, you have your WHMIS, your GHS—which is your Global Harmonized System. And this is the labels that they put on dangerous products, and they're called Safety Data Sheets.**

[00:30:00]

**The labels are affixed to the products themselves and then the employer is required to provide these to employees so that they're aware of the potential chemical exposures in the workplace.**

**And then of course under the collective agreements, there's a bunch of safety stuff they need to look into, like the terms of reference. They need to consult nationally with their bargaining agencies to make sure that everything is going according to plan and the bargaining agencies need to agree with the corporation. They need to provide minutes of all these consultations. And again, there's various articles in each collective agreement that all encompass occupational health and safety.**

Again, we bring this all back. This relates to due diligence and the duties of the employer when implementing a new process, piece of equipment, or activity. So you have to make sure— The employer has to do all of this stuff, look at all these codes, and this is really just scraping a little bit out. They have to look at all of this before they decide to move forward with something, right? Because again, if it's not safe and somebody gets injured down the road and they didn't do their due diligence, they can be held liable.

So after the employer has confirmed the legality of their new process— So they go through that step and they go, "Okay, we can do this. This is legal. What are the next steps we have to take?" I won't go through all of these but this is just a slide that shows some of the specifics around what that project would look like.

And just, for example, I'll go through a couple points. So the first thing: "A primary initial discussion amongst the employer's executive stakeholders to determine if the newly proposed idea has any merit as a device or piece of equipment to protect an employee in the workplace." They would assign a policyholder and somebody that would carry out the project.

The project facilitator would then create a plan for the new concept that includes timelines, employee impact, job hazard assessments, health and safety committee reviews, certifications, et cetera. They might need to bring in third parties, other assessors, et cetera. "This person would formally create the change request with the corporation and follow the design steps to maximize corporate compliance."

**I won't keep going on this but this just gives you an idea of what— Once they determine it's legal then they've got to go through all these other steps, right? And I can say, I don't think a lot of this was done, right? This is what I'm leading to.**

**So how does occupational health and safety play into all this? Well, I think it's the piece that everybody's kind of been missing. And I think it's going to help everybody else that has concerns with the vaccines and how their employers and everybody else has been doing things.**

**In my opinion, this is something— Like I said earlier, if folks would have taken this process seriously with safety, it should have immediately ended any concept or any desire to implement vaccines. The bottom line is that these legally meet the definition of danger in**

my opinion, and we'll get to that. But once the employer saw that letter of informed consent that I gave them, it should have stopped them right in their tracks and they should have engaged me in discussion to understand a bit more where I was coming from. None of that took place.

All right. So what they should have done is that federal employers— When the vaccine mandate was announced by the Trudeau government, when they said, “Hey, we’re asking all you federal employers and Crown corporations to do this,” what they should have done is the directors and all the senior officers of those corporations, they should have used the Labour Code. They should have looked at it, put it right back in the Prime Minister’s face, in a sense, and said, “Hey, you know, I don’t know about this. I have a lot of liability that I have to deal with, with these particular clauses. I don’t know if this is a good idea. There may be some concerns that this is dangerous. We’re not going to go forward with this yet because we need to do a bit more investigation.” So they actually could have used this all to their advantage to kind of halt everything that was going on.

So let’s talk a little bit about this one particular section here, which is the *Criminal Code of Canada* and the Westray Law. Since its induction, employers have had to follow their legal obligations listed under Part 2 of the *Canada Labour Code*. This is not a new concept in any way. In fact, because of the Westray mining disaster which we talked about, amendments were made in 2004.

So section 217, this was the amendment or the clause that was added: 217.1 of the Criminal Code creates an occupational health and safety duty requirement for all organizations who undertake or have the authority to direct how others work or perform a task, to take all reasonable steps—and that’s very important to this—to prevent bodily harm to the person performing the work or task, and to any other person.

These are just some of the examples of the duties of the employers here. I didn’t pull them all out, it’s a very long, exhaustive list, but these are some of the key ones.

So “Every employer shall ensure the health and safety at work of every person employed by the employer... Without restricting the generality of section 124, every employer shall, in respect of every workplace controlled by the employer and,

[00:35:00]

in respect of every work activity carried out by an employee in a workplace that is not controlled by the employer...” Like a pharmacy or a place that you’re going to, to get an injection, for example. So some of these clauses here: “(c) except as provided for in the regulations, investigate, record and report in accordance with the regulations, all accidents, **occurrences of harassment and violence, occupational illnesses and other hazardous occurrences known to the employer.**”

And I have that bolded at the end there because occupational illnesses and hazardous occurrences were not being measured and investigated. You see, because what ended up happening is a lot of the injuries that we were seeing from the vaccines were chalked up to natural causes. If somebody had a stroke, they said, “It’s normal; everybody has strokes, you know; people have heart attacks. That’s a natural thing.” The problem for the employers is when they implement a device that they’re using in their workplace that causes these potential outcomes, every time an employee at that point would have a stroke or a heart attack it would need to be investigated as a vaccine injury. They couldn’t say it was natural causes anymore. It doesn’t work like that. They’re using it as a device and it’s

an activity in their workplace. So they have to investigate everything after that to see if it was because of their process.

**“(s) ensure that each employee is made aware of every known or foreseeable health or safety hazard...”**

**This one was very blatantly violated in my opinion. Especially with me, when I asked for my informed consent, I was expecting my employer to come back to me with some studies of their own to show me how they had done their due diligence. Nothing like that had taken place. So for me, it’s hard to fulfill that particular clause in the Code, where you’re making every single hazard aware to the employees.**

And it’s a foreseeable hazard, too. That’s the important piece of this. When you have a safety officer present a document with 90 questions and over 50 medical studies that shows that these are a danger, you should be transmitting some of those concerns to your employees if there is a potential that they can be harmed—especially if it’s coming from a safety professional.

**“(t) ensure that the machinery, equipment and tools used by the employees in the course of their employment meet prescribed health, safety and ergonomic standards and are safe under all conditions of their intended use.”**

Right? So the vaccines are a piece of equipment as part of an activity that the employer is using. They’re using the vaccines as personal protective equipment. So if that’s the case, the equipment has to be rendered 100 per cent safe. Because if you don’t have personal protective equipment that’s 100 per cent safe, you’re increasing or you’re multiplying risk for the employee. It’s really straightforward. I shouldn’t put on a safety vest and have a heart attack. I shouldn’t put on a safety hat or safety goggles and get a stroke. It doesn’t work like that. But this one particular piece of personal protective equipment, there were some issues with it and people were having adverse side effects.

**“(w) ensure that every person granted access to the workplace by the employer is familiar with and uses in the prescribed circumstances and manner all prescribed safety materials, equipment, devices and clothing.”**

So again, the employer is supposed to make you understand and be familiar with the devices that they’re asking you to take. If an employer doesn’t have any answers for you as to that device and they’re telling you to continuously use it, how do you know it’s safe? How do you know what you’re doing? How do you know your employer has done their due diligence? So that’s how that clause works.

**If we continue on, this has to do with the right to know. So every employee— And this is like informed consent for safety. So whenever you have informed consent in the medical industry, what’s going on is folks are going in, they’re asking about the dangers with their physicians of the vaccines et cetera, et cetera. That’s all standard. That’s the way it’s been forever, right? If you’re going to take a medical product or you’re going to undertake a medical procedure, it’s your physician that’s the one that’s always kind of telling you what to do about it.**

**When the employers, though, decide to take a medical product and use it as a piece of personal protective equipment, it’s no longer the physicians that are required to do it. It’s the employer that’s required to do it. The informed consent switches from the medical industry to the employer because they’re the ones that are using it as their device now. So**

they need to train you on it. They need to educate you on it. They need to make sure that they know what they're talking about. And they can't provide you your informed consent if they don't know any of that.

So as it says here, this is a definition right out of the Labour Code:

**You have the right to be informed of known or foreseeable hazards in the workplace and to be provided with the information, instructions, training, and supervision necessary to protect your health and safety... In addition, you are given the right to have access to government or employer reports related to the health and safety of employees through your policy health and safety committee,**

[00:40:00]

workplace health and safety committee or health and safety representative.

You have the right to refuse. So this is another piece that I was just blown away by. I was so upset with my employer as well as the Labour Board in a lot of ways. Because they should have handled this in a much different way.

What ended up taking place was when the employers put these vaccination plans in place—their policies, their practices—one of the things that I noticed was that there wasn't any piece in the entire process that spoke to when employees don't want to take the vaccine. It was just like you didn't have that choice. Whereas, in the past, if an employee refuses to do something that the employer is asking, it's required right away by the employer to diagnose that. Like, why are you refusing this work? And it becomes what could be a work refusal. And it's written right in the Code that they have to ask that.

But in this case, what happened with COVID: none of that happened. It was, "You're non-compliant." right away. And that was the piece that I just couldn't figure out. It's like, "Well, they're not non-compliant; they're all refusing your process. So you have to investigate every one of these concerns as a work refusal. It's not a non-compliant status. They're saying it's dangerous. They don't want to take it because they don't feel it's safe. So you have to investigate this." But that didn't take place. Everybody was just suspended or fired automatically, which is— Again, it's breaking the rules.

**Louis Browne**

And, Mr. Orydzuk, I'll just advise we're just under the 20-minute mark. But carry on.

**Ryan Orydzuk**

**Okay. So you have the right to refuse work if you have reasonable cause to believe that your workplace presents a danger to you; the use or operation of a machine or apparatus presents a danger to you or to another employee; and the performance of an activity constitutes a danger to you or another employee, right?**

So the activity itself is going to take a vaccine. The corporations made that very clear. Every corporation did because they wrote it into a policy or a practice and they asked you to go take two vaccines as a result. So that becomes a workplace activity, which again, the employer is responsible to monitor and make sure it's safe.

**This is the definition of danger we're going to get into and this is why this is so important. The definition of danger itself is kind of highlighted in the Labour Code. But what they do is they provide a big set of rules on how to read this definition and what it means more specifically. Because everybody, when they read it on a first glance, they may have a different interpretation of how it works. The Interpretive Guidelines make sure that they quash that, in a way, so that everybody's very clear, black and white: this is what this looks like, this is what the definition means, and this is how it's applied.**

**A hazard—as a lot of people learn in safety class—means a source of harm or risk to an employee. A condition means circumstances and, in particular, those affecting the functioning or existence of something. So that would be like, let's say, a forklift had a battery and it was smoking. You wouldn't want to go use the forklift if the battery was smoking because the condition of the forklift appears that it's dangerous. It's not in a good condition, right?**

Then activity itself means the task directly related to the employee's duties. And in this case that would be a vaccination policy.

"Reasonably expected." Okay, we're going to go through each one of these one by one. "Does not require that the threat materialize every time the hazard, condition or activity occurs." So when you take the vaccines, not everybody dies right away; not everybody suffers a side effect, right? So this meets the first point of this: it doesn't need to materialize every single time.

So let's keep going. Does it meet the rest of it? "It is not necessary to establish precisely the time when the threat will materialize nor does the threat need to materialize frequently." Okay. So again, some people have immediate adverse effects to the vaccines. They have a heart attack; they have something happen to them in the first ten days, which is the most common. But again, things could happen down the road at different times. You could develop cancer because of cell mutations, right? You could have a stroke down the road, six months later—I don't know, right? But nonetheless, it meets the next point of the definition of danger.

Let's keep going. "Only requires that a person determines in what circumstances the threat could reasonably be expected to materialize." This one's real easy: the threat's reasonably expected to materialize the second you put the injection in your arm. It's not going to hurt you if you don't put it in your arm. So really straightforward.

The last one: "There is more than one way to establish that a condition, hazard, or activity can reasonably be expected to be a threat. Evidence of actual injury in the exact same circumstances is not required." So you don't need to have the same injury occur in the same way every time, right? **And if you look at all the adverse events and all these databases from around the globe, there are all kinds of different ways that you can measure this last point.**

[00:45:00]

**There are all sorts of them. And again, evidence of it in the same circumstances is not required.**

**So I mean we've met— These are all the points of the definition of danger in the Labour Code. To me, I think the vaccines completely meet this, but we can build on this even more. There's way more to come.**

**“Other sources of evidence include: expert opinions; opinions of ordinary witnesses having the necessary expertise”—like myself, for instance; and “inference arising logically or reasonably from known facts.” So logically and reasonably, if there are databases of people having horrible effects to the vaccine, maybe you shouldn’t carry it forward because it meets the definition of danger, right? Straightforward stuff.**

**Moving over to the next piece of this— And this is another part of this that a lot of folks may not be aware of. Section 125 speaks to the further specific duties of the employer. This has to do with hazardous products and dangerous goods. I don’t want to dwell on this too much because there are some more important slides about this I’d like to talk about. But what this is basically saying is: ensure the concentrations of substances are controlled properly, they’re stored properly and handled in the appropriate manner; they’re also labeled by the appropriate SDS sheets, or the product labels; and then the SDS sheets are disseminated to the employee base, et cetera, et cetera. I won’t go into this too much but—**

I’ll skip through this—we’ll get back to the hazardous products here in a bit, I promise.

So are there any acts or regulations of concern for the employer? Yes, the *Genetic Non-Discrimination Act*, which I had mentioned earlier regarding the PCR tests. This is written right in the Act itself: “It is prohibited for any person to require an individual to undergo a genetic test as a condition of: providing goods or services to that individual; maintaining a contract or continuing a contract with that individual.” And that’s what every employee is in, right? So you’re working with the employer, you’re in that contract with them. You’re under a collective agreement or maybe you are management, you have an individual contract with them.

“Offering or continuing specific terms or conditions in a contract.” So in essence, here, what a genetic test means in this act, and they define it very well, is it means: “A test that analyzes DNA, RNA or chromosomes for purposes such as a prediction of disease, or vertical transmission risks, or monitoring, diagnosis, or prognosis.” So when you go for a PCR test and you get that thing shoved into your brain, what ends up happening is they’re looking for samples of RNA. So they’re literally diagnosing the RNA as a condition of keeping your employment, which is a violation of this act. Because (b) says you can’t do that as a condition of maintaining or continuing your employment contract.

The *Assisted Human Reproduction Act*: there’s a lot of debate still a little bit about whether reverse transcriptase is real. I consider it very real. I’ve read a lot of studies on it myself but I’m not a medical doctor; that’s just some of my own personal opinion based on what I read. But in essence, a clause in that particular code—and a lot of lawyers already recognize this—is that: “Human individuality and diversity, and the integrity of the human genome, must be preserved and protected.” And this is in the principles of the act itself. But more specifically, in the prohibited procedures, is: **“No person shall knowingly alter the genome of a cell of a human being or invitro embryo such that the alteration is capable of being transmitted to descendants.”**

**And right now, we’re hearing concerns of shedding and we’re hearing how some of this stuff might be getting transmitted to daughter cells and passed on through genetic lines. I don’t know for sure. I don’t have any proof. I can’t say that a hundred per cent. But this would be something for people to consider as a concern for the employer and what they were doing and how they were handling things. And this was enacted in 2004.**

So we keep on going here. The collective agreements: I won’t touch too much about this. I’m running out of a time here, but I’ll just keep going.

So some of the potential consequences of willful and amoral conduct by the employer and how this all ties back into Westray. Again, we talked about section 217, how every employer is required to do everything they can. It's a legal duty to take reasonable steps to prevent the bodily harm to a person, or any other person, arising from their work or their task. And this is where we start to see the definitions of criminal negligence. And I don't know necessarily. Again, I'm not a lawyer, I'm not a judge. But from my perceptions, I do believe that in my particular case, people were acting negligently when they didn't want to sit down and investigate anything that I was giving to them. Because what I ended up doing was I ended up putting in a work refusal. I sat down with my employer, I submitted to them those 90 questions. And I got one response back for every single question, right?

[00:50:00]

To me, I don't think you're proving your point as the employer, in your knowledge and your due diligence, by giving me one answer. And that answer—deferring your responsibilities over to a third party that's unaccountable—that, to me, is unacceptable by the employer and that's not something that the employer can do. They can't just say, "I have all these responsibilities in the Labour Code but I'm not going to do them for this one particular task. I'm just going to say somebody else can do that."

I'll be honest, an employer could do that if they wanted to. But if you decide to do that, you're running the risk that maybe that third party—maybe they missed something or maybe they don't understand the laws and occupational health and safety regulations because they're from a different industry. Maybe they don't know what the employers are required to do or prove to the employees as an aspect of occupational health and safety.

So again, it's okay to maybe defer your responsibilities to a third party or get suggestions from a third party. But I would still be double-checking on the third party themselves, even though they were the Public Health Agency of Canada. I wouldn't want to just be saying, "No, no, they got it; they got it." And I'd be adopting all the liability as a manager or director or something like that, right? So I would still be checking into the PHAC's work.

**Louis Browne**

Mr. Orydzuk, we've got less than 10 minutes left.

**Ryan Orydzuk**

Criminal negligence: "Everyone is criminally negligent who, in doing anything or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons."

**And the definition of duty is very simple: This is a duty imposed by law. And those duties that we're referring to are all the duties listed in part 2 of the *Canada Labour Code*. They're literally called the employer's duties. Duties of the employer. So that's specifically what they're talking about with this code. So if the employer didn't do any of this and they acted negligently, they could be charged, they could be prosecuted, and they could be serving prison time. And also, they could have a massive fine levied against their corporation or organization.**

**This is about criminal negligence. It's just an extension of 219.**

**So how are these vaccines legally tied to the employer? Because I know a lot of folks would say, "Well, the employer is going to say, 'well, these are the public health authorities, or these are Pfizer's, or these are the Big Pharma's.'" No. So because the mandatory vaccination policies and practices had been announced as a safety protocol to protect employees while at work, the senior officers within said individual federal entities immediately adopted all liability under part 2 of the *Canada Labour Code*. So they can't defer that away. They're going to use it, it's theirs; it's their device.**

**The employer cannot hand their legal liabilities over to an unaccountable third party in the PHAC. The employer is also required to render the equipment a hundred per cent safe to use, right? So if they're going to call it PPE to protect you against SARS CoV-2 in the workplace—which is the hazard that they're claiming that they are protecting against—better be a hundred per cent safe, because that's written right in the law.**

Employers can listen to suggestions that come from a third party or outside agency but they cannot defer their duties. I've mentioned this before. If the employer chooses to do this without maintaining their due diligence, then the employer could suffer the legal consequences of relying solely on one external source of information to approve their new piece of equipment or workplace process.

The definitions for employer and employee in the *Canada Labour Code*, as well as the Canada Revenue Agency, make it very clear that the employer is the one that employs one or more employees and provides you with your paycheck.

So somebody has to be liable. And if the employer is going to say, "Well, we're deferring to the Public Health Agency of Canada," I have no legal recourse against the Public Health Agency of Canada. You see? And that's how I think a lot of this was kind of being done, is everybody was kind of pushing it to somebody else saying it was their responsibility. "They're doing it, it's their mandate." Maybe folks just didn't realize that when they were adopting it as a workplace policy, it was going to be their liability.

Section 125 in the CLC states that the employer must provide every person granted access to the workplace by the employer with the prescribed safety materials, equipment, and devices. So really simple: because they're protecting against SARS-CoV-2 and the employer has written a policy to protect against that specific hazard, that instantly means that the devices that they're using to protect you against becomes their device; it's their liability.

This last point here is the most obvious one: As provincial workers compensation boards have already stated, employers that implement mandatory vaccination policies are subject to, and responsible for, managing their injury claims and responsible for covering the injury pay as a work-related illness or injury. The employer will also subsequently suffer **the raised WCB premium costs should their injury and claim rate increase due to the employer's vaccination policy.**

**So every province has recognized that— Vaccine injuries are WCB-related if the employer has put in a policy or a practice that said you had to do it as a condition of employment.**

[00:55:00]

**If you got injured by that vaccine and you get that confirmed by your doctor, WCB has to cover it. There are criteria for them to follow but that's showing that the employers are liable; otherwise, they wouldn't be paying for the claim, right? So they're the ones legally liable for it, it's nobody else.**

These are some of the bigger complications for the federal employers. Federal employers implemented their vaccination policy practice as a workplace safety activity. More specifically, assigning selected vaccines as a piece of personal protective equipment to protect against SARS-CoV-2.

We have to remember of course that the equipment they were assigning wasn't even protecting against the virus in question, which was the Delta variant, I believe, at the time. The mRNA was only coded for the Alpha strain. So then even providing that was already showing that it wasn't going to be effective. It wouldn't do anything, so what's the point of even giving it to people?

Because of this action, the following regulatory clause under section 12.04 of the Canadian Occupational Health and Safety Regulations—and this has to do with protection equipment and other preventative measures—must be applied directly to their policy thereafter. And this simply states: any protection equipment that is provided or used in the workplace must be designed to protect the person from the hazard in question and must not itself create a hazard.

Well, that's interesting. If anybody read the Pfizer's trial studies, which I did, five per cent of the adverse effects were COVID-19. Huh. I wonder how that clause gets met when the very device that they're saying protects you gives you the illness that they're protecting against? To me, I just couldn't wrap my head around this one particularly.

**Louis Browne**

Mr. Orydzuk, we've got about four minutes left. Why don't we just check in with the commission members just to see. Do the commissioners have any questions of this witness?

**Ryan Orydzuk**

Go ahead.

**Commissioner Massie**

Thank you very much for your very detailed and informative testimony. I have actually several questions.

First question is: In your experience as a health and safety officer, would you recommend to use any equipment or protocol for which the provider, the manufacturer, had complete immunity if the equipment doesn't work?

**Ryan Orydzuk**

The only equipment that I can think of— Sorry, can you re-ask that question? Just so that I can hear it again.

**Commissioner Massie.**

What I'm saying is, would you recommend to use protective equipment that you will get from a third party that is providing equipment if this third party has complete immunity if anything goes wrong with the equipment?

**Ryan Orydzuk**

It wouldn't be too relevant in that case because, again, the employer is required to make sure that the equipment itself is safe. I would say that I personally wouldn't be using anything if I knew that the manufacturer had immunity to it.

In this particular case obviously, I'm not 100 per cent sure but I keep hearing that the manufacturers—Pfizer, Moderna, all these—they're not given any liability. They're given guarantees that they can't be sued, right? For me, I would never, personally, do this. And when it comes to PPE, I mean comparatively speaking, when you look at let's say a biosafety security lab or the laboratory in Winnipeg there— It's a virology level-four security lab, I believe. Those folks, when it comes to a risk group level 3 human pathogen, which is what SARS-CoV-2 is considered, and that's relatable to anthrax, they wear the sealed, impermeable spacesuits with oxygen being fed in. They have the HEPA filtering particulates, masking, and everything that's included in it.

I mean, to me, if the employers are dealing with an invisible asymptomatic virus and they don't know when or where it's going to attack everybody and they're going to say it's a danger to everybody and that it's a concern that you need to take a vaccine, then why are your facilities open to begin with? Because you're just constantly exposing employees to something and providing them substandard personal protective equipment the entire time. You're placing them in danger every time they come to work. Especially if it's considered comparable to anthrax.

**Commissioner Massie**

My other question has to do with, when I read all of these details, a lot that I was vaguely aware of, I feel that it's been through a thought process to really cover every possible thing that you could face in a working environment.

[01:00:00]

And if these rules are properly followed, I feel that we're doing the best we can to ensure safety. Why is it then that they have not been followed? And what's happening in terms of accountability for people that overlooked the application of these rules?

**Ryan Orydzuk**

Currently, nothing's happening to them. I'm hoping that maybe with a little bit of information like today, sharing with folks, they might start to pursue some avenues and look at what the employers have been doing internally with COVID.

**Yeah, I don't know what more to say about it other than there hasn't been any accountability. I can't believe— Because all the testimonies have been about people that are just shocked. It's like the inverse, the upside-down they're dealing with in their industries, where everything has been turned over. And you're sitting there going, "I don't get it. We've been doing it this way forever and then all of a sudden with this, it's just everything is changed and thrown out the window."**

And it was done so quickly and so callously. Either it was people were afraid or they knew that maybe after they had implemented— Like especially, with my employer, I was hoping to really shock them with some of the stuff I had told them. Maybe they realized that they were guilty and that's why they just kind of kept pushing forward. And they just figured, "Well, if I'm in, I'm in, I can't stop." I don't know. Maybe they figured that they were caught.

But nobody's been held accountable in any way to date. I'm hoping that people start to dig into the safety aspects of their employers. Because I know that my employer didn't do anything with this. And further to that again, when I gave them that letter of informed consent, there should have been a discussion. Just give me an hour to talk to you about it, right? They gave me five minutes and said, "No, we're just moving you along the process, no danger." And I'm sitting there going, "Wow. I've been working for you this long as a safety professional and you're just ignoring everything I'm saying." It didn't make any sense.

**Commissioner Massie**

**There must be other people in your role within the federal government. Are you aware of other health and safety experts that would share a somewhat different view of what you're presenting here? And would sit down with you and say, "I don't agree with you for such and such a reason and I'm willing to explain to you that you're missing important points?"**

**Ryan Orydzuk**

Yeah. I would say that I was the only employee, I was told, that put in a work refusal at Canada Post out of 65,000 employees. But I forced it through.

When it comes to the safety colleagues and everybody else, I'll be honest: the people I was bringing this up to were all safety brothers and sisters at Canada Post, right? I was trying to get them on board with me and kind of explain, like, "Guys, we got to stop them because what they're doing is kind of crazy and dangerous and, you know, people could really be affected and people could go to jail."

A lot of folks didn't want to engage me in the conversation to begin with. But the ones that did and that were, I guess you can say, a little bit more amenable to what I was sharing, they absolutely were like, "Yeah, no, you make some good points." But when it came to the discussions and everything, everybody was dead silent. You know what I mean? Like, I was the only one bringing this stuff up. And every time I did, I'd get threats: "Oh, you're going to lose your job, I can't have you do this again, you're going to get disciplined," et cetera, et cetera. I'm just like, "Well, yeah, go ahead, you know? I don't want people to die, so go ahead and fire me," kind of thing.

But in the end, I think that a lot of safety professionals— There were some that would agree with me, others wouldn't even engage me in the conversation. I could say flat out that I think anyone that's a Canadian Registered Safety Professional in Canada—any safety officer—there's no way they could argue anything I'm bringing here. Nothing. They can't. They know it's right.

**Commissioner Massie**

**Maybe one last question. You mentioned that, for the genetic test, the PCR tests, there is a clear regulation that it cannot be imposed.**

**Ryan Orydzuk**

Correct.

**Commissioner Massie**

What about a rapid antigenic test? Is that also covered under the same rule or is it somewhat different?

**Ryan Orydzuk**

I would have to look more into the rapid antigenic one myself to see if it's analyzing for RNA or DNA. I don't know specifically, a hundred per cent. I do know that some of the PCR testing, I've looked into that, is sampling for RNA. I would say that is definitely a violation of the *Non-Genetic Discrimination Act*, yeah.

**Commissioner Massie**

Thank you.

**Commissioner DiGregorio**

Thank you so much for your testimony today. You've spoken about quite a few statutes and regulations—the Criminal Code, the Labour Code, OHS regulations, and the *Genetic Non-Discrimination Act*. I'm just wondering if any of those statutes or regulations, as far as you're aware, contain provisions that are specifically addressing vaccines and vaccination requirements with employees?

**Ryan Orydzuk**

No, there wouldn't be.

[01:05:00]

Because, again, employers never really implemented that. It would have been something, I think, that the medical industry would have dealt with at the time. But employers typically never asked employees to take this kind of product before or implement it. It was the first time they ever did it. So I would say no.

When it came to the vaccine ingredients, though—and this is an important fact—it does fall in relation to the *Hazardous Products Act*. Because SM-102, ALC-0159, ALC-0315—all the proprietary lipid layers there in all the different vaccines—those are all registered as dangerous goods. Literally. They have the signal word “danger” on the SDS sheets. They carry safety data sheets, meaning they're a dangerous chemical. The employer never gave this stuff to the employees. They never even knew about it when I brought up, you know, “Are these concerns with them?” As far as I know, they never informed any employee to **date that these were the ingredients that they were being injected with, right?**

**So the employer would have had to disclose that as one of the pieces of this. But there were no regulations prior to that that, I think, would have really affected vaccines specifically. Because nobody did it.**

**Commissioner DiGregorio**

Right. And so then I think I heard you say that what employers were really dealing with were trying to use rules that are not designed for vaccine mandates to figure out whether or not they could impose them. And that maybe they were relying on these— Well, I don't know if they were relying on them but there are rules that say that they have to take

reasonable steps to protect the health and safety of employees. Which is presumably what employers relied on to impose the mandate.

**Ryan Orydzuk**

Exactly.

**Commissioner DiGregorio**

But it's not really fit for service in terms of this particular category of potential harm in a workplace. Do you think, then, that we need specific regulations to address this type of scenario going forward?

**Ryan Orydzuk**

The truth is, all the regulations were there. The employer just blatantly—They decided to break every single bloody law there was. That's all I can say. Like, they're all there. This should have never gone forward. The second the employer looked at section 2 of the Labour Code, if they did any due diligence into the vaccines, how they worked, the technology, the ingredients— No. It would have stopped it immediately. Immediately.

**Commissioner DiGregorio**

And I think I also heard you in your presentation talk about an employee's right to refuse to work in a situation where they feel that they may be put in danger. Isn't the point of that kind of rule to ensure that you're not going to lose your job if you're put into a situation where you feel you're being faced with a danger?

**Ryan Orydzuk**

Absolutely. It's actually part of the process that there is no reprisal in any way from the corporation before, after, during—any of it. So you're paid during the whole process and the employees are entirely entitled to that.

It's my perception that they avoided that because there were so many employees that didn't want to take the vaccine. And not only that, it was just easier for them to mark them non-compliant rather than have all these employees—maybe thousands of them—bring forward medical studies and concerns in an official work-refusal capacity that would have to shut the process down. And then not only that, if people already went out and took the vaccine as part of the employer's practice then they would have been held liable. So I think that's why the employers just decided to say "you're non-compliant" this time instead of saying, "Well, this is technically a work refusal." Because under section 128 of the Code, they need to ask that question: "Are you refusing under the Canada Labour Code or the collective agreement that you're under?" And that wasn't even asked at all. It was just, you're non-compliant, suspended.

**Commissioner DiGregorio**

Thank you. One last question, and maybe I just missed this part of your testimony, but you mentioned that you're no longer employed at Canada Post. How did your employment end with Canada Post?

**Ryan Orydzuk**

They suspended the vaccine mandates there in 2022, I believe, in June. That in itself should show that this was never about safety. Because it basically shows that the vaccines didn't provide any safety if they're going to suspend the mandates after they told everybody to take it.

Sorry, I lost my train of thought. Can you ask that again?

**Commissioner DiGregorio**

The question was just: How did your employment end?

**Ryan Orydzuk**

Oh, yeah. Sorry. No, I originally was suspended. And then after the suspension ended, they invited, I think, some folks back into the workplace. For me I knew that legally, that wasn't a very good decision for me.

Not only that, given what I had gone through with the employer and what I had felt was just the most deceit and the most immoral conduct I've ever seen in my life, I would never go back and work for them. Ever, in my life.

**Commissioner DiGregorio**

Thank you.

**Louis Browne**

Thank you, Commissioners.

Mr. Orydzuk, just two final questions here. I just want to establish jurisdiction. Throughout all of this time that you were involved in doing all of this, where did this occur?

[01:10:00]

Where were you? City and province, please.

**Ryan Orydzuk**

I was living out of Spruce Grove at the time. And yeah, I mean, the work refusal itself took place in Edmonton, at the mail processing plant.

The first part of the work refusal was by Zoom call. And then I think I had a phone call with the NJOSH [National Joint Health & Safety] Co-chairs. But, yeah, everything took place out of Edmonton and I was residing in Spruce Grove at the time.

**Louis Browne**

And both of those are in the province of Alberta in the country of Canada. Is that correct?

**Ryan Orydzuk**

Correct.

**Louis Browne**

Okay, final question. Just in summary, sir, in, you know, 60 seconds-ish, what is it that you want this Inquiry and Canadians at large to take away from your evidence today?

**Ryan Orydzuk**

For me, I'll be honest— And there's so much more.

If folks are interested, they can always reach out to my community, because we're working with a group called Posties for Freedom. There's so much more information that people need to hear when it comes to this safety aspect. Because this is only 20 out of 80 slides I have, that you saw today. There's so much that I could talk about with you and I just hope that folks decide to look into what their employers were doing when it came to safety: Look into their national safety minutes. Ask their unions why none of this was addressed, why work-refusals were never afforded to them, why they were marked as non-compliant.

I just want people to start to understand what their legal recourse is and what they could actually do—and still do—in terms of following up with their employer. Because this isn't secret information. It's all written into our legislation. It's been around forever. You might want to question your employer as to what's going on.

Because I think it's the best way to kind of get some accountability going in Canada for what's taking place. Because this is just terrible.

**Louis Browne**

Mr. Orydzuk, thank you for your evidence today.

**Ryan Orydzuk**

Thank you.

[01:12:01]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 7: Adam Konrad**

**Full Day 2 Timestamp: 07:28:47–07:45:45**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Wayne Lenhardt**

Okay, Mr. Konrad, could you give us your full name, please, and then spell it for us. And then I'll do an oath with you.

**Adam Konrad**

My name is Adam Konrad, spelled A-D-A-M K-O-N-R-A-D.

**Wayne Lenhardt**

Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

**Adam Konrad**

I do.

**Wayne Lenhardt**

First off, where do you live and what do you do for a living?

**Adam Konrad**

I live here in Saskatoon, Saskatchewan, and we run a fishing guiding business on Lake Diefenbaker. We have a lodge and I'm part owner with my wife and my brother. And so, basically, a fishing guide, and I'm a family man.

**Wayne Lenhardt**

AV people, are you able to hear him? Oh, there we go.

**Adam Konrad**  
Sorry, I'll speak up.

**Wayne Lenhardt**  
Okay. So you own a lodge at Lake Diefenbaker and you basically take clients fishing. Is that fair?

**Adam Konrad**  
Yes.

**Wayne Lenhardt**  
And you've done this for a few years, have you?

**Adam Konrad**  
We started guiding part-time in 2008. We got pretty recognized in the fishing industry in 2007. I caught a world-record rainbow trout at Lake Diefenbaker. During that time, I was apprenticing as a mechanic and became a journeyman mechanic, 15 years. I worked through a few dealerships here in Saskatoon.

**Wayne Lenhardt**  
Okay, so you've done it for a while.

**Adam Konrad**  
Yeah, so, three years full-time. Ever since COVID came— In 2020, when COVID came I got laid off as a mechanic and I started guiding more. It just kind of went from there and we got really busy and I never turned back.

**Wayne Lenhardt**  
Your season starts in mid-May, am I correct?

**Adam Konrad**  
May 5th is opening day.

**Wayne Lenhardt**  
Okay. So, in April 2021, you got your first shot of Pfizer, correct?

**Adam Konrad**  
Yeah, I believe it was April 23rd. My wife and I went in and got our first shots of Pfizer.

**Wayne Lenhardt**  
And what happened next?

**Adam Konrad**

We started guiding May 5th, 2021. And, I don't know, it must have been about 10 days after my shot, my heart was feeling a little weird. I had no idea why it was feeling weird. I didn't even think anything of it; we've never had any heart issues in our family.

It was May 16th. I had just finished a day of guiding on the lake and I was back at Lake Diefenbaker. I was just staying in an RV. And I just finished watching a movie at about 10 o'clock. And I got up to get a drink of water and then go to bed. When I got up, my heart started feeling weird. It was pounding really hard. And I really had no idea what was going on. But all of a sudden, I could feel a really big pounding in my chest, so I called a friend who came over. I called a lady; she said I should take Aspirin because I might be having a heart attack. So I chewed Aspirin as quick as I could. A friend came over and put an Apple Watch on me. And there was a nurse that was nearby that came over and took my rhythm.

My heart actually went out of rhythm and my heart was beating at about 240 beats a minute.

Do you want me to continue with the story?

**Wayne Lenhardt**

Yep, sure.

**Adam Konrad**

Okay. So basically, I thought I was having a heart attack. I was having a heart attack, in my opinion. Got rushed to the Outlook Hospital. Felt like a lifetime to get there. I was seeing stars and passing out. And in the Outlook Hospital, my wife got there from Saskatoon; she drove in from Saskatoon. They put the maximum dose of metoprolol in me to try to control my heart. My heart rate did not come down. It was sitting 230, 240 beats a minute and out of rhythm. Basically, my chest felt like it was exploding. I was saying my goodbyes to my family.

They had to call an ambulance to ambulance me to Saskatoon.

[00:05:00]

During my ambulance ride there, laying in the ambulance, there's one lady that was— I bet she was in her mid-30s. She asked me what shot I got. And I had no idea why she would ask me that, I still didn't know what was going on. Basically, I was having a heart attack.

And I told her I had the Pfizer shot. And she asked how long ago I had it. I said, "about two weeks ago." And she said, "Oh." I said, "So, why do you ask me that?" She said, "Well, I had it." Sometime after, her heart rate increased significantly and didn't come down for over a week, she said. And I still didn't know what was going on. I really didn't care when I was feeling like that.

They cardioverted me in Saskatoon—put me to sleep, cardioverted me—and I woke up and my heart was back in rhythm. My heart was at 240 beats a minute for eight-and-a-half hours. And I do have heart damage now due to that. I was prescribed blood thinners. The doctors basically said, "Stop drinking so much caffeine. It was probably a coincidence that just happened."

So I just continued with my life. I was on blood thinners. I had to take four or five days off of work and cancel trips to rest up. I felt like I had just ran a marathon. Two weeks later I had another attack at night. And my friend was there with me, rushed me into the hospital. And you know, it just continues after that.

Basically, once a month, it was like clockwork: I would wake up at two in the morning, sleeping, and my heart would just be pounding out of my chest. I'd stand up and then my heart would go out of rhythm and peak out at 200 plus beats a minute. This lasted seven months. I think I had eight or nine attacks. I was on the maximum dose of metoprolol and diltiazem to try to get my heart rate down. Mentally just broken, because—ever have heart issues like that and it happens at night, you know that your sleep goes to zero pretty much, after.

Moving forward to October 1st, when they put the mandates in where, in order for you to buy alcohol you had to be fully vaccinated. My father, Otto, he had been an alcoholic for 30 years and he was very set against the vaccines. He knew what happened to me. And my sister in Toronto, they had friends and were pushing him not to get the shots.

He was set on not getting any shots. He was living alone in a condo in Saskatoon. But when you take alcohol away from an alcoholic, they're going to do what needs to be done to get their alcohol, so—

On October 15th, I called my dad and I asked how he was doing and he said he's doing good. I said, "Well, how are you getting your alcohol, dad?" He said, "Well, I talked to my doctor and he said it was okay for me to get the shots." I said, "Well, okay. Well, that's your decision." Everybody makes their own decisions in life and, once your decision is made, it is what it is. I'm a person that lets people—I learn from people and my father made the decision and it was his. I said, "Okay, well, how are you feeling?" "I feel good."

Fast forward to October 26th. I knew he was getting his shot again in late October, I didn't know when. My brother had called me from Spruce Grove—I'm actually an identical twin; there's two of me. He called me and he said, "I just talked to Dad." It was 6 p.m. on October 26th. And he said, "He just didn't sound right." I said, "What do you mean he didn't sound right?" He said, "He sounds like he has dementia. He couldn't keep track of his conversation. He was asking me over and over again"— why Sean called him, when my dad called him.

I just told Sean, "He's probably drunk." He said, "Well, he didn't seem drunk. He just seemed different." I said, "Well, whatever." I was dealing with my family, my issues, business, my heart. I had just talked to my dad on the 25th, so I didn't really think anything of it.

November 1st was my last day of guiding for the year, as the weather came in. I finished a **day of guiding November 1st.**

[00:10:00]

**I drove in from Lake Diefenbaker. I got home at 9:30. I was happy the season was over. I was in a good mood. I was doing great. I sit down at 10:30 and my heart flips out of rhythm again. And I just was mentally broken, you know. What do you do? You feel helpless.**

**Hospital again. Again, cardioverted back into rhythm. And I laid in bed at home for four or five days and recuperated again.**

And on November 6th, I was wondering why my dad hadn't called me. I called his phone and it went straight to voicemail. And it never goes to voicemail because he always answers on his first and second call. He doesn't have much to do and, when I call him, he's always excited to talk. I knew that something was wrong, so I kind of blacked out. My wife took over and—excuse me—and since he was in a condo, we didn't want to go in. We called the police and they did a wellness check. And they found him laying on his floor, dead.

I'll just fast forward. They pegged his death to October 27th or 28th. He had been laying on his condo floor for over 10 days, dead and decomposing. They recommended me not to look at the body, so, I didn't. We never did. After I was just out of the hospital, too. You got to stay strong and you got to keep moving forward, right?

So we made preparations. We weren't allowed into the condo. About a week later, I feel like it was November 10th, things were very blurry at that time. Walked into the apartment and you could smell the smell: You'd never get rid of that. I reached out and his wallet was on the countertop. I pulled his wallet out. And in his wallet, I pulled out a vaccination card that said, "Congratulations, you're now fully vaccinated."

After that, I just blacked out. And broke. And that's when I—

**Wayne Lenhardt**

Do you have any formal cause of death on your father?

**Adam Konrad**

No. They said, "We can try to do an autopsy, but since he had been passed for such time, it would be difficult." And we just opted not to. So they just wrote it off as natural causes.

**Wayne Lenhardt**

Okay. And are you still having your monthly attacks?

**Adam Konrad**

No. Fast forward from the November, I was scheduled for a cardiac ablation. I had a cardiac ablation performed on February 1st of 2001. And ever since that, once my heart healed up a month or two later, I was having slight palpitations. But ever since that, my heart has stayed in rhythm now.

**Wayne Lenhardt**

And I'm assuming you have not had your second Pfizer shot.

**Adam Konrad**

No. About that, though: I did call and I sent in an adverse reaction request for me and one for my father.

I did get a call back, eventually. The lady was kind of explaining to me at the start that maybe I had a problem with an mRNA or something. I have no idea. And she said maybe that, "I recommend getting the Johnson & Johnson shot." And then I said, "Well, okay." And then, by the end of the conversation, she told me that it was a coincidence. And that if I

hadn't got the Pfizer shot, I would have been worse off. And I told her, "What's worse off than almost dying? I'd rather not take that chance."

So she says that it's a coincidence but before, she said it could be from an mNRA.

Again, I don't study anything: I'm a fisherman and a mechanic. It's just weird how they would consider that a coincidence. Two weeks after a shot, I have a heart attack. I'm a healthy person. I played soccer my whole life. I eat healthy. I do drink alcohol—I don't anymore.

[00:15:00]

I stopped, actually. After my first attack, I stopped alcohol. But nothing seemed to help. Anyway, it's just weird how they can write that off as a coincidence. And my dad's death as natural causes, even though I pushed and tried to call people, and nobody really seemed to care.

**Wayne Lenhardt**

Is there anything you think the government, or anyone in this scenario, should have done better in your opinion?

**Adam Konrad**

You know, I'm not a professional. I know that COVID is out there. I know that there are people that have died from COVID.

For me the only thing that I live my life is: If I'm doing something and it's not working, I wouldn't continue doing it. Like, if I'm a fisherman and I go to a spot and there's no water in that spot, why would I fish there? If it's not working, why do you continue doing it? Like, nobody's taken accountability for anything. And, it's just— Nobody's ever provided me answers to anything. It almost seems like they really just don't care. They make their decisions and they're sticking to it, but things aren't working out.

In my opinion, if something's not working out, why don't you pull back and do more research on things instead of injuring people over and over again? It just doesn't make sense.

**Wayne Lenhardt**

Are there any questions from the commissioners for the witness? Anyone?

Okay. On behalf of the National Citizens Inquiry, thank you very much for coming and giving us your testimony today.

**Adam Konrad**

Thank you.

**Wayne Lenhardt**

Thank you.

[00:16:58]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

### EVIDENCE

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**Witness 8: Elodie Cossette**

Full Day 2 Timestamp: 07:46:13–08:02:51

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

**Wayne Lenhardt**

Could you give us your full name, Elodie, and then spell it for us? And then I'll have you do an oath.

**Elodie Cossette**

My name is Elodie Cossette, E-L-O-D-I-E, Cossette, C-O-S-S-E-T-T-E.

**Wayne Lenhardt**

Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

**Elodie Cossette**

Yes, I do.

**Wayne Lenhardt**

Where do you live, Elodie?

**Elodie Cossette**

I live in Estevan, Saskatchewan.

**Wayne Lenhardt**

And were you living there when this whole COVID mandate thing unfolded?

**Elodie Cossette**

Correct.

**Wayne Lenhardt**

Tell us what you were doing for a living at that point.

**Elodie Cossette**

I was a direct care support worker for a group home. There were several group homes. I worked particularly in one for the last three years. There was two ladies in that home. They had different challenges that made it so there was only two in that home.

I excelled at my job. We were given, kind of, parameters as to the rights of the clients, the rights of us, and we were told to never treat them as kids. We were given the training every year. We were told they had to consent to things.

I started to see things come down that weren't consistent with giving them the right. One of the things that I noticed was the clients did not want to take the vax. And so what they did is they asked their living family to encourage them to get the vax. When that didn't happen, I was told they made them make a doctor's appointment and then encouraged them to get the vax.

**Wayne Lenhardt**

How long had you been doing this kind of work?

**Elodie Cossette**

I did that for 10 years. It was my passion. I absolutely loved it. I love those two ladies. I found that they would do anything for me. I asked them, "Could you do this? Could you do that?"

In meetings, I found they were not treated that way always, or they didn't feel safe with the other workers so much as they did with me. I would sit at meetings and think, man, are these two people that I don't know of? Because I never had any difficulties with them.

I was passionate about my job and it was very difficult for me to lose my job.

I had seen inconsistencies for a while. I was not always an anti-vaxxer, but I had been encouraged by my company to start getting the flu vaccines. I started to get that flu vaccine. When I got the flu vaccine, later on, I got an autoimmune skin disease. When I checked with a doctor—a specialist—I said, "I think from what I find, that is a result of the flu vaccine not being tested properly." And she agreed. I said, "I don't think I should take the vax." She said, "I agree."

My boss had, in a group setting, in a team meeting, mentioned she would never get us to that place where we had to be vaxxed. I was quite happy with that. Lo and behold, I'm not too sure how it came down—whether it was the board or her—but they started to implement the need to be vaxxed or to test.

**Wayne Lenhardt**

Okay.

**Elodie Cossette**

At that point, I began to try and educate her and let her know why I didn't want it. She asked me if I could get this doctor to sign the exemption for me. I believe she liked me as a worker and knew that I did a good job. I had, up to that point, no problems with her.

[00:05:00]

I tried to go back to that specialist. She was scared for her job and said, "No way, that's up to you." You know.

At that point— I had had a mask exemption as well, and I was not allowed to do that. I worked nights for 10 years. It was totally nights. I had been wanting to get a daytime job in that home because I liked it so much, but there wasn't an opening. And by this time, the mandates came down from my boss.

As of October 30th, I had to come to work and either present a test or my vaccine. No, that's not true. The vaccine, she gave me a religious exemption; and I think it's because she knew I was a good worker—I have submitted an evaluation of me that was of excellent report—but then she said I didn't need the vaccine, but I needed to test.

At that point, I knew family members that had believed the science, that had tried to do the test because they were a teacher or something. They tested positive. They stayed home for their duration, never had any symptoms, and I didn't want to become a statistic.

Plus, I knew there were different people that, if you had the COVID shot, you could still get COVID. So therefore, if I came exposed to one of my workers who was vaxxed and allowed to be at work, I would be off two weeks. And there was just no reason why I was going to play that game.

**Wayne Lenhardt**

So at some point you were terminated. You tried various options.

**Elodie Cossette**

October 30th of '21.

**Wayne Lenhardt**

Okay. Yeah. So, I assume that had some effect on your financial situation.

**Elodie Cossette**

Yes. I've been one who pays her bills the day I get them. I hate being in debt. I hate it with a passion.

**Wayne Lenhardt**

Yeah. Did you try to apply for unemployment insurance? And what happened there?

**Elodie Cossette**

Yes, I tried. I exhausted— Pardon me.

I exhausted every road. I went up four levels and was denied. The last one was the— I can't think of the name of it. I can't think of the name of it, but it— Not a tribunal, but—

**Wayne Lenhardt**

Okay. So, you went to more than one level of appeal and you were denied.

**Elodie Cossette**

Yes, I went up four levels.

**Wayne Lenhardt**

Okay. But you never did get the vaccination, is that correct?

**Elodie Cossette**

No.

**Wayne Lenhardt**

Okay. Yeah.

**Elodie Cossette**

No. After I saw what the flu vaccine did, I wasn't going to do that.

**Wayne Lenhardt**

Okay, so you tried to get other employment.

**Elodie Cossette**

Yes, and it was stressful for me, so I decided— My passion was people, so I started my own business. It was slow going taking off, as any business at its beginnings. I did everything I knew how to get my name out there.

It was difficult, so I tried to take on other jobs that weren't my passion and consequently, was still taking money out of my retirement and had pretty much gone further than I was hoping with that.

**Wayne Lenhardt**

Did the COVID situation cause you any problems with your children, your family?

**Elodie Cossette**

I'm passionate about my kids. God is first in my life. And work and my kids and my brothers and sisters: they're at the top of the list. I had, as a parent— They're all adult kids. I've got seven wonderful grandchildren.

**Wayne Lenhardt**

Okay.

**Elodie Cossette**

**They're all adults and I trained them to excel at getting education and making their own decisions and whatnot.**

[00:10:00]

**I believed they could make the decision on this. If my kids ever ask me advice, I look at it as a privilege to give them advice, but I feel they are adults now and I am there to support them.** So consequently, with that, they make their decisions. In light of that, I care about it, I've spoken up as much as I can, but I will not sever any relationship because of my belief system.

I tried to win them. I'm proud of all of them, but they have their belief system that I don't cross unless they open the door for it.

**Wayne Lenhardt**

Were your siblings vaccinated, as well? Were there any problems there?

**Elodie Cossette**

Some of my siblings were vaccinated, some weren't. I had a sister that— She believed what the media had said to do and felt she was right to get fully vaxxed. And I had a sister-in-law that was fully vaxxed as well. And within a while, both of them, their livers shut down.

And with my sister, her stomach would get to about a nine-month pregnancy. She would have that drained: a six- to seven-hour procedure, every 10 days, for a long time. She ended up passing November 11th of '21.

And then my sister-in-law also started to have her liver shut down. And her legs would go twice the size and it was painful, with the water not draining. And she passed February 12th of this year.

**Wayne Lenhardt**

Okay. Did you ever catch COVID yourself?

**Elodie Cossette**

Pardon me?

**Yes, I did. I did catch COVID. I started to notice that it was getting difficult, and I knew if I didn't act fast, it would be me going into the hospital. So I phoned a couple of reliable friends who knew what to do. One brought me ivermectin; another one got me an antibiotic and a nebulizer. And within a day or two, the tenseness was gone, but the lasting— And I stayed home for, I believe, 10 to 12 days. And then I had a lasting cough for a couple of months and another physical ailment that I had to do exercises for, for a couple of months, and then I was back to normal.**

**Wayne Lenhardt**

Okay. Is there anything final that you would like to comment on with respect to the COVID-scenario?

**Elodie Cossette**

I guess the thing that hurt me most, in light of our Prime Minister, is that he made it so that people were looked at as uneducated and stupid—I don't know his words; I don't have the memory of it—for not being vaxxed. That is a stigma that I just had a problem with. And so, I gave a lot of leeway to people who were struggling with things, because— I don't know how to say it, yeah.

**Wayne Lenhardt**

Okay. Are there any questions from the commissioners?

**Commissioner Kaikkonen**

Thank you for your testimony. Do you consider the EI decision to refuse you benefits as a form of institutional segregation that made you an outsider to a system that you had no choice but to contribute to throughout your working career?

**Elodie Cossette**

I'm sorry, I did not follow that. Could you repeat that?

**Commissioner Kaikkonen**

It's my voice today, let me try that again. Do you consider the EI decision—when they refused you EI—to be a form of institutional segregation?

[00:15:00]

**Elodie Cossette**

Correct.

**Commissioner Kaikkonen**

Where you had contributed to this EI program throughout your working career and then you—but not by choice, because you have to—and felt like an outsider?

**Elodie Cossette**

Yeah. And what happened to me is I had bought the science at first as well. I started masking. I started doing the things at the very beginning, before all this. I started to buy it from the media.

About two days after I was fired, I went up to the parliament buildings in Saskatchewan to protest, peacefully. I won't be involved in bullying or lying, so I was part of that as well. That night, I went home to watch the news. It said that there was— There was several hundred, possibly 1,000, of us there. And they said there was a few dozen there, and they felt unsafe, and they went indoors—the Province did.

So that's when I stopped the main media. And that's when I gave grace to family members that don't get it.

**Commissioner Kaikkonen**

Thank you.

**Wayne Lenhardt**

Are there any other questions from the commissioners? Okay.

Okay, on behalf of the National Citizens Inquiry, thank you for your testimony today.

**Elodie Cossette**

And I want to thank you for allowing me to say it.

[00:16:38]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 9: Steven Flippin**

**Full Day 2 Timestamp: 08:15:37–08:52:21**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Dellene Church**

Welcome back to the National Citizens Inquiry. Our next witness is Steven Flippin. Steven, can you please state your name and spell your first and last name for the record?

**Steven Flippin**

Sure. My name is Steven Flippin, S-T-E-V-E-N. Last name Flippin, F-L-I-P-P-I-N.

**Dellene Church**

Thank you. Steven Flippin, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

**Steven Flippin**

I do.

**Dellene Church**

Thank you. Steven, you're a pastor who was faced with several government restrictions and mandates that affected your church body as well as your congregation. How did your church react to the initial period of lockdowns and restrictions?

**Steven Flippin**

Sure. So two weeks to flatten the curve is what we were told. Fellowship Baptist Church here in Saskatoon were completely willing to follow the guidance of Saskatchewan Health, giving them the benefit of the doubt that they had some science to support the idea that a short-term shutdown would be beneficial to helping maintain our healthcare system. We closed our doors in March of 2020—moved our services, our teaching, to online.

**We quickly realized that two weeks was going to be a significantly longer period of time. A two-and-a-half-year nightmare, really, of this COVID disaster. And there was very little, if any, science involved in any of it. And this was our biggest problem.**

**We found that people were falling prey to the repercussions of isolation: anxiety, depression, loneliness, uncertainty, distress, hopelessness. We soon began questioning the wisdom behind these decisions of our government and mandates. Our services remained limited to less than 10 people in-person until June of 2020, when we finally decided that we could no longer impose such limits.**

**We did try to meet other requirements as we could. We've got big wooden heavy pews. We moved pews out of our facility to accommodate social distancing. We provided masks and signage and hand sanitizer and arrows on the floor to control the flow of traffic—and everything else that we now know is absolute and utter nonsense. We cancelled our children's ministry. We did everything we could to try to comply. We segregated families as best we could. We cancelled social events like potlucks and weekly in-person studies and nursery. But what we could no longer do was limit our service to 10 people. And frankly, what we found was that our people's mental and spiritual health were being far more threatened—as was everyone in society—by the COVID lockdowns than they were by COVID itself.**

To our delight, in June of 2020 the restrictions eased, giving us more capacity for in-person attendance. This would be enough to accommodate, at that time, the people who wanted to attend in person. We breathed a sigh of relief at the time, but we knew: come the next flu season, those restrictions would be returning. And so our membership met and discussed the issues. We decided that, should those restrictions return, we would not be imposing capacity limits. At all.

The problem for us is that the King of the Church is not Scott Moe, and it is not Dr. Shahab, and it is not Justin Trudeau. The King of the Church is Jesus Christ and Him alone. And so, Christ orders us to regularly gather together as a local assembly. Christ orders us, over 30 times in the New Testament, to practice what we call “The One Anothers.” And you cannot practice those commands of Christ apart from gathering together.

Christ's commands were far more important to us. Christ's commands are non-negotiable. Christ's commands are not subservient to public health, nor will they ever be. And so—

### **Dellene Church**

And also, your concerns over the well-being of your congregation's mental state.

### **Steven Flippin**

**Absolutely! Absolutely, so one of the other restrictions that was placed on churches was the prohibition of singing.**

[00:05:00]

**The problem is, Christ commands us to sing. I probably don't need to tell you where we landed on that command. In the fall of 2020 restrictions did tighten again, back to 30 people in person—and of course that was plus staff and volunteers.**

**The interesting thing for us at that time was that the local Costco here in Saskatoon was permitted to have 818 people in their store at that point. At one time. And they were able to rotate new people in and out of the store all day long, while our church was permitted to have 30 people.**

**We simply did not have room in our mandate from Christ to accommodate such limits. Because Christ welcomes all who come to Him, and as His ambassadors in this world, we are expected to do the same.**

**Our church was not in any way flaunting our choice of disobedience. We were simply going about our business quietly, peacefully, and allowing any who chose to come in person and worship with us a space to worship.**

**Dellene Church**

Steven, can you give a little bit more information on the process that your church went through to reach that decision? Was it a board? Was it a congregation meeting?

**Steven Flippin**

Yeah, we have elders of our church who make all spiritual decisions for the church. We did consult with our members of the church, and we came to an agreement—yeah, fairly unanimously.

**Dellene Church**

Okay.

**Steven Flippin**

We had cancelled a ton of services for our people, but we could not compromise the Sunday morning worship. And we began to grow as a church, as a result of people finding out that we were allowing all who would choose to worship to come and join us. They were being neglected by their churches and we gave them a place to find teaching and fellowship. We would not turn them away because for us, to turn people away from worshipping our Christ is for us to flagrantly disobey our King—and we couldn't do that.

So we quietly continued peacefully gathering. And by the way our COVID numbers, as far as spread within the church, weren't any worse than the world around us. In fact I would say, because we left masking decisions up to the individual— After all, each individual in Canada has the right to personal bodily autonomy guaranteed them in the Charter. And so **we left those decisions to the individuals. And because most of our people chose not to wear masks, not to place a "COVID-collector" over in their respiratory path, I would guess that actually our sickness in the church was far less than the world around us. That's science, of course.**

I believe it was in early December 2021—sorry, 2020—that I received a complaint from Sask Health that someone had levied against us. We responded truthfully, letting Sask Health know that we were doing everything we could to accommodate the mandates. And we were. Everything we could.

We heard nothing further until mid-January of 2021, when we received a second complaint. The following Sunday, we had a member—a constable from the Saskatoon Police Service—

visit. He had received a complaint regarding the number of cars in the parking lot, wanted to give us a warning, but his supervisor insisted that he come in and do an investigation and report to Sask Health.

He arrived after our service had concluded. We proceeded to allow him into our facility. He looked around, made his observations. The following week we were visited covertly by a health inspector with Sask Health. He arrived as our service was already underway. As he tried to enter he didn't identify himself as a representative of Sask Health, but it was fairly easy to spot. We informed him at that time that *The Criminal Code of Canada*,

[00:10:00]

section 176, prohibits the disruption of worship services or disturbance to the solemnity of worship services in Canada.

Allow me, if you would, to read from Section 176 of the Criminal Code. It says this:

Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than 2 years or is guilty of an offence punishable on summary conviction who (a) by threats or force, unlawfully obstructs or prevents or endeavors to obstruct or prevent an officiant from celebrating a religious or spiritual service or performing any other function in connection with their calling, or (b) knowing that an officiant is about to perform, or is on their way to perform or is returning from a performance of any of the duties or functions mentioned in paragraph (a) assaults or offers any violence to them, or arrests them on a civil process, or under the pretence of executing a civil process. (2) Everyone who willfully disturbs or interrupts an assemblage of persons met for religious worship or for moral, social or benevolent purpose is guilty of an offence punishable on summary conviction. (3) Everyone who, at or near a meeting referred to in subsection (2) willfully does anything that disturbs the order or solemnity of the meeting is guilty of an offence punishable on summary conviction.

I read those words because I think it's very important that those words be entered into the public record. Those words have meaning. They're not difficult to understand. You do not need a law degree in order to recognize what it is that statute prohibits. Yes, it does apply to law enforcement. In fact, that statute was put in *The Criminal Code of Canada* specifically to protect the church from the state. It is statutes like this that separate Canada—or are supposed to separate Canada—from communist and totalitarian states.

We have the freedom to worship in this country. And yes, section 176 does apply to public health. They are not to disrupt, obstruct, prevent, interrupt, interfere, prohibit, disturb—in any way. Bringing police officers into the service to check for social distancing and masking and capacity limits and hand sanitizing? Yes, most definitely, that does qualify as a disruption to the solemnity of the worship service. It moves people's focus from our worship of God to the happenings of the world around us as imposed by the state.

We could also think of: what other aspects of the Criminal Code of Canada were absolutely set aside for public health? I can think of none.

#### **Dellene Church**

So Steven, what was the outcome of these investigations by the police and public health?

**Steven Flippin**

Yeah, so SHA did— They weren't allowed in our building, which they tried a number of times. We would allow them in after our services concluded, but not during our worship service. A number of times they tried gaining access. Eventually, we were given a number of tickets. Three tickets: two given to individual elders of our church, and one to the church as an entity for obstructing a lawful investigation.

Frankly, that's laughable because a lawful investigation does not violate the law in order to investigate. That's number one. So, three obstruction charges, one ticket for \$14,000 for a mass gathering and three charges to individuals in the church for failure to wear a face covering as per the SHA requirements. [START HERE]

**Dellene Church**

And what were the amount of these fines?

**Steven Flippin**

Well, there was the \$14,000 public, the mass gathering. The obstruction charges written to the two individual elders of the church could potentially be as high as \$75,000 a piece. I believe it was. And the obstruction charge written to the church

[00:15:00]

as an entity could have been as high as \$250,000. So, yeah.

The other thing that's interesting is: We were the only corporate entity in Saskatchewan that I'm aware of that was ticketed by Sask Health and not reported to the media. And I think that's very interesting. Why would they not fully disclose the fact that Saskatchewan Health was targeting churches, was targeting worshippers for simply coming to worship and practice their faith? My guess is they didn't want the public to know. And we'll leave it at that. They were probably ashamed. They should be ashamed.

**Dellene Church**

So, what happened with these tickets?

**Steven Flippin**

Well, I would say— our government spied on churches, threatened churches, imposed huge financial penalties on churches for worshipping. We, of course, were fully aware that there were pastors in Canada— Like, this is Canada. This isn't China. Pastors in Canada went to jail for worshipping.

The Charter of Rights and Freedoms, which is supposed to be the supreme law of our land, recognizes—and that's an important word, "recognizes"—that the Government of Canada does not give us our rights. If we read the preamble to the *Charter of Rights and Freedoms*, we recognize that our rights are granted us by God Himself, by the sovereign God. That's very important for us to understand.

In order for the government to limit our rights in Canada, the *Charter of Rights and Freedoms* requires them to demonstrably demonstrate that the things that they're putting in place are needed and reasonable for limiting such freedoms. They hadn't even tried.

They just assumed that, “because we say so, that means it is what it is.” And the problem is, the courts of our land gave them carte blanche access to do that.

There was no accountability whatsoever.

Our day in court finally did arrive: September of 2022. The prosecution extended to us a deal at that time, which our lawyers urged us to accept based mainly on the obstruction charges. We were told that no court would ever read section 176 of *The Criminal Code* the way we did.

Now it's important that I read that for you. It's not difficult to understand. If a court can't read that document the way we did, then the court is not capable of reading. It's that simple. That statute is clear—exceptionally so.

The government sought to amend the charges from the church as an entity to myself as its pastor. Which they did. And again, seeking to limit the government's exposure to the public, knowing that they were targeting and financially penalizing a church. In the end, our church—or our pastor, which is the same thing—we were fined a total of \$19,600 for obstruction, a mass gathering. And those were both given to myself. And then two face mask violations, which were given to individuals of the church. So in total, \$19,600. For worshipping. In Canada.

By the way, this—today—is the first time that those fines are being exposed publicly. The Government of Saskatchewan never exposed the fact that they charged our church. It was reported in the newspaper, the “mass gathering” at one point about a month after it happened but other than that—

#### **Dellene Church**

And, Steven, another thing I wanted to bring up is, as well as you being forced to take responsibility,

[00:20:00]

personally, for these charges in the deal, you also had a very unusual quarantine experience when you and your family contracted COVID.

#### **Steven Flippin**

Yeah. In March of 2021, my wife— We had three foster children in our home at the time, along with our two sons. And one of the foster children contracted COVID from school. And we know that because of the contact tracing and all of that. And of course, it made its rounds through the whole house. We were all contacted by SHA [Saskatchewan Health Authority], ordered to quarantine and all of that, which we did. Every day throughout our quarantine, we were contacted by Sask Health. And on the last day we were called—each of us individually—by Sask Health to release us from quarantine.

It was about three or four days later that I got a call from the public health inspector who had been harassing our church. I would ask, one, how did he have my personal health record? Because legally, he had no right to my personal health record; he's a health inspector. So that's number one. He called me and informed me that he was, of his own authority, rescinding my release from quarantine because there was a new variant of concern and there was a new protocol put in place. The problem was, he didn't rescind any

other member of my family's quarantine. The kids were all back in school. My wife was back at work. Everything was fine for them. But I was to remain in quarantine for another—I think it was seven days.

### **Dellene Church**

**And what was happening during those seven days coming up?**

### **Steven Flippin**

**Yeah, that was the interesting part. It happened to be the Easter weekend of 2021. And we had three worship services planned that weekend. And this health inspector was trying to shut down the worship of our church during what is one of the most important weekends of our year as we celebrate the death, burial, and resurrection of Jesus.**

So why does all of this matter? The church in Western culture has always been seen as of benefit to society. And for very good reason. Where the Christian gospel flourishes, crime and poverty are reduced. The gospel message is that man is sinful, that man is answerable to a holy God who must, by nature of His character and righteousness, punish sin and sinner. And of course, our problem is that we are sinners who can expect nothing from God but wrath and punishment. But God, being rich in mercy, with great love that He had for us, gave His son. He sent His one and only son. That whoever would believe on Him and His payment on our behalf, to cover the cost of our sinfulness that we would be saved from that vengeance of God. Those saved are given a new heart, a new direction, to love God and to keep his commands.

I mention all of that because our Canadian law is actually based on the moral law of God—or at least historically it has been. Therefore, where the gospel impacts men and women, society is bettered. Allow me if you would to quote from the first president of the United States, who said this: “We are persuaded that good Christians will always be good citizens, and that where righteousness prevails among individuals, the nation will be great and happy.”

Now, sadly, a pastor here in Canada—Pastor Steve Long, a Canadian Baptist minister—met three times with Prime Minister Justin Trudeau. Our Prime Minister, instead, referred to evangelical Christians in Canada as the “worst part of Canadian society.” Hopefully, as I read those two quotes, you can spot the difference between a great leader and someone that history should wish passes quickly and is forgotten just as quickly.

### **Dellene Church**

**One more thing I wanted to ask you, Steven: You mentioned that your congregation grew over this time. How much did your congregation grow?**

[00:25:00]

### **Steven Flippin**

**Pre-COVID, we were running about 90 people per week in in-person attendance and we lost a few during COVID. By the way, we didn't lose any that I'm aware of because of fear of COVID. We lost a few out of fear of losing their jobs if their employers were to find out they attended that church. We lost some because they didn't feel like they could bear the**

financial penalties that could come upon them should they continue to attend our church. Well, today, we're running probably an average of about 220 people at Fellowship Baptist.

**Dellene Church**

Okay.

**Steven Flippin**

So, God has blessed us a great deal.

**Dellene Church**

I'd like to turn it to the commissioners to see if they have any questions for you.

**Commissioner Kaikkonen**

Thank you for your testimony.

**Steven Flippin**

You're very welcome.

**Commissioner Kaikkonen**

I just would like some clarity. You made a comment about disobedience, and I'm just wondering, is it peaceful civil disobedience, or as you allude, obedience to a different king?

**Steven Flippin**

Well, I would say both. So, number one, within the church, we have a responsibility to be obedient to our Lord. That's what matters in the church. But we are also citizens of Canada, and as our government infringed upon rights that are guaranteed to us in the Charter, unless they are demonstrably demonstrated to be needed to be curtailed, we have the right in Canada to submit to our conscience and uphold those rights.

**Commissioner Kaikkonen**

In 2015, the P.M. also said that Christians need not apply; that was, I think, before he was P.M.

**Do you remember that comment, and did you see the writing on the wall for his personal bias towards Christian churches?**

**Steven Flippin**

Yeah. I think the writing on the wall has been clear for some time, certainly.

**Commissioner Kaikkonen**

And in Ontario, where I am from, one of the questions we often asked is, "Why it was only the Jesus-believing churches that were being targeted and the police were surrounding? So in other words, what we found in Ontario—and it might be just because it's a greater

metropolis in the City of Toronto—is that the other churches were not being targeted: the non-Christian churches, so that would be the atheists, the mosques, et cetera. And you may not have had it because of population here, but it was something that was happening there. Do you have any reference points to their thoughts on that?

**Steven Flippin**

Yeah, I don't know why that is. I think that we believe fervently that obedience to our King is necessary and that, should we be placed in a situation where we are forced to choose between obedience to Christ and obedience to our government, we must choose obedience to Christ. And I think we're unique in that fashion.

**Commissioner Kaikkonen**

My next question is: you alluded to having moved all the furniture and tried to implement all the mandate measures within the church building. And I'm just wondering if you were to turn the tables a little bit with the government or the health authorities, would they allow you to go to their bulletin board and put a sign up that said Jesus loves you?

**Steven Flippin**

Yeah, my guess is not. Yeah.

**Commissioner Kaikkonen**

And you refer to the court; the lawyers had advised you not to pursue this in one way. I'm just wondering what that legal precedent will do going forward if you chose to go the other way or the fact that you made that decision.

**Steven Flippin**

Well, it's interesting because, I believe it was in 2017, the Prime Minister and the Liberal Party of Canada sought to remove Section 176 from the Criminal Code. That's interesting to me. What we found in the last few years is that the reason that statute was not removed from the Criminal Code is because there was an outcry from Canadians saying, "No, that's important that it remain in our Criminal Code." So rather than remove it from the Criminal Code, we just ignored it.

[00:30:00]

And what precedent is set when the courts ignore the fact that it's in the Criminal Code? I think that's very dangerous. What other sections of *The Criminal Code of Canada* will our courts decide they can impose if they choose to? That's dangerous.

**Commissioner Kaikkonen**

And that comment segues into my final question. What recommendations do you have for the courts when it comes to dealing with our Charter rights and freedoms; our ability to have the right to worship; or to have a conscience to believe, thought; all of those freedoms and rights that we have? What recommendations would you give to the courts and the institutions that are in this country, that might facilitate less—maybe facilitate more understanding of freedom of religion?

**Steven Flippin**

Yeah, I'm not a lawyer, but I will say: reading the Charter and watching how the Charter has been manipulated and ignored, number one, get rid of section 1. When the government is allowed to determine how we should limit freedoms willy-nilly, which is exactly what happened here—

There has been no evidence given, whatsoever, that masks work. So why are masks imposed? What's the evidence showing that Costco should have 800 people and the church should have 30 people? There's no evidence for that. It's all arbitrary. What's the evidence for two meters of social distancing? All of this. None of it was needed. None of it was helpful.

So, number one, get rid of the section 1 of the Charter. I don't know. There's a lot we could say, I think.

**Commissioner Kaikkonen**

Thank you very much.

**Commissioner Drysdale**

Good afternoon, Pastor Flippin. You said that prior to COVID, your congregation was around 90 and now it's around 210 people, something like that, attending Sunday service?

**Steven Flippin**

That's right.

**Commissioner Drysdale**

Some people would say that Canada is becoming more secular and, as such, some people in this country might not understand exactly who your congregation is made up of. Can you comment on what kind of people go to your church?

**Steven Flippin**

Well, we have a very broad spectrum of folks at our church. We have a lot of young families and our congregation spreads the entire age gamut. We have a number of people who have, in the last 10 years, immigrated to Canada. We've got— You name it, we've got it in our church.

**Commissioner Drysdale**

So, you would say that it's a broad spectrum of everyday Canadians—

**Steven Flippin**

Absolutely.

**Commissioner Drysdale**

From all walks of life, all backgrounds—

**Steven Flippin**

Absolutely.

**Commissioner Drysdale**

Ages?

**Steven Flippin**

Yep.

**Commissioner Drysdale**

So, kind of a representative slice of Canada.

**Steven Flippin**

Certainly.

**Commissioner Drysdale**

Can you describe the nature of the relationship between your congregation and its pastor?

**Steven Flippin**

And it's pastor?

**Commissioner Drysdale**

And it's pastor, yourself.

**Steven Flippin**

Well, I would say the relationship between the church and myself is a very close relationship. The church relies on the service that I provide in teaching and counselling and just being there for them. I'm not sure what else you—

**Commissioner Drysdale**

Well, what I'm trying to get at is that you serve a community support.

**Steven Flippin**

Absolutely.

**Commissioner Drysdale**

So you've created community, you're supporting community. You're trying to, if you will, provide a social fabric in which your congregation can live and prosper.

**Steven Flippin**

For sure.

**Commissioner Drysdale**

During the lockdowns and during the times of isolation, was the government doing anything to promote that same social environment, that sense of community amongst people,

[00:35:00]

to give them hope, that you were trying to do?

**Steven Flippin**

No. Not only were they not doing that, but they were pressing further; they were threatening. I mean, we as a church, my family, our congregation—we believed sincerely that I was going to be going to jail for keeping our church open. So not only was our government not filling that void, they were threatening to jail those who were.

**Commissioner Drysdale**

I'm not from Saskatchewan, but I did hear you say that, during the time that you were under lockdowns and that you were restricted, Costco was open. And were liquor stores open?

**Steven Flippin**

Yes.

**Commissioner Drysdale**

Were marijuana stores open?

**Steven Flippin**

Yes.

**Commissioner Drysdale**

But churches were under restriction, were under inspection.

**Steven Flippin**

Yeah.

**Commissioner Drysdale**

How many people in your congregation died from COVID-19 to your knowledge?

**Steven Flippin**

To my knowledge, we had one individual who died with COVID. And I would question whether it was COVID that killed them.

**Commissioner Drysdale**

Thank you, sir.

**Dellene Church**

On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony today, pastor.

**Steven Flippin**

Thank you.

[00:36:44]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



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## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 10: Charlotte Garrett**

**Full Day 2 Timestamp: 08:53:04–09:17:45**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Louis Browne**

Good afternoon, Miss Garrett. Can you please state your name and spell your last name for us?

**Charlotte Garrett**

Charlotte Garrett, C-H-A-R-L-O-T-T-E G-A-R-R-E-T-T

**Louis Browne**

And would you prefer to swear an oath or solemnly affirm?

**Charlotte Garrett**

I'll swear an oath.

**Louis Browne**

Do you swear that the testimony you are about to give in this National Citizen's Inquiry will be the truth, the whole truth, and nothing but the truth?

**Charlotte Garrett**

I do.

**Louis Browne**

Ms. Garrett, what city or town do you reside in?

**Charlotte Garrett**

Saskatoon.

**Louis Browne**

And how long have you lived here approximately?

**Charlotte Garrett**

About 18 years.

**Louis Browne**

And what is your profession?

**Charlotte Garrett**

I'm a teacher of English language.

**Louis Browne**

Okay, and are you currently employed?

**Charlotte Garrett**

I am.

**Louis Browne**

Have you been employed throughout the evidence that you're about to give to here today?

**Charlotte Garrett**

Yes, I have.

**Louis Browne**

In your own words, please tell us from start to finish what brings you to the National Citizens Inquiry, and then afterwards we'll go back and ask some specific questions. The floor is yours.

**Charlotte Garrett**

I feel that many people do not know the inside stories of schools or occupations or the punishments that many people suffered through COVID. And I would like to be able to **contribute to the truth.**

**Louis Browne**

Sure, go ahead, Ms. Garrett, and just tell us why you're here today. You can start from start to finish and then we'll come back and ask some specific questions.

**Charlotte Garrett**

Okay. I'm here because, as a language teacher, I teach refugees and newcomers who— My particular bunch are illiterate, and I have a responsibility to be honest and truthful with my students.

**And then, as when COVID came, my family was absolutely convinced that I needed to have a vaccine. I had one. And work was also a great deal of pressure to have one.**

**I had AstraZeneca in April of 2021. And I was sick for three days, and then a few days later I developed tinnitus—quite rapidly, it was just like a tap turning on. It was very strong and deeply uncomfortable, very hard to focus.**

**Does that answer your question?**

**Louis Browne**

**Sure. Yeah, you bet.**

**Let's just start then in April 2021. You said that you received the AstraZeneca vaccine. And did you do that willingly? Were you happy to do it?**

**Charlotte Garrett**

**No.**

**Louis Browne**

**Had you thought about it? What was the process that you went through?**

**Charlotte Garrett**

**Thanks. No, I was not happy. I did not want to do it. I have three adult children and five grandchildren. And between my family and my work, I felt totally pressured to do it. I really didn't want to, but I did.**

**Louis Browne**

**Okay, and how did you feel after that?**

**Charlotte Garrett**

**You mean physically how did I feel?**

**Louis Browne**

**Yeah. Was there any reaction? Did you have any sort of symptoms or anything or were you just fine?**

**Charlotte Garrett**

**Well, I had the flu-like symptoms. I was achy and I had a fever for three days. I was in bed. And then about 14 days later is when the tinnitus began.**

**So that was—I can't say it's painful. What it does is it's a noise in my brain and it interferes with being able to think or focus.**

**Louis Browne**

Okay, and how long how long did the tinnitus last?

**Charlotte Garrett**

Well, I actually still have it.

**Louis Browne**

Okay.

**Charlotte Garrett**

But it's not quite as strong as it was in the first year and a half.

**Louis Browne**

Okay. Now you mentioned that you had your first shot in April 2021. Did you have to take any time off of work as a result of any of this, or did you work straight through regular?

**Charlotte Garrett**

In May I took two weeks just to— I was teaching remotely, and I needed to be able to just rest, so I took two weeks. And then later last year, actually, I took two months away from work.

**Louis Browne**

Okay. Now, at any point did you consult with your family physician? What role did your family physician play in all of this, if any?

**Charlotte Garrett**

He was very doubtful that my reaction was the vaccine.

[00:05:00]

Although later, I found that many, many, many people had the same reaction. He still wanted me to continue getting vaccines, but he decided to get me tested to see if there was something that could prove that I had a reaction to it. Although I don't know how, because they didn't know what was in the vaccine.

**And I wound up having to— I refused to get further vaccines and didn't want mRNA in my body, and I decided to ask my doctor if he would support me to have an exemption. And he did.**

**I guess the ability to get an exemption in Canada is very limited: you have to have a severe allergic reaction, anaphylaxis or myocarditis. I didn't have either, but he said he would give me an exemption based on that I wasn't ready to get more and that he would recommend testing. My employer actually accepted it.**

**Louis Browne**

Okay. And as far as masking, what was the role of masking at your place of employment, if any?

**Charlotte Garrett**

It's an absurd policy that my employer— In fact, he wears two. Still. It was so intense at my work that people are still wearing masks. My employer will not drop the mandate for our work, for our students, even though the Saskatchewan government made it very clear that we didn't need them anymore. And he won't accept that.

**Louis Browne**

Can I ask you, Ms. Garret: you mentioned earlier that you had been teaching remotely. Are you teaching remotely now, are you or are you back in the classroom?

**Charlotte Garrett**

No, we're back in the classroom.

**Louis Browne**

Okay. I want to ask you about when you are teaching remotely.

Are you able to give us any rough dates or any rough timelines as to when you were teaching remotely?

**Charlotte Garrett**

So remotely began, as with all the schooling, in March of 2020. And then we went back to the classroom in a very limited manner almost a year ago. But I was teaching remotely for almost two years.

**Louis Browne**

And while you were teaching remotely, what was happening with the so-called vaccine mandate?

**Charlotte Garrett**

Well, it didn't matter whether I was teaching remotely or not, I still had to have the vaccines. Which meant that I had to— Even though I had an exemption, I still had to test. And even in order just to go into the building, even if it was empty, I would still have to prove a negative antigen test.

I would have to go into the building in order to prepare mailing materials, to do photocopying, to check some materials there. So even if I, if there was nobody there, it didn't matter. I still had to have the antigen test.

**Louis Browne**

Okay. And I understand that at your place of employment there have been regular bimonthly meetings on Zoom, is that correct?

**Charlotte Garrett**

Yes. And they still continue on Zoom.

**Louis Browne**

What was your experience? Or what can you tell us about those bimonthly meetings and your response or reaction to them?

**Charlotte Garrett**

It felt like I was sitting in the middle of a propaganda campaign, where the employer and the employees were all— It's all safety-jabber. It's all about keeping everybody safe. It's all about how dangerous COVID is. It was about encouraging the students, insisting that the students get vaccinated.

I actually had to record how many vaccines the student had, when they had them, which I thought was illegal. I asked my employer. He said, "No, it's fine in this circumstance." I felt like I was complicit, that I was committing a crime. I hated it.

The Zooms continued; they're still continuing. Last week was the first meeting in three years where we did not discuss COVID first, for at least half an hour.

**Louis Browne**

And as you described this, where you felt you were committing a crime, essentially on behalf of your employer and whatnot, how did that impact you? How did that impact your own mental health, your own physical health?

**Charlotte Garrett**

I was deeply demoralized, actually. I trust the Nuremberg Code.

[00:10:00]

I think that my job as an educator is not to insist any kind of medical practice, but to support the students as best I can in their learning journey.

Can you repeat the question again? Would you mind?

**Louis Browne**

No, of course. Just how, you're enforcing essentially the mandates, you're asking the students about their medical status, you said that you felt like you were committing a crime. I wanted to ask you a follow-up: How did all of that impact your mental health? How did that impact your health?

**Charlotte Garrett**

Well, at the time and it still is. I'm finding— I'm quite discouraged by it all. Because the students trust me, and they trust me to give best information.

**So other teachers were teaching people how to do the antigen tests. One teacher was doing demonstrations online. They told they had programs up for vaccinations and I felt that that was not my purpose to do that. I felt that it was a violation of my students' trust.**

**It still bothers me. I still feel— During the online classes, I would have students coming into a Zoom class, huddled in blankets or lying down and then I'd say, "Maybe go to bed." Or a young woman came to me secretly, two weeks or three weeks ago, to tell me that she had had two miscarriages. I was just so heartbroken by that, because I know that— At the time, I wasn't her teacher, she came to my class a little bit later. But I still felt that we were doing the students a disfavor. We weren't helping them.**

**I knew that, in my research, the vaccine could cause all of these consequences with fertility and with damage to the fetus, and with future problems. And the spike protein going to the womb and going into the ovaries, the testes. We don't know what the consequences are. And yet part of my job, supposedly, was to tell the students to go get vaccinated. I was appalled by that.**

**Louis Browne**

And Ms. Garrett, since you were the one asking them about their vaccination status and whatnot, you were in a position to know when they were vaccinated. Did you observe anything among the student body as they were getting their jabs?

**Charlotte Garrett**

I noticed they were more tired, less focused. As I said, some were sick. As far as I know, not one of my students— Maybe, actually that's not true: two had COVID. The rest, nobody did.

**Louis Browne**

I want to ask you about your decision with respect to the jabs. Did you feel like people respected that? What was your response vis-a-vis other people? And we can talk about your friends and family and invitation to family events and these sorts of things.

**Charlotte Garrett**

Two of my children live outside Saskatoon—one in Ottawa, one in Calgary. They were very displeased that I wasn't getting more vaccinations. They didn't understand it. We actually have very damaged communication for the last number of years, because they felt that I needed to do it.

**I've lost friends. Most of my social circle has changed completely. People at work, at first, did not know that I was not vaccinated. In fact, it only came up actually a week ago. Everybody I work with has five, so that's pretty appalling.**

**I was invited for Thanksgiving dinner, or for Christmas dinner—and then immediately, an hour later, I was uninvited because I hadn't had more vaccines. One of my neighbors is quite angry with me, but she's tolerating me.**

**It's been incredibly challenging, very demoralizing, very isolating. Almost a sense of like I'm a carrier of disease or something and people don't want to associate with me. Very, very painful.**

**Louis Browne**

And those who were in your circle of trust prior-to shall we say: what was their response when you shared information with them that question, shall we say, or undermine the COVID narrative?

**Charlotte Garrett**

They become angry with me. They think that I'm a conspiracy theorist.

[00:15:00]

Even my own family. My son told me once I was crazy. My son-in-law refused to speak to me. It's terrible.

**Louis Browne**

And Ms. Garrett, you mentioned earlier— I just want to get a sense of how this factors into your analysis, but you mentioned the Nuremberg trials earlier. Can you just tell us a little bit about how did that impact you? How did that impact your decision-making throughout all of this?

**Charlotte Garrett**

Well, I'm older than a lot of people in the education field. When I was a very small girl, my father introduced me to the Nuremberg trials. We watched something on TV. I think we were six when we got a TV.

I remember him explaining to me what was right and what was wrong, and the sense of medical experimentation on human beings is not right.

And that has stayed with me. I really feel that people need to have autonomy and to make their own choices. And that we need to be honest with each other and not impose laws that limit our freedoms and our expressions, which is what's happened across Canada for three years, and is continuing.

Does that answer your question?

**Louis Browne**

It does, thank you. Now, Ms. Garrett, I'm not sure if you wanted to maybe explain to the Commission that you also had some exemptions from your family physician regarding **masking and whatnot. And there was a bit of an exchange between you and your employer. Are you wanting to go into that or read anything into the record, or have we covered it?**

**Charlotte Garrett**

Actually, I'd like to.

**Louis Browne**

Okay, yeah. Just go ahead and explain to the Commission what you're doing.

**Charlotte Garrett**

Sure. As a teacher, one of the things I did was, I questioned all along. Why are we doing this, why are we doing that? I'm not accepting it. I filed a grievance. I filed an update to a grievance. I gave a PowerPoint presentation on science and what was happening statistically in Canada.

And I did wear a mask at first. But I discovered that there was something happening with my breathing. And I went to see a specialist and found out that actually, when I had fallen as a child, I had broken my nose, and nobody knew it. And so breathing was difficult. So putting a mask on was torture.

I had several— My employer basically has accused me of being an incredibly difficult person, undermining the health and safety of our students, because I keep questioning, "When are we going to drop the mask mandates?" I mean, as far as the government is concerned, we no longer need them.

He has actually sent me some rather difficult things. He said to me, maybe I'll just read this. He said,

I am sorry to hear that you have a medical condition that causes discomfort. However, I need to point out that since the start of the pandemic, we've had a lot of communication in written form, where you've questioned the necessity of steps designed to provide reasonable protection, in line with expert and public health guidance on a repeated basis. Whether that is masking, vaccination, or other means of reducing the threat to others. This dialogue, including over issues not related to breathing at all, creates great concern that you're bringing into the workplace the whole of a body of thought based on resistance to measures designed to protect our clients.

**Louis Browne**

And just to be clear, Ms. Garrett, that was part of an email exchange between you and your employer where you were providing your employer with your medical exemption from your doctor.

**Charlotte Garrett**

Yep. I got my mask mandate, and it was not accepted. He still does not accept it. I mean emailed him again on April 18th and said, "You know, in light of the change, we are stopping now, I would expect." And he responded not even with a hello. Just, "nope."

**Louis Browne**

Okay, we are running short on time, Ms. Garrett, so I just want to check in with the commissioners. Any questions?

**Commissioner Kaikkonen**

Tell us how remote learning affected the students' education, mental health, or social wellness.

**Charlotte Garrett**

Could you say that again? I couldn't quite hear you.

**Commissioner Kaikkonen**

Can you tell us how remote learning, for two years affected the student's education mental health or social wellness?

**Charlotte Garrett**

I would say for one thing, it delayed the learning process; it slowed that down. The other thing, though, is that if I did group lessons, then nobody missed them because they were desperate for contact.

[00:20:00]

And so, the lessons became more important than just about anything. Because then they could— Even on a WhatsApp call, then I might have eight, and they're able to see each other and speak to each other, and that was a good thing.

But it was so hard for them, because: they're new in the country, they don't have that many people that they can see, and so they're isolated. So, they were also demoralized, it was hard on them, and I felt terrible for them.

**Commissioner Kaikkonen**

And you mentioned that the school has, for the students, a record of the students that were vaxed. Where would that information go? Just to the school? Did it go up to the health people?

**Charlotte Garrett**

As far as I know, it just went to the employer. Because what they were doing is they were trying to figure out how many students would be coming back into the classroom when we opened. They would have to have the minimum of two vaccines to get into the building.

So as far as I can tell, it only went to the employer and then I deleted my files. I was so embarrassed to have them, so I just got rid of them.

**Commissioner Kaikkonen**

What was your employer's response to the students who were still not vaxed?

**Charlotte Garrett**

They couldn't come to school. They would have to do some kind of online learning.

**Commissioner Kaikkonen**

Thank you.

**Charlotte Garrett**

Thank you.

**Commissioner DiGregorio**

Thank you so much for coming today to give us your testimony. Did you say that you taught English to newcomers to Canada?

**Charlotte Garrett**

Yes.

**Commissioner DiGregorio**

These are people who English is clearly not their first language?

**Charlotte Garrett**

That's right, second or third.

**Commissioner DiGregorio**

And when the mask mandates came in, you were teaching English with your mouth covered?

**Charlotte Garrett**

Yes.

**Commissioner DiGregorio**

Do you think it's important when learning a new language to see the speaker's mouth?

**Charlotte Garrett**

Let me share my experience. So if you can imagine a fairly small classroom with the white board behind me, an air cleaner directly to my left— If this is my table— An air cleaner and the smart board and a fairly small room. And in order to access the laptop, I have to stand right beside the air cleaner. And then the students all are masked.

They're illiterate in their first language. So speaking is hard. Then they put their mask on and they mumble to begin with. So then they have the mask on and they're mumbling. And I get desperate. I ask them to pull their mask down to speak. I make sure the door is shut so my employer can't see it. I pull my mask down and I show my, I explain my lips. This is how you make the "s." This is how you do the "th." It's hard. It's really hard. And my employer has no understanding of that. Does not respect it at all.

**Commissioner DiGregorio**

Thank you.

**Louis Browne**

Thank you, commissioners. Ms. Garrett, I just have two questions left. We're almost done, so second-last question. In summary, in 60 seconds or so, what would you like this Inquiry and Canadians at large to take away from your evidence today?

**Charlotte Garrett**

That it seems that employers— I think it's because of the federal government and the Saskatchewan government and the way that they put through their mandates: they made it possible for an organization such as mine to do whatever they wanted. If they want to continue on with isolating students, they will. If they want to continue on with mask mandates, well, they will.

It's almost arbitrary. Well, it is arbitrary, and I find that deeply insulting—and dangerous! Masks are not healthy.

I think it's really important for Canadians to know the extent to which people were affected, even the English language learners—like, how hard it is for them to be in a classroom right now.

**Louis Browne**

Thank you. Last question. Is there anything else you would like to share with us today?

**Charlotte Garrett**

I don't think so.

**Louis Browne**

Okay, Ms. Garrett, thank you very much for your evidence here today.

**Charlotte Garrett**

Thank you.

[00:24:41]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 11: Krista Hamilton**

**Full Day 2 Timestamp: 09:17:54–09:36:07**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Dellene Church**

Krista, can you hear me?

**Krista Hamilton**

Yes.

**Dellene Church**

Our next witness is Krista Hamilton. Krista, can you please state your name and spell your first and last name for the record?

**Krista Hamilton**

It's Krista Hamilton: K-R-I-S-T-A H-A-M-I-L-T-O-N.

**Dellene Church**

Thank you. Krista Hamilton, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

**Krista Hamilton**

Yes.

**Dellene Church**

Thank you. Krista, you were forced to take COVID vaccines in order to keep your job. Can you tell us what you did to try and avoid that?

**Krista Hamilton**

I went to my family doctor for an exemption and he told me I didn't meet the requirements to be exempted.

**Dellene Church**

And what was your health condition that you thought would qualify for an exemption?

**Krista Hamilton**

I have a lot of allergies, so I just was kind of hesitant to take it. So I thought that would be enough, but— And I also have asthma and that wasn't enough.

**Dellene Church**

Okay, what did you do then at your employment?

**Krista Hamilton**

I did end up taking my two vaccines. Sorry. I did take my two vaccines and I just had to show proof so then I was able to continue working.

**Dellene Church**

You did hold out as long as you could until you felt you were forced, or you were going to lose your job.

**Krista Hamilton**

Yeah, I was hoping they would roll out an exception, or that you didn't have to have one to go back. And they didn't. I went on my very last day that I could to have my second vaccine. So I waited as long as I could.

**Dellene Church**

Okay. And how did you react to those vaccines?

**Krista Hamilton**

The first vaccine, I had zero symptoms. And the second vaccine: on my second day, I started to have chest pain, and I couldn't inhale all the way. I couldn't get out of bed without help.

**Dellene Church**

You were immobile? You couldn't move all parts of your body, or a portion?

**Krista Hamilton**

I couldn't move, like, my torso. So if I was in a standing position I could walk slowly, but I couldn't move my torso. At all.

**Dellene Church**

Okay. And at that point did you seek medical care?

**Krista Hamilton**

Yes. I went directly to the ER. From there I had a bunch of tests, and they thought I could have the beginnings of pleurisy or indigestion. So they told me to go home and rest for five days because all my tests panned out okay.

**Dellene Church**

Okay.

**Krista Hamilton**

I think I had vitals, x-ray, and of your basic stuff. And the ER doctor wasn't really sure, she said.

**Dellene Church**

They were aware that you had recently had the COVID vaccine, your second?

**Krista Hamilton**

Yes.

**Dellene Church**

And they made no link between your symptoms and that vaccine 24 hours before?

**Krista Hamilton**

No.

**Dellene Church**

Okay. So you went home for your five days of rest. How was that?

**Krista Hamilton**

I mean, I was in a lot of pain. I was shallow-breathing for three days, in and out. When I inhaled, it felt like sharp stabbing pain in my chest—upper chest—so it was really hard to inhale. I was fine when I exhaled, but just, each breath hurt. And it took about four to five days to go away.

**Dellene Church**

And what about your ability to move, did that improve?

**Krista Hamilton**

It did. For three days, just from standing to sitting, or sitting to standing, or getting in and out of my vehicle was very, very difficult without feeling a lot of pain.

**Dellene Church**

Okay. And were you developing any other symptoms during that time?

**Krista Hamilton**

Well, I developed— My voice, as you can hear, I lose my voice a lot, and I have to clear my throat often. And I also have a dry cough with that.

**Dellene Church**

Okay. And did you have any mental symptoms?

[00:05:00]

How was your energy level?

**Krista Hamilton**

Well, mentally, I was okay. I just was a little scared of the unknown, like what was happening, because I've never had those symptoms before. Also, just the house-cleaning or mowing my lawn—I felt like I couldn't do a whole lot. I had to stop and take lots of breaks, whereas before, I felt I could do quite a bit, whether it was mowing the lawn or house-cleaning or whatever I was doing.

**Dellene Church**

Okay. And you're a mother, and you work full-time, and before this you were doing all of those things without problem.

**Krista Hamilton**

Yes.

**Dellene Church**

So after five days, things had improved some. You still had symptoms. What did you do from there?

**Krista Hamilton**

After five days, I started to feel better. I could move my body. But I was still having sharp, **stabbing pains in my upper chest, in my left side. So from there on, I had a second— About four weeks later, I had another attack similar to this one. Went in for a second visit to the ER and they thought I had a blood clot, which, turns out, I didn't. And they sent me home and told me I had a pulled muscle, to rest for five days.**

**So I went home, I rested, started to feel better, but then the pain continued after that. Like, just randomly, and 4 minutes to 20 minutes at a time. But nobody could really explain it.**

**Dellene Church**

Okay, and were you able to return to work during this period of time?

**Krista Hamilton**

Yeah, after about a week I returned to work. And then I did a follow-up call with my doctor. When I went in to see my doctor, he told me the x-ray for my second ER visit showed spots on my lungs on my x-ray. And he sent me to a lung specialist, which showed it led to sarcoidosis. So I was diagnosed with that.

**Dellene Church**

And can you tell us what sarcoidosis is?

**Krista Hamilton**

Actually, it's like an inflammation. I think it, well, it's spots on your lungs. I have nodules or spots on my lungs, they call it. I have several tiny spots and two larger spots.

**Dellene Church**

And are you being treated for that condition?

**Krista Hamilton**

They said eventually I could take prednisone, I believe it's called. I said no to it at first, but I think they're just going to keep an eye on me to see if I need it in the future.

**Dellene Church**

Okay. And still no connection made by medical that this may relate to your COVID vaccine?

**Krista Hamilton**

No. Nobody said anything. No.

**Dellene Church**

So also, then you were never provided any information on how to report what you thought had caused this or make any claim for compensation?

**Krista Hamilton**

No.

**Dellene Church**

Okay. Do you have anything else you want to add about your diagnosis and your condition, how it is now, and your treatment with the health system?

**Krista Hamilton**

I just found it really funny that— I did have asthma prior to my vaccines. But I just found it really odd—I was stopped in my tracks, or it wakes me up from my sleep; even a year later I still feel the effects—that no one can really say why. Maybe it points to sarcoidosis, but I don't know.

The other thing I had was eye inflammation for four months after my second vaccine, which—I don't know if it's related. Often, I have shortness of breath, even after taking my regular puffer. But I just can't explain this sharp stabbing pain and not moving my torso, which is really scary. So nobody can really explain that to me.

**Dellene Church**

And your pre-existing conditions with the allergies and asthma, have those worsened as well?

**Krista Hamilton**

I would say, I can't really tell if the— Because I take a puffer once or twice per day.

[00:10:00]

I would say shortness of breath has worsened, and just the random sharp pain that I feel, and just being tired. So those three mainly.

**Dellene Church**

Now, you also had a son that had an adverse reaction that required hospitalization. Do you want to talk about that?

**Krista Hamilton**

Yeah, so my son Liam, who was 21 at the time: he took Moderna. So his second shot of Moderna, he, I guess, was having heart pain and he went into the hospital. He ended up in Halifax—the QE2—for a week because his enzyme levels were really high.

So yeah. They did believe it was the shot and told him not to take any more. They advised him that. There's not much I know about that because he— Yeah, I don't really know much, but he was on three months of medication. It was called Colchstream, C-O-L-C-H-S-T-R-E-A-M.

**Dellene Church**

That was the medication?

**Krista Hamilton**

Yes. So they prescribed that for three months. And then he went off it. And he had a follow-up and I think that was about it. They kind of released him.

**Dellene Church**

And what was his diagnosis?

**Krista Hamilton**

Myocarditis.

**Dellene Church**

Okay. And they did, in his case, admit that was directly related to the COVID vaccine?

**Krista Hamilton**

They did. Yes.

**Dellene Church**

Okay. And was he provided with any information on how to report that, or make a claim for any compensation?

**Krista Hamilton**

That I'm not sure of.

**Dellene Church**

Okay. And another unfortunate instant related to COVID you had was your father passing away.

**Krista Hamilton**

Yes.

**Dellene Church**

Can you tell us how COVID impacted that?

**Krista Hamilton**

At the time, the nursing home here in Nova Scotia that he was at— It was December of 2020 and so each patient had two caregivers. I was one and my mom was another. My brother at the time was working in Winnipeg.

They told us my dad had less than a week left before he passes. My brother flew home from Winnipeg and he had required permission to see his father: a letter to get into the nursing home. So he got the letter. I think he arrived, went in, and then after he'd seen my dad and said goodbye, my dad was alive for another six days, and he was not allowed to go back and see him.

**Dellene Church**

Okay. And it wasn't like he was easily admitted to say goodbye to your dad. Is that correct?

**Krista Hamilton**

Yeah. They told him he had to quarantine for 14 days after seeing my father because he flew back as an essential worker.

**Dellene Church**

And did they also firstly try and prevent him from coming in because he was not one of the two designated caregivers?

**Krista Hamilton**

Yes.

**Dellene Church**

And he just ignored that and decided he was going?

**Krista Hamilton**

Yes.

**Dellene Church**

So what do you think could've been done better in your situation, your son's, your dad's?

**Krista Hamilton**

I think for myself, who— I didn't want the COVID shot— Even though I have four kids and they're all vaccinated, all the way to 18. But for me personally, I did not want the shot and I feel like I should've had the choice. And continue to work if I didn't have it, and just wear all the precautionary measures.

For my son, he just wanted the shot. So definitely his choice.

And as for my father, I just think that, if someone is dying and it's their last days— I think family—all family—should be able to go in. Especially immediate family.

**Dellene Church**

Right.

**Krista Hamilton**

I think that was very unfair.

**Dellene Church**

And with your son that had the reaction,

[00:15:00]

you said it was his choice. Do you know what his choice was based on?

**Krista Hamilton**

I don't. I mean, he did his own research. I don't know where he found his information, but I think that he chose to do it because he was around his grandparents a lot and he didn't

want to make them sick. So I think he was thinking of his grandparents more so than himself.

**Dellene Church**

And was he working or attending post-secondary schooling that also required that?

**Krista Hamilton**

No. He was working from home. He lives on his own so— At the time. But he was really afraid, because of what he heard in the news and whatnot, that he would make his grandparents sick. So he chose to get it.

**Dellene Church**

To protect others.

**Krista Hamilton**

Right. Yeah.

**Dellene Church**

Is there anything else you'd like to add before I turn it over for questions from the commissioners?

**Krista Hamilton**

No.

**Dellene Church**

Okay.

**Commissioner Massie**

Well, thank you for your testimony. Can you clarify something for me? You said your four kids are vaccinated. I'm wondering: Were they vaccinated after you've learned about your adverse effect or before?

**Krista Hamilton**

Oh no, I'm sorry. I should clarify. My children are— So I have three over 20 that live on their own. And then I have a daughter who was 15 at the time. She wanted to get her vaccine. Myself and her father told her to wait a few weeks to learn more about it. We provided her with information. She still chose to get her vaccine, but this was all before I had mine. And she chose to get it.

As far as my other three, they went and got it, so there's nothing that I can do. But they didn't learn about my symptoms and what happened to me until after they got theirs.

**Commissioner Massie**

So did they believe that you were actually injured by the vaccine, or are they not sure?

**Krista Hamilton**

I guess they weren't sure. Yeah. But I did feel like, within two days of me taking the second vaccine, I felt like it wasn't an allergic reaction. Like it was something more.

**Commissioner Massie**

Thank you.

**Dellene Church**

On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony today, Krista.

**Krista Hamilton**

Thank you.

[00:18:13]



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*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 2**

**April 21, 2023**

### EVIDENCE

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**Witness 12: Bridgette Hounjet**

**Full Day 2 Timestamp: 09:36:28–09:56:34**

**Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>**

[00:00:00]

**Louis Browne**

Good afternoon. Can you please state your name and spell your last name for us?

**Bridgette Hounjet**

Bridgette Hounjet: H-O-U-N-J-E-T.

**Louis Browne**

Ms. Hounjet, would you prefer to swear an oath or solemnly affirm?

**Bridgette Hounjet**

Oath, please.

**Louis Browne**

Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

**Bridgette Hounjet**

I do.

**Louis Browne**

Ms. Hounjet, what city or town do you reside in?

**Bridgette Hounjet**

Saskatoon.

**Louis Browne**

Okay. And how long have you lived there approximately?

**Bridgette Hounjet**

About 20 years.

**Louis Browne**

And I understand that you worked as a federal public servant. Is that correct? —Sorry, can you say that again?

**Bridgette Hounjet**

Yes.

**Louis Browne**

Okay. Thank you. And how long were you so employed?

**Bridgette Hounjet**

It's been— Going on sixteen years.

**Louis Browne**

Okay, and are you still so employed?

**Bridgette Hounjet**

Yes, I am.

**Louis Browne**

Okay. Ms. Hounjet, in your own words, please tell us from start to finish what brings you to the National Citizens Inquiry, and then we'll ask some further questions after that. The floor is yours.

**Bridgette Hounjet**

So I guess my story starts— I gave birth to my son in 2019 and so I started maternity leave **August 2019. And things were great on maternity leave. Come March 2020, the world starts going in a bit of a panic. We don't finish the first swimming lesson. That's kind of when things started to happen: March 2020.**

**And then fast-forward to August 2020, when it's time for me to return to work. And my first day was— Already, at that time, they had started working from home, so I went into the office to pick up my laptop and kind of ease back into work, and catch up on a bunch of emails and that sort of thing. And then proceeded to work from home from there.**

**There was not really too many rules in place. We were supposed to stay under a certain capacity in the building. We weren't forced to work from home, we weren't forced to go in the office. Just that we couldn't be more than a certain amount in the office. I personally**

chose to work out of the office full-time. I was pretty much the only one who chose that. And then others would just come in as they needed, to do certain tasks or that sort of thing. And then, I believe, that went on for the rest of 2020.

And then kind of at the beginning of 2021, the guidelines were changing, that sort of thing. Masking came into place when you were in the office. And then we were going to start setting up a schedule to do a rotation in the office. Half of us would work from home and the other half would work in the office. And we would kind of do a rotation every month just to kind of allow equal workload type of thing, as only certain duties could be done in the office. So just to kind of share those tasks, that sort of thing.

We did that for a while—well, working from home in general for a year. And then there was some chatter about—as the vaccines were being developed—that there was a possibility that they would be mandated in our workplace. And that’s when my anxiety started to go up. Because I knew, just the little bit I had read and I continued to read, that that wasn’t something I was ready to rush into. There were things unfolding, information was still coming out.

For me, there were a lot of red flags just surrounding the vaccine, so it was certainly something I did not want to rush into, but there came a point where my employer was mandating these vaccines.

I think that came into play, I think, October 19th—somewhere around there.

[00:05:00]

The rules came out that we needed to “attest” to our vaccination status by a certain day and—sorry, my memory on dates is not great, but somewhere around there—there was a date in October that we needed to attest. And from there, there was about a— If you weren’t fully vaccinated or if you did not disclose your vaccination status, you had about two weeks to either get vaccinated or submit a request for accommodation.

Now the request for accommodations were based on either a medical exemption, or a religious exemption, or a human rights violation essentially. I knew I there was medically nothing that would stop me. I knew and I had heard, you know: doctors weren’t just giving exemptions medically willy-nilly, so I knew that that was going to be impossible.

Religious? Yes, I do have a faith background, but there was nothing there that I felt I could work with.

Human rights? I had little knowledge to how that all really worked, but I tried. I tried to go with a human rights discrimination, and so I put in a request for accommodation for the human rights ground of sex: being a female and I had not ruled out having more children. And prior to having my son, I had suffered a miscarriage. So for me, there was nothing that I wanted to do to my body not knowing how it could affect my body. I didn’t want to take a chance that— If I did choose to have another child, I did not want to take the chance that something I inject in my body could have a negative effect. So that is the route I chose to do: discrimination against sex. And, honestly, reading the human rights, and kind of how it’s laid out, I was pretty certain that that’s not what they meant by “sex discrimination,” but I tried because what do I have to lose to try?

So I tried, and I sent my request for accommodation to my manager. It had to go through a process and it then had to go to nationally for the committee to review and that sort of

thing. In that time frame, while it was being reviewed, we continued to work from home, work from the office. And it was taking a little bit longer than anticipated to get a response. It was going to be in December 2021: my turn to work out of the office.

At that time—as the vaccine mandates had come into play—they requested that I test: do rapid tests three times a week, Monday, Wednesday, Friday. Didn't matter if I was at work or not: Monday, Wednesday, Friday I had to test. And I didn't have to show the result. I just had to text my manager and give the result. So I did it! Because—yeah, I did it—I wanted to keep working. I love my job and I wanted to keep working to support my family. So I did it.

And on December 23rd, I got a response that my request for accommodation was not supported. So that was a great Christmas gift that year.

On that letter telling me that it was not supported, they gave me till, I believe it was January 5th, 2022 to either change my vaccination status—and they allowed, I believe, two-ish weeks to then again either go get vaccinated so that my status has changed, in that I could go to work, continue going to work—or I would be placed on unpaid leave starting January 19th.

[00:10:00]

January 19th came and I received another letter saying, “You are being placed on unpaid leave.” January 20th: I meet my manager outside our office. I hand over all my work, computer, and that sort of thing. Really felt like a criminal handing over everything; you know, it didn't feel great. And, yeah: I was on unpaid leave for five months, until June 20th, when the federal government decided to get rid of the mandates.

It was really bizarre. I mean, our provincial government had already done away with mandates—I don't remember the exact time, but certainly months prior. So why it took that much longer for ours to be lifted, I don't know. But those five months was the worst time of my life. I was in a really dark place, and it was really hard.

June 20th came around and I messaged my manager saying, “Okay, I see in the media that the federal government is doing away with mandates. When can I come back?” And she had not seen that quite yet. There was no kind of communication that had come out for her to be able to reach out to me first. But anyway—so we made that communication and I did return to work shortly thereafter. I had taken a few weeks off just due to family commitments but I did go back to work.

I am still at work. I forgot to mention: As part of my request of accommodation, I did express to my employer that I am willing to continue testing as I had done—it had been **working and there was no reason why all of a sudden it would not be acceptable—or continue to work from home. I was still so very willing to continue working. And it just wasn't good enough, and I was placed on unpaid leave for those five months.**

### **Louis Browne**

Thank you, Ms. Hounjet, for that account. I wanted to ask you a few follow-up questions. You mentioned that you put in an application for an exemption and you were denied ultimately.

Are you aware of anyone at your workplace—and I mean, personally aware of anyone at your workplace—who was granted such an exemption?

**Bridgette Hounjet**

I am aware of one person who was granted a religious exemption.

**Louis Browne**

And are you able to advise, or do you know, what religion that person belonged to?

**Bridgette Hounjet**

I cannot 100 per cent say which religion. No.

**Louis Browne**

Okay. That's fine. I'd like to ask you about— I mean, even though you're back to work now, nonetheless, you were on unpaid leave for a while. How has that affected you still today? In terms of, let's just talk— Let's start with mental stress. How's your mental health doing today, even though you're back at work but yet you had that L-walk?

**Bridgette Hounjet**

It's not great. I still have a lot of anger and bitterness, resentment. I see my counselor a whole lot more regularly. And I have breakdowns, I would say, quite regularly. I mean the greeter was nice enough to greet me here today and I broke down, so it just it doesn't take much. I break down at work. It's kind of embarrassing, but it is what it is. It's my reality right now. But yeah, my mental health is not great. I'm working on it.

I guess to add to that, in 2021— I play adult rec hockey and I had signed up for the 2021 season and that usually starts in September. I played two games. They made us mask while we played, skated on the ice—it was the worst thing ever—and then shortly thereafter the mandates came into play so my season was cut short.

And that, for me, is a big— That's what I do for my mental health. That's my physical activity to help with my mental health.

[00:15:00]

So that was taken away. So yeah, things were taken away: those kind of supports. But thankfully, between my family and some friends I was able to get through it. But yes, my mental health. And finances— obviously, I depleted my savings to try and support my family during this time. And I continue to have to pay back my pension, some benefits, so I'm still financially hurting from it.

**Louis Browne**

Thank you for that, Ms. Hounjet. And because the Commission doesn't necessarily know you from how you were before, I just want to be clear: When you say that you break down, and even the greeter was nice and you broke down: just to be clear, that's different than how you were prior to all of this? Can you just clarify that?

**Bridgette Hounjet**

Yes certainly. I did not break down near as much. I know, after having a child, things—your hormones—are different, so yes. But like weekly, every other day, something triggers me. I

could be driving in my vehicle and tears start flowing. It doesn't take much to— At work, certain conversations will trigger me and I sometimes have to remove myself to go have that moment. And that was not the case before that.

**Louis Browne**

Thank you for that clarification. Can you advise, Ms. Hounjet: Has this experience impacted your trust in government and public health authorities?

**Bridgette Hounjet**

Yeah, certainly. I've lost a lot of trust in some of those institutions. Just yeah, simply lost a lot of trust. I question a lot of things—which doesn't feel great to question some of those things you used to place a lot of trust in. But yeah, sadly, I do question a lot of things.

**Louis Browne**

And how about your impact on relationships and, you know, all manner of relationships—family, friends, workplace. Has this impacted your relationships at all?

**Bridgette Hounjet**

Yes, it certainly has. As I explained, I have anger and sometimes—unfortunately—that gets taken out on my family, my close friends. When you have your friends and family tell you that you're different, that you've changed, it's hard to hear.

**Louis Browne**

You're doing great and we're almost done. Let's just hang in there. At this point, I just want to invite the Commission members if there are any questions.

Two more questions, Ms. Hounjet. And for those who have been around a while, they know what they are. In summary, in about 60 seconds or so: What would you like this Inquiry, and Canadians at large, to take away from your evidence today?

**Bridgette Hounjet**

I guess, and I was one of these people, like: Read for yourself. Do the research. Be open to other views. Don't just be quick to take what is thrown at you through media, or friends or family even, for that matter. Sadly, until it affects you directly, we don't fully understand. It's hard that it has to get to that point. But just have an open mind, and let's be there for one another, so that we don't repeat this sort of thing.

I think of myself as a high-functioning person in life. If it has affected me this much as a high-functioning person, I can't imagine those who were affected medically and in other walks of life. I can't imagine what our society as a whole is going through. And let's try and move forward in a positive direction and not let this happen again.

**Louis Browne**

Thank you for that. Last question: Is there anything else you'd like to share with us today?

**Bridgette Hounjet**

I don't think so. I just want to thank everyone. This, for me, is part of my healing—to be able to tell my story. So I thank everyone for being inviting, welcoming, and open to hear my story.

**Louis Browne**

On behalf of the NCI, we thank you very much for your evidence today. Thank you.

**Bridgette Hounjet**

Thank you.

[00:20:06]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

### EVIDENCE

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Witness 13: Kelcy Travis

Full Day 2 Timestamp: 09:57:07–10:07:47

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

**Wayne Lenhardt**

Kelcy, could you give us your name, please, and then spell it, and then I'll do an oath with you.

**Kelcy Travis**

My name is Kelcy Travis, K-E-L-C-Y T-R-A-V-I-S.

**Wayne Lenhardt**

And do you promise to tell the truth today, the whole truth, and nothing but the truth?

**Kelcy Travis**

I promise, I do.

**Wayne Lenhardt**

Thank you.

Due to the late hour, I think I'm going to lead you a little more than I might otherwise. You suffered certain negatives because of the COVID situation. Could you go back and tell us when it started, and perhaps tell us what financial impact it had on you, as well as on your children.

**Kelcy Travis**

Absolutely. I have six children. We're a blended family. We had our daughter in December 2019. I believe we had a COVID infection. I cannot prove that, but I believe we had a COVID infection in the hospital. At that time, I was then pregnant again and I had our son in 2021.

Being pregnant through this and seeing some of our systems from a different angle has rocked my world forever. I won't ever be able to look at things the same, because I saw evil and I saw corruption, and I saw a lack of transparency and accountability at all levels. The voice that I sent you, my story, I sent across the world. I sent to the United States; I sent to Dublin; I sent to municipal, provincial and federal levels; I sent to the Minister of Government Relations and I was ignored.

I was told it would be better by the end of the year.

I was unable to watch my son Archer in taekwondo. Because I was pregnant and nursing my other son, so I had to make that choice, and I wasn't allowed in recreational facilities.

**Wayne Lenhardt**

So you did not get the COVID shot.

**Kelcy Travis**

I did not. My OB-GYN, at the beginning, told me she understands why I can't trust the science because it is too new. Halfway through my pregnancy, I was told by Public Health, as I was there with another, older child for an immunization, that I should get the COVID vaccine that day, but I would have to sign a waiver. I'm experienced with non-profits and waivers, and I know when someone's trying to indemnify themselves and that sent off every warning flag in my body. My partner did get the vaccine because his grandma was dying. So he got two doses of the Moderna vaccine and I'm still scared for him because I can't lose him.

What I've seen—the good and bad in humanity—has shaken me forever and I can't unsee what I've seen.

**Wayne Lenhardt**

Okay, so you weren't able to attend your child's activities and you didn't want to take the vaccine because you were pregnant. And that had an impact on your ability to earn?

**Kelcy Travis**

Yes. During COVID, my work was basically shut down. So to try to get maternity leave, I had gotten another position in a similar field. And I was so scared, being eight months pregnant and training and going out into the community, and I kept seeing all the articles from Ottawa of these pregnant women in ICU. I knew I was making the right decision, but I was **still scared for myself and my baby. And after I went through all the training and did a skin test, then they put a vaccine mandate in place at the job that I had started,**

[00:05:00]

so I was never able to get my hours for maternity leave.

The last four years have been extremely difficult in all senses—not just because of COVID, but largely. And I didn't realize how much I needed people. I didn't realize how depressed I was.

**Wayne Lenhardt**

And you have a fairly large family. So you weren't able to attend your child's activities, to begin with—

**Kelcy Travis**

No, and we were one day away from eviction. My partner got laid off and my work refused to give me shifts. I was testing once a week, on Monday, at one of my positions. But what if I got it on Wednesday and carried it through the place? It didn't make sense to me.

**Wayne Lenhardt**

Were you able to go to medical appointments with your family?

**Kelcy Travis**

No, my partner missed the ultrasounds. And I thought, you know, I'm not a new mom; I'm not a first-time mom. I felt really bad for the first-time moms that didn't get to experience their pregnancy in the way that they should have.

**Wayne Lenhardt**

Were medical and health appointments a problem?

**Kelcy Travis**

Yes, they were missed. If they were non-emergent, we weren't to bring them in, and I'm still dealing with cavities and things that wouldn't be there if I would have been able to take them in. And a cavity is small, but all these things add up.

**Wayne Lenhardt**

Did you have any problem getting maternity leave while you were pregnant?

**Kelcy Travis**

I did not get it. I didn't qualify for even the reduced hours, because of the vaccine mandate coming into effect at the new job that I had found at eight months pregnant.

**Wayne Lenhardt**

Did you consult your doctor about getting the vaccine, and what did he say?

**Kelcy Travis**

I didn't. I had had family who had consulted our doctors, and I pretty much knew it would be a losing battle for me, so I just stood my ground and I just waited it out.

**Wayne Lenhardt**

When were you able to get pretty much back to normal?

**Kelcy Travis**

Now.

**Wayne Lenhardt**

Have your children—are they behind in school in any way?

**Kelcy Travis**

My son Archer was about to start kindergarten, so that's why I put him into taekwondo, so he had some form of socialization outside of his sibling interactions. And that was really good for him. And the day that I was first able to go watch him. I cried in that gym to be able to see him and have our other son, Atlas, in there with us.

This picture I just found last night and my 10-year-old drew this. One house is like a happy house and the other house, in the smoke, it says "Alone." And she is 12 now and she's suffering because she's so social. I homeschooled multiple children because I was scared of them getting sick. When I did get COVID, I thought I was going to die. I had to do my will quick. I was going to leave my babies without their mom. I was so scared, and I think they used our hearts against us.

**Wayne Lenhardt**

I think I'm going to ask the commissioners if they have any questions at this point, then I'll come back and wrap up. Are there any questions, Commissioners? No? If there's anything that you could change about the COVID situation you went through, what would it be?

**Kelcy Travis**

It would be to have some accountability and some transparency at every level. In all of our institutions, at all of our workplaces, that's what we deserve. We pay the bill. In more ways than one, we pay the bill.

**Wayne Lenhardt**

On behalf of the National Citizens Inquiry, thank you very much for your testimony.

**Kelcy Travis**

Thank you for letting me speak.

[00:10:40]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

### EVIDENCE

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Witness 14: Chantel Barreda

Full Day 2 Timestamp: 10:08:30–10:22:21

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

**Wayne Lenhardt**

Chantel, if you could give me your full name and then spell it, then I'll do an oath.

**Chantel Barreda**

My name is Chantel Kona Barreda. So my first name is C-H-A-N-T-E-L, middle name K-O-N-A, last name Barreda, B-A-R-R-E-D-A.

**Wayne Lenhardt**

Okay. Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

**Chantel Barreda**

Absolutely.

**Wayne Lenhardt**

You were teaching at an Indian band in Lac La Ronge, I think, prior to COVID and then as it came on. Could you tell us what happened at that point?

**Chantel Barreda**

At the time when COVID began, I was teaching Grade 7. And we all had to go online. We finished the year kind of like that, doing homework packages and home visits. And then, at the beginning of 2021, we were back in the classroom and we had barriers, which were flimsy plastic. We had to wear masks and try to stay six feet apart. But if you know kids, that's not going to happen.

So things are going pretty good and then I got an email—well, all of us got an email. It was sent out on September 14th saying that they had a new vaccine passport mandate and that

it would be effective on September 20th. So we had six days to get all of our ducks in a row. The policy stated that if you did not get vaccinated, your employment would be terminated. And that's what happened to me.

**Wayne Lenhardt**

Did they give you a time period to comply?

**Chantel Barreda**

Oh, they did, yes. I was given until October 18th to comply with the mandate, but I was not planning on getting vaccinated because I felt that it was an experimental procedure that wasn't a real vaccine. I like to do research, so I just noticed that the definitions started to change with what a vaccine is. Anyway, so things started to change and I thought, "Well, that's weird." And then— Oh, shoot, I lost my train of thought.

**Wayne Lenhardt**

Correct me if I'm wrong, but I think your last day of work was September 17th.

**Chantel Barreda**

Right. My last day of work, physically, was September 17th. The mandate came into effect on the 20th.

So just to backtrack just a little wee bit, my daughter was also attending the school that I was teaching in, so she had just started Grade 7. And so we were suddenly out of a job and out a school as of that Monday.

**Wayne Lenhardt**

Okay, so you were basically not working after September 17th. Did they call that a leave without pay or was it a termination?

**Chantel Barreda**

Yes, I was put on leave without pay.

**Wayne Lenhardt**

Okay. So you were allowed about six weeks or so to comply then?

**Chantel Barreda**

Yeah.

**Wayne Lenhardt**

Okay.

**Chantel Barreda**

I had till October 18th. In that time, I did end up getting COVID—I ended up getting very sick. But somebody saved my life and gave me some ivermectin and I'm here today. I believe strongly that we have an immune system, and a lot of the research was saying that only those really elderly or with comorbidities were really at risk, so I just kind of wanted to trust that.

**Wayne Lenhardt**

It was in October—I believe, October 18th—

[00:05:00]

that you received a letter saying that they had terminated you, or you lost your job, something along that line.

**Chantel Barreda**

Yeah.

**Wayne Lenhardt**

Okay.

**Chantel Barreda**

I received my termination letter. In the meantime, I started the EI process. I applied for EI. They changed that too, and so I was denied my claim. And then I put in a human rights claim. And I think that was changed too, so that was denied.

Things kept changing, including “the science.” Yeah, so there I was, no job. I had natural immunity because I just had COVID and recovered, and still not able to work.

**Wayne Lenhardt**

Your daughter was going to that same school that you were working at, correct?

**Chantel Barreda**

Yes.

**Wayne Lenhardt**

Okay, and what happened after you were terminated? Did she continue to go to that school?

**Chantel Barreda**

No. No, so I had to pull her out and I enrolled her in online school. So basically, for the rest of the year, she was stuck in her room by herself.

**Wayne Lenhardt**

Right. And what grade was she in at the time?

**Chantel Barreda**

She was in Grade 7. I think our mental health at that point started to decline because I started getting the rejections from EI and the Human Rights Commission, and I started to lose hope.

**Wayne Lenhardt**

What effect did that have on your daughter?

**Chantel Barreda**

She became depressed. Well, we got her counseling. I'm not sure if that worked. I don't know.

**Wayne Lenhardt**

This is when it started that you couldn't go to restaurants or various stores if you were not vaccinated. Is that correct?

**Chantel Barreda**

That's right. We weren't allowed in restaurants. We weren't allowed in certain stores. I started to get worried. I had to—I enjoy some wine, at times, and I had to get people to go buy me wine.

**Wayne Lenhardt**

Where, physically, were you in the province at that time?

**Chantel Barreda**

Yes, I was in Saskatchewan.

**Wayne Lenhardt**

Did you try to get another job at that point?

**Chantel Barreda**

Oh, yeah. I was applying for jobs anywhere I could. One thing: when you're applying for jobs in education, if you're applying for a job at a bigger school division, you have to fill out—I think it's a 26-page online form, it's called AppliTrack. There is a section in there, and it asks if you have ever lost your employment. And I have to say "Yes" and then I have to explain why. There's a little box there where you have to explain why. And I feel like once they see that—that I'm unvaccinated—that I'm discriminated against.

**Wayne Lenhardt**

What qualifications do you have in teaching?

**Chantel Barreda**

I have a Bachelor of Education and a Master of Education, which I just received.

**Wayne Lenhardt**

And, I presume, a teaching certificate from Saskatchewan?

**Chantel Barreda**

Yeah. Yeah, I've got a valid teaching certificate. No criminal record.

**Wayne Lenhardt**

And with those qualifications, you're still having trouble?

**Chantel Barreda**

Yeah.

**Wayne Lenhardt**

Okay. What about health issues?

**Chantel Barreda**

I think the biggest thing is mentally. I feel like I was getting into quite a depression. I felt isolated, I felt alone. I lost friends. My relationships with so many people changed and disappeared, and it was a very lonely time.

**Wayne Lenhardt**

Okay. Did you get any kind of employment at all after you were terminated?

**Chantel Barreda**

Yeah, I did get a job, and I didn't have to disclose my whole medical history.

**Wayne Lenhardt**

Was that a permanent or part-time job?

**Chantel Barreda**

No, it's like a temporary contract, yes.

[00:10:00]

**Wayne Lenhardt**

Okay, so is it fair to say you were largely unemployed after this happened?

**Chantel Barreda**

Yeah, I've been unemployed. Except for last summer, which I was going to school.

**Wayne Lenhardt**

And is your daughter's mental outlook still rather dark, or has it improved?

**Chantel Barreda**

She's back in school, physically, and she's doing better. She's not stuck in her room day after day. And she's got friends, so things are improved.

**Wayne Lenhardt**

Okay. Are there any thoughts you would like to leave us with respect to this whole scenario, and how things could have been better?

**Chantel Barreda**

For sure. The first thing is: When I tried to talk to my Chief and Council about what was going on, I got blocked and ignored. And I don't think if you're in a position of leadership that that's appropriate.

I would like for people to use their critical thinking skills and to stop being afraid to stand up for what's right. I try to teach my daughters to stand up for what's right.

And one other thing is that I tried following the science, but it led me to the money. And, so I just want to leave with Mark 8:34-38, which is: "For what shall it profit a man, if he shall gain the whole world and lose his own soul."

**Wayne Lenhardt**

Okay, I'm going to ask the commissioners if they have any questions now, and then I'm going to come back and I'm going to go through the documents that you're going to leave with the Commission in case they're useful.

**Chantel Barreda**

Okay.

**Wayne Lenhardt**

Okay. Any questions from the commissioners? Okay, I think that's a no.

Okay, you have given me some documents, which I'm going to leave with the Commission. They include, on Lac La Ronge Indian Band letterhead, and you've labeled it "new policy," given to you on September 14th, 2021. And it's entitled Workplace COVID-19 Vaccination Passport Policy. You have some correspondence relating to your request for an exemption with HR. There's a Notice of Liability that you gave to your employer back then. There is a *Public Health Act* and affidavit—it's a Xerox of part of the *Public Health Act* and your affidavit with respect to vaccination. There is a Saskatchewan Human Rights complaint relating to violation Section 13.1, the right to education. There is your complaint form to the Canadian Human Rights Commission. There is your Termination of Employment letter

from the Lac La Ronge Indian Band. There's your Record of Employment from Service Canada, which you would need for unemployment insurance, and there's your Witness Release form. So those I will hand over to the Commission on your behalf [no exhibit numbers available].

On behalf of the National Citizens Inquiry, thank you so much for your testimony today.

**Chantel Barreda**

Thank you very much.

[00:13:51]



*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

### EVIDENCE

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Witness 15: Lee Harding

Full Day 2 Timestamp: 10:22:21–10:47:10

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

**Shawn Buckley**

So we'll call our final witness of the day, Mr. Lee Harding. Lee, can you please state your full name for the record, spelling your first and last name?

**Lee Harding**

Lee Andrew Harding, L-E-E H-A-R-D-I-N-G.

**Shawn Buckley**

And, Lee, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Lee Harding**

Yes, I do.

**Shawn Buckley**

Now my understanding is that you have a Bachelor of Arts in Journalism from the University of Regina.

**Lee Harding**

Yes.

**Shawn Buckley**

You have a Master's degree in Public Policy from the University of Calgary.

**Lee Harding**

That's true.

**Shawn Buckley**

You interned as a reporter for CBC and then CTV in 2004 and then worked as a casual reporter and cameraman for Global.

**Lee Harding**

That's right.

**Shawn Buckley**

You are a research fellow with the Frontier Centre for Public Policy.

**Lee Harding**

Yes.

**Shawn Buckley**

And you're a regular contributor to *The Epoch Times* in Canada and also *Western Standard* online.

**Lee Harding**

Yes.

**Shawn Buckley**

Now, my understanding is that you had an interesting experience as a reporter during the COVID-19 pandemic, where you got to know our law enforcement people a little better. Can you tell us about that?

**Lee Harding**

Sure. There was a freedom rally in Victoria Park in Regina and I was there covering it as a journalist. I got in there a bit late in the event and heard Laura Lynn Thompson's speech and then they were walking away, her and other speakers, to travel together—I believe it was to Saskatoon because there was going to be a similar event that immediately followed. So I did an interview and talked with them as I was walking in that direction and the police were there at the parking lot of the Hotel Saskatchewan to issue tickets. So Laura Lynn Thompson got one, Maxime Bernier received a ticket, Mark Friesen did, and R.B. Winteringham did as well.

**Shawn Buckley**

Right. And what was the amount of the ticket?

**Lee Harding**

It was \$2,800. And I think they had actually increased the amount that they were eligible to receive just shortly before the event. It was a little bit of management—I think politically probably more than health-wise. And at the time, there was no outdoor gathering of more than 10 people that was allowed. So the entire gathering was against the public health regulations.

**Shawn Buckley**

Right. But my understanding is that you had identified yourself as a journalist.

**Lee Harding**

Yes, I did. I spoke to them. And—

**Shawn Buckley**

Can you tell us about this? And the reason why this is important is because the police are— Their attendance, it's more than 10 people by them attending there. I would assume that journalists are allowed to go and report on things that are happening that are important to the public. So I actually think it's important for you to share this part about you being a journalist.

**Lee Harding**

Right. I had said to them, "I'm a journalist and I'm covering this as a journalist. I want to know, if I go back there, if I'm going to be ticketed." And I received an indirect answer. They said, "Well, you probably shouldn't go back there." So as everyone had left, I heard a rapper who was performing there. And I thought, I want to interview this guy. So I walked back into the park, talked to him after his performance. I had an idea for a photo because Victoria Park is right at the edge of the Towers downtown. I thought I'd take a picture from below. It'd be a nice backdrop for his image, an urban image in behind.

When we got to the edge of the park, that's when the same policeman who had been there with his partner at the Hotel Saskatchewan parking lot served me a ticket and he also served the rapper a ticket. I was upset because I said, "Look, I'm very clearly here for this reason and I made that plain to you." And that didn't make any difference. I'd had some people say to me later, "Well, if you were with CTV or Global, they probably wouldn't have done that." And I tended to think they were right. But maybe they thought, "Well, maybe you're activist media, maybe you're part of what's encouraging this." I really don't know, but I got a ticket for \$2,800 as well.

**Shawn Buckley**

So you're just raising an interesting point. Because, just at the back of my mind, I seem to recall a Rebel News reporter being arrested or ticketed maybe in connection to the trucker protest. Are you aware of anything like that or am I—

**Lee Harding**

That kind of rings a bell. I think that happened. I mean, we saw lots of double standards with all of this. You know, if it was the Black Lives Matter Protest, everyone's there

[00:05:00]

and they're all— They're not social distancing. But if it's anything else, no. I mean, some things got a complete free pass and others got the full brunt of the law, whether it was reasonable or unreasonable.

**Shawn Buckley**

And just because there would be a lot of people watching this internationally, who won't be aware of when the Black Lives Matter protests were happening in Canada. But they were basically happening around the same time as freedom protests.

**Lee Harding**

That's true.

**Shawn Buckley**

And so just for the international community, so the Black Lives Matter— You could have large protests. We had Mr. Abbott, I think it was, who was an Edmonton police officer, a commissioner at the time. And he entered an exhibit literally, of Edmonton police on their knees saluting the Black Lives Matter protesters. Nobody's getting arrested or ticketed but, if you had the next day a freedom protest, people are going to be getting ticketed or photographed and ticketed later.

**Lee Harding**

Oh yes, we saw the Premier of Ontario and the Prime Minister—lots of public figures that were involved in this, getting on the bandwagon.

**Shawn Buckley**

You seem to be suggesting, perchance, that there was a double standard, I think you even said that. Are you aware of any mainstream media people, CTV, CBC, any reporter such as that being ticketed or arrested?

**Lee Harding**

I'm not aware of any that were. I just think that's something they probably wouldn't want to do because they know how bad that is. But I think there was a perception that the alternate media was something else.

**Shawn Buckley**

Okay. We all had different things that we became concerned about. You became concerned about contact tracing. Can you share first of all, again maybe perhaps for the international audience, what we're referring to and what your actions were?

**Lee Harding**

Sure. In this province they had something going where if you went to the restaurant, not only was the capacity limited but you had to be socially distanced and the tables were apart and you couldn't have more than four at a table, which was sort of inane because as if we wouldn't breathe each other's air as we walk out the door. This was silly but, anyway, we're all doing this. But they also had something where they said you have to write down everyone who's come and their phone number and maybe their email so that you can contact them. So that if anyone had a COVID case, we could go back and track all these people. Which to me was very overbearing. This is more of the realm of a totalitarian state and a surveillance society. And that was one thing that I actually did talk to the Premier's office about, to express my displeasure with the way this was being done. I remember one

time though at a McDonald's, I was sitting there and the lady took her obligation, "What is your name?" I said, "I'm Dr. Shahab." "Oh," she says, "And what is your phone number?" "It's 306-555-1212." So sure, if you have all these spurious test results, where they're cranking up the PCR cycle so high you could find anything in anyone. And then what? We're going to be found, "Oh you were there when someone had it, now you're all locked down." This was a complete joke. And of course she knew that I wasn't Dr. Shahab so I'm not really deceiving anyone. Everyone just going along doing all these silly things that we were being made to do.

**Shawn Buckley**

And just for those that aren't in Saskatchewan, Dr. Shahab was the public health officer.

**Lee Harding**

He was the public health officer [Chief Medical Health Officer] in this province, yes.

**Shawn Buckley**

Now, I want to switch to experiences you had in trying to get stories out during the COVID pandemic. And my understanding is that you made some early attempts—early on, as the pandemic is unfolding and the vaccine is rolling out—to warn about the vaccine. And can you tell us what your experience as a journalist was? And then I'm going to ask you as you might as well answer too, if that ever happened to you before on any other topic?

**Lee Harding**

Sure. I had a YouTube channel and there were some reports coming out very early that there were some very adverse reactions to this vaccine. That did not surprise me because we had some people that were warning of such and those people were getting suppressed and dismissed and censored and everything else. So many people didn't get to hear about them. Well, somebody compiled a whole lot of public accounts of this—so this was social media postings, people telling their stories, it was some articles that did make either the alternate press or perhaps even the mainstream press in some places in the world—and put them all together. I did nothing but read them online for three hours. And I didn't even get through them all.

[00:10:00]

That site was taken down. I cannot recall to you right now what it was. My YouTube posting was taken down. The thing that was really astonishing to me was, some people went **through some absolutely horrible experiences with their first shot and they were still thinking about taking another one or saying, "I'm going to get the next one, but I sure hope it's not as bad as this."** I couldn't believe that people would keep going when it was so plainly evident in their experience how risky it was for them.

**Shawn Buckley**

And I'm sure they would say they weren't anti-vaxxers also.

**Lee Harding**

Oh, there's lots of labels going around.

**Shawn Buckley**

Early on, you were also trying to get some stories published about the testing on the vaccine. What happened with that?

**Lee Harding**

Well, I had an article early on that was talking about how the process was rushed; it wasn't as thorough as it should have been; that the mRNA technology had not really been used in a mainstream vaccine and there were a number of problems with it. I had an article that I tried to submit to Frontier Centre first. And the feedback that I got, and I don't know if this was internal feedback or if it was people within the circle of an organization that they drew upon to assess submissions that were made, because I was writing policy commentaries, but there were three sources there that were dismissed. One of them was RFK Jr., Robert F. Kennedy Jr. He was dismissed as a legitimate source because he was an anti-vaxxer. Another one was RT.com, which is Russia Today, and they said, "Look, this is a Kremlin disinformation site." Well, the doctor who had submitted this article was Malcolm Kendrick and Malcolm Kendrick had a column in *The Guardian*. And so for whatever reason he couldn't get this printed in *The Guardian*. Russia Today would print it, so they did. There was a third one, Michael Yeadon, and they said, "Well, he's an anti-vaxxer." Michael Yeadon was the V.P. of Science at Pfizer in the past. And there's no way you can have that position and be an anti-vaxxer. So you have these authorities that were being dismissed. And I'm happy to say since then, we've run articles on RFK—

**Shawn Buckley**

I'm just going to slow you down. So you've submitted an article. You're an investigative journalist, you would have done your research. And you're reporting on how this was rushed and about the testing standard. Is that basically what you were writing on?

**Lee Harding**

Yeah. Now there were aspects, I think, that maybe if I had climbed that mountain a different way, I might have been able to get through. But the problem that we kept having was that everyone who was raising an alarm about this had the Big Tech censorship, had the authorities at WHO and at the FDA and whoever else and Dr. Fauci that were all dismissing them. So now it's hard to get credible voices. You can't get credible local voices because if you spoke out about this you were risking your medical licence and you were going against your board. And a lot of people just wanted to keep their heads down because anyone who stuck them up lost this game of Whack-a-Mole. You stick your head up and this hammer comes.

**Shawn Buckley**

Yeah, and you're making such an important point. I don't know if you listened to the opening this morning but we were talking about labels and— How we actually had witness after witness after witness yesterday who are clearly concerned about the current COVID vaccines and yet they would volunteer in their evidence, "But I'm not an anti-vaxxer," "I'm not an anti-vaxxer," "I'm not an anti-vaxxer." This concern about that label, I just find it interesting that you mentioned that two of your sources—RFK and then Dr. Michael Yeadon— My understanding is he was V.P. of Pfizer for decades in the U.K., that he would have brought vaccines to market, but because he's now being labeled as an anti-vaxxer, all of a sudden, he's not credible.

**Lee Harding**

Right, yeah. And so if you ever took a surface kind of view of these things, that's what you would get. You would Google it, you'd see this person's name and you'd see a whole page of denunciation. And you would conclude that in the sum of human knowledge, this person was no good. It took somebody who had some discernment or had been exposed to some of the things before the narratives had formed in order to have enough open-mindedness to look deeper to see the other side of it.

**Shawn Buckley**

My understanding is you also then did a story you tried to get published in the *Western Standard*, where a lady's husband had died within three days of the second Pfizer shot.

**Lee Harding**

I did get that one in. I wanted to say, with the other one with Frontier that I couldn't run, also *Western Standard* turned it down and they said it "wouldn't be good for our brand." So that's their prerogative, that's fine. When I tried this later story, I did get a couple of stories in.

[00:15:00]

One of them was just as you had mentioned, with this couple in Saskatoon where the wife had deep concerns, did not take the vax. The husband took the vax and he died three days after the COVID shot. I did that story. Then someone else that I had acquaintance with—

**Shawn Buckley**

Can I just slow you down? Because there's something else important about that story and that's cause of death.

**Lee Harding**

Oh yes, well—

**Shawn Buckley**

And so can you share with this? Because, you know, you dug this out as a reporter and I think it's important for you to share it here.

**Lee Harding**

Sure. The coroner had mentioned that they had taken the vaccine. The emergency people that came to take away the body had mentioned that. But they could not get a doctor to say so. The M.D., their local doctor, said, "I'm going to talk to the smartest person I know about this and see if they think that that's possible, that there's a connection." And the so-called smartest person they know said, "I haven't even heard of any adverse reactions, so no, it couldn't be." And so they went back and she would not attest that it was that. At that point, my interview subject said, "That's when I stopped trying because I knew they were all lying."

**Shawn Buckley**

Right, okay. And then I had interrupted you because you were then sharing about a subsequent story.

**Lee Harding**

Sure. So after that, I did a story of a vaccine injury, someone who developed Bell's palsy and that one was acknowledged by the doctors. And then Carrie Sakamoto—that you'll hear from her tomorrow—I talked to her as well and she said to me, "I looked all over and you are the only one who has run a vaccine injury story in all of Canada." So I talked to her but in the meantime something else had happened, where I had tried to do a story for *Western Standard* saying that we should not be vaccinating the under 12s. And how people like Dr. Jay Bhattacharya—I hope I'm not butchering his name—had said that if you looked at the odds, it was worse to take the vaccine than not for the small risk, acknowledged already, of vaccine reactions versus your chance of getting a serious case of COVID.

I was told by the publisher, "Look, I'm not a doctor. I can't have you write a column like that. I don't know how to vet a column like that." And I said, "Well, it's the same way we draw on any other field of experience. We look at the witnesses and see what they have to say. And, is it reasonable? And let the reader decide." So then I had done a story on the— So this was another one and this was a breaking point: where there was a lady in Alberta who could not get a double lung transplant because she would not get the COVID-19 vaccine. I did a story on that and the publisher said, "Hey, I know from experience with my family that you need to have your shots because your immunity is very vulnerable in this transplant. So it's important to have them. So this is not a nothing issue. So find a doctor who will talk to you about this." Well, Dr. Hoffe had gotten back to me finally after an earlier request. I talked to him. I bounced it off of him. He said, "Well, it's absolutely absurd that they're asking her to do this. This is an experimental vaccine." And anyway, the article went up and then when the publisher saw it, he yanked the article. And—

**Shawn Buckley**

Oh, so the article actually went up?

**Lee Harding**

Yes, it did.

**Shawn Buckley**

So we have a retraction here.

**Lee Harding**

Yes, but I wasn't told that it was taken down. And then I found out and we had a conversation and I was dismissed. I patched it up maybe three or four months later. I'm very proud to be writing for *Western Standard* and for Frontier Centre. We've been able to talk about a wide variety of things, much wider than the mainstream. And I'm just telling you some of the experiences so that you can have a first hand— When the rubber hits the road, how do these things work themselves out? So eventually, actually I did an article on Carrie Sakamoto because her vaccine injury claim was accepted and she's getting some compensation and we ran that story. The reason it didn't run the first time was I was dismissed right then on the basis of the other thing, so that one never got in.

**Shawn Buckley**

Right, so how long was it that you were kind of dismissed?

**Lee Harding**

Well, I mean, it was indefinitely. But I made an overture maybe three or four months later. And so what happens now is I'll submit it. Most of the time it works. If it doesn't, I'm not going to put up too much of a fuss. And that's a working arrangement we can handle. The only time I had one lately that was not allowed was in January, when Dr. Fukushima was a Fukushima reactor of his own against the Japanese Ministry of Health.

[00:20:00]

And I ran a story on that and how other Japanese scientists were finding spike proteins in skin lesions of people who had taken the vaccine and had some very strange growths. And I talked to a guest editor and I said, "Is that story going to run?" They're like, "No, they're not going to run that one." And he says, "The same thing happens to me sometimes. There's just some places where they're hesitant."

So journalistic institutions feel they have a moral responsibility. And if their coverage is going to influence a person's choice one way or another, that's something that they think about. The other thing I know from my work with local news is that it's not just that they are a media outlet, they consider themselves a community partner, and a lot of their advertising dollars come from crowns and government organizations, come from unions, and that's in the back of their mind. I remember one time I filmed a nice little event for the kids that SaskTel was putting on and they said, "When the tape is done give it to sales, so maybe they could use it for a commercial for SaskTel." The anchor at the time said to me, "You know, we used to have a brick wall between sales and news and right now, it's paper thin."

**Shawn Buckley**

Have you done any investigations into the amount of money that the federal and provincial governments and the pharmaceutical companies have spent on the media in the last two or three years?

**Lee Harding**

Well, the \$600 million of tax relief from the federal government for media institutions is well-known. There was also something called the Local Journalism Initiative that came out around the same time— I think started in 2018. So they will pay local papers through this thing. And I remember one time doing an interview with Brian Peckford and he had been called an anti-vaxxer by one of these Local Journalism Initiative journalists. I think he was writing for the Halifax paper, and it had also run in the *Toronto Star*. And later on, the journalist found the article—it took him quite a few months—and he says, "Hey, you could have talked to me first." And I'm like, "Well, we're talking now, would you like to say anything?" And he says, "No, I'm sure I'd just be speaking the mind of my corporate and government overlords." So he had that sort of sarcastic response. Anyway, there was another exchange and I said, "You may have come by your conviction sincerely." And he responded, "It's not just my convictions, it's the convictions of the medical authorities. And ivermectin is a faux cure and all you have to do is a simple Google search to find that out. And you let— You didn't challenge what Mr. Peckford said and you allowed him to say all this stuff." Well, we were getting enough of the mainstream message dismissing these

people. Let's hear about the other side. So he doesn't view his work as being influenced unduly by this money.

But I think in the back of the minds of these publications, when they know their survival may depend on it— And probably the organization that sucks up to Trudeau the most will get the most money. I mean, why wouldn't they be falling all over themselves? That's why the *Western Standard* applied for the money to see what they'd say. They acknowledged that we were a legitimate journalistic organization. And then we said, "Thanks but no thanks. We're not going to take it. Because we're not going to be influenced by this money." The bureaucrats weren't so happy.

**Shawn Buckley**

Now I'm going to have to cut us short because we've got a hard stop at 6:45 for an auction. But I'll ask the commissioners if they have any questions. Okay, so we're just about at 6:45.

Lee, on behalf of the National Citizens Inquiry, I sincerely thank you for testifying. You've given us some really valuable information this afternoon.

**Lee Harding**

Thank you very much. I want to thank everyone—from the volunteers to the commissioners, to you, to the audience—for being here. It is very difficult to hear such awful truth go hour after hour but this needed to be done. And we're going to make an impact and the whole world's watching.

You know in the pandemic, we heard a lot of people say, "be safe." It's not time to be safe. It's time to be bold.

**Shawn Buckley**

I think that is an appropriate ending to our day, so we will adjourn until tomorrow morning at 9 am for the third day of hearings in Saskatoon, Saskatchewan of the National Citizens Inquiry.

[00:24:49]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
SASKATOON HEARINGS**

**NCI | CeNC**

**Saskatoon, Saskatchewan, Canada  
April 20 to 22, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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#### Final Review

Jodi Bruhn, Anna Cairns, Margaret Phillips



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 00:52:49–01:25:27

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

We welcome you back to the National Citizens Inquiry as we begin Day Three of our hearings in Saskatoon, Saskatchewan. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I wanted to take care of a number of administrative matters. I'm told, "Oh, ask for this, ask for this, ask for this." Just because we are a small volunteer organization and we truly need your support. I'll ask that everyone who has not gone to our website and signed the petition to please sign it. We want you to sign the petition for two reasons. One, the more people that sign it, it's just a show of support and a show of demand to get to the truth. And secondly, you have to give us your email address and that allows us— Usually when we do a call out for volunteers, we do it by way of email. And then also we have a donate page on our website. Please donate. Every set of hearings, of three-day hearings, costs us roughly \$35,000. We truly are a citizen-funded initiative, where we have not had a single big supporter. We rely on sending out emails and doing call-outs to the citizens to support us.

Now somebody sent a really funny video to my wife this morning, who is a volunteer for the NCI. We're going to put that in the chat for you watching online. I encourage you to see it just so you know what it's like to be a volunteer at the NCI. But we really just kind of get **you organized and cut you loose. And it can be quite an experience.**

**Now, there's several things that are happening. I made a call-out a little while ago for embalmers. And so we're still doing a call-out for embalmers. We had Laura Jefferey who was an embalmer that testified in Toronto and she did a call-out. I'd like everyone to know that on Monday—so this Monday at 6.30 Eastern time—we are going to have a roundtable discussion hosted by Dr. Mark Trozzi with some embalmers and a funeral director. We'd like to add some more embalmers to that and we'd like to carry forward. And the reason is, and Laura Jefferey made this point when she was on the stand, it's hard evidence. If you recall what she had testified—and we had an embalmer in Winnipeg confirm this—is they are finding these dramatic changes in the bodies of people that are vaccinated that they'd never seen before. There's three exhibits that we entered which are photos of these things.**

**The embalmers— Literally, to embalm a body, they basically pump out the blood and pump in embalming fluid. And they're finding that they can't because there's blockages. I call them, they're almost like earthworm-things, the embalmers are calling them "calamari." They're these very strong and sometimes very large blockages that they're only finding in vaccinated people and they'd never ever seen them before. If my memory serves me correctly, Laura Jefferey—it's at least 25 years she was an embalmer, at least—had never ever seen anything like this before. And the other embalmers are saying the same thing.**

**Well, that's hard evidence that you can't discount. There's been a change. And we need to wake people up about this so that we can get to the bottom of it—so that we can come up with medical solutions so that this stops happening to people.**

You see, when I'm telling you that you need to speak out, that we can't be silent any longer, it's just: If we can't break through this spell that people are under—that they think reality is something different than it is—then we can't get together and solve the problems. Because we're good at problem-solving, we're good at crisis once we understand what we're in. So I'm calling out for embalmers.

We also are really weak in getting our message out to French-speaking Canadians. We have a small team. But we're pumping out all this content. And because we've been marching through English Canada, our witnesses are testifying in English. We need people who are bilingual and have the technical skills to put the French text on video clips.

[00:05:00]

Because we don't have enough resources there. We want to be putting out the evidence of these witnesses that are brave enough to come and testify, so that our brothers and sisters in Quebec can also see and learn and become part. And obviously we're going to have to do the same thing when we have our hearings in Quebec City because almost all of it's going to be in French and we'll want the same courtesy. So I'm doing a call-out for people that not only are bilingual but also would have those technical skills or be confident that they could obtain those technical skills.

Another thing is, you know: the media is conspicuously absent, the mainstream media, from these proceedings. And even the alternative media. We had Rebel News in Toronto. We didn't have them in Winnipeg. We don't have them here. We didn't have them in Truro, just to pick an example. We had the CBC show up for one day and actually, they did a fair story in Winnipeg. But they're not coming out. And I think we need to start pressuring the media. But we don't have the resources to do that. So I'm doing a call-out. Our schedule is online. Next week we're in Red Deer. I'd have to pull my calendar out but I think we start on Wednesday. What if we had thousands of people contacting all the mainstream media and **Rebel News and everyone else and *Western Standard* and the like and saying, "Are you covering the Red Deer hearings? Why aren't you there?" And same with Vancouver and same with Ottawa. We basically need your help because we just don't have the resources to do it.**

**We are trying, but this is—we're in this together. We all know that we've got to stop pretending that reality is something that it's not. And we need to get everyone else to stop pretending. For that to happen we need to get them watching the National Citizens Inquiry. Because this is where people are learning the truth. So that's a call-out.**

**And then the last thing is, we want this to be a balanced inquiry. We send out summonses to public health officials and ministers of health and the like inviting them to participate in**

these proceedings. But we know they're not going to come. They're going to be told not to come. And then there's a tricky little legal problem. Because if I was counsel for them, I would say, "There's no—no, no, no, you're not going. Because you're going to be sworn to tell the truth and this isn't a government inquiry. What you say can be used in other proceedings." You see, if you testify in a court or you testify in a government inquiry, what you say can't be used against you in other proceedings except for perjury. And there's good policy reasons for that.

Well, we're not going to get one of those people to come and take the stand despite our invitations. But one of the things that we can do is—there's been a lot of lawsuits. Well, the lawsuits, we're all learning, have failed. There's not a single lawsuit that I can think of, not a single legal proceeding where the court has put a brake on such government action going forward. And James Kitchen spoke about that yesterday and our first guest this morning, Leighton Gray, will likely say similar things. But the governments had to respond in these court proceedings. And they've had health officials swear affidavits. They've had health officials be cross-examined. And we actually need a team: I'd prefer a team of lawyers, but any lawyer that says they want to volunteer, I need them as counsel in Red Deer and Vancouver and Ottawa and Quebec City. But I do need a team to actually be identifying these lawsuits and obtaining copies of the cross-examinations and affidavits and things like that so that we can enter it as a record. Because we want the record of the NCI to be as accurate as possible for both sides. So understand that we're trying to do that, and I'm just doing a call-out for volunteers.

I mean, what we're doing here—and what we're hoping to continue to do—is start a conversation so that we can all discover what happened. Now, we all know the government narrative. We all know it. We can probably recite it in our sleep. And in fact, the problem is we actually know it so well,

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we've been conditioned to resist any information that goes against the government narrative.

That's why I was speaking yesterday about these labels of shame. I brought up that we had witness after witness after witness at Day One say: "I'm not an anti-vaxxer." "I'm not an anti-vaxxer." "I'm not an anti-vaxxer." And that's because we've been conditioned to fear being an anti-vaxxer. It's a term that was created so that it could be a propaganda tool against us. And it works. So we have to understand that. I think most of us in this room do, but there's a large number of people that don't. And the wonderful thing is people that don't know, a lot of them are starting to watch this because you are spreading us on social media. I'll encourage you to keep doing that. I don't care if you've got 20 Twitter followers: **put out our stuff, retweet it, especially when we're going to have a hearing. But get involved in getting the message out because it is something you can do and it's something that you must do.**

**But, you know, when I talk about the mainstream narrative, how is it? Anyone that is confused by anything I'm saying that happens to come across this video, ask yourself this question: How is it that every single mainstream media outlet in the Western world, not just Canada, whether it's a government-funded one like CBC or BBC, or whether it is a private news organization— And they're all supposed to be competing with each other right? Aren't we a capitalist system in theory? They're supposed to be competing with each other. How is it that they all had the same narrative? How is it that they silenced the same people? You know, if CNN was calling Dr. Peter McCullough a spreader of disinformation,**

well, how come CTV didn't speak up and say, "No, actually, he's one of the most published and respected doctors in the world today. And if you check his information, what he's saying, you can verify it." How come there wasn't a single one?

And I think you need to ask yourself that question. Because, unless you have an explanation, that is proof right there that something is being imposed upon the media. We're either in a complete mass hysteria event or something else is going on. But you don't get truth when all of the media in the entire Western world—whether government-funded or private—are all reporting the same things and, more importantly, all participating in the exact same censorship.

Can anyone please tell me: when one of these doctors, I just used Peter McCullough as an example. Can anyone give me an example where one is being labeled as a misinformation-spreader, where another mainstream media outlet said, "No, no, that's not correct?" And I mean, what a coup that would be from a news story. I mean, back when we used to live in the real world, if one media outlet put out a story that was false, the others would jump all over it to try and reduce the trust so that they would have more viewers. So how is it that we have this? And how is it that even the word "misinformation" and the word "disinformation" have become so absolutely common? How is that? And we have Dr. Christian Francis [sic], our first witness on day one, explaining to us that those terms actually were invented in Stalinist Russia as police state controls.

You know, I've been preparing witnesses. For some of the experts, one of the first things I do, because I have to introduce them—I have to come up with, "oh, so you're this and that," just to introduce them to you so you know who they are—and so I just do a Google search if I'm not familiar with them. Or even if I am, just to see how somebody else has couched it to save me some work. And Wikipedia keeps coming up. In every one of these ones, Wikipedia goes out of their way to say that they're a spreader of misinformation. And that's just an example of this propaganda machine, this censorship machine. So they have been tremendously effective at casting— And I call it a spell. I think it's a spell.

You know, when we have Stephanie Foster—so I'm just switching off the media because I'm still shocked by this—where her mother is standing in the line to get vaccinated. She gets the vaccine. She's still standing. You know, so there's obviously a group of them because this is a production line.

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We all know there's a lineup of people there just getting their shots. And then she falls down. And the reports are that she was dead before she even hit the ground. Well, all the people in the line see this. You can't not notice somebody falling down dead. And they **stayed in the line and they continue getting vaccinated. How does that happen if we're not in a spell? If you didn't believe in things like that before, you just have to ask, "That can't be mass psychosis, can it? What is going on here?"**

**And how is it that in April of 2023 there is still a group of people that believes the mainstream narrative? I mean, how is it? What part of the mainstream narrative has not been proven to be false? Like, from the beginning of COVID to the end? What part? And I mean, there probably are some parts that haven't been proven to be false. But they've been— You know, "Who cares if 90 per cent of everything that has been shoved down our throats has proved to be false?" And when I say false, you know, we lie more by misleading, by stating half-truths than we do by outright lies. And that's just a human characteristic and we learn that in law.**

**So we have still a large group of people—and I don't know if they're the majority anymore—but we have a large group of people that still turn on the news, still get hypnotized. Understand: people way above my pay grade, and lots of them, spend their entire lives figuring out how as soon as you turn that on, right down to the sound and every colour and flash, how to hypnotize you and how to control your mind. And if you don't believe that, there's book after book after book; just do your research. But there are still people that are turning on the news and accepting that that is reality. And some still believe, they actually still believe that narrative.**

**But there's a group of people that are supporting the mainstream narrative that don't believe. And some of them don't believe because they're not willing to accept the cost of not believing. So let's say you're a doctor or a nurse. And you have— You participated in all of this. Surely, there's a large group of those. We're hearing person after person after person going to the hospital with what are clearly vaccine injuries.**

And I'll let everyone know: before we put a person on the stand to give a story that would suggest that there's a vaccine injury, we have them interviewed by medical doctors that have gotten together and put together a set of questionnaires to rule out pre-existing conditions and other things. So that in their opinion, no, this is a legitimate story and it's a realistic conclusion. So just so that everyone knows: we don't let a single witness on the stand to speak about vaccine injury that has not been vetted by medical doctors beforehand.

I have trouble believing that the majority of doctors and medical people don't understand that there's something seriously wrong and that it's connected to the vaccine. But they'll still lose their job. A medical doctor today, if they start reporting vaccine injuries or saying it's vaccine injuries or speaking out like our first witness Dr. Christian did—they're in trouble still. And they're in trouble because we're not speaking out and demand that they do speak out and demand that they don't lose their job for speaking out. So they're still afraid because we're not doing what we need to do and give them a safe space to speak.

There's also, I think, a group of people that are supporting the mainstream narrative and may still believe it because they're protecting themselves psychologically. So we're hoping to call—if she's well enough—in Red Deer, a witness that it was severely damaged by the vaccine and the doctors agree. And she had a pre-existing condition that would put her at great risk,

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and consulted her doctor and then, "No, no, no, it's all okay." And then gets severely injured and is disabled for a significant amount of time and then yet is encouraged by her doctor to get vaccinated again. And now her life is over. I mean, you'll hear, on a good day maybe she can walk around the house with a cane a little bit, where she used to be a power yoga instructor, a super-fit person that could outdo anyone in this room hands down.

**We had heard people in earlier proceedings here, not in Saskatoon, who were either injured with the first shot and basically a panel of doctors have told them to go ahead with the second shot. Like, do you not think that some doctors that participate in this are having trouble accepting that they made a mistake and people got hurt?**

**And what about parents? If I had young kids—my kids are all adults—and I had had them vaccinated, and then I come to realize that that was a terrible mistake. How do I get to the place in my mind where I'm able to accept that? I mean, we really are going to need to be**

**sympathetic. But we have to end this charade. Because we'll go out of this room. Those watching online, you'll go out of your house or your office and you'll enter a world which is pretending that there is a reality that isn't true. And you have to think about that and think about: How long are you willing to pretend that things are different than they are?**

**Because the reality is people are dying and people are sick. And if we don't collectively come to the point where we can honestly say, "No, we've made a mistake. There are problems, but let's solve it," we're making it worse. That's the problem. When I was talking the other day about how we're personally responsible now for the hurt and death going forward— We're personally responsible. If you're not speaking out, if you're not willing to go, "I don't care. I don't care if I lose, if these people get mad at me. I've got to start speaking out and I've got to start calling out the media." We have to stop being afraid because do you understand? People are being hurt. And we can solve this. We can make it better and we need to. We need this spell to break.**

Now, understand—and I mean this to encourage you—there has been a shift. Think about what we've just experienced over the last two days. And you know, you can't go through a full day of NCI hearings and not be changed. You just can't. We have been hearing from people that basically are showing us the way.

I'll go back to our first witness, Dr. Francis Christian. He spoke out early. And for him, it's just he could not tolerate us vaccinating children when they had zero risk of dying from COVID. But, you know, the vaccines had just been rushed out and the danger was just too great. He was just speaking truth and he got punished. I mean, he lost his contract. He lost his position. He was attacked in the media as a misinformation person. He's not practising as a surgeon. But he showed us the way, didn't he?

You know, we had Joseph Bourgault, who—his family collectively, they run quite a significant number of businesses with what is it, seven, eight hundred employees. They didn't require masking. They didn't impose a vaccine mandate. In fact, they were doing research and doing weekly newsletters so that their employees actually could make an informed choice. And they weren't saying don't get vaccinated either. But wasn't that showing us the way of how we could have acted and how we can act going forward?

We had a teacher on the stand yesterday talking about how they're still masked at her school. This has to stop.

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We had Lee Harding yesterday, who was saying that he was having trouble publishing vaccine injury stories and the story on how the vaccine had been rushed. And there were **questions about safety and efficacy and they wouldn't get published. And he actually lost his job for three months until he kind of was able to approach them and come up with a reconciliation. But he paid the price. For speaking truth.**

**And then we've been seeing person after person who has been hurt and has been beaten down. But they're showing us the way. Last year, these stories would have given us fear. So think about this. I'll go back to Francis Christian. He spoke out and he lost his job. And why he lost his job and why he was publicly humiliated, called a disinformation person, was to scare us, so we'd be afraid of losing our jobs or being labelled a misinformation person.**

**But here's the shift: He's inspiring us now. He's testifying at the National Citizens Inquiry and he's inspiring us. He didn't give me any fear and he didn't give you any sense of fear. In**

**fact, we found it encouraging and we found it empowering. And same with Lee and same with Joe. And the reason is because there's been a shift. Because we're getting tired of living a lie. There's been a shift. These people now inspire us. And I tell you: when these people that are injured and suffering, whether vaxxed or not, take the stand, they're inspiring us.**

**And do you understand we couldn't have done this? We couldn't have done the NCI before. We couldn't have been holding this inquiry before. Let's go back last year, 2022. We had just had the mandates stopped because of the truckers. That was just one year ago. They rolled—it was January 2022. And we were all in this dark gulag, lock-down, masking, absolutely everyone censored. We're all afraid. There was no way any provincial government was going to be backing down on the mandates. And then those truckers did something the rest of us weren't willing to do. Take a risk, put it on the line. Some of them are still facing charges. Some of those people involved in that. They're, in my opinion, political charges.**

We watched what happened with the *Emergencies Act* being invoked and this violence on protesters. We watched a video in Toronto of a disabled and decorated war veteran being pulled from the War Memorial, thrown to the ground and kicked by the police. And a year ago that was frightening. I watched that live. I think a lot of people did. We were shocked. But those truckers: we owe them. I'm choking up because I'm so grateful for what they did. Because in my experience, watching those trucks roll and then watching Canadians all along the way with their flags and paying for their gas and all of this gave me hope. I wouldn't be here speaking to you if those truckers—

And we need to now act and give the next group hope. We need to give other Canadians hope. We need to show the way. You see, because the secret about the truckers was they're no different than us. They're ordinary Canadians of all walks of life, from everywhere, every background. They were just willing to say, "Enough. I will take a risk. I will not live the lie any longer."

But we couldn't have done this in 2022. We were just starting to get our freedoms back. Now, if we were to go back to 2021, there's no question we would have even thought of this. If we had been able to do this in Saskatoon—and I don't know, I'm not from here.

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We wouldn't have been able to do it in Alberta. Maybe, I think we would have had to get a special permit. And if we did, maybe, you know: 20 people, we'd all be spaced out and we'd all be masked and it'd be some authority figure coming in to make sure that we're all being obedient little slaves and wearing our mask and being all set out. But we wouldn't have gotten the witnesses coming in 2021. They would have been too afraid.

**Now, could you imagine in 2020 doing this? I mean, aside from the fact we would have had still all the same problems: Would we be allowed, would it be 20 people, would I be up here? I'd be up here wearing a mask, that would look great on TV. But probably— The fear was so deep, I mean, there probably would have been violence. People probably would have come here and protested and shut us down, like the fear was so deep.**

**But yet here we are, in April of 2023, and we got a full house. I don't see a mask in sight. And there's no authority figure telling us that we can't do this. We still have witnesses that are afraid of repercussions in their employment and socially, but they're speaking. Most of them are speaking.**

Understand, there's been a shift. And you have to keep the momentum going, you have to become a trucker. You have to be willing to step out on the line because this only works— We can hold wonderful hearings and we can find the truth, but it only works if you start taking personal responsibility and you start doing everything that you can. And that you stop pretending that things aren't the way they are.

There's enough of us now. It's going to be costly. It's going to be very costly for us going forward but there's enough of us now that we can break the spell. We can take our country back. It's just a matter of remembering who we are again and understanding that together, we can make this better.

I'm going to stop there and call our first witness, who's patiently waiting online, Leighton Gray. Leighton, can you hear us?

[00:32:38]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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Witness 1: Leighton Grey

Full Day 3 Timestamp: 01:25:18–03:00:43

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

I'm going to stop there and call our first witness, who's patiently waiting online, Leighton Grey. Leighton, can you hear us?

**Leighton Grey**

Yes, sir, good morning.

**Shawn Buckley**

Can you turn your video on now that we're—

**Leighton Grey**

Certainly.

**Shawn Buckley**

There we go. Thank you so much for joining us. I'd like to start by asking you to state your full name, spelling your first and last name for the record?

**Leighton Grey**

My name is Leighton Bellamy Untereiner Grey. My first name is spelled L-E-I-G-H-T-O-N. Last name is G-R-E-Y, like the famous football cup.

**Shawn Buckley**

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

**Leighton Grey**

I do.

**Shawn Buckley**

Now, just to introduce you, you are a litigation lawyer and you've been intensely involved in COVID-19 related cases since 2020.

**Leighton Grey**

That's true.

**Shawn Buckley**

And you're also a podcaster and you've featured COVID issues and other issues. And if people want to track down your podcasts, it's called "Grey Matter."

**Leighton Grey**

That is correct.

**Shawn Buckley**

Okay. You started publishing articles in the spring of 2020. Do you want to share with us your experience in what happened and what you were doing?

**Leighton Grey**

Certainly.

First of all, I want to say that it's an honour to be part of this proceeding, especially in Saskatchewan, which is the heritage of my family. My great-grandfather was the chief of the Carry the Kettle Band, which is at Sintaluta, Saskatchewan. I was born in Regina and so it is an honour to be part of this historic proceeding and to have my testimony part of that record, especially in Saskatchewan.

So going back to the early part of the pandemic as many people experienced it, everyone has different things to say about that. I was alarmed early on about the pandemic and particularly about how the federal government was responding to it. Because I'm an Albertan and so I haven't had the experience of a Liberal government that's ever been good for our province or the people who inhabit it. And I had been watching very closely the **Trudeau government's encroachment upon individual rights and freedoms which, if you trace it back, started from the very beginning—from the beginning of the promise of sunny ways and transparent government.**

**So when the pandemic was declared, I was suspicious already about, you know, "15 days to flatten the curve." And during that time period of course— I'm the senior managing partner of a law firm and I was concerned about our employees and how we were going to keep people working. The courts were shut down. So I began to do a lot of writing and I was publishing things online. And some of the things that I said were, as you were stating earlier, counter-narrative.**

Around that time, I had been appointed to a board to select judges in the province of Alberta. And because of the things that I'd been publishing online, I was attacked by the CBC. They published a hit piece on me that granted to me many of the epithets that all unvaccinated Canadians were branded with by our prime minister. Later on, I was called a racist, misogynist, something called a latent anti-Semite, I'm still not quite sure what that means.

But I was publishing things online. For example, I said that I was concerned that George Soros, for example, would use his money to influence the outcome of the 2020 presidential elections, which happened. I expressed concern about Black Lives Matter in terms of the looting and so on and that they were beholden to the left. And frankly, that turned out to be true. The thing that really got me in trouble was, I'd published in the spring of 2020 my suspicion that the Trudeau government would use the pandemic as an excuse to invoke emergency powers. And of course, that did happen. So I went through a cancel culture experience where I was asked by the Alberta government to resign from the board to select judges. And that was under pressure from the Alberta NDP leftist party that operates here in Alberta. My name was kicked around like a football and my reputation was damaged because of the things that I'd been writing, speaking out against the counter-narrative.

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Of course, this was picked up by all of the mass media, including CBC, CTV, Global and others. And not only that, but I was at that time an adjudicator in Law Society disciplinary hearings here in Alberta and had been for some time. And the Law Society summarily dismissed me from that board. And they did so publicly—they published that on their website so that every lawyer and every member of the public in Alberta would see that. It was a public shaming. It was a public whipping. I lived through that. And of course, the media picked that up and that was put out there as well.

And then, I guess the most ignominious thing that I suffered was: I was a long-time director—for decades—of the Alberta Civil Trial Lawyers Association, which is a volunteer group of lawyers in Alberta who really try to help the disadvantaged, the people who are hurt in injury proceedings, in injury accidents and the like, medical negligence in Alberta. I had just received a Lifetime Humanitarian Award from them for my work with Indigenous peoples because I spent a lot of time working with people who had been involved in Indian Residential Schools claims. And I received their highest award in October of 2019, this Lifetime Humanitarian Award. And they actually asked me to resign from the board and told me that they wanted the award back. I refused that. But ultimately, I left the board and I'm no longer involved with the Alberta Civil Trial Lawyers Association.

That's the bad news. That's the terrible part of it. The good news is: going through that cancel culture experience, which I would not wish on anyone, did introduce me to another group of people, people like Ezra Levant and Sheila Gunn-Reid and John Carpay at the Justice Centre for Constitutional Freedoms. They reached out to me and they—especially John Carpay—gave me the opportunity to get involved and to use my skills that I had acquired over a lifetime of being a litigation lawyer to actually help fight some of these cases in the courts.

So that's sort of— In the Marvel world, that would be my origin story in terms of a COVID litigator.

**Shawn Buckley**

One of the cases that you did was the Ingram case. Do you want to share with us about that?

**Leighton Grey**

Right.

**So the Ingram case is named after a lady named Rebecca Ingram. She was not my client. She's actually represented by an excellent lawyer, a good friend of mine named Jeffrey Rath. But Jeffrey Rath and myself were hired. I was hired through the Justice Center for Constitutional Freedoms to represent some churches who were complaining about the violation of religious freedoms that all of us experienced during COVID.**

Rebecca Ingram was a lady who had been a gym owner. Of course, she lost her business because it had been shut down because of the lockdown restrictions. In December of 2020, there was an application brought in that case. In this case, it was based upon two main legal arguments. One alleged violations of the *Canadian Charter of Rights and Freedoms* but the other more interesting argument—one that I think may ultimately be successful—is that our Chief Medical Officer of Health Dr. Deena Hinshaw, who is no longer our Chief Medical Officer of Health, she's now the deputy in that capacity in British Columbia, exceeded her legal authority in making all of these lockdown orders.

But the thrust of the case was to challenge the government's lockdown restrictions. And this began in December of 2020 with an injunction application, which failed. And that began really a series of losses that we suffered throughout that process.

It began to dawn on me—and this comes back to some of the comments that you were making this morning, Shawn—that we really, as Canadians, as those who were fighting government oppression and restrictions: we really were the visiting team. We really were on foreign soil going into the courts. We were arguing against masking but we were all wearing masks and the judge was wearing a mask and the clerk was wearing a mask. We were speaking through Plexiglass or speaking over Zoom, as we are right now.

Any lawyer who has practiced in the courts knows that it's more than just a screen, it's a place.

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It's called court because going back far enough, you were in the presence of a duke or a count or even a king or a queen, arguing your case. So this began to become really obvious—that something really, really important had changed.

**But we went through a series of pre-hearing applications that involved striking out of our pleadings, striking out affidavit evidence. All of these applications were summarily successful coming from the government. Honestly, it felt like we were the Washington Generals that used to play against the Harlem Globetrotters, if you remember that.**

**Perhaps the most troubling thing was this: When we filed all of our materials in December of 2020 in support of the injunction, we actually filed substantial medical evidence, including affidavits by people like Dave Redmond, who's the emergencies expert who's going to testify in this hearing next week in Red Deer' and one of the most brilliant scientific minds in the world in terms of epidemiology, Dr. J. Bhattacharya, who I understand testified in Winnipeg. We filed all this affidavit evidence showing very clearly**

**that things like masks didn't work, that the risk of asymptomatic spread was minuscule, that really the weight of evidence was that this virus, the risk of it was confined to a very small, extremely vulnerable segment of the population. And more than that, by locking down everyone and wasting resources on people who are at no risk of COVID, we were really hurting the people who were most vulnerable.**

**And of course all of that— We filed all that evidence yet we were faced with, on the other side, the government filing nothing. In fact, they received a six-month adjournment in order to present their scientific evidence. So this is really important to understand. The entire province of Alberta was locked down, under lockdown restrictions which were very similar to the ones that were experienced by everyone across the country. And yet the Government of Alberta had not yet produced a single iota, one item, of scientific evidence to support all of those restrictions. In fact, they were granted an adjournment of six months by the courts of Alberta, just so that they could produce that evidence.**

And when we finally got that evidence, with all due respect to them, it was rubbish. It was all speculation. It was all modelling. In fact, Dr. Bhattacharya recognized that the models that they were relying upon, predicting the destruction and annihilation of our healthcare system in Alberta, was based upon climate modelling. He actually recognized that they used the same models to predict climate change to predict the annihilation of our healthcare system in Alberta.

So their science and their evidence was junk. But perhaps most troubling about this is the length of time that this process took. We filed for that injunction December of 2020 and, Shawn, we still don't have a decision. On April the 22nd now, 2023, that case is still with the courts. It's sitting there, waiting for a decision. And there are hundreds of cases in the Alberta courts that are waiting the outcome of that Ingram decision, and still no decision.

There's an old adage that we lawyers know that goes something like "Justice delayed is justice denied." This is very, very concerning because, of course, those of us who have been raised up in the law, particularly during the period when I went to law school, were taught that the Charter and the Constitution—the rule of law—were sacrosanct, that these were cherished things that protected not only Canadians but protected our entire political structure in all of our institutions.

What do those Charter rights mean when you go before a court and they're not even respected in the court where you're standing? What do those rights mean when the determination of whether or not they've even been violated has to wait years to be determined? What does that mean when, as you say, the Trucker Convoy— Truckers can go to Ottawa and do more to free Canadians from the bondage of these restrictions than our constitutional law?

**The lack of respect for the rule of law continues to this day. I read only this morning**

**[00:15:00]**

**that our government in Ottawa is actually trying to pass a bill that would permit it to whitewash and to essentially give itself its own report card on how it handled the COVID-19 pandemic.**

**So with all of that, the Ingram case is going on. We're hopeful that we're going to get a correct decision in it. I'm not very hopeful that the Court is going to find that the violation of Canadians' Charter rights outweighed the public interest in locking everyone down,**

because of course there isn't a single court in Canada that has made that determination. That alone is horrifying, frankly. But essentially, that's the story of the Ingram case thus far.

The best thing we did—sorry, I just want to finish off this point—the best thing we did is we did get the chance to cross-examine the Chief Medical Officer of Health for several days. And that was quite revealing. I like to think that we were instrumental in her losing her job here in Alberta. Thank you.

**Shawn Buckley**

I understood that. And I wanted to pull out of you some of the things that you learned. I don't know if you saw Professor Bruce Pardy's presentation in Toronto.

**Leighton Grey**

I did.

**Shawn Buckley**

So for those watching that didn't see that, Professor Pardy was explaining how basically, the legislative branch has been delegating to the administrative branch and then the courts are showing deference, so that basically we've arrived in an administrative state. But your cross-examination of Ms. Hinshaw revealed that actually, in Alberta, it wasn't an abdication to the administrative state, it just appeared to be. There was something else going on. And can you share with us that? I think especially Albertans need to hear this.

**Leighton Grey**

Certainly. And when you hear from Mr. Redmond, he'll be able to explain this better than I can. But essentially, unlike in other provinces, in Alberta, there was never a state of public emergency declared. In law, that is something distinct from a public health emergency.

What happened was, in Alberta, the Jason Kenney government—when the pandemic was declared, they made some executive changes to the *Public Health Act* in this province. And they declared a *Public Health Act* emergency. And that essentially made our Chief Medical Officer of Health, Deena Hinshaw, the most powerful person in the history of our province. It essentially appointed her a health dictator.

She had control over every aspect of our lives. And the wording of the statute actually says that she could use any means necessary to fight the pandemic. And she did use any means necessary. During the course of our cross examination, though, something very surprising happened. When I asked her about her orders, she began to disclose that in fact, although these orders were in her name, they were not her orders—they instead expressed the will of the executive—and that she was going to the Premier and Cabinet to get the content to put in these health orders. This was never fully explained to Albertans.

She used to conduct daily press conferences. In fact, there are over 400 of them that I reviewed that honestly, in my respectful view, were essentially psyops in which she would repeatedly tell Albertans to get used to the new normal and to trust government and to protect your neighbours by not leaving your house and so on and so on. Essentially, what was revealed during the course of cross examination is that she was going to Cabinet and getting instructions about what to put in these health orders. Of course, under Alberta law, this is illegal, because under the *Public Health Act* the whole purpose of creating a *Public*

**Health Act emergency for the entire province, which was unprecedented at that time— Normally, a *Public Health Act* emergency would be something that would be localized, but we had the entire province under a *Public Health Act* emergency. The whole purpose of doing that was to have a health expert, a doctor, basically protect Alberta from this great pandemic, this great threat.**

**And so it defeats the whole purpose of creating a *Public Health Act* emergency to go to lay people such as a premier and cabinet, who have no medical expertise or knowledge at all, and to get from them the contents of these “health orders,” which of course were not health orders; they were orders concerning every aspect of our lives, from when and how we could worship, whether or not we could shop, whether we could go out and exercise, whether our kids could attend school, and on and on and on.**

[00:20:00]

What was revealed is that the whole structure of what Albertans were told about what they were experiencing through their government, whose job it was to protect them—that was their stated task—was essentially a fraud. It was a lie. Dr. Hinshaw was not there in order to protect the public. In fact, that narrative shifted initially from “15 days to control the spread.” Then it was of course, “We have to protect and preserve the health care system, we have to save the health care system.” And then it turned into—it was all about vaccinations. “We have to all get vaccinated to end the pandemic.”

One of the scariest things that Dr. Hinshaw said though is— In terms of the metrics of her decision, what she did is she decided that— First of all, she acknowledged that her health orders, the health orders that were passed, all violated the civil liberties and the human rights of Albertans. She acknowledged that readily. But what she did was she said that the protection of the healthcare system—a faceless, soulless institution—was more important than the violation of the individual rights. In that balancing act, and this is the way she put it: “On balance, violating the individual human rights of four million people was justified in order to protect the healthcare system.” Really, the healthcare system is not what she was talking about. In my respectful view, what she was really talking about was protection of essentially autocratic executive government power. That’s really what was being said. And to me, that was the most horrifying thing that I heard her say throughout the whole time that we cross-examined her.

**Shawn Buckley**

Right. And that I think is shocking and will be shocking to Albertans. Because they just assumed that she was the one exercising authority, not the Premier and Cabinet.

**Leighton Grey**

**That was certainly the impression that was given. However, it’s very clear from the evidence that came out that that was not the truth at all. Ultimately, what it was about was trying to shift the mindset of Albertans. Those people who are Albertans understand that. As in every region of the country, we have different aspects of our culture. But Albertans tend to be very self-reliant. We tend to be somewhat libertarian overall in our thinking.**

**I’m not painting everyone with the same brush, but it was very clear that there was a psy-op going on. In fact, in the course of the evidence that came out during that hearing—I cross-examined Dr. Hinshaw—the Alberta government actually commissioned a psychological report about what language and what methods to use in messaging to**

Albertans in order to get them to comply with lockdown restrictions and also with, of course, the vaccination programs that rolled out in the latter stages of what we now call the pandemic.

**Shawn Buckley**

That's alarming. I think that's the softest term I can use. How did how did discovering all of this make you feel?

**Leighton Grey**

I was talking about this with Jeff Rath. He and I are both 30-plus year lawyers in Alberta and he and I sort of chuckled about this. Not in a funny way, but in a sense that we were both under the same— You called it a spell. We were under a spell such that we actually thought that our legal system was something special and that judges were fair and impartial, that there was something that veiled that in integrity and justice.

My experience of doing COVID litigation sadly has exploded that. It's actually very difficult for me in dealing with courts and judges now to get myself back to some semblance of the mindset that I had before. And so that is a struggle.

One other thing I'd like to share apart from the Ingram case that really impacted me in this way, I had the pleasure to represent two courageous pastors in Alberta.

[00:25:00]

James Coates of the Grace Life Church spent 35 days in the [Edmonton] Remand Centre because he refused to sign a bail condition that essentially would violate his religious conscience. He was given a horrible dilemma between exercising his liberty, which is guaranteed under the Constitution, and violating his promise to God as a Christian pastor, because the condition would require him not to preach the truths in the Gospel to his congregation. He put his God above his liberty and he suffered 35 days.

Anybody who has ever visited a jail or a remand centre must understand that it's one of the worst places that they could possibly go. I know as a lawyer going there to visit clients that many times, I could not wait to get out of those places. And to imagine someone to choose to be there for 35 days, just imagine the courage and the integrity of this human being. Anyway, I had the pleasure of representing him because he faced a number of COVID tickets because he and his congregation refused to comply with the government diktats about capacity limits and so on, which we now know were a bunch of bollocks, so that there was really no risk to the public whatsoever. The idea of a super-spreader event now is **ridiculous, we now know in hindsight, with what we know about masking and social distancing and all the other arbitrary non-pharmaceutical interventions.**

I also had the opportunity to represent Pastor Timothy Stephens of Calgary.

**Shawn Buckley**

Before you move on to Pastor Stephens, it is my understanding in an earlier conversation with you that when you were defending Pastor Coates in court, the provincial court judge didn't even find that his Charter rights had been violated, let alone having to go to what I would call an abomination dealing with section 1 of the Charter.

**Leighton Grey**

**That's correct. The court essentially said that Pastor Coates' Charter right—his right to liberty under section 7 of the Charter, the right to life, liberty and security of the person—was not violated simply because Pastor Coates chose to remain at the Remand Centre. That, in fact, he was granted liberty under his bail conditions, the conditional release, but that he chose not to exercise it. And the court put absolutely no weight whatsoever in this horrible dilemma that this man had been placed in through totally unnecessary, scientifically unjustified restrictions.**

**It's important to note that in that hearing, the Crown prosecutors were not put to the requirement of producing a single item of scientific evidence for the court. In fact, what they produced was an Alberta Health Services investigator who had a social sciences background. When I cross-examined her about her training as an investigator, the net sum effect of that was that she participated in a single one-hour Zoom call.**

This person who had received absolutely no training as an investigator was given the power—was given the incredible power—to cite Pastor Coates in violation of these health dictates. He was charged with Criminal Code offences. This Alberta Health Services investigator was given the power to summon the police, to arrest Pastor Coates, to jail him. And this same investigator, with one hour of training on a Zoom call about how to conduct investigations, was given the power ultimately to recommend and to have signed into law an order that resulted in the triple barricading of the Grace Life Church for months. Which was an international embarrassment and probably was significantly responsible for Jason Kenney's ousting as our Premier.

Just imagine—and this is not unique. Many people who are watching this probably saw Artur Pawlowski, another Alberta pastor, in a video that went viral. He was kicking these people out of his church, calling them Nazis and Gestapo. The people who were given power by Verna Yiu,

[00:30:00]

who has also been since fired, who ran Alberta Health Services—these investigators were given this extraordinary power of law without any knowledge or understanding of how to wield it. Almost like if you watch Disney's *Sorcerer's Apprentice*, that's exactly what we experienced here in Alberta.

It really is stunning that these people would be given such power with very little knowledge or understanding or training of really what this power that they were handed, what it meant, and the significance of it, because it just had incredible ramifications for our province and indeed, for our entire country.

**Shawn Buckley**

**Right. Before you go on to speaking about Pastor Timothy Stephens, I'm wondering if I can back you up and have you speak about more generally— You acted for a lot of employees who lost their jobs: CN employees, CP, Purolator, Canada Post, Westjet. The list goes on and on. You kind of became the go-to guy to help with these things. Can you tell us about what you encountered with that?**

**Leighton Grey**

**Yes. You know, this was a great honour to represent these people, but also a great frustration. Most of these people—we're talking about several thousands of them working for companies like CN, CP, Purolator, Canada Post, WestJet and many others, even the Salvation Army—these were people who are primarily unionized workers. Unionized workers, some of the viewers might realize, are bound by something called a collective bargaining agreement.**

**Bruce Pardy can do a better job of explaining this than I can because he's an expert in this area. But essentially, under a collective bargaining agreement, individual workers contract out their employment rights to a bargaining unit with the idea that this will sort of equalize the bargaining power between a very large-scale employer like CN, which is mostly owned by Bill Gates by the way, and these individual workers.**

The problem is that unfortunately these unions are primarily run in a socialist fashion. They've become very much leftist organizations. And when it came to COVID, they clearly—by and large, with some notable exceptions—were not advocating for workers.

And so the process that we ran into repeatedly went something like this: a worker who refused to take the vaccination was told that they had to apply for an exemption. There were only two types of exemptions available. One was a religious exemption and the other was a medical one. In each case, there were very stringent tests created and almost nobody actually qualified for an exemption.

So these workers were told that they would be put on something called an “involuntary unpaid leave of absence,” which, when you're sitting at your coffee table in the morning staring in your coffee, feels a lot like, “You're fired.” Because you're not getting paid, you're indefinitely off work, and your only passport to go back to work to support your family is if you agree to have this experimental drug injected into your body.

It's significant to note, a lot of these workers that I described— These companies were impacted by federal government orders, the Ministry of Transport orders. Because of course the Trudeau government required every single federal government-regulated employer to comply and all these companies had their own vaccine mandates.

The federal government, the Trudeau government, did not have the temerity to actually impose a national vaccine mandate. That would have been clearly illegal. In fact, there's an opinion paper on this from 1996 that was given to the Canadian government at that time about this. So that gives you an idea of how long they've been thinking about this. But in any event, they did the next best thing. Most people know, the federal government is the largest employer in this country. So all these workers were impacted in this way, all of **them put out of work.**

**Just imagine this awful choice that you're faced with. You have to decide whether or not to work and support your family or to take this drug that you know and you understand is dangerous or it violates your religious conscience or whatever. So you turn to your union for help. Your union says this, your union says, “Comply.” Your union says, “We've got this independent legal opinion.**

[00:35:00]

**And it says that your rights are not being violated and everything that the company and that the government are doing is fine. So just take the vax.”**

**So of course, these people, they're being put out the door by their employer. They have no recourse there. They can't sue them because they're a member of this collective bargaining agreement. And the union won't help them. And moreover, when they complain about the union not helping them and they would bring duty of fair representation complaints, what they heard from these administrative tribunals, these government tribunals, was the sing-song "the vaccines are safe and effective" and that there's no danger.**

**So these people turn to outside legal counsel, people like me. And we sort of tried to pierce through the veil—unsuccessfully. We attempted to bring human rights complaints against these employers in cases in Manitoba, B.C., and Alberta. And in each case, we were told by the courts, based upon Supreme Court of Canada legislation that the court would not take up any jurisdiction. So all these people were simply sent back to their unions.**

There are now still, as we sit, many, many thousands of unionized workers throughout the country who have been put out of work and have absolutely no recourse against their employers because of the workings of these collective bargaining agreements and these unions. I can't prove it but based upon their actions, I have very, very strong suspicions that all of this was calculated beforehand: that there was some level of conspiracy between the unions and these employers and the Government of Canada. Certainly, at least, that's the way it seemed to play out in real time as the lawyer representing these aggrieved workers.

**Shawn Buckley**

Now Leighton, I just want to make sure that people listening to you understand. So if people were unionized, they were supposed to go to the union to have a grievance filed against their employer, but the union would not file a grievance.

**Leighton Grey**

Correct.

**Shawn Buckley**

And then, if you tried to take it to court because you've met a dead end with the union, basically you couldn't. You'd get kicked out of court and be told to, "Well, go back to the union because that's where you're supposed to find your remedy."

**Leighton Grey**

Correct.

**Shawn Buckley**

**So these people basically had no opportunity at all to have an adjudication for being technically fired for not taking a vaccine.**

**Leighton Grey**

**That's correct. And I think a big part of this is that none of these companies—nor the Canadian government, nor these pharmaceutical companies—want to have a court actually adjudicate upon the safety and efficacy of vaccines. Of course, given what we know now about the Pfizer dump and the fact that in Alberta alone, death from unknown causes is the number one cause of death in our province. Death from unknown causes has increased**

seven-fold since the unleashing of these vaccines upon our society. None of these people want that issue adjudicated.

**And that is the next great challenge for people like me: to try and bring that issue to justice, to be adjudicated by our courts. Because it must be. We must get to the bottom of the truth about whether or not these vaccines were safe and effective, whether or not companies like Pfizer and Moderna and Johnson & Johnson knew that. And also, what this means long-term for Canadians and for society because we now have these vaccines unleashed. They're in people's bodies. The vast majority of people have taken them. What does that mean? We don't know.**

**I know you've had doctors who've testified in these proceedings and everyone who has spoken out has been sanctioned. The vast majority of doctors, and understandably so—they don't want to speak out. They won't say that the unknown cause is the vaccine, even though that's the quiet part being spoken out loud, as you said so eloquently this morning. That's the truth about these vaccines.**

But as I said, that's the undiscovered country. That's where people like me need to go. And until we get to the bottom of that, until we get a court to adjudicate on that, we're going to be living under this spell, under this lie that none of this ever happened. If we permit our governments to do it, they're going to whitewash the fact of what they did to us.

[00:40:00]

**Shawn Buckley**

Yeah. It's interesting just to have a dialogue with you, because you'll be familiar with the Ontario Court of Appeal case *CG vs. JH*.

Just for the listeners, I'll tell you what I just find funny about it. And then I want to ask you about an Alberta case that was somewhat different involving inmates. For those that aren't familiar with that case, it was a family law case. The father wanted the child vaccinated and the mother didn't. At the trial level, or motion level, the judge refused to side for the father and basically wasn't willing to just accept the government narrative. So it's appealed to the Ontario Court of Appeal, which basically instructed the lower courts, the way I read the case, to take judicial notice. Which means you can accept as a fact, without there being any evidence led before you that, if Health Canada approves a vaccine, that would be prima facie evidence that it is safe and effective.

This is in relation to COVID vaccines. And Leighton, what I find so interesting is— So the Ontario Court of Appeal obviously was not aware that those vaccines were approved under **a test in an interim order where the words "safety and efficacy" weren't even mentioned, let alone there being any requirement for proof. The Ontario Court of Appeal is basically, in my opinion, instructing lower courts to take judicial notice of a phantom.**

**But I just wanted you to kind of juxtapose that with a case that happened in Alberta where basically, when the shoe was on the other foot, the court took the opposite position. Do you want to share with us about that?**

**Leighton Grey**

**Right. This concept of judicial notice used to be something somewhat extraordinary. In my experience it was often very difficult to try to get a court to take judicial notice of anything.**

Courts want to hear evidence and that's rightly so. That's the tradition of our courts and that upholds a very high evidentiary standard that is necessary.

But what we experienced in *Coates* was something much different. Whenever the government asked the court to take judicial notice of something called a pandemic, or that there was a threat to the health care system, or that people needed to wear masks, or that social distancing was necessary, the courts always readily adopted that COVID narrative. In fact, our courts in Alberta were the most locked down place in the entire province. In fact, they were one of the last places to remove restrictions.

We even had a very eminent criminal lawyer in our province, he was found in contempt of court because he refused to don a mask. He was in a courtroom with a judge who, even during a time when there was no masking law in force in Alberta, was wearing a mask. The courts here in Alberta are permitted— The judges are permitted to maintain exclusive jurisdiction over the safety of their courts. She required this lawyer to wear a mask even though there was no general masking law. He refused and ultimately, he was made to purge his contempt. He was found in contempt of court.

But the case that you're referring to, this was early on in the pandemic. And this illustrates how this judicial notice concept doesn't work the other way. There was a judge here in Alberta who heard a case from some inmates at the Edmonton Remand Centre. The essence of the case was that early on in the pandemic, when it was thought that people could get COVID from doing just about anything, these inmates brought an application that they should all be released because of the risk of exposure of a mass spreader event at the Edmonton Remand Centre.

It was kind of a clever *habeas corpus* argument, but the court there would have none of it. The court said "I can't take judicial notice of the existence of something called a pandemic. I have to have scientific evidence." That is quite correct in law but that's the only case that I know of, and I've researched this carefully— in Alberta, it's the only case I know of where a court actually said that it could not take judicial notice of something called a pandemic and the risk of a mass spreader event and the like.

So that goes to show how the way that the government is treated, or was treated, in the courts of our province when it comes to this narrative is very different from when these things are argued on behalf of individual citizens; people, even when they're trying to use the government's narrative in their favour, really can get no relief from the courts.

[00:45:00]

**Shawn Buckley**

Now, Leighton, can I have you talk now about Pastor Timothy Stephens and what your involvement was and what happened with his case?

**Leighton Grey**

Yes. Another very courageous pastor, Pastor Timothy Stephens of Fairview Baptist Church: he's a close friend of James Coates and he suffered similar treatment because at his church, again, they refused to comply with these restrictions. His church was closed, was shut down just as James Coates' was, and so he was ticketed.

**At one point, this pastor was actually charged with violating something called the Whistle Stop injunction, which was really an unprecedented thing in Alberta law. There was an injunction placed on any man, woman, or child in Alberta who dared to publicly protest the government's narrative about the pandemic and lockdown restrictions. There were literally hundreds of people who were charged and some of them jailed because of it. One of them is Chris Scott of the Whistle Stop Cafe, who I understand is going to testify next week in Red Deer, but this also included Pastor Timothy Stephens.**

**What Pastor Stephens did: he started getting his congregation together and they would meet at undisclosed locations. This became kind of a game of cat and mouse with the Alberta Health Services employees. Ultimately, it's my understanding that they were able to detect him having an outdoor church service with his congregation and as a result of that, they arrested him.**

There is a video that Rebel News produced. They were on the spot when he was arrested at his home with his six young children and his wife, Rachel. It's a beautiful sunny day and of course, Timothy Stephens, with great dignity, suffers all of this. You can see he quietly goes along but the kids are just screaming. And this is a moment that I'm sure that they will never forget. I have to say I was brought to tears watching it myself, seeing this father wrenched away from his family simply because he was conducting an outdoor church service. And of course, based upon the government's—

**Shawn Buckley**

Leighton, just so you know, we have the video [Exhibit SA-7]. We've had our video guy take the Rebel News reporter part out but we'll play it right now just so that those that are participating actually understand what you're saying.

[Rebel News footage is played of the arrest of Pastor Stephens before his family].

**Leighton Grey**

That's his wife there in the foreground.

**Shawn Buckley**

Sorry, carry on.

**Leighton Grey**

Just so people understand the level of incompetency that was involved here: when he was **first arrested and jailed, he was in jail. The Alberta Health Services people had actually gone out—and the police had actually served the wrong person. They actually served the injunction order on the wrong person.**

**It was stipulated under the terms of the injunction that it was necessary for anyone who violated the injunction to actually be served with the document,**

[00:50:00]

**so that they would know, and they would have notice of the terms. Because otherwise, how can you be in violation unless you know what the terms were?**

**Well, they went out and they served the wrong person. The injunction had never been served on Pastor Timothy Stephens. They went out and arrested him and he was in jail. I discovered this and I revealed it to the lawyers and to the court that he had never been served, that they had actually served the wrong person. And it still took several days. I had to actually obtain a statutory declaration, a sworn statement from the person who they had mistakenly served with the injunction, before they would finally release him.**

**So that was the first time he was arrested. The second time he was arrested was because he had simply conducted an outdoor church service. It's worth knowing that in the Manitoba proceeding, there was an expert that was called for the government. And they were asked under oath whether there was any scientific study supporting the idea of a super-spreader event that could occur outside. The fact is, and the answer is, no: there is no accepted study anywhere of the risk of a mass super-spreader event occurring as a result of outdoor gatherings because of the way that the virus is spread and what we knew at the time.**

Notwithstanding that he was jailed. And the only reason why Timothy Stephens was freed, actually, was that on July the 1st of 2021 the Government of Alberta declared a COVID amnesty. Many of us suspect that was done in order to accommodate the Calgary Stampede because they brought the restrictions back in September. But for that he would still be at the Remand Centre because he never accepted the bail condition, nor did Pastor James Coates.

He was given the same bail condition that he would not preach to his congregation and he refused to comply with that and so he was jailed. A father of six, a leader of a congregation, just an extraordinarily courageous and brilliant man: a Christian pastor jailed. So Alberta actually became known as a jurisdiction which jails Christian pastors. So much so that recently, Tucker Carlson of Fox News—his show has created a documentary in which these two pastors are featured. The documentary is about the rise of totalitarianism in Canada. What an incredible shame and disgusting embarrassment this is for the province of Alberta, indeed for all of Canada before the world, to have these Christian pastors unnecessarily jailed for long periods of time when they had done absolutely nothing.

It's significant to note that all of the charges were ultimately, through the grace of God, dropped or defeated against Timothy Stephens. We actually had to run a trial in Calgary before a provincial court judge, who quite properly found that there was no basis for these violation tickets. But we actually had to run a contested trial before a judge in Calgary in order to have these COVID tickets thrown out against Pastor Timothy Stephens.

**Shawn Buckley**

Thank you, Leighton. I'll open you up to the commissioners to see if they have any questions.

**Leighton Grey**

Thank you.

**Shawn Buckley**

And there are questions.

**Leighton Grey**

I see my good friend Mr. Drysdale.

**Commissioner Drysdale**

Good morning. Mr. Grey. How are you?

**Leighton Grey**

I am wonderful. Wonderful to see you again.

**Commissioner Drysdale**

I have a number of questions. And since I'm not a lawyer, I do understand that there may be questions that you will not want to—or will not be able to—answer. Because I think you're, what's the expression, you are a representative of the court or something?

**Leighton Grey**

Officer of the Court.

**Commissioner Drysdale**

Officer of the Court. But I'm going to ask them anyway. First question: Could you please enter the transcript of Deena Hinshaw's testimony into our record. It's a public document.

**Leighton Grey**

Certainly. Certainly. Will do so [Exhibits SA 7-b, SA-7o to SA-7q].

**Commissioner Drysdale**

Thank you. That way folks will be able to access that on our website and be able to read exactly what was asked and what was said.

**Leighton Grey**

There's also a video recording that I think we have as well, that I could submit in addition to the written transcript if you would like that [no exhibit number available].

**Commissioner Drysdale**

I would very much appreciate that.

[00:55:00]

Is it not a fundamental tenet of our legal system that anyone appearing before a judge or before that system is treated equally under the law?

**Leighton Grey**

Yes, that's one of the principles of fundamental justice that is recognized under our Charter. It's also an age-old principle that's implied under what is commonly called the rule of law.

The rule of law of course stems all the way back to 1215 and the Magna Carta. It stands for the idea that no one is above the law—but also that everyone is equally protected under that law.

**Commissioner Drysdale**

Does that also include the government?

**Leighton Grey**

Yes, particularly the government. Because it's important to remember, again going back to Magna Carta, that that was a seceding of power from the king, a divinely anointed king, to the Parliament of England. So it's very significant in terms of the rule of law that even the king is not above the law, let alone a prime minister.

**Commissioner Drysdale**

In listening to the conversation between you and Shawn Buckley, there's something I don't understand, then. One of the cases that you were talking about, I think it was an Ontario case, where the one side brought evidence—scientific evidence as I understand it, about various issues with regard to the vaccines and the pandemic and whatnot—but as I understand it, the judge ruled that the government's opinion was not subject to dispute. I think the term you used was judicial notice: that the judge said that the government's opinion couldn't really be discussed or argued because it was just taken for granted.

**Leighton Grey**

Correct. And this is what I meant when I said those of us who went into court against the government always felt like the visiting team, because we were trying to question things that were considered to be unquestionable.

There's a great recent example of this. My good friend James Kitchen, who I understand testified in this proceeding, was recently on my podcast. He represented a chiropractor named Wall who went before a disciplinary proceeding and was actually suspended by that college for a period of time because he refused to wear a mask, even though none of his patients had a problem with him not wearing a mask.

And James Kitchen had quite properly produced some of the most eminent experts that we know of, including people like Dr. Byram Bridle, on epidemiology and so on. And the chiropractic college produced a GP, a general practitioner, with no specific knowledge in epidemiology or virology or any of these things. That chiropractic college simply preferred **the evidence of the GP to this mountain of expert evidence, eminent expert evidence, that was produced by James Kitchen on behalf of Dr. Wall.**

**I have to say, that is precisely what happened in the Ingram case. We produced eminent— I mean, if there is a better expert than Dr. J. Bhattacharya— just to take Dr. Bhattacharya for a moment, this man teaches medicine at an Ivy League college, at Stanford. He is one of the leading experts in epidemiology and he also has a PhD in economics. If you were going to design a human being who could talk about the science of COVID and also speak authoritatively about the economic and societal impacts of lockdowns, this would be the human being. He's almost like a human AI program. And yet all the Government of Alberta lawyers did throughout that proceeding was try to discredit him.**

**Commissioner Drysdale**

I want to come back to this. Because what's in my mind right now is, I'm considering the testimony we've had in the last several days in Saskatoon. And I keep hearing "basic tenets" of something: basic tenets of law, basic tenets of medicine. And one of the things—perhaps you can't comment on this—but I heard in the last day or so, medical doctors talking about a basic tenet of informed consent.

Is informed consent, to your knowledge, something that is legally required or legally enforceable in Canada?

[01:00:00]

**Leighton Grey**

I think in terms of a legal concept, the answer is clearly yes. There are all kinds of examples of it in the law, everything from the type of a waiver that you would sign when you take your kids to go on a ride somewhere. There are all kinds of forms of informed consent.

The specific one that you're talking about really goes back to the Nuremberg Code of 1947, which came out of the aftermath of the experiments that were conducted on people in the Nazi death camps. That's clearly under international law and that concept has been imported, in my respectful view, into Canadian law as well.

When you think of people who are exposed to a surgery, they have elective surgery. They have to be informed fully of the risks of that operation and they can refuse that operation. Well, what we had with the COVID vaccines was something entirely different. The doctrine of informed consent was completely ignored. In fact, there's not a single person who was asked or ordered or mandated to take this vaccine, these experimental drugs, who could possibly have offered informed consent. Because we don't know even the short-term, let alone the long-term, impacts of these drugs for human biology and human society.

**Commissioner Drysdale**

We had testimony on this from various people—from doctors, Dr. Christian, and people themselves who were—I believe there was one lady who was pregnant and was under tremendous pressure from her doctor to take the shot when she was pregnant, when we know for a fact, based on the evidence that has been presented to us, that the vaccines were never tested on pregnant women.

So my question is: Are you aware of any legal actions being taken against doctors or pharmacies or whoever else injected people with these vaccines, considering that they **were not provided with the opportunity to give informed consent?**

**Leighton Grey**

I've researched this and there is one case I know of that is ongoing in Manitoba that's specific to the AstraZeneca vaccine.

I can tell you that my firm has in development right now a vaccine harms class action, which will be based in part upon this doctrine of informed consent but also simply based upon the fact that the Canadian government purchased and promoted and purveyed these vaccines to the Canadian populace—either knowing or having ought to have known that

they were dangerous, that there was no way actually to have individuals provide informed consent to the taking of them.

So this is an excellent question. I think early on, Mr. Buckley was talking about this spell. As we emerge out of that—let's say, this psy-op or public haze—I see that as the next frontier. I see that as the work that must be done by members of the legal profession and indeed, the principal members of medical colleges to carry on, to prosecute these cases, and to bring the responsible people to justice.

That's something that has not yet happened in our country. It's beginning to happen in the United States. There's a high-profile case that's been brought in the United States by a man named Pascal Najadi. I had him on my podcast actually. He's filed an action against Pfizer along these lines. I believe that these cases are coming, but they are sort of the new, that's the next wave. I predict that this is going to be a very, very significant area of litigation in the next decade or so.

#### **Commissioner Drysdale**

We're talking about different areas, medical and legal, and we're talking of the basic fundamental building blocks, those things that these institutions were built upon: that you're equal under the law, that you have a right to informed consent,

[01:05:00]

and that there is an obligation to inform the patient.

There's another part of this. And that is, at least in my mind— And I don't know what the legal part of this is, but in my mind the justice system is made up of a whole lot of parts. One of those parts are the police, at least in my mind. And I don't know if that's legally true. But we have heard a lot of things and we've seen a lot of things. We saw Mr. Buckley mention a video of a veteran being pulled off the War Memorial and beaten. We saw the video of, I believe it was Toronto horse-mounted police, trampling an elderly lady in Ottawa. We saw, or believe we saw, texts or WhatsApp messages from the RCMP wanting to "get some." I don't know if that was an exact quote.

In any case, my question is: Are the police above the law in Canada? Are they subject to the same laws that you and I and my neighbours and my children are subject to?

#### **Leighton Grey**

Well, I think they have to be. I think, how can they uphold the law and yet not also be bound by it?

But what you talk about raises a deeper question that I think is part of the COVID pandemic experience. And this troubles me deeply, because Canadian society—our country, I cherish. But what makes us who we are are our cherished institutions. Perhaps the longest lasting, most severe damage—apart from what it's done to individual Canadians, to their health and their well-being and their psyche and all of those things—is the damage to our public institutions. Confidence in public health; confidence in our professions, like law and medicine; confidence in our schools, in our universities; in our justice system, in our police: all of these have been compromised. There's just no other way to say it. I'm hopeful that this process that is happening right now, the National Citizens Inquiry, is going to do much to begin that healing process.

**I'm a senior fellow of a think tank called the Frontier Centre for Public Policy. I was asked to write a review of Preston Manning's original paper on the COVID inquiry. I remember reading in there that one of the goals that Mr. Manning had was that this would begin a healing process whereby we could rehabilitate, which means to restore again to dignity. We could rehabilitate our confidence in our cherished institutions, including the police and all the other ones I mentioned. Because if we don't have that, we really don't have a functioning society.**

**Just think of the level of confidence that exists between a patient and a doctor, a student and a teacher, a lawyer and a client, on and on and on. And if we can't trust in the integrity of those institutions, how is it possible for them to work and to function? It almost invites chaos. I don't want to overstate it but I don't think it can be overstated in this context. We have a severe and a tragic corruption of confidence in our public institutions.**

Dr. Bhattacharya put this very well actually, when he was testifying in the Ingram case. Talking about the failure of confidence in the public health system, he said, "What if we had something that was as contagious as Omicron but as lethal as Ebola? What would the response of the public be now, in the aftermath of COVID? How many people would die because more than half of the people in our society now don't trust the medical establishment? They don't trust the information they get from public health."

To me, that's maybe the ultimate example of the danger of the loss of confidence in our public institutions.

#### **Commissioner Drysdale**

That is certainly one component of it. The other component of it is: I've always considered, rightly or wrongly, that the "justice system" acts as a safety valve for our society. In other words, if you've been aggrieved or if the government has done something to you, you have the confidence that you can go to these institutions and get justice.

[01:10:00]

Which is different than legal, a legal decision is not necessarily justice. But if the Canadian population who are waking up, or who are beginning to realize what's happened—perhaps through this Inquiry—and they can't go, or they feel they can't go to the judicial system because of its performance over the last three years, do you think that's an incredible danger to our society or the civility of our society? Where else can they go?

#### **Leighton Grey**

**I think it's extremely dangerous. And unfortunately, we have a government in Ottawa that's more interested in social justice than actual justice and law and order and maintenance of our public institutions.**

**As you described, I know one very dedicated and well-meaning individual, I believe in Winnipeg, who created a report about COVID and actually inspired many Canadians to actually go to police detachments and try to get certain people charged with criminal offences for COVID outrages. I think that sort of grassroots activism is what we need.**

**Unfortunately, it does not appear that we're going to get much relief or change by staring at the tops of the trees. I think that we've got to have a grassroots movement in our country. We're getting down to the roots, getting involved in our communities, and trying to solve**

these problems of justice, of health, of education—all of these at the grassroots level, instead of looking to governments to solve these problems.

Because it seems as though what's happening right now in our country is that our governments are only interested in frightening us into believing that we are in a never-ending state of emergency—whether it's due to a virus or the climate or public debt or nuclear war or whatever. Of course, the government comes in and says you must cede more of your liberty to us so that we can solve this problem. It's sort of like what Ronald Reagan said back in the '80s, that the scariest words in the English language are "I'm from the government and I'm here to help."

I think we as Canadians are going to have to take responsibility, individually and as communities, over our communities and solve these problems at a local level. That might mean local policing as opposed to having the RCMP. Nothing against the RCMP but I think a very persuasive case could be made for saying that the RCMP at the highest levels has been politically corrupted. I think there's ample evidence for that in the public sphere.

**Commissioner Drysdale**

I just have a couple of short ones—otherwise I'm going to get into a lot of trouble with the other commissioners who are squirming to ask you questions, sir.

Did you take in, or were you aware of the evidence we heard from Ryan Orydzuk?

**Leighton Grey**

I'm very familiar with Ryan. I've had the pleasure of getting to know him as a safety expert who worked for CN [sic, Canada Post]. I interviewed him. There's an episode of my podcast where he talks for an hour about his safety expertise and how he presented ample evidence to his company for why everything they were doing in terms of the pandemic was wrong.

So yes, I'm quite familiar with Ryan and I think he's a very courageous and intelligent man. He could have prevented a lot of anguish for CN [sic] employees if the company had actually respected the advice that they hired him to provide to them.

**Commissioner Drysdale**

Could this possibly form a legal vector in which folks can have their employers who enforce mandates become legally liable, do you think?

**Leighton Grey**

Possibly. The impediment there is again, as I spoke earlier in answer to Mr. Buckley's question, that these unions are standing in the way to a large degree. I don't want to paint them all with the same brush but the vast majority of them really are aligned with the government narrative on COVID and did not want to have anything to do with taking up grievances or taking these companies or the Government of Canada to task over these safety concerns.

[01:15:00]

There certainly is a viable argument to be made. And actually, we have a case that is before the Federal Court trial division right now on behalf of hundreds of postal workers. They're

called Posties for Freedom. And Ryan's evidence is going to be a key aspect in that case if we can get to hearing. But of course, before we even get to a hearing on the merits and have his evidence heard, we're going to have to get past this procedural hurdle to have the court even take jurisdiction to hear the case.

**Commissioner Drysdale**

I guess that impediment doesn't exist for non-unionized workers.

**Leighton Grey**

That's true.

**Commissioner Drysdale**

I have many more questions but I'm going pass it off to the other commissioners. Thank you.

**Leighton Grey**

Although I haven't been invited yet, I would be pleased to appear on your podcast, which I follow quite regularly.

**Commissioner Drysdale**

We would be happy to have you—following all of the hearings.

**Commissioner DiGregorio**

Thank you, Mr. Grey, for coming and giving us your testimony today. I'm going to limit myself to two areas in my questions.

I think you mentioned early in your testimony that you were a member of a type of judicial selection board in the province of Alberta. Yesterday we heard from a witness, James Kitchen, about his views on needing to potentially reform the judicial appointment process. I'm hoping you can shed a little bit of light on what the process is for judicial appointments, what is the role these selection boards play in it, and whether you see any room for improvements.

**Leighton Grey**

It is a political process in Canada. And I don't want to suggest that there are not excellent people being appointed to the bench in Alberta and in Canada. Clearly that is true. There are excellent legal minds who are being raised up to the level of the bench.

Where I got into trouble, just speaking anecdotally, is that I actually made a public pledge that I was going to select the best candidates based upon merit and that I was going to have little or no regard to what we might call immutable characteristics. In other words, if we were selecting six judges and the six best most qualified people were black, then I would pick all black. If the most qualified people were women, then I would pick all women.

It's my particular view that in appointing someone to the judiciary, especially in Canada right now, we must have the best, most principled people appointed to that bench. We

cannot be selecting people based upon metrics like diversity, inclusion, equity. Because the problem is when we do that, it risks not getting the very best people.

And the kind of power that judges enjoy in our society right now is so great—and we've seen this over COVID—that we must have people occupying those positions who have courage and at certain times, will be able to and will exercise their authority, their discretion, even when it requires an unpopular decision.

I know James has been very outspoken about this. My concern about the process is that, particularly at the federal level, there is a screening process for appointment to the Superior Court which is done through the Government of Canada. There are people who are being appointed based upon their political allegiances. In fact, Mr. Lametti, our federal justice minister, has been really very cavalier about revealing this.

That's a very deep concern. Because of course in our system historically our judges have been a bulwark against government oppression. We need to have confidence in our judiciary that they will decide cases in a fair and impartial way. And sadly, there is ample evidence in our country that during COVID, this was not working out very well.

And it goes deeper than just the judiciary. It goes all the way down into people who are on administrative tribunals; people who are deciding human rights complaints;

[01:20:00]

or on labour boards; or at universities, who are deciding, for example, student union complaints. Or, for example, I mentioned Mr. Kitchen's client, Dr. Wall, who went before the chiropractic college. There's grave concern that these institutions are becoming politicized. And of course, that is dangerous to the integrity of our law and of our entire legal system and our system of justice.

And so there is reason to be concerned about the manner in which judges are being appointed in our country. I would like to see a thorough review of the process to determine to what extent it is in fact being politicized. And again, I have to clarify this: I'm not saying that the people who are being selected to the bench are all being appointed on the basis of their politics. I know that there are excellent people and I have friends who are judges and people I admire greatly who are on the judiciary. We have very, very talented people in our courts, brilliant people in our courts. But there is a concern about the manner in which judges are being selected in this country. And I think part of the reason why I was never given the opportunity to actually sit down and select a judge is because of my views.

**Shawn Buckley**

Leighton, can I just jump in for a second? I'm not trying to stop the— But if you can be a little more succinct in your answers to the commissioners, just because we've got some witnesses stacked up.

**Leighton Grey**

Sorry.

**Commissioner DiGregorio**

And so on that note, I am going to actually just note that I lied: I have three questions, not two. But this next one should be very short.

My fellow commissioner asked for the transcripts of Dr. Hinshaw's cross-examination. Were there also expert reports prepared by the Province? And if so, could we have copies of those for our record as well?

**Leighton Grey**

Yes. So they're a matter of public record, so we can provide you with a full documentary record of that proceeding [Exhibits SA-7a to SA-7z and SA-7aa to SA-7jj].

**Commissioner DiGregorio**

Thank you.

And finally, I've heard you speak today about what I think is a failure of many unions to represent employees when it came to the vaccine mandates. I'm just wondering if you have thoughts on how that process can be improved upon, assuming that the way it's been going so far is not going to reach a resolution that is satisfactory to these employees. Should they be able to have recourse against their unions when this happens? Should they be able to go around their unions directly at their employers? Do you have any thoughts on that?

**Leighton Grey**

I think it's something that needs to be examined. In particular, there's something called the duty of fair representation that the union owes to the workers under these collective bargaining agreements. I think one thing that's of concern is: Who are populating these tribunals who actually decide whether or not the union is discharging that duty properly? That's something, I think, that needs to be reviewed.

But I think COVID, looking at the silver lining, revealed a lot of cracks in many of our institutions. I think this whole concept of unionized labour is one example of that.

**Commissioner DiGregorio**

Thank you.

**Commissioner Kaikkonen**

Good morning. I'm not a lawyer, but I do thank you for your honest testimony.

I'm greatly disturbed—maybe that's not the right word—but aggrieved by the memories of what they did to churches and how that came about in Alberta. I'm from Ontario, so I got to watch firsthand throughout the experience of this whole COVID.

But I have a question. Going back to your earlier testimony when you started speaking about the Ingram case, it's my recollection that either in late 2019 or early 2020, a Quebec lower court asked for stronger euthanasia laws, and they gave the federal government six months to put in stronger euthanasia legislation under the MAID [medical assistance in dying] program.

**As we know, the federal government first asked for an extension of six months for COVID. And then they brought forward a poorly worded—and those are my words—euthanasia legislation in response to satisfy this lower court decision.**

**I don't want to get into regionalization and that part of it,**

**[01:25:00]**

**but the feds have had almost three years to respond in the Ingram case and no decision has been made. Do you think that the stalling by the court—and that again is my words, that's how I'm perceiving this—will result in a passage of time argument or decision or, as we heard yesterday, a moot decision?**

**Leighton Grey**

I don't think that that will occur in the Ingram case. But we certainly have seen that happen in other cases. Of course, many people know about the high-profile decision involving Brian Peckford and Maxime Bernier with their section 6 Charter challenge. As many people know, about seven million Canadians were unable to travel on a ship, a train, or an airplane for a very long time. And those two men, through the assistance of the Justice Centre for Constitutional Freedoms, were able to, I think, bring about a change in the law.

What happened in that case is precisely what you said. By the time that they got to the Court for a determination of whether or not those travel restrictions violated section 6 Charter mobility rights, the government had already suspended them and removed them. So the court said that the issue was moot and that there was nothing to be decided.

I don't think that that will happen in the Ingram case because the Ingram case engages also— We actually asked for damages. And we also asked for a determination of whether or not the Chief Medical Officer of Health exceeded her statutory authority in making those health orders. And that's a very important determination because if that is true, if the court makes that finding—and I happen to think that that finding is inescapable—that will open the door for many, many civil lawsuits against the Government of Alberta by people who lost their businesses and so on.

I do think that we're going to get a meaningful decision in the Ingram case. I don't think that the court can escape making decisions in that particular case through mootness, although there is a concern that that could occur in cases of this kind.

**Commissioner Kaikkonen**

**And my second question is, and you kind of alluded to this in your testimony: Do you think there will be a trickle-down effect or response in terms of the lesser magistrates, the different ones that you've alluded to, that they ought to have known?**

**I'm thinking specifically of the Krever Inquiry and the tainted blood scandal, when the heads that rolled were the two top officials of the Red Cross. And yet everybody who worked there, the decision-makers that were under those two, were not held accountable or responsible.**

**Going forward in terms of court cases, and again you've alluded to some of this, will we see some of these decision-makers who are lesser magistrates in our society, who were equally responsible for dividing the social fabric and destroying what we knew as Canadian**

society—our democracy, our rights and freedoms—will they also be brought to a place where they are held accountable and responsible?

**Leighton Grey**

Well, that's a question that honestly, I can't answer. I don't know. Honestly, what we are seeing right now—and this gives me some degree of hope—is we're actually seeing some very rational decisions in these lower courts.

There was a recent labour arbitration case involving Via Rail in which the arbitrator actually found that Via Rail's vaccine mandate was not a reasonable basis, a legally justifiable basis, in order to terminate Via Rail employees' employment. In fact, it might be conceivable that we're going to start to get these more rational decisions at the lower levels and that they'll make their way up into the higher courts. It's my view that we are less likely to get a change, as I say, at the tops of the trees. We're more likely to get it at the lower levels, at the root, and that will make its way up.

It's of concern, and many people realize this: the Chief Justice of our Supreme Court, Mr. Justice Wagner, made some very pointed public comments in the aftermath of the Trucker's Convoy about the people who participated in that. This is most concerning.

Also, our former Chief Justice, Beverly McLaughlin,

[01:30:00]

who's sitting on a tribunal over in China: she wrote an op-ed not long after the Trucker's Convoy, again in support of the Government of Canada's narrative.

So I don't think there's a great deal of hope that we're going to get a huge change, a policy shift, at the upper levels of our judiciary—certainly not unless and until there's a change in the government narrative that we've been talking about. I'm actually more hopeful that we're going to start to make inroads at these lower levels of court and that that will make its way up to the tops of the trees, as it were.

**Commissioner Kaikkonen**

And my final question is about— I'm going to start off with a quote by Albert Camus: "The only way to deal with an unfree world is to become so absolutely free that your very existence is an act of rebellion."

I'm just wondering if you have any recommendations that ordinary Canadians can do— **again, taking personal responsibility—that might sway the judiciary and the government to think about what they have done over the last three years.**

**Leighton Grey**

What I encourage people to do is to get involved at the grassroots level. One of the greatest and most common shared feelings of people in our country throughout the pandemic is powerlessness. And I happen to believe that that is by design. But that's a lie. That's not true. We all have individual personal power. We all have things that we can do.

Not everyone is an eminent doctor or a litigation lawyer or a high-powered journalist or whatever, but everyone has things within their power that they can do that can make a

difference in their families. Getting involved at the local school level, getting involved in local politics, speaking out. I think we need to do more.

There's a level of complacency. There's this spell that Mr. Buckley talked about that must be broken. And the only way to do that is to do something, to take action. I think, as a country, as a nation, we've been spectators allowing things to be done to us or to be done for us. And I think the more that we get active in our own lives and within our personal reach, that's how we're going to make the greatest difference. That's how we're going to restore confidence in our communities and in our local institutions.

Where could that lead? Where could that go? The one thing that we know right now is that— I think, there's a famous quotation from C.S. Lewis to the effect of, "Be careful about putting too much faith in one person." And with all due respect to our political leaders, I don't think that we can look to them, or we can look to a ballot box, to restore our country. I think that we have to take individual responsibility for what we can control in our daily lives. And if more and more of us start to do that, I think that is the antidote to this chaos. That is what is going to restore our country to dignity.

**Commissioner Kaikkonen**

Thank you for taking the time to testify this morning.

**Leighton Grey**

Thank you, it's been my honour.

**Shawn Buckley**

Leighton, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

**Leighton Grey**

Thank you.

In closing, would you mind if I just read a brief biblical verse I'd like to share with people who watch this. It's from Ephesians, chapter 3 verses 14 to 21 and reads as follows:

For this cause I bow my knees unto the Father of our Lord Jesus Christ,  
Of whom the whole family in heaven and earth is named, that He would grant you, according to the riches of His glory, to be strengthened with might by His Spirit in the inner man; that Christ may dwell in your hearts by faith; that ye, being rooted and grounded in love, may be able to comprehend with all saints what is the breadth, and length, and depth, and height; and to know the love of Christ, which passeth all knowledge, that ye might be filled with all the fulness of God. Now unto Him that is able to do exceedingly, abundantly, above all that we ask or think, according to the power that worketh in us; unto Him be glory in the church by Jesus Christ, throughout all ages, world without end.

Amen. Thank you.

[01:35:25]

**Final Review and Approval:** Jodi Bruhn, August 21, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

For further information on the transcription process, method, and team, see the NCI website:  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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**Witness 2: Jody McPhee**

Full Day 3 Timestamp: 03:16:06–03:34:17

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Dellene Church**

Our next witness is Jody McPhee. Good morning, Jody.

**Jody McPhee**

Good morning.

**Dellene Church**

Please state your name and spell your first and last name for the record.

**Jody McPhee**

Jody Lynn McPhee, J-O-D-Y M-C-P-H-E-E.

**Dellene Church**

Thank you. Jody McPhee, in your testimony here today, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

**Jody McPhee**

I do.

**Dellene Church**

Thank you. Jody, unfortunately you lost your dad to the COVID vaccine. Can you tell us about that?

**Jody McPhee**

On May 22nd, 2021, my dad went to the local grocery store pharmacy for his second dose of the COVID vaccine. He then went around the store and purchased T-bone steaks, asparagus, and ice cream sandwiches. All of which he did not get to enjoy because unfortunately, within 45 minutes of the injection, he was dying. He managed to drive himself home for the last time. He was hospitalized that night. And sadly, six days later he succumbed to his injuries.

At that time, I was working on a project in Weyburn, Saskatchewan. My mom had called and said, "He's not talking anymore." I said, "What, he's not talking anymore?" I couldn't imagine that. She said, "You should come home."

I went to work. I tied up some loose ends. I said, "I'll be back." And I made my way to Yorkton. Upon arrival at the hospital, I didn't even know if I was going to get to see my dad. I wasn't one of the people on the visitors list. I waited in the entrance to the hospital while they called the ward to see if I was able to see my dad. I had called my mom to find out where exactly they were because I was going to see my dad regardless. My mom said, "I will come and get you," and she made her way down the hallway. I ran to embrace her. She was about to lose her husband of 47 years. Hospital workers were screaming at us, "social distancing!" I responded, "This is my mother and I will embrace my mother any time that I want." Fortunately, the doctor allowed me to go in to see my dad.

I got there. He clearly was not well. I took his hand. I said, "Dad, I made it home for you." The doctor came in and said he was dying. At the time, I didn't believe it. He had survived so much I didn't think a needle would take him out. Either way, the plan was, I was going to go home. He wasn't expected to survive the night. They had actually told me I could bring my dog into the room. So I went to my mom and dad's house to get my dog and to get my clothes and I didn't even make it halfway across town and my mom said he had died. I feel like he waited for me to get there and then he waited for me to leave.

Upon his death, my immediate response was to warn people. In hindsight, I see how naive I was because no one wanted to be warned.

My dad's death was belittled and denied by friends, family, my employer, my Prime Minister, my Premier, my MLA, and my Member of Parliament.

**Dellene Church**

Jody, did the medical staff acknowledge that your dad's death was a result of the COVID vaccine?

**Jody McPhee**

There was a conversation at the time that it was a vaccine. They questioned when he had had it, they questioned which one he had. It was then reported to the— I don't remember what it's called, where they report the adverse reactions. It's actually reported by the doctor and the pharmacist who had administered the shot.

**Dellene Church**

And was any information given to the family, on making a claim, about compensation?

**Jody McPhee**

Yes, there is actually a claim for compensation right now. They've requested further information at this point. So we're just— It's just taking time at this point.

[00:05:00]

**Dellene Church**

So next for you, as a result of your dad's death from the vaccine and your faith, you had made a decision not to be vaccinated.

**Jody McPhee**

Right.

**Dellene Church**

Unfortunately, your private employer put in a vaccine mandate at your work. Can you tell us how that process works?

**Jody McPhee**

So I had basically— I had a difficult experience happen at work on September 21st, where I was bullied and harassed by a member of management to the point where he had screamed at my coworkers that they were to get away from me because I was going to make them sick. I asked for help that day from my employer and I did not get it. I ended up in the hospital. I ended up with a diagnosis of adjustment disorder with a heightened state of anxiety and depression. I ended up off work because of that for four months.

While I was off work, the company did mandate a vaccine on their workers. I knew about it because I still had friends that worked for the company. They were informing me what was going on and I was also having discussions with different management within the company as well.

I had been approved to return to work by my doctor and I also had a religious exemption letter from my pastor. I submitted both, I believe it was the same day. I'm not sure, I might have submitted one and one day and one the next day. With my religious exemption, I asked the HR director— I actually asked, I didn't want to be religiously persecuted for my beliefs and I just wanted to be treated the same way Jesus treated the people, with love and compassion. I actually asked for that and instead I was persecuted. I carried the cross up the hill. I mean, I was fully prepared for what was to come.

**So it was not only denied, it came with a letter telling me that my relationship with Christ, along with my vaccination status, would cause a considerable amount of undue hardship to the company. They would lose income. They would lose business. It would be disrespectful to the other employees. They even went as far as to tell me that their clients and their business partners had requirements in place that would not allow that exception. So it was denied.**

That response was promptly followed by an email saying that my employment of seven years was terminated. The email was signed by the HR director on behalf of my manager, who I had actually— It's interesting to note, I had had an employee review just months prior, where he told me that I was consistent— In writing actually, he said I was a

consistent contributor. My work was always exceptional and he was looking forward to all of my success in the coming year with the company.

It really hurt that he could say those things and then I wasn't even able to get fired with dignity. I didn't deserve a phone call. I didn't deserve a meeting. I basically got an email from a stranger saying, "Don't come back."

Seven years, you know, I worked—and it was seven years of sacrifice. I worked in construction. We worked away from home. We were on the road. We were doing an important job. We were essential workers. We worked all the way through the pandemic. We were building facilities to help feed the world. We were heroes. We were scared but we were going to work. I you know anyone that works away from home, you literally give your life to the company. We worked a four week on, one week off.

[00:10:00]

For seven years. And I was exceptional. I went from exceptional to worthless in just a matter of months.

#### **Dellene Church**

And you suffered a further indignity after you were fired. Can you tell us about that, about trying to return to work for your retrieving your belongings?

#### **Jody McPhee**

I wasn't allowed to retrieve my belongings. Right from the get-go, when I first went on to leave, I asked to retrieve my belongings. They told me that I was basically a danger to the workers. I don't—I don't know. It was, it was pretty awful. To this day I haven't even gotten my belongings back and I was fired over a year ago. I've tried numerous times, reaching out to different people in management on job sites saying, "Please can I get my things back." They respond with—I actually got an email, like, months after I was fired, telling me that I wasn't able to talk to anyone in the company without permission for any reason, without permission from the HR director. I didn't even work for them anymore.

#### **Dellene Church**

So your next involvement was with an application for unemployment insurance?

#### **Jody McPhee**

Right. So of course I applied for unemployment insurance. I was denied. I was denied based on the fact that the person who was making the decision felt that my faith and my religion was something that was in my head, which she actually said to me. I then waited a while. I mean, as a person, you're feeling defeated and you're feeling discouraged. I waited a while and at the very, very last minute I appealed it. And I'm happy to say it was approved based on my religious exemption. So I was paid the maximum amount of benefit minus five weeks, as I wasn't available for work for five weeks out of that time.

#### **Dellene Church**

And following that, you also have been involved now in a court application for wrongful dismissal from your employer.

**Jody McPhee**

Right.

**Dellene Church**

Is that still proceeding?

**Jody McPhee**

Right.

**Dellene Church**

Can you tell us about that?

**Jody McPhee**

Clearly, there's strategy involved and so I don't want to say too much but we are working towards getting justice. We have a strong group of eight. We're absolutely adamant that we will not waiver and we will not back down. We were all long-term employees, long-term loyal employees.

**Dellene Church**

And have you had court proceedings yet?

**Jody McPhee**

No. I believe there was an application to strike in play and then— We have a fantastic legal team. You just heard from one of them. We have a fantastic legal team and they're working hard for us. And we have complete faith and trust that this will work out in our favor. It has to. I mean, eventually good needs to prevail; it has to.

**Dellene Church**

So after your unemployment insurance benefits ran out, you've suffered severe economic consequences.

**Jody McPhee**

I actually didn't receive— I got my insurance benefits in a lump sum over a year after I was fired. So I mean, prior to that, it was the economic consequences. I didn't have a paycheck anymore. I had to cash in my savings. I had to stay with my mom; thank God. I mean, I had a place to stay. But I wasn't able to at that point anymore—I had just sold my home and then all of a sudden, I was fired. I wasn't able to secure another mortgage or even rent an apartment right away. My mom doesn't like it when I say this, but I was essentially homeless.

I wasn't able to work for several months and I'm still only working part time for myself. I am working for myself now. I'm not able to work for anyone else because I— This clearly, I mean, I don't have the work ethic of a person who gets fired. It's something that hangs over your head and I don't think I'll ever be able to work for anyone else ever again. Because of that fear and that damage that that's done to me.

[00:15:00]

**Dellene Church**

But the strength you've had— The hope today is that you didn't give up. You've gone through all these processes. You also completed online schooling during this time for a new profession. And you've recently opened your own business, you're going forward. You're seeing this through.

**Jody McPhee**

I'm going forward and I'm seeing this through, absolutely. One hundred per cent. I feel, it's so hard to talk about, but I feel like there's so many people out there that would have liked to have seen me hanging from a tree. But they don't get to win this, I do. Because I'm sitting right here.

**Dellene Church**

Is there anything else you'd like to share today?

**Jody McPhee**

Well, first of all, I'd like to say thank you for the opportunity. Thank you to everyone that's here today, everyone who's watching, everyone who's involved in making this happen. I feel like this is just the beginning. You know, I had been waiting for a platform to speak on and I believe this is it. So I'm incredibly grateful. I'd also just like to say something to my dad. I'd like to say: Dad, thank you. Thank you for giving your life so that I can live mine strong and healthy.

**Dellene Church**

And do you have any suggestions for what could be done so we don't face this again?

**Jody McPhee**

I think what we're doing right now, I think talking is important. And I know there's going to be days that we're going to be tired and those are the days that we're going to rest, but we don't quit. We don't quit. We don't back down. We don't waiver. And we just keep going. We just keep going. And I know personally, I've got to work on getting my carefree nature back because that was taken from me. I need to work on trying to believe that most people are good. I've got to try and get that back.

**Dellene Church**

I'll turn it over to the commissioners to see if they have any questions for you.

Jody, thank you for your courage through all of this and your perseverance. And on behalf of the National Citizens Inquiry, I'd like to thank you for your testimony today.

**Jody McPhee**

Thank you for having me.

[00:18:11]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***





## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 3**

**April 22, 2023**

### EVIDENCE

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**Witness 3: Dr. Christopher Flowers**

**Full Day 3 Timestamp: 03:34:22–05:00:29**

**Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>**

[00:00:00]

**Shawn Buckley**

So our next witness is attending virtually, Dr. Chris Flowers. Dr. Flowers, can you hear us?

**Dr. Christopher Flowers**

Yes indeed.

**Shawn Buckley**

Okay and we can hear you. I'd like us to start by asking you to state your full name for the record, spelling your first and last name.

**Dr. Christopher Flowers**

My name is Christopher, C-H-R-I-S-T-O-P-H-E-R, Flowers, F-L-O-W-E-R-S.

**Shawn Buckley**

Now, Dr. Flowers, we have entered your CV as Exhibit SA-5 in these proceedings. But just so that people participating today have some idea of who you are, I'm going to go through a **couple of highlights and feel free to say more. And then I'm going to ask you to discuss the War Room/Daily Clout Pfizer thing and even explain what the Pfizer dump is.**

**But you have a medical degree from the University of London. You are a fellow of the Royal College of Radiology. You are a fellow of the Society of Breast Imaging. You led the breast cancer screening program in South Wales. You are the cancer lead for the South Wales Cancer Network. You are an associate professor of radiology and biomedical imaging at the University of California. You are the radiology lead of the University of California breast cancer research program. You are an associate professor of the University of South Florida and Moffitt Cancer Centre. You are a medical researcher at the Johnson Cancer Centre. And now you are medical lead of what's called the War Room/Daily Clout Pfizer Document Investigations.**

And I'll ask if you can explain, for those who don't know about what the Pfizer documents are, what this organization you are the medical lead of is?

**Dr. Christopher Flowers**

I'm very happy to do that, but first of all, I need to swear. I do solemnly swear—

**Shawn Buckley**

Yeah. I'm sorry, I forgot about that. So do you promise to tell the truth, the whole truth, and nothing but the truth?

**Dr. Christopher Flowers**

I do.

**Shawn Buckley**

Oh, thank you. And thank you for reminding me of that.

**Dr. Christopher Flowers**

So what I'd like to do is just share some slides as I talk [Exhibit SA-5]. And you've heard a lot of the things that I've been— Basically my status, giving you some validation for my medical qualifications. But also I can enhance that, perhaps just saying I've been a clinical researcher for almost 40 years now. I've been involved in many clinical trials, mainly in the field of breast cancer screening. And in this sort of situation there is a serious balance that we have to take into account with every decision we make. And that's the benefits versus the risks, the harms. It's really paramount in our thinking. I've authored many peer-reviewed papers and also chapters and whole medical textbooks. And I've received awards from prestigious medical journals for distinction in reviewing. So that gives you a little bit of my background.

But today I'm actually standing on behalf of the War Room/Daily Clout Pfizer document investigators. We have approximately 3,250 volunteers who reviewed the Pfizer documents in response to the release of the documents via FOIA [Freedom of Information Act request] to the FDA [U.S. Food and Drug Administration] from a North Texas district court. We are a mixture of medical professionals from academia, primary care, but also nurses, pharmacists, and clinical trial specialists from research backgrounds. We also have actuaries. We have all sorts of things. And one of the key components of this that we felt was very important is that we have no financial conflicts. That means no one was allowed **to hold Pfizer shares or have any trades based on any of the Big Pharma companies. All of the members who helped me produce this presentation for you today are unpaid volunteers.**

**The background to the Pfizer documents: these are the regular documents the FDA used to record. They required Pfizer to produce, as part of their application for the emergency use authorization. They were obtained firstly by a request by attorney Aaron Siri with a FOIA with a judge in the North Texas court, who granted the request in January of last year.**

[00:05:00]

**Now, one of the issues that we've highlighted is that the FDA complained they would not be able to release the documents in a timely manner and it would take 75 years. So it's like they're trying to hide things—just like there have been holds on evidence for the J.F.K. assassination, for example. But thankfully, the judge ordered them to be released over the next 12 months, which they didn't do, and gave a schedule of the numbers of pages that needed to be released per month. Now, these were huge numbers of documents and number of pages.**

**And so only a sort of crowdfunded citizen investigation would actually work in going through all this information and pulling out the important information. One of the important questions, I think, is: When would it have been available to regulators? That means your Canadian authorities. We know for sure that the documents were shared with the European Medicines Agency as well as the agency in Australia as well as other regulators at the time, in 2020 and early 2021.**

Although many thousands of these documents have been released, the way they were released and the drip, drip, drip factor of their release: they actually obfuscate the findings. Because after three months of releasing redacted documents, they started grouping files into what are called XPT files. They're a type of SAS proprietary data file. And a lot of the PDF files, the ordinary text files, if you like: they were presented as JPEG images within this file. And of course, you can't search an image when it contains words. You actually have to do optical character recognition.

And there are many outstanding documents that we need to complete the picture of both the clinical trials and the outcomes of these trials. Because the FDA actually required follow-up of a lot of these different groupings to make sure that the data was complete. So our data teams worked around the clock every month with these new files and extracted the data into searchable Excel data files. Our data team is based, in Canada, in Vancouver, all across the U.S., in London, in Paris, and in Australia.

Our team were literally able to work 24 hours of a day every time a document dump was made to produce a searchable file. They even produced an application which is available online called Abstracta, which enables you to search any of the Pfizer documents for relevant data.

As I said, many documents refer to yet another document, which in many cases have not been released. In other words, Pfizer has made it extremely difficult to get to the truth. For example, a large number of subject case report files—these are the so-called CRF files—have not yet been released. For example, female subjects account for nearly 50 percent of the clinical trials. And based on the Pfizer protocol, all females must undergo a urine analysis testing for human chorionic gonadotropin to screen for pregnancy before both **dose one and dose two. So a minimum of 43,232 HCG tests would have been administered. However, so far, only nine CRF documents have been identified to date. So obviously, they're not releasing all the information.**

**What I would like to do is quickly go through the clinical trials and then concentrate on some of the findings that we've been able to pull out from the data.**

**First of all, most of the information initially came out from rat studies. These are humanized rats called Y-Star rats. And one of the very important first things was the fact that the vaccination did not remain in the deltoid muscle but spread throughout all organs of the body, including the reproductive organs. And these rats were— Basically, they were put down and analyzed**

[00:10:00]

shortly after they'd been given the vaccine for testing.

The next aspect of this was the lipid nanoparticles. They were going to be containing this BNT162b2 vaccine, which is what we had as the mRNA. And they did these testing in conjunction with Acuitas Therapeutics in Vancouver. And it was noted that there was a rapid onset of symptoms from this particular delivery system. So we were told this was something that had been well-researched but, unfortunately, a lot of the rats did not do very well after injection with this lipid nanoparticle containing the vaccine.

And here is an example of the table they produced showing increasing concentrations of lipid nanoparticles over 48 hours. And it goes up from 0.01 to 12.26 in 48 hours. But we don't have any further data because that's when the rats were humanely killed. And so we presume—or at least we're told—that the dose should be falling off, but there is absolutely no evidence of it. The only data we have is that there is increasing accumulation over a short period of time. So ovaries: we're talking about reproductive organs here. And it also occurs in the male rats: it was going to the testes.

Now the Phase 1 clinical trials, these were very shortened. Normally, safety studies take at least five or 10 years. And the BioNTech studies performed in Germany and in China only really looked at 195 subjects: 45 subjects were randomized but many more were discarded. And there's no real explanation of why this was. And they tested out various doses of the proposed vaccine.

Basically, the trial was too short and had far too few subjects to come to any potential conclusion regarding safety.

Pregnant women obviously were excluded. They had not had any evidence to declare the vaccine was safe for pregnant women, foetuses, or breastfeeding of infants. And there were far too few children below the age of 16 to draw any conclusions regarding health risks to the population.

And so they started with the Phase 2 trials. They provided a number of exclusions that were required during the trial. And the interesting feature of this clinical trial was that the full trial protocol was changed many, many times during the trial. Both before the trial, during the trial, and then after the trial—which is very, very weird. I've never come across this before in any of the clinical trials I've been involved with over the past 40 years.

So there was a total of fourteen amendments, nine of which came after the start of the phase three trial and then five right at the end. These amendment dates vary from 1st of December 2020 all the way through to 2nd of March 2021.

And here is a list of the protocol amendments with the dates. So that's a Phase 3 clinical trial. You normally have a trial protocol agreed on and approved before you start the trial. And then that is supposed to help you in analyzing the results of the trial. So if you're changing the protocol, what we're talking about here is moving the goalposts at each stage. And it just brings up more questions than giving us answers.

Here is the front page of the protocol document. But one of the things that was very interesting to me—I only happened to notice it fairly recently—was, at the bottom of this very first data sheet from 15th of April 2020, the fact that the clinical protocol template for this particular vaccine was developed on the 5th of December 2019. Now, if you remember,

the WHO only declared a COVID-19 outbreak as a public health emergency of concern in January of 2020,

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and then a pandemic on the 11th of March 2020. So many months later, which makes you wonder and ask questions about: How soon did they know things were happening and was this all planned?

There were a lot of danger signals in the first 90 days after the rollout of the clinical trial. I'm talking about the 90 days after the EUA [emergency use authorization] was granted and it was rolled out, firstly in the United Kingdom and Europe and the U.S.A. These are covered in what's known as a Post-Marketing Experience document. It is the infamous 5.3.6 data dump. It was broken down by what's called System Organ Class. So they decided to say neurological, cardiovascular, things like that. But as I'll demonstrate, they manipulated these slightly—to probably hide the sheer number of severe adverse events by trickling them out into different areas.

These are the system organ classes that were used in this document. And the headline findings are that: 275 patients had a stroke; 25,957 people had nervous system disorders; 17,283 had gastrointestinal disorders; and 8,848 had respiratory, thoracic, or other chest and heart disorders. Now this is a lot of people in the first three months.

What about deaths during the trial? Now, when the trial happened, by November the 14th basically, there was a data cut off point that was required in the trial. But only 50 per cent of the subjects had been exposed for long enough to give any idea of real safety data post dose one or dose two. But it was noted that by November the 14th, there had been 11 deaths. Pfizer, however, only reported 6: they had five in the placebo but they had 6 in the vax population. So there were more people died in the trial who were vaccinated than who were unvaccinated. Of these 11 deaths, the number of deaths due to heart attacks were 2 in the placebo and 3 in the vax.

I think you can see a trend here that being vaccinated in this trial was more cause of serious adverse events and death than anything else. So the difference in deaths between the two arms didn't really become obvious until March the 13th, 2021. And that was 21 versus 17. And of the 21 deaths in the vaxxed individuals, 9 died of heart attacks. But the 17 deaths in the placebo group, only 4 of those died of heart attacks. So clearly, the adverse event signals became clearer by the end of this post-marketing document 90 days—in March the 13th, 2021. And because of all of that, really at that point, the FDA should have said, "We need to put a stop on this until we've analyzed it further."

**And that's really one of the main recommendations that we would suggest for any further trials of any sort of intervention: that you don't just rush through to an emergency use authorization, but you review the actual serious adverse events and any deaths from the vaccine rollout until you've had that immediate post-marketing experience follow-up.**

So to try and make the findings easier to understand, our volunteers published micro-reports based on each of these individual system organ classes. These are all available for free on the [dailyclout.io](https://dailyclout.io) website under "Pfizer Reports."

The headline findings after this 90-day rollout were that there were 1,223 deaths. Most of the severe adverse events occurred within four days post-vaccination,

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and within 24 to 48 hours in 70 per cent of women and 29 per cent of men. And these were all under the age of 50. The highest number of cases were in this working-age bracket of 31 to 50 years. So if you take that overall, the main findings of the post-marketing study were that the serious adverse events were mainly affecting women in the working-age group of 31 to 30 [sic, 31 to 50 in slide]. Really quite important findings.

Also, interestingly enough in the post-marketing: there were 175 cases that were under the age of 17, which include a Bell's palsy in a one-year-old. Now remember, this is supposed to be given to people 16 and over but we had a one-year-old who had a Bell's palsy. We had another young patient, only seven years old, who had a stroke. And there was also kidney failure in an infant less than 23 months of age.

Furthermore, from this point of view there was no informed consent provided, as you know. If you compare the rollout of the Pfizer vaccine and the encouragement, we were just told it was safe and effective. But if you look at any biologic advert on TV, you'll see a quick thing about the benefits of it and then you'll have two minutes probably of, "Go and see your doctor if you report this, that and the other. Tell your doctor if this, that and the other happens." There was none of that with the Pfizer vaccine. And in fact, in the insert into the vial packet that is given out, the page actually states: "This page is left intentionally blank." Because it's an EUA product, there's no requirement to provide a fully reported insert into the vaccine packet.

Let me just mention something like Bell's palsy because this is a good example of one of the severe adverse events. I report a fellow countryman of yours, Justin Bieber, who, as you know, suffered a Bell's palsy after receiving the vaccine. And this occurred in four patients who received the vaccine but none of the placebos in the trial got Bell's palsy. The other interesting thing about this was that in the trial, the placebo patients were unblinded and then vaccinated. And those that were vaccinated, they also received similar numbers of Bell's palsy after the end of the trial, which is totally crazy. Pfizer's explanation was the numbers were small, but they made no explanation as to why they considered it to be significant. Because as you know, Justin Bieber is unable to carry on with his concerts and to sing because of this palsy; it's affecting his voice.

It's really tragic when you realize that severe adverse events are not just a one-off thing but there are chronic complications as a result because it's an ongoing situation. For example, if you have a stroke as a result of the vaccine, you're permanently injured. You were a healthy person; you received an intervention that was to stop you, in theory, from dying from an infection. But instead, you ended up with a stroke, which is now lifelong that you're going to have to suffer. And I think you can see if you follow on YouTube and search for some of **these, many cases of news anchors or weathermen, for example, developing a rapid onset of a Bell's palsy on air. I've seen a number of these and it's really quite fascinating.**

Let me just address something that's really, really important on this point of view. Because people have said, "Well, how do you know it's due to the vaccine?" Well, if I explain what latency is, you'll perhaps understand a little bit better. Latency is the time between giving the intervention, the vaccine in this case, and the onset of a severe adverse event. And this graph is just a compilation of all the cases from the 5.3.6 document showing the vast majority of people who had serious adverse events,

[00:25:00]

occurred on day 1 and day 2 following the vaccine.

Now, it wasn't just the post-marketing event experience documentation that Pfizer reported to the FDA. But interestingly, our friends in Europe, the European Medicines Association, required a periodic safety update report. And this is covering the first six months of the vaccine rollout in Europe. Interestingly, they gave out 238 million doses in 30 European countries. And basically, their findings are very reflective of what we found in the original Pfizer documentation. It's just scaled up to a much, much larger scale. So although people say, "Well, these side effects, these serious adverse events are very rare, we don't have to worry about it," just look at these European data if you think that.

Do you really think that 1.17 million adverse events with over 5,000 deaths in the first six months of a vaccine is nothing? You know, one third of all adverse events were serious. And the commonest age range for these, again in European data, were the 31 to 50-year-old age group. Nearly half of all of the deaths, plus 86 per cent of the adverse events, were amongst healthy people. They charted that out compared with people with comorbidities. And you'd normally expect people who have some other issue—like obesity, diabetes, and other things like that—would be more likely to have serious adverse events or deaths. But no, it was actually in the healthy 31 to 50-year-old age group. We're talking about working age people, which makes you wonder, is it targeted? We need to know. We don't have any of that information.

The other aspect of both the Pfizer document and the European Union report on the Pfizer vaccination is that nearly half of the outcomes remain unresolved. We do know, however, that 23 per cent of these patients with severe adverse events did not recover. And again, the European data confirm that women suffered these serious adverse events at a rate of at least three to one compared with men.

So a question we've been asked to address was: Was there manipulation of data? We believe the data was manipulated in a number of ways. For example, in our anaphylaxis reports, we reviewed and found they'd used what's known as the Brighton Collaborative Criteria, which is a rigorous research-orientated set of definitions, to decide whether these reports should be reported or not. This allowed Pfizer to eliminate 831 of the 1,833 reports of anaphylaxis, thereby reducing the numbers that are being presented.

Furthermore, the collection of the cases for the Brighton classification were evaluated—not by a complete chart review, which is what you would normally do, or even actual patient interaction—but it was based on very limited VAERS reports or similar sources. And Steve Kirsch and others have already talked to you in their testimony about the issues with the underreporting in VAERS. It's a very variable reporting system and often you get very incomplete information.

**And to trust your data to decide whether they fitted the Brighton Collaborative Criteria is actually very concerning because we need— In a healthy population, we want to know what the safety signals are. And all these serious adverse events and deaths are, by definition, harms that need to be balanced when we're talking about doing an intervention in a healthy population. So therefore, a lack of information should not be construed as data negating the diagnosis of anaphylaxis. And we would prefer to go with the 1,833 reports of anaphylaxis.**

**What's the importance of revealing more clinical trial data when we're assessing medical products?**

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**And based on just reviewing the Pfizer documentation, we believe that access to more trial data, human clinical data collected at the site level, should actually be available as an open source. A population who are involved in a trial should be able to have their data analyzed by various people, and not just go to the sponsor—the sponsor being in this case Pfizer. Because then there's no way that the data can be manipulated in any way in the presentation of the findings to help them with a particular narrative.**

**So we believe that there wasn't enough information to provide the vaccine prototype being 95 per cent effective as reported. We believe that it was unsafe based on the raw data that we have managed to compile from all the CRF data and others from each of the sites during the clinical trial. We also believe that the raw trial data should, when you're analyzing it, include people who are qualified but have no conflicts of interest.**

And I think this has been a really big problem with the committees that basically provide the recommendations to the FDA, for example, to rubber stamp a product for an EUA, for example. We believe that these people should not be incentivized, because if you're promised a good job with Pfizer or in Big Pharma after you've already authorized their product, then you're much more likely, obviously, to be compromised in your thinking and not being critical. Because the FDA— Back in the day, I remember submitting and being part of the submission process for clinical trials. And it was a struggle to get things past the FDA; they were protecting patients. But in the last few decades, they've really become compromised with the amount of funding coming in from Big Pharma.

We also believe there is a need for ongoing analysis of the data even after the product has had the emergency authorization or been administered to the public. As I mentioned earlier, it was clear from the post-marketing experience: There were both an unexpected number of serious adverse events—in fact, enough that Pfizer had to recruit another nearly 2,500 additional analysts just to cope with the sheer number of adverse events that were occurring. These adverse events were classified by Pfizer, by the sponsor. They consistently said in their reports of each of these as though there were no new safety signals, which we believe based on the findings that we've reviewed is not justified at all. It really should have been brought up to the FDA immediately. So this function should have been performed by a trusted public body with no conflicts of interest.

And I know we've heard from many people during the testimonies over the last couple of months that people are losing their faith in the medical profession—in the three letter agencies that are supposed to protect us from harms. And really, we need to come to some form of arrangement whereby we can have a trusted public body that is responsible to the population with no conflict of interest. Because if this had been actually done in the correct **manner, it is likely that the trial would have been stopped immediately, just like it was done many years ago when the swine flu vaccine was being trialed. They had a number of deaths and immediately they halted the clinical trial. Well, why didn't that occur in this particular trial?**

**I'd briefly like to talk about the definitions of adverse events when it regards the time limit imposed. That was a question that was asked of us. Pfizer had 14,565 unique subjects who expressed 36,567 adverse events. Now, that's a lot of them. And the onset of these adverse events was anything from one day to 213 days. But as I've shown you with what's called the latency, the vast majority of these occurred within the first few days after administration of the vaccine.**

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**That gives us little doubt that it was associated with the vaccine itself. Anything that occurs within the first few days, definitely—but certainly up to one month after the vaccine is administered. The big problem that we have with adverse events and biologics is that they're very different from standard drugs—for example, like a toxin like a chemotherapy drug. Because they've got different metabolism and clearance, as well as the possibility of immune suppression, we believe a longer period of observation is very important, particularly when looking at development of cancers and both infertility and birth defect potential.**

**And that is really where the very initial Phase 1 trial should have been properly done. This** few-week Phase 1 trial was very, very poorly done and you can't possibly get reliable safety signals from such a short-term trial. The other aspect of this is that, unlike small molecule drugs, where you know how the drug is eliminated from the body—whether it's through the kidneys in the urine or it's through the liver and out that way—they're well-known and well-studied. The problem is that this mRNA lipid nanoparticle platform is still being elucidated. I mean, I was very concerned when I first came across this because we know that lipid nanoparticles can traverse every membrane of the body because it's got this fatty component that enables it to pass.

You have things called membranes in the body that separate important organs—for example, the brain from the circulation called the blood- brain barrier. And it does a very effective work in preventing toxins crossing from your blood into the brain. Now that's why, for example, chemotherapy doesn't work well with brain tumors—because it just can't get across very easily. But the lipid nanoparticle goes straight through the blood-brain barrier. Similarly, it goes across the placenta, which is supposed to protect the unborn child, which is why Pfizer in their clinical protocol stated very, very clearly that you had to avoid getting pregnant and having injections if you were pregnant. They actually said in the clinical trial documents that if you were going to have sexual intercourse, for example, if a male had had a vaccination, the male needed to use at least two reliable forms of contraception to avoid pregnancy if they'd been vaccinated. So they were aware there was going to be a problem. And the reports after vaccination of what has happened with patients and the colour of their breast milk, the failures of thriving, the effects on the placenta: all of these things are concerning because of the effect of this platform being able to cross multiple membranes.

The interesting thing if you look at this is that, very recently in a viral video, Dr. Fauci was on the doorstep of someone and he was trying to encourage them to get the booster vax. And he told these residents that this platform was perfectly safe. It had been researched for 20 years. And in fact, Dr. Peter McCullough, when he did his testimony in Truro, he shared **that the platform was being researched back in 1986. The involvement of the U.S. military in the development of manipulation of viruses by gain of function, with the vaccine being produced as a prototype under another transaction agreement with the Department of Defense, really gives one pause that this potentially could have been a biomedical terrorist type of activity against our own population and the Western population. Should the Department of Defense really be involved in manufacturing and distributing vaccines? What's happened to the oversight of this? Did the world know that this was happening? I mean, we're only beginning to know now**

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**the extent of involvement of the Department of Defense in the development of vaccines.**

**So hopefully, this will give pause to consider using this technology until we know much more about the safety profile—especially of the lipid nanoparticles, of which 50 per cent of the composition is polyethylene glycol, which you may have come across as colonoscopy prep. But it's not really supposed to be given into your blood because it takes a long, long time to try and break that down and excrete from the body.**

**But what about the regulators and their competence to assess a novel vaccine platform? We have to remember that government regulators are bureaucrats. They're not experts, generally, in their field of occupation. Regulators rely on outside experts like the data safety monitoring boards and the institutional review boards. However, the FDA's oversight of clinical trials is extremely lax. It's slow-moving and it's secretive. Moreover, due to the pandemic, the use of on-site, no-notice inspections was paused. So you never had the real oversight of clinical trial sites that we used to have back in the day.**

We are still looking, and we haven't found, official action-indicated reports for this Pfizer study. So they're saying that, "Well, nothing serious happened." But we've seen evidence that there was fraud going on in some of the clinical sites, whereby Pfizer gave taxpayer money to these sites who basically didn't do the trial properly. For example, Brook Jackson's Ventavia case: she saw so many cases of not following protocol and so many protocol deviations that trial should have been stopped. And when she complained to the FDA, the FDA got her basically sacked from Ventavia as a clinical researcher. And that trial is still ongoing in South Texas.

So I think there are three disqualifications and closures that leave trial participants and others in danger. This includes the closure of site 1161, which was Darrell Harrington in Benchmark Research in Texas; he was found missing in action. Site 1068, the Bozeman Health Clinical Research in Montana; he had 84 out of 119 subjects with important protocol deviations and 44 exclusions and they were removed from the study in March 2021. FOIA reported violations of protocol by site 1231, which was the biggest contributor to the clinical trial in Argentina in the military hospital there in Buenos Aires. And since the clinical trial, the Argentine government have actually removed the authorization to do clinical trials with Fernando Pollock and his company, the iTrials Clinical Research in Buenos Aires, because of these protocol deviations.

I'd like to end up with some ideas on the mechanisms of harm. Because the reality that we're coming to is: yes, there are harms from the deposition and accumulation of things like lipid nanoparticles in various parts of the body, including the testicles, by the way, which also affects fertility in men. But most of the effects seem to be due to what we're beginning to call spike protein disease. The NIH [National Institutes of Health] call this long-COVID or long-haul COVID. But spike protein has now been found in every part of the human body. Autopsy studies by Dr. Burkhardt in Germany and others have actually **demonstrated this when they stain for it in autopsy specimens.**

**So what should have given researchers pause when developing this novel vaccine platform? Well, as I mentioned, or alluded to earlier, lipid nanoparticles: they cross normal defensive membranes. So that's number one. But number two is mRNA, which can be incorporated by reverse transcription into human DNA. Now, this is supposed to be short-lived, but there is evidence from some sequencing data that it has been incorporated into DNA.**

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**We've effectively turned our own human cells into mini spike-protein factories with no off switch. An end codon, as it's known, was incorporated into it. We're told that spike protein stops being produced at a period after the vaccine. But it's clear that in some people, the spike protein continues to be made. And there are a lot of people looking at how one can detoxify from spike protein. But at the end of the day, we need far more research into understanding spike protein, the spike protein harms, and what potential mechanisms can we use to remove this from our body.**

**That has left us with many questions that still need to be answered, indeed. But hopefully, this has given you some idea of the extent of problems with this Pfizer clinical trial and the vaccine itself. So I thank you for your time.**

**Shawn Buckley**

Thank you for that presentation. Dr. Flowers, you had just mentioned that authorities are calling this, I don't know, spike protein disease as long-haul COVID and we've heard that in the media. Is long-haul COVID caused by contracting the COVID virus, or is long-haul COVID a result of vaccination, or is it the result of both exposure to the virus and or vaccination?

**Dr. Christopher Flowers**

Yes, again, the NIH have set up a RECOVA program, it's R-E-C-O-V-A. And they initially appointed Dr. Fauci, would you believe, as one of the executive directors of that. That made us very concerned, but all they were going to be looking at were, "Oh, this is a result of the COVID illness, and therefore you need more vaccines to try and prevent this happening." That seems to be the thrust behind it.

But we know that spike protein disease can occur after you've been vaccinated but also after you've had COVID itself, which is why some people have really quite chronic, ongoing illness as a result. So I think spike protein disease is a good overall discussion we can have. And it's a good way to go forward, looking at the spike protein: how we get rid of it and its effects. Because only by understanding this little factory that's been put in our bodies will we actually understand how to combat it and get rid of it, maybe able to turn it off even.

**Shawn Buckley**

Now, you had mentioned in your presentation that females are over-represented as having adverse reactions. Can you speak to what are the main adverse reactions that females are experiencing?

**Dr. Christopher Flowers**

**Oh, my goodness, as virtually every single type of reaction you can get from strokes all the way through to heart attacks and autoimmune disease, allergic reactions. But furthermore, I think the more concerning of these is, because they're young working-age women, that it's affecting their reproductive capability, their fertility. We know, for example, that people are having problems with their menses, their periods. They're having heavy bleeding, more frequent bleeding, lots of blood clots, pain with the menses, all sorts of issues. But also, we found people are having much more trouble conceiving.**

**Then there's the effect on breastfeeding and the failure to thrive of infants of mothers who've been vaccinated. We know that the lipid nanoparticle crosses the placenta and gets into the breast milk. You can see changes in breast milk, changing from the normal whitish**

colour to bluey green, which is more like the feces of a baby who's been changed to cow's milk; It changes from yellow to bluey-green. So it is very worrying that this sort of thing is happening.

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**Some of the midwives have recently come out and been whistleblowers, telling us about the placentas they're now seeing after childbirth—that instead of the normal plush, thick, very healthy-looking placenta, you're getting thin placentas with sort of fibrous areas and white areas which basically represent calcifications. So the placenta is not working properly either as a result of this.**

So again, there's a lot of work to be done, but it seriously affects women in very diverse ways. But more concerning we believe, is the effect on fertility in women and failure to thrive of infants. So it almost is like a war on women, you know? Okay, it does affect men, but when you've got a ratio of between three and four times as many adverse events in women than men, it just raises more questions than answers.

**Shawn Buckley**

Now, when you speak about reproductive problems, is it possible that women are not experiencing adverse reactions but their reproduction is?

**Dr. Christopher Flowers**

That is very possible—but also don't forget there's the equal effect on men, with the lipid nanoparticles being taken up in the testicles. For example, one of the post-mortem studies, the autopsy studies from Germany: they did a cross section of the testes in someone who died suddenly. And it actually showed conglomerations of these hard fatty particles of lipid nanoparticles inside the testicles themselves, which were affecting both the Sertoli and the Leydig cells, which are the ones that basically both provide us with sperm and with the supporting secretions that enable healthy sperm to take part in fertilization.

So you've got the effects on both women and men: problems with ovulation, problems with fertilization. And then of course, because of their issues with menstrual cycles, we presume that there is also going to be problems with implantation, that there is probably something going on with the uterus itself. But as of yet, we don't have any firm evidence, so I can't give you any more information on that.

**Shawn Buckley**

**Thank you. In the Pfizer documents, is there revelations about what the ingredients are? If I asked you, "are you confident that the ingredients have been disclosed to the public," how would you respond?**

**Dr. Christopher Flowers**

**I'd like to say they've been fully transparent. But—we know from their documents they have not been fully transparent about anything. We do know, for a start: there are a lot of issues with the manufacturing process, especially early on, when most people were being vaccinated. Which is why certain batches, for example, gave far more serious adverse events than others.**

For example, the issues in making sure that there was equal amounts of mRNA in each of the lipid nanoparticles: sometimes it depended on whether you got one of the first shots from the vaccine or one of the last ones from the vial, because the concentration varied throughout the vial. Which is why, in the instructions for giving the vaccine, they told you to invert it gently five times before you drew up the vaccine. And so there was that issue.

There's a second issue and that's with contamination. Contamination of the vaccine itself: they found particles of steel, there have been some heavy metals present; and part of the QA process, if you like, is to observe the Pfizer vials. They have a light table where the vials go on and you can see; if it's cloudy, those batches are pulled. But also, not only that, there are some issues where people think there is graphene oxide present within the vaccine. Now, there has been some findings of that, but it doesn't seem to be consistent. More appropriately is the question about aluminum oxide,

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as was found present in vaccines going back some time. There are worries that aluminum causes problems in children that is fairly longstanding and has caused potential harms in children over the years. And so again, the contaminants of the vials is very important.

But they also had to be transported at ultra-cold temperatures. Pfizer required the use of specialized freezers to transport the vaccine; it was only allowed to be brought up to room temperature at certain times. And they were also very, very clear that you had to avoid vibration of the vials because it would disrupt the lipid nanoparticles. And that's why they talked about, when you mix the vial, you just move it gently. So they were very concerned about all of these things that made you wonder whether the manufacturing process itself was up to normal distribution practice that is generally accepted throughout the industry. And it's fairly heavily regulated. But you look at the contracts with, for example, the European Union for the production of the vaccine, they actually had a paragraph within the contract itself that removed the requirements for good distribution practice from the production of their vaccine. Which just raises questions again: you know, they obviously knew it was going to be a problem with good distribution practice when it comes to their vaccine that they specifically excluded it in the contract.

**Shawn Buckley**

Now, you're an expert in analyzing clinical trial data and you've spent an enormous amount of time with the team behind you doing this. In your opinion, is the Pfizer vaccine safe for the human population?

**Dr. Christopher Flowers**

Certainly not. I believe that the benefits are outweighed by the harms tremendously—and definitely since Omicron. Of course, we've gone past Omicron now. We're into all sorts of new territory of, basically, what is a common cold. And there is absolutely no reason to vaccinate someone when you've got a chance of having such a severe adverse event which may affect you for the rest of your life.

**Shawn Buckley**

Aside from other adverse reactions, would you think that it would be safe—just based on the reproductive problems and menstrual problems experienced by females—to permit this on the market for the female population?

**Dr. Christopher Flowers**

The answer is no. It should not be used at all in the female population, especially in people who are under the age of the menopause. That's actually been taken up by some of the European countries. They've actually banned the use of the vaccine in basically, anyone under 75, unless there's a really good reason. There is absolutely no reason to offer this as a routine procedure. And yet in the U.S.A., it has now been added to the childhood vaccine schedule, which is extremely worrying because it's affecting our kids, who don't need this vaccine whatsoever.

**Shawn Buckley**

What do you think is going on? Why do you think that's happening? Because we're vaccinating kids in Canada as we speak.

**Dr. Christopher Flowers**

It's compliance? I have no idea. I can speculate all you want; I come up with all sorts of theories. But for me the evidence is quite clear that there is no reason to vaccinate children, who we know are extremely unlikely to suffer from deaths or serious injury from COVID. They're far more likely—especially if they're teenagers and teenage males in particular—to get myocarditis.

And myocarditis is actually a very serious condition. If you're someone who's going into college sports, for example and you've got your eyes set on either playing for the Montreal Canadiens or you're going to be going for the National Football League, you've got to be really fit. And myocarditis is something that can be subclinical. In other words, you don't have any symptoms until you suddenly start exerting yourself and you'll start being short of breath, for example.

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But of course, can also cause sudden unexplained death, sudden unexpected death. We nearly saw that with Damar Hamlin: This was not an effect of being hit in the heart. He had all sorts of issues and this looks far more like myocarditis underlying this. And a healthy person— Well, he died and was resuscitated several times when he fell on the field.

So definitely not for children; absolutely not, there is no reason. I would urge the Canadian citizenry to elect people who are going to protect you from harms. And that is their main job—is to protect your population from harms of any pharmaceutical intervention from outside influences, people buying up your land, and stopping you being able to produce your own food.

**Shawn Buckley**

Can I just ask you and it's still on the children thing: Should parents have any concern in vaccinating their children as far as affecting their children's ability to reproduce?

**Dr. Christopher Flowers**

Yes. Based on the adult information we have, it's bad enough for them; but for children, it's far more important. Because when you think about it, the development of the reproductive organs in children and young adolescents: that's the time when they're forming all their important potential future offspring.

Okay, the eggs, for example, are already present in the ovaries right at the beginning. But it's the supporting cells, it's everything that aids reproduction that can be damaged by the vaccine. And there is no benefit to the vaccine, so therefore, why would you even consider vaccinating your children?

**Shawn Buckley**

Thank you, Dr. Flowers, I have no further questions but the commissioners have some questions for you.

**Commissioner Massie**

Thank you very much, Dr. Flowers, for this excellent presentation. I have a couple of questions. The first one is about the extensive review that is ongoing, as I understand it, of the data from the Pfizer file. How long do you think it's going to take before you go through the bottom of it?

**Dr. Christopher Flowers**

Well, unfortunately, we know that we still haven't received all the documents. We thought that by December or January, we'd have had the last data dump. But they do produce data document dumps on a regular basis—although they've started to produce some more redacted files right now. And that is a worrying trend because we used to have redacted files right at the beginning and the judge managed to ensure that they got them unredacted. So they're hiding a lot of information.

But from our analyst point of view, we're missing so much patient data that's really important: For example, as I mentioned in the presentation about the human chorionic gonadotropin assays that were supposed to be taken before dose one and dose two in the females in the study, those have never been produced. Furthermore, we don't have any of the follow-up studies that were mandated by the FDA but still not produced.

Do I have any trust that Pfizer will actually provide these for us? I have to say at this juncture, I don't feel they're going to do it. They're not going to give us all the information. We're expecting in the latter documents that all the bombshell allegations that have almost been conspiracy theories right from the get-go finally turn out to be true. Fact is worse than fiction in some ways. And we expect that to happen during these final months.

But as I say, I don't think we've seen the end of this. I think they're hoping to draw things out until the Moderna files get released in July of this year. Because then the pressure will be taken off them and maybe they'll be able to slip things out later.

**Commissioner Massie**

If I understand what you're saying, you're expecting that maybe when you will have additional information, should you get it anytime soon,

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you'll find other interesting information that would be even more concerning than what you have found so far.

**Dr. Christopher Flowers**

Yes, indeed. That's exactly what we believe. All the members of the team, all the data people: you can see they've missed out in the patient files. We have so many different columns but there are important columns that are missing. They've only got minimal data. And that data was required to be collected and it is so important data that it relates to the condition of the patient at the time of the vaccine and the subsequent outcome. And so we need all that information. And so because they haven't provided that information, it just increases your concern that there is something serious going on.

**Commissioner Massie**

**My other question has to do with this whole platform of mRNA technology that is now** being promoted as a way of the future for vaccination. I understand that, in the case of the COVID vaccine, one of the issues is really the toxicity of the spike protein, but there's probably more to it than just that with the lipid nanoparticle that plays a role.

If we are continuing to push the premises that this platform is safe and effective and we're just distributing it to every other type of infection prevention, is there a risk that the kind of issues we're seeing right now with the COVID platform will just repeat itself? Unless the regulatory agency is really increasing their scrutiny on the production and all of the other aspects of the clinical trial. What do you expect will happen in the current regulatory environment?

**Dr. Christopher Flowers**

Yes, well, I thank you for that. That's a very important question. And in fact, that's already been going ahead because the annual flu vaccine, this time, was also an mRNA vaccine. I refused to take the flu jab this year. I said I'm not taking any mRNA vaccine ever again. I know the side effects.

I had a severe adverse event myself from a booster with something called rhabdomyolysis, where your muscle sort of almost turns to jelly and you get bleeding and blood clots in your arm. And it was really quite something. And I'm never going to take an mRNA injection again unless they can prove to me— They need to prove to me that the platform is safe and effective. The biggest problem I have is that mRNA is an under-researched platform and, in my opinion, should never be used again.

But the FDA are queuing up mRNA vaccines. Moderna have already released, for example, their plan for a whole slew of mRNA vaccines. So without changes at the FDA, but also changes locally in your own federal regulatory authorities: they need to start taking notice of this and start asking questions to protect the population. I mean, I was gobsmacked to find that the MRHA [Medicines and Healthcare products Regulatory Agency] in the U.K., for example, just kowtowed to the FDA and just took their data without analyzing it. And are just taking the recommendations as gospel, as it were.

**And each country really needs to start to be more responsible for their own population. Now I know you've had issues up in Canada, as other countries have as well, with your regulatory authorities. And the over overarching arm of government has caused lots of problems. But the mRNA vaccines will continue just to be accepted as is, as a platform that's been accepted. And yet it hasn't been accepted—not by the rest of the scientific community. We have to do the research. The basic research has not been done.**

**Commissioner Massie**

I have a question about the quality of the batches that seems to at least trigger, based on analysis, a different number of adverse events.

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And one hypothesis to explain that would be that the quality of some of the batches could have been very bad and therefore didn't really express spike protein. Or was not of the right quality to do that, or could have had, as you mentioned, contaminant. So that those hypotheses could be actually competing hypothesis.

One way to address that would be to have data—very large data on the population that have been vaccinated and see whether or not they are expressing antibody against spike. Are you aware that this kind of analysis was done in order to follow up the vaccination?

**Dr. Christopher Flowers**

Not as yet, they have not done anything like that. And the other thing I perhaps ought to have mentioned was: some of the contamination was from DNA, from the *E. coli* that are used to manufacture mRNA.

And there have been several studies out now showing that some batches had incredible amounts of excess DNA, which were well above the normal national standards for use in vaccines. And these contaminants sometimes got sequenced actually in the spike protein itself. There was a paper very recently, last month, that showed that one of the *E. coli* super toxins was actually encoded in the spike protein DNA. It's just absolutely amazing.

You have to understand the manufacturing process, that it starts off with a big pool of colonic bacteria, basically *E. coli*, *Escherichia coli*, and they're the ones that are used to manufacture the mRNA. They're supposed to remove most of the *E. coli* DNA and separate out the mRNA, but there's always going to be some contamination. But in many instances, the papers have demonstrated that the DNA from the *E. coli* was far above the highest level permitted in the national standards. So it makes you wonder.

**Commissioner Massie**

You also mentioned that you had to really assemble a huge team of volunteers in order to analyze the data from Pfizer. And given the resources in the regulatory agency, maybe they're not staffed to the level to do that kind of analysis. And this would probably call for external people to do it with the right, I guess, incentive—without conflict of interest and anything like that.

Could you propose some way that it could actually be done? Because just relying on volunteer people like your team to do this kind of analysis for all of these platforms that are coming right now is going to be a significant endeavour.

**Dr. Christopher Flowers**

Yes, you're absolutely right, sir. And I mean, I commend what you're doing. The National Citizens Inquiry is almost, and what we're doing with the citizens' investigations, is an example perhaps of how we need to start going forward.

What we don't want to do though, is to become employees of the government, become bureaucrats. The important thing is to try and recruit people, like a voluntary thing a bit like, but people who can say that they have no conflicts of interest, that can be proven as well. And then taking part perhaps for six months at a time, three months at a time, who knows?

I mean, there may be people who are willing to do that sort of thing. And I think the War Room/Daily Clout volunteers project shows this can be done. It takes good management, it takes effort, and it takes motivation—and you need someone at the top who's charismatic, who can give that motivation to you. We're lucky in that we had Steve Bannon calling for people to respond. We had Naomi Wolf, who's a fearless female advocate, a feminist advocate who also is one of our front-facing people, and helping to organize us with her COO, Amy Kelly, to provide this sort of investigation, an investigative process.

Doing it at a federal level, as an oversight, I would love for it to come from the citizenry.

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But I fear that even if this was agreed to by the federal authorities, that it would end up being yet another government bureaucracy and with the tendency to be corrupted by outside money—whether it's from the Chinese Communist Party, whether it's from Big Pharma or other interests. Things are likely to go downhill very, very quickly, so it would have to be truly, truly independent.

**Commissioner Massie**

Thank you very much.

**Commissioner Drysdale**

Good afternoon, sir. One of the things that I have been hearing over and over again is talk about informed consent, is talk about terminology. And I'm old enough to remember when it certainly became obvious that terminology mattered. There was a term that was used in the mid-1960s that was called "collateral damage," and we all know what that really meant, but they called it collateral damage. I remember a famous quote by Mr. Clinton about, "It all depends on what the definition of the word," I think it was "'it' is."

And when I listened to yourself and a number of other witnesses—and I also listened to Mr. Buckley's question about spike protein disease, and they call it long COVID. When we had a witness in the other day, they were talking about a biologic—and that this was a biologic—but they reviewed it under the requirements of a vaccine. And that a "vaccine," that **definition changed, and it seems that the terms "safe" and "effective" changed.**

**Can you comment on that? Is that something common? Is that something that's just occurred now in this era? That words don't mean what they mean and by changing a word, you can completely change the safety protocols, et cetera?**

**Dr. Christopher Flowers**

You're absolutely right what you just said. Absolutely right, spot on. The definition of language seems to change every day. We get redefinitions of various things. Everything seems to mean something else these days.

**And I don't think you should forget that some of the three letter agencies in the U.S. actually have units that actually are there to develop narratives. And use ways of interpreting and changing language using social media, using the captured mainstream media to reinforce the message that gets the change of that word accepted.**

**And some of the information I have come across—in confidence, I can't say anything more—makes me very concerned that whatever we do, if we don't reform these, or get rid of some of these three letter agencies, we're always going to be up against it as citizenry. That we're never really going to have anything that's safe, never mind effective.**

**I mean, all this business about safe and effective: it was neither safe, as has been proven, and it was never effective either, to preventing COVID or stopping you from transmitting COVID.** I remember all that thing about transmission or it prevents transmission. And then they said, "Oh, we never tested it for transmission," quite rightly.

So no, I believe that behind the scenes, government is working against us. And as a citizenry, in each of our countries, we need to take back our country. And that's the only way things are ever going to change. Because the way we're going right now, things don't look good for the future.

#### **Commissioner Drysdale**

One of the slides that I believe you showed had to do with the schedules of the original trials. And if I'm correct in what I saw, it looked like certain phases of the trials completed in late November. And then the Canadian government did a press release, I believe it was on the 10th or 12th of December,

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saying that they had done a rigorous evaluation of the science and that it was safe and effective. And I'm wondering: How is it possible that the Canadian government, Public Health, could have done that kind of investigation in two weeks' or three weeks' time?

#### **Dr. Christopher Flowers**

Well, we know that that is likely a tall tale, as they say—or a fable, as the Greeks would say. I think it's evident now that the different governments relied on the FDA. They did what the FDA told them. If the FDA said it was safe and effective and then rigorously tested, then they agreed.

We've watched the presentations from these committees that basically put up the vaccine **for approval for rubberstamping by the FDA. They did not do due diligence themselves. There were presentations of "fact" by Pharma or Moderna or whoever. And they're the ones who did the analysis. They provided that information to the FDA committee and the FDA committee said, "Oh, thank you very much. That's wonderful. It's definitely safe and effective. Let's go ahead and let's approve this vaccine."**

**So the answer is: What your government said was a lie. We know that—just looking at it ourselves as professionals, independent professionals—that it was a lie. So how many times do you have to say it's true before it becomes a lie?**

**Commissioner Drysdale**

We had previous testimony that there seemed to be a great deal of conflict of interest within the FDA. And I think, I don't recall the name, but someone had said that one of the high-up officials in the FDA or the CDC is now a vice president or something at Pfizer. Can you comment on that kind of, I don't know what the word is, integration between—?

**Dr. Christopher Flowers**

The precise term for it is "regulatory capture." A lot of us, as researchers, we get funding from, for example, the NIH. So for example, I did an RO1 grant application from the NIH. Now, one of the people who approves some of these grants of course is Dr. Anthony Fauci. And if you upset Dr. Anthony Fauci or Francis Collins at the top end of the NIH, it doesn't matter what score you get on your application for research funding, you don't get the money.

So it starts at the very beginning with the researchers that a) you have to research something that the higher-ups will approve of. Otherwise, you won't get funding. If you don't get funding, your tenure at your university is in jeopardy. Your contract may not be renewed at the end of the financial year. So there's a lot of pressure on researchers.

Okay, the next thing to do is of course: if you start getting research grants from Big Pharma, basically, you don't necessarily benefit it directly, but you benefit indirectly because it helps you with your tenure. And then you become an expert for that company in the regulatory authorities—so like the VRB PAC, who responded to the FDA and analyzed the vaccine trials.

And then you've got the FDA themselves. And the funding for the FDA is through Big Pharma. I think the last count was 65 per cent of funding is from Big Pharma. I mean, how come when we're giving billions and trillions to Ukraine, and yet we're not funding directly the FDA to make sure that things are safe and they are effective before it's given to the population?

So we've got that. And then of course there's the rolling door, just like there is in Congress, for example, where someone has gone in quite poor into either the House or the Senate, and then they come out quite rich. And immediately they roll into a lobbying job for some company or other, whether it's in the military arms complex or it's with Big Pharma.

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And it's like, as soon as you finish with your committee, off you go to Pfizer, you go to Merck, you go to Johnson & Johnson. And you have a very well-enhanced package of remuneration given to you for your long years of service to the FDA. "We would like to thank you by giving you this enormous salary and these fantastic benefits. Enjoy your yacht in Monaco please, sir."

**Commissioner Drysdale**

So what you're saying is that we've got the wolf guarding the sheep.

**Dr. Christopher Flowers**

That is unfortunately true.

**Commissioner Drysdale**

Thank you, sir.

**Shawn Buckley**

Dr. Flowers, I believe that is all the questions we have for you. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and the assistance you've given.

**Dr. Christopher Flowers**

You're welcome. Thanks very much for having me.

[01:26:07]



*Final Review and Approval: Jodi Bruhn, August 21, 2023.*

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 3**

**April 22, 2023**

### EVIDENCE

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**Witness 4: Dr. Magda Havas**

**Full Day 3 Timestamp: 05:48:15–07:00:11**

**Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>**

[00:00:00]

**Shawn Buckley**

We welcome you back to the National Citizens Inquiry as we continue our live hearing in Saskatoon. I'm pleased to announce our next witness, who is attending virtually: Dr. Magda Havas. Magda, can you hear me?

**Dr. Magda Havas**

I can.

**Shawn Buckley**

We see you on the screen and up in the corner and we've got your slide presentation. But I wanted to first of all ask if you could state your full name for the record, spelling your first and last name.

**Dr. Magda Havas**

Magda Havas, M-A-G-D-A H-A-V-A-S.

**Shawn Buckley**

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

**Dr. Magda Havas**

I do.

**Shawn Buckley**

Now, I'm going to introduce you a little bit and then I'll kick you loose to do the presentation. I will indicate for those participating that Dr. Havas' CV is appended as

Exhibit SA-1 and will be available online. It is 54 pages long. Dr. Havas, you're a professor emerita at Trent University with expertise in environmental toxicology, is that right?

**Dr. Magda Havas**

That's correct.

**Shawn Buckley**

And you've published on COVID-related illness and death. Your primary concern is the health of humans and other species related to environmental toxins.

**Dr. Magda Havas**

Yes.

**Shawn Buckley**

And my understanding is that you were one of the first scientists to identify the dangers of acid rain around 1970. You did this by traveling around the High Arctic in Canada, measuring the sulfuric acid in the water cycle from natural sulfuric vents in the Earth. And your early work was recognized by environmental activists, who lobbied for 15 years with you as their scientific advisor, and ended in Mulroney and Bush signing into law the US-Canada Air Quality Agreement known as the *Clean Air Act*?

**Dr. Magda Havas**

That's correct. I was one of many scientists.

**Shawn Buckley**

Okay. Well, my source indicates you're one of the first, so we're going to run with that.

And after the work on acid rain, you became interested in electrical frequency effects on human health and lectured worldwide about it for two decades, along with your tenured position as professor at Trent University. And a few years ago, I'm told you had so many speaking requests for medical conferences that you took a one-year sabbatical, basically, to tour the world as a speaker on these topics.

So you're nodding, but this is being recorded.

**Dr. Magda Havas**

Yes, yes.

**Shawn Buckley**

And I do that introduction just so that people appreciate that you are one of the world leaders on basically, environmental effects on humans and on basically, electromagnetic frequencies or radiations and their effects. So I'll ask if you could proceed with what you had prepared for the Inquiry today [Exhibit SA-1b].

**Dr. Magda Havas**

Thank you very much.

I'd like to thank you for giving me this opportunity. And what I would like to talk about is a possible connection between COVID-19 and radio frequency radiation. And I'd like to start with four postulates. These are ideas or theories to start a discussion, all of which are based on scientific evidence.

Postulate 1 is that radio frequency radiation—and this is coming from a lot of our wireless technology—impairs the immune system, which increases the risk of infections. And this could lead to a higher case load and a higher death load.

Postulate 2 is that severe infections, which I call biological trauma, can increase sensitivity to radio frequency radiation and other toxins. And it could increase the risk of developing EMI. I call it EMI cubed.

EMI cubed stands for: electromagnetic interference, electromagnetic illness, and electromagnetic injury. If the interference is prolonged, it could relate in illness. And if the illness is severe it could result in injury. Injury can also be due to acute exposures to high levels of radiation.

The technical definition for electromagnetic interference is unwanted noise or interference in an electrical path or circuit caused by an outside source. EMI can be caused by natural and human-made sources. For example, lightning could be the source and your computer can be the victim. EMI can cause—

**Shawn Buckley**

Dr. Havas. Can I just stop you. Are you working through your slides? Because we're still on your first one?

**Dr. Magda Havas**

Oh, I am.

**Shawn Buckley**

Okay, so that's why I'm stopping you.

[00:05:00]

I'm not sure what's happening because I think you're screen sharing.

**Dr. Magda Havas**

I am.

**Shawn Buckley**

Because we just see the first slide that says, "COVID-19 and RFR—Is there a connection?"

**Dr. Magda Havas**

Okay that's really weird. Okay, well I can give my presentation but the slides add enormously to it, so I'm not quite certain how to proceed.

**Shawn Buckley**

Okay. So on your computer, is it going through the slide presentation?

**Dr. Magda Havas**

It is, yes.

**Shawn Buckley**

One thing that we could do is, I believe I have your slide presentation. You could just tell me when to queue.

**Dr. Magda Havas**

Yes, I've changed it slightly.

**Shawn Buckley**

Oh, I see. Now you just changed the page there.

**Dr. Magda Havas**

What can you see now?

**Shawn Buckley**

"Possible confounding factors with COVID-19."

**Dr. Magda Havas**

Oh, perfect. Okay. So maybe now it's working? I can continue then.

**Shawn Buckley**

Yep.

**Dr. Magda Havas**

Okay, so I mentioned that electromagnetic interference can cause electronics to operate poorly, malfunction or stop working completely. And it can also cause humans to operate poorly, malfunction, and stop working completely. That's because we're electromagnetic, as indicated by the activity of our brain and heart activity.

Postulate number 3 is that the symptoms of COVID-19 are very similar to the symptoms of electromagnetic interference; they overlap considerably. And so it's difficult from just the symptoms to determine what you have. Someone who has electromagnetic interference could actually be suffering from COVID. And someone who has COVID but perhaps has not

been tested or tested negative, could be suffering from electromagnetic interference. And this is assuming that the tests are accurate and they haven't always been.

During the lockdown, there was a deployment of 5G technology. So while the rest of us were staying in our homes, the telecommunication industry was very quickly erecting 5G antennas across the globe. And they coincided with the SARS-CoV virus. And we know that once the 5G technology is deployed, it causes an increase in radio frequency radiation that I'll present in a few minutes. And that increases your risk of developing electromagnetic interference. And since we can't tell the difference between the two, it's difficult to know what people are suffering from.

**Now, when we talk about epidemiology of a disease, there are three factors that are** important. One is the agent, the other is the host, and the third is the environment. The agent can cause a disease or injury. It can be chemical, physical, or biological. And toxicity and dose are two important variables. In this particular case, SARS-CoV-2 is the agent.

The host is a human who experiences the health outcome. And the risk factors here are the health of your immune system, your genetics, and behavior, among others. And here we're talking about COVID-19 and Long COVID.

The environment is an extrinsic factor that can affect the agent or the host and increase or decrease risk, severity, and duration of the health outcome. It can be physical, biological, socioeconomic, et cetera. And in this case, masking, social distancing, the closure of schools and businesses, your vitamin D3 levels and or exposure to sunlight are some of the environmental factors.

But it's my opinion that some of these environmental confounding factors have not been adequately addressed when it comes to this pandemic. And I'd like to provide two examples. We know that ultraviolet light kills the virus, which benefits the host. We also know that radio frequency microwave radiation weakens the host and benefits the virus. And it's my opinion that radio frequency radiation in the environment is a confounding factor that no one has addressed in any comprehensive way.

During the pandemic, I was busy looking at the data that was coming primarily from Johns Hopkins University but [also] a number of other organizations around the globe. And this is showing COVID-19 cases at the early stage of the pandemic. And one of the questions that I had was, why do levels of infection differ globally for this respiratory virus? And in an attempt to try to make sense of this,

[00:10:00]

**I looked at various confounding factors that could be involved in this pandemic and posted that information on my website, trying to make sense of the COVID-19 pandemic with a global perspective.**

**And the first confounding environmental factor I looked at was population density. And here you can see population density in the figure at the bottom and the COVID-19 cases at the top. There were a number of anomalies. For example, the population in India and Africa are quite high, yet the number of COVID cases reported at the early stages was very low. And if we look at this graph that shows you population density along the x-axis and COVID-19 cases along the y-axis, you can see there's a linear relationship with Africa falling slightly below the line. But if we add North America and Europe to this, it follows a very different**

trajectory. So there's something else happening in North America and Europe to make so many people develop the virus.

Now, the map of COVID-19 more closely resembles Wi-Fi hotspots. And these are global Wi-Fi hotspots as of 2020 compared to April 7th, 2020 for the virus. And you can see here there are a number of similarities with very high levels in North America and Europe and very low levels in Africa and some of the other parts of the globe.

These are some of the confounding factors that I looked at: Population, the per cent elderly, since mostly people over the age of 80 were developing and dying. Air pollution and smoking because this is a respiratory virus. Tourism and air travel since that would indicate the spread of the illness. Various economic parameters that may differ from country to country. Various types of electromagnetic pollution, which is my area of research. And freedom of the press and internet censorship to ensure that the information we were getting was valid and wasn't being censored.

And the conclusions I came up with was that there were some weak correlations. However, the scale was too large and there was a lack of data standardization. So I decided to focus on the United States data and I will be presenting some of that later in my presentation.

One of the questions circulating among electromagnetic experts in March of 2020 was: Is there a connection between the outbreak of COVID-19 and deployment of 5G networks around the world? And you may ask, why would we even ask this question? The reason is that SARS-CoV-2 outbreak and the deployment of 5G happened at the same time. So they overlapped spatially in time as well. Areas with high cases of COVID-19, for example, Wuhan, Northern Italy, and the Princess Cruise Line, all had recently deployed 5G technology. And we know that radio frequency radiation impairs the immune system, which could sensitize people to this viral infection.

And here's an article, "Reaction of the Immune system to low-level radio frequency and microwave exposures." And this is what the author concluded: that short-term exposure to weak microwave radiation may temporarily stimulate the immune functions, while prolonged exposure could inhibit the same immune functions. And this is not the only study. Dr. Henry Lai from the University of Washington reviewed the literature on neurological effects of radio frequency radiation published between 2007 and 2020. He found a total of 335 studies, three quarters of which—244—showed an effect of radio frequency radiation.

This paper just came out last year and it's regarding the evidence of a connection between coronavirus disease and exposure to radio frequency radiation from wireless technology, including 5G [Exhibit SA-1d]. And what the authors concluded was that radio frequency radiation may cause morphological changes in erythrocytes, which are red blood cells, and Rouleaux formation—which I will talk about later—that can contribute to hypercoagulation. Radio frequencies can impair microcirculation and reduce erythrocytes and hemoglobin levels, exacerbating hypoxia. It can amplify immune system dysfunction, including immune-suppression, autoimmunity, and hyperinflammation. It can increase cellular oxidative stress and the production of free radicals,

[00:15:00]

resulting in vascular injury and organ damage. It can increase the amount of intracellular calcium—this is calcium within the cell—that's essential for viral entry, replication, and release, in addition to promoting pro-inflammatory pathways.

**Now we have inflammation mentioned twice here and we know that myocarditis—that's been linked to both the virus and various vaccines, is inflammation of the heart muscle. And it can worsen heart arrhythmias and cardiac disorders. And what the authors recommend is that radio frequency radiation has become a ubiquitous environmental stressor that we propose may have contributed to adverse health outcomes of patients infected with SARS-CoV-2 and increase the severity of the COVID-19 pandemic. Therefore, we recommend that all people, particularly those suffering from viral infection, reduce their exposure to radio frequency radiation.**

**Now, does radio frequency and SARS-CoV-2 affect the blood? The answer to that question is yes. COVID-19 started as a respiratory infection and soon became a cardiovascular problem. The first doctor who reported this was an emergency doctor in New York, and he was fired for making the statement publicly.**

Radio frequency radiation affects the cardiovascular system. And here is a publication that radiation from wireless technology affects the blood, the heart, and the autonomic nervous system [Exhibit SA-1f]. This is an example of live blood cells under darkfield microscopy. The person was in a very clean environment, and this is an example of healthy-looking blood. When that person was moved to a different environment that had a Wi-Fi router, they were exposed for 10 minutes and this is what their blood looked like after 10 minutes' exposure. The cells are sticking together like a stack of coins. And this is called Rouleaux.

In this image, you can see that the blood is much more viscous. It's more like ketchup rather than red wine. It has a reduced ability to infuse the body with oxygen. This places added pressure on the heart. And in the worst case, it can produce blood clots that can lead to heart attack or strokes, which we know are on the increase with COVID patients.

Here is another study published a year later. This time, instead of being exposed to Wi-Fi, a person was exposed to a cell phone, and you can see the Rouleaux formation in the middle slide. In the third slide—the oxidative stress—this is showing that the red blood cells have actually been damaged by the radiation, and many of them will die and need to be replaced.

Now, does radiofrequency radiation affect the heart? The answer to that is also yes. We did a provocation study where we exposed people to 2.45 gigahertz from a cordless phone base station and measured the effect on the autonomic nervous system. And this is what we concluded: Radiofrequency radiation can contribute to arrhythmia, which is an irregular heartbeat, or tachycardia, which is a rapid heart rate. And the definition for tachycardia is greater than 100 beats per minute. Radiofrequency can bring on an acute stress response by affecting the sympathetic and parasympathetic nervous systems, very similar to someone who has experienced a panic attack. And finally, some people think that they're having a heart attack with added pain or pressure in the chest area.

**We did an experiment with 25 volunteers initially and then we repeated it with 69 volunteers later on. And basically, a person participating in the study was lying down. They had a heart monitor attached to them that was attached to a computer. They were blinded so they didn't know when they were exposed to the radiation or not. The radiation was placed just slightly above their head and either we plugged it into a live outlet, which caused the radiation, or we plugged it into a dead outlet that omitted the radiation completely.**

**And basically, what the technology does is it measures the time interval between heart rate—it's called the R - R interval. And the longer this line is, the slower the heart rate; the faster it is, the shorter the heart rate. We used a power density of 30 microwatts per metre**

squared. You don't have to worry about the units here, as I'll use exactly the same units whenever I'm talking about this. That's less than 1 per cent of Health Canada's Safety Code 6, which is the guideline for radio frequency radiation.

[00:20:00]

**Their guideline is 4.4 million microwatts per metre squared. And what I'm going to do is show you three patient results that are very, very similar.**

**Here we have subject A and they're exposed to three intervals, each lasting between three and four minutes. This is their heart rate. In interval one, they were exposed to a sham, which means that there was no radiation. They were exposed to microwaves during interval two and a sham in interval three. And you can look at this and there's virtually no difference. So this person is non-reactive. They're not sensitive to this radiation.**

This is a different subject, subject B, and you don't have to be a cardiologist to see that this is having an effect. This is their heart rate. And remember, they're lying down. They're not moving. And yet their heart rate after the sham exposure increased from the 60s to 120. And this is an example of sudden onset tachycardia. This person is highly reactive and this is an example of electromagnetic interference.

The third example, subject C, was exposed to sham during intervals two and four, to microwaves during intervals three and five. And you can see there's a slight increase in their heart rate and it's very irregular. This person is reactive and they're showing electromagnetic interference.

We also get information about the sympathetic and parasympathetic part of the autonomic nervous system. The sympathetic part is equivalent to the gas pedal on a car. And when it's up-regulated, we go into the fight or flight or freeze mode. The parasympathetic represents the brakes of a car. And when it's up-regulated, we have rest, digest, and heal. It was down-regulated for this individual. And when the parasympathetic is down-regulated, you're unable to rest. Hence, people have difficulty sleeping. They can't relax. They have digestive problems, and they have difficulty healing from any ailments that they may have. And this person virtually, while lying down, is having a panic attack. And this panic attack is physiological and not psychosomatic.

When doctors diagnose these patients, they think they have a mental problem, and they often recommend that the patient goes to a psychiatrist or a psychologist. And the psychiatrists are telling me that they're being sent patients who have no psychological problem at all. So this is a physiological response.

**Now, at the beginning of my presentation, I mentioned that I was going to look at data from the United States [Exhibit SA-1d]. And the United States collects some of the best data in the world, much better than even in Canada. And so here we're looking at the COVID-19-attributed cases and deaths in the United States that relate to 5G. Now, 5G small cells are placed on streetlights, as you can see here, utility poles, and special poles entirely for supporting the 5G antennas. Electromagnetic scientists are very concerned about this rollout and they're requesting that a moratorium be placed on further rollout of 5G. 5G is going to end up putting many more antennas on city streets because these antennas are placed roughly 100 metres apart. They're going to be closer to buildings and to people. And this is going to increase the levels of radiation. The frequencies for 5G are over a very broad range from low all the way up to the high band. And the high band consists of something called millimetre waves. This is the first time millimetre waves have been used in**

telecommunication. And there have been absolutely no health studies looking at either people or the environment, despite the fact that they're rolling it out.

And basically, what's happening is that they're conducting a global experiment very similar to vaccines. We're told that 5G is safe—just like we were told that vaccines are safe and effective. Trust us. Well, there's no evidence that we should trust the agencies allowing this to happen.

Now, here we have a map of COVID-19 cases in the United States as of September 18th. And we have deployment of 5G, also for the same date in September. And you can see here that it looks like there's a relationship with high levels of deaths, or cases, and the amount of 5G deployment. But there's a confounding variable and that is population density. If you have more people, you're going to end up having more cases. And where you have dense populations,

[00:25:00]

that's where the wireless industry is going to deploy their antennas to serve a larger population.

So we have to consider these confounders. And we did exactly that. The first time I looked at the United States data was on April 22nd. And I posted that information on my website. On May 31st, Angela Tsiang and I reassessed the data to see if it had changed. And this is what we got and this is what we also published: There were 18 states that did not yet have 5G millimetre waves deployed. And the average cases for these 18 states is 3,220 cases per million. So we're standardizing for population. Thirty-three states had 5G millimetre wave antennas. And you can see that they have more than 5,000 cases per million, which gives you an excess of 2,556 cases per million. And that's an 80 per cent increase. And these data are statistically significant.

We did the same thing for the death rate. And we found that there were 149 excess deaths per million. This was 95, 4 per cent higher. It was statistically significant. And this was roughly a doubling of the death rates for states that had 5G millimetre waves.

I mentioned earlier that the symptoms of COVID and the symptoms of electromagnetic interference are similar. So it's very difficult to distinguish between the two of them. This is a survey that was conducted in 2003. So this was pre-5G and pre-COVID. And these are people who live at various distances from cell phone base stations. And here we have the symptoms. And here we have the percentage experiencing symptoms very often. These are the symptoms in decreasing order. And you can see there's a massive overlap with symptoms that have been documented for COVID-19. And if we look at fatigue, for people **that are within 10 metres—that's the red—all the way out to beyond 300 metres—which is the black—there's a huge difference, as there is for things like sleep disturbances. So these people are unable to sleep and hence they're unable to recover and they end up having a lot of additional problems, difficulty concentrating, memory loss, et cetera.**

Now, what happens to radio frequency levels with the introduction of 5G? Verizon places a map on their website that indicates where they've rolled out and where different types of technology is available for the American population. And you can zoom in on this map, which is what we did for Manhattan, New York. And we were interested in two parallel streets. The dark brown, here, is indicating that 5G millimetre waves have been deployed. So along Fifth Avenue, we have 5G and along Sixth Avenue, we don't have 5G. We have a global set of volunteers: it's called the Global EMF Network. We have over 400 volunteers

from across the globe and we call them citizen scientists. So I asked one of our citizen scientists to measure these two avenues in Manhattan. And here we have the average, the median value, and the maximum value. The testing was done at five intersections and four street corners. So each of these numbers is based on 20 measurements. And you can see here that when 5G is deployed, the levels of radiation go up considerably. I've indicated the Russian guidelines and the Canadian guidelines to show you how different they are and to put this into perspective.

She also went and looked at Brooklyn, New York with very similar results, although the scale is different. So once 5G comes in, the levels of exposure go up significantly. And just as a reminder, the median value is a statistical value where half of the population or half of the samples fall below the median and half of the samples fall above the median up to the maximum. And in both cases, for Manhattan and Brooklyn, the median value exceeds the Russian guideline, whereas prior to that it didn't.

Now, this is a case report for Sweden [Exhibit SA-1h]. And this is an apartment building where they replaced 4G and 3G antennas with 5G antennas.

[00:30:00]

And what I'm going to show you is the levels of exposure before the 5G antennas were erected with the 5G antennas. Now, this couple became so ill—I'll share with you what they experienced—that they had to move. And so they actually moved to a different location and the levels of radiation were much lower. Eventually, they moved to a house in the country to get away from this radiation. This particular value was higher than what the meter could measure. And Health Canada's guideline is 4.4. So Health Canada's guideline was almost double this particular value. So Health Canada would tell you this is perfectly safe.

Now, this is information from the previous slide showing the place and date, as well as the amount of exposure. And here we have symptoms. In light blue, we have the number of symptoms experienced by the husband and wife. And in dark, we have the total symptom intensity. And these are the symptoms. You can see here with the asterisk: these overlap considerably with COVID symptoms. When 5G was deployed, the number of symptoms and symptom severity increased for the husband and they increased even more for the wife. She was simply unable to remain in this environment. And if you share this information with Health Canada, what they will say is that these exposures are below the Safety Code 6 guidelines. Therefore, they're safe. And anyone—including pregnant women, children—can be exposed to them 24/7, which is absolute nonsense.

Our exposure to radio frequencies and microwaves have been increasing dramatically since the 1990s. It's hard to believe but in 1995, less than 10 per cent of the Canadian population had cell phone subscriptions. And within a 20-year period, that increased to 82 per cent. And you can see a similar trend for many of the other countries. And whenever you have cell phones, you need to have cell phone antennas. And people who don't even have a cell phone, don't use a cell phone, are exposed to the radiation from a cell phone antenna. So in my mind, using a cell phone is like smoking, and living close to a cell phone antenna is like inhaling second-hand smoke.

This is a map I showed earlier showing Wi-Fi hotspots in 2020. Just 15 years earlier, there were very few Wi-Fi hotspots because they were used primarily by universities or research institutions—by the military in some countries. Now we have Wi-Fi everywhere in our homes. And I expect many of the people listening to this on their computers might be using Wi-Fi with their computers. We have them in schools, which is absolutely ridiculous. We

have them in parks and hospitals, on airplanes. It's very hard to get away from this. If we combine that with satellites and small cell antennas, which are both part of the 5G network, and smart meters and smart appliances and smart homes, you can see here that the levels of radiation are so much higher today than they were just 20 or 30 years ago.

Now there's something very unusual when it comes to radio frequency guidelines. They vary by about seven or eight orders of magnitude globally, which is unheard of in toxicology. Whenever we have toxic limits for things like cadmium or lead in the environment, they're very similar from country to country. And the guideline is the maximum permissible limit that people can be exposed to. And what I've done here is I've highlighted Canada and the city of Toronto, that have two very different guidelines. The lowest guideline shown here for the sleeping area in Germany is 100 times higher than the amount of radiation required by cell phones to operate.

So why these countries are allowing such high exposure limits when it's not required for the technology is really very confusing and disturbing. These guidelines are based entirely on a heating effect. If it doesn't heat your body, it's not harmful. The heating is measured over a six-to-30-minute period. So it's really giving you a short-term guideline of exposure. It was established by physicists and engineers and this was before we started using Wi-Fi and smartphones. So our environment has changed considerably, yet these guidelines remain relatively similar. And Health Canada is simply burying its head and not willing to consider the research in this area. And I'll talk a little bit more about that in a minute.

[00:35:00]

We also have short-term guidelines. These are mostly for occupational settings. And then we have long-term guidelines, which are based on the precautionary principle. And these guidelines are much more recent. They're more protective, obviously, and they were recommended by biologists and doctors who are studying the radiation effects.

Now, this study came out in 2020 showing that the lethality of COVID-19 is higher in countries that have a higher maximum permissible limit for radio frequency radiation. So we have some circumstantial evidence that there might be a relationship between the two.

What does the future hold for 5G technology? Well, this map shows you the estimated worldwide 5G adoption by mobile—by cell phones, basically. It's excluding the internet of things, so it's an underestimate. And what this map shows is that by 2021, we had 13 per cent adoption and by 2025—so within the next two years—that's going to increase to 63 per cent. And that's similar trends, once again, for other countries. Now, what the industry is most interested in is that 5G is the biggest growth-driver for smartphones and that 5G connections are to hit 1 billion this year. Plenty of room to grow. So what they're really interested are the financial aspects.

**Now, what does the future hold for electromagnetic interference? Well, if we use water as an analogy for our exposure, the people who are under the water are adversely affected. And the future doesn't bode well if we end up doing nothing. The levels of radiation continue to increase and more people will be adversely affected. We really do have to reduce our exposure. Having a moratorium on 5G is one way to do it, but we need to go even beyond that. We can reduce levels so that very few people, if any, are adversely affected by this radiation. And my motto is: if it doesn't move, it doesn't need to be wireless. So the smart meter on your home can be wired, it doesn't need to be wireless. The Wi-Fi computer doesn't need to use Wi-Fi; it can be connected to an ethernet connection.**

**What does the future hold for vaccines? Well, according to Pfizer, the number of doses estimated to be administered in 2023 is 65 million in the United States and, by 2026, 98 million. So they are continuing to move ahead on ensuring that everyone in the population is vaccinated. The motivating force is obviously the revenue that they get from this virus.**

**Now, how serious a problem is this? How many people are affected? We believe that about 3 per cent have severe sensitivity and another 35 per cent have moderate sensitivity. And if we look at Toronto and Ontario and Canada, we're talking about a million people in Canada who could be adversely affected because of this radiation due to their sensitivity. And we know that those who are moderately affected, it impairs the quality of life. The next viral outbreak is going to affect these people the most— These are the most vulnerable. And it's going to reduce the tolerance of those who are moderately affected to other stressors they might have in their lives.**

Now, I've done this for other provinces and territories. In Saskatchewan, 30,000 people are likely to be severely affected and almost 400,000 with mild to moderate sensitivity. With 5G, this is going to increase substantially. Now, who is helping these million people or 13 million people with mild sensitivity? It's certainly not the government, because they don't even recognize this as an illness and their guidelines certainly don't protect anyone. It's not the industry, because they're the ones contributing to the problem. It's basically volunteers. So we have volunteers, mostly in Canada, but some around the globe who are helping these individuals. And you can't help a million people with just volunteers.

We need resources for research on how to diagnose and treat those who are ill. We need to educate and train medical professionals, since this isn't taught in medical school. We need to establish green zones for safe housing because people simply cannot live in the middle of a city that has all of these antennas.

We have to make accommodations for them in hospitals and schools and in the workplace, showing these different organizations how to reduce exposure.

[00:40:00]

We need to set up monitoring programs because the government is not monitoring our exposure—unlike some of the air quality monitoring they do and fish toxins that they monitor for eating fish. And we need to set up a 24-hour hotline because a number of these people are so desperate that they're considering MAID, which is medical assistance in dying.

In 2010 and 2015, there was a House of Commons Standing Committee on Health and they made a number of recommendations. And I'd like to just read one of the recommendations from the 2010. It says, Health Canada "ensure that it has a process in place to receive and respond to reports of adverse reactions to electromagnetic radiation-emitting devices." And this is very similar to the vaccine adverse events reporting that was requested. In 2015, the committee met with different people populating it, and they came up with 12 recommendations. I'm not going to read them, but I'd like them to be in the records [Exhibit SA-1i].

**This is Health Canada's and Environment Canada's response to those two HESA meetings: "Health Canada has determined that exposure to radio frequency electromagnetic energy below their guidelines is not dangerous, and no further updates are required." And Environment Canada said they are reviewing the science and this was updated in 2018. However, the committee asked for not only a review but for a report as well. And it's**

**my understanding that these reports do not exist. The government is not following the wishes and the recommendations of HESA. And by the way, you can still listen to the HESA meetings with the questions that were asked very similar to what you're doing with the National Citizens Inquiry.**

**I have a number of recommendations and they apply to different organizations. We need to establish a moratorium on 5G deployment. We have to replace wireless technology with wired technology—and that is simply bringing fibre to the premises or to the last mile, which is what appears in the literature. We have to limit wireless to mobile devices, because basically we're conducting a global experiment very similar to the experiment that's being conducted with vaccines and it's going to result in excess deaths.**

In the meantime, everyone needs to reduce their exposure to radio frequency radiation, especially those with Long COVID. And once again, this can be done by replacing wireless technology with wired technology in your home. And I use the acronym FIND: reduce your frequency of use, reduce the intensity. The closer you are to these devices, the higher the levels of exposure. So don't place your cell phone next to your head, don't place your cell phone in your bra and minimize your duration of exposure.

It's important that governments listen to experts rather than Big Pharma or Big Tech. They need to implement the recommendations of the House of Commons Standing Committee on Health and Radio Frequency Radiation.

My advice for the media is that they should remain independent of government and economic backers. They should provide unbiased information and they should not ridicule or silence those who have divergent views.

And I guess one of my major concerns is with medical regulators. They have unchecked power that needs to be investigated and moderated. They are a captured agency. We have a number of examples of how they misused their power by firing doctors who were saving lives with ivermectin. I have one example from the electromagnetic field area and that is: doctors who diagnose you with electromagnetic hypersensitivity can lose their medical license because it's not recognized. This illness is not recognized by our medical regulators. We need to encourage scientists and doctors to freely discuss and debate different perspectives. Debate is a strength, not a weakness, of the scientific method. And it's difficult to know who should you trust. My advice is don't trust anyone who's doing research for political or economic gain.

And finally, I think we have to establish a special foundation to fund research, training, and support for those who are vulnerable. And we can do this by posing a \$1 surcharge for each cell phone subscription. This would provide a sustainable budget of \$34 million annually in **Canada. And we might consider doing the same thing on each vaccine injection,**

**[00:45:00]**

**to help those who have been damaged by the vaccines.**

**"Our lives begin to end the day we become silent about things that matter." This is one of my favorite quotes and I try to live by it in my personal and academic life. I think it's very important to speak truth to power. Those who hold principled power welcome truth. Those who want unconstrained power fear truth and they try to silence us. What we have just experienced can be disempowering and it can make us fearful. It can make us collectively**

[fearful] or it can make us collectively and individually much wiser and stronger. It all depends on what we do next.

May wisdom and compassion prevail. We need to stop this insanity. If not us, who? If not now, when? Thank you for giving me this time.

**Shawn Buckley**

Dr. Havas, you also did a survey of Canadians concerning COVID mandates. Can you quickly share that with us?

**Dr. Magda Havas**

Yes.

And can you see that okay?

**Shawn Buckley**

Yeah, you could, yes.

**Dr. Magda Havas**

Are you seeing this or not?

**Shawn Buckley**

Yeah, we see "What do Canadians think and want regarding the COVID mandates." Although you could go full screen because we still, on the left, see your list of slides.

**Dr. Magda Havas**

Okay, I am full screen, and it seems like it's not doing it again. Hold on.

Can you see that now?

**Shawn Buckley**

Yeah, we see, thank you.

**Dr. Magda Havas**

Oh, okay. No, I'm sorry. Let me try one more time. I'll try a new share. No, you can't see that?

**Shawn Buckley**

Well, we see "Time Line: Emergencies Act, Survey, Senate Vote."

**Dr. Magda Havas**

Okay, great. Let me just get rid of this. You can see that, that's great.

So just a very quick timeline. I was very interested in what was happening in Ottawa with the convoy. I was deeply concerned about the mandates and I was also concerned about the *Emergencies Act*. And so I decided that once the *Emergencies Act* was called on February 14th, I was curious to see how many people supported the government and how many people supported the truckers. Among my own colleagues and friends and family, there was a divide. I had people on both sides. And so I designed a survey and released it online on February 16th [Exhibits SA-1a, SA-1c].

The survey went viral. We had more than 90,000 responses to it. And we closed it on the 20th of February. I posted the information on my website on the 21st. And the Senate had a debate on the 22nd on the *Emergencies Act*, which we know was revoked. And I sent the senators a copy of the survey because I thought it was important that they know how 90,000 Canadians felt. However, a few days later, I received a note saying that the recipient had refused my email. So the government website did not accept my email to senators. And I don't know if this is legal or not, but that's what happened to me.

There were a total of 10 questions, eight of which were multiple choice, two of which were open ended, which means people could say whatever it is that they wanted. And these are some of the survey results, and I'll share them with you very quickly. Most people were Canadian citizens, 98 per cent. A few were landed immigrants. And I assume some of these weren't Canadian citizens either. So most of them were Canadian citizens.

"I support the way the premier of my province has handled the COVID situation." In this survey, people were not very happy with the way their premiers handled the situation.

[00:50:00]

When it came to where these people were located, most of them were from Ontario, Alberta, and British Columbia. And that accounted for about 70 per cent. We had a few that didn't live in Canada. And we even had some representation from northern part of Canada.

One of the questions was, "I support the Trucker Convoy." And the answer to that was "yes," with a very large percentage.

"I support Prime Minister Trudeau's *Emergencies Act*." And a very large percentage does not support this. So this survey seems to be internally consistent. You would expect if they support one, they wouldn't necessarily support the other.

Here I asked a question about the mandates and whether or not people supported the mandates. Most of the people did not support the mandates. I asked, "When would you like the mandates to end?" Most of them said immediately. And about just under 6 per cent said, "When the government says so."

"Which of the mandates do you think need to be ended?" Here we have all of them for about 82 per cent. And this is one of the questions that won't add up to 100 per cent, and that's because you could answer multiple ones. So you could answer the vaccine booster and the vaccine passport, but not some of the others. So this is the only question that doesn't add up to 100 per cent.

We also, in the two open-end questions. "So how has the mandate affected your life?" Seventy-nine thousand people answered this. And this is a word cloud. The larger the font, the larger the word, the more often it's represented. And you can see some of the words here. Family, unable, anxiety, depression, vaccine. And when I asked, "How has the trucking

convoy affected your life?" We have the word hope, we have brave, convoy, country, gave, made, truckers, that sort of thing.

And I just have two pages of each of the question, open-ended questions. And I just want to draw your attention that there were 3,391 pages of answers to the open-ended question number nine about the mandate. People who responded positively to the mandate are shown in blue and people who responded negatively are shown in red. And here we have the same thing for the trucking convoy: positive responses in blue, negative responses in red, with a few people saying, "it hasn't affected me at all."

Now, a month later—let me just see if I can do this. A month later, the CBC requested a poll. This was also an online poll with about 2,500 Canadians. And it was, as I mentioned, about two weeks later. And this was an Angus Reid Forum poll. And I looked up Angus Reid Forum. Basically what they do is they pay people to answer their surveys. Now, if they randomize the people they send the survey to, this is perfectly valid.

But if you see here, just two weeks later, people who thought that Trudeau was doing a good job or a very good job are just under 50 per cent. So there's a real match here: totally contradicts what we got in my survey. And this is CTV News in October and November, so it was several months later. They asked whether people would support a return of the mandatory mask mandate. And 69 per cent said they would and 30 per cent said they wouldn't. So once again, we're getting very different results.

While I used to trust mainstream media, it's not something I trust anymore. And so one critical question: Is my survey representative of Canadians? The answer to that is, I don't know. It was distributed online. It went viral and we had a very large sample size, which is good, which is what you want in a survey. But I don't know if there was a distribution bias. And by that I mean: Did people send it primarily to friends who thought the same way they did? And if they did, then this would invalidate the survey representing the rest of Canada. All I can say is the survey did represent the 93,135 people who responded. And I'm sharing this because I want their voices to be heard.

Thank you.

**Shawn Buckley**

Dr. Havas, thank you very much for sharing that. And I'll just ask the commissioners if they have any questions for you. And there are questions.

**Commissioner Massie**

**Thank you very much for your presentation. I'm very curious about the sensitivity to the radiation**

[00:55:00]

**that varies quite dramatically from one individual to the other. This is measured by symptoms that we can actually monitor. Is there any other, I would say, biomarker that can be monitored that would give us some sort of a more direct measurement based on a putative mechanism of action of these radiation on people?**

**Dr. Magda Havas**

There are a number of biomonitors that you can— How do I stop sharing? Sorry.

So there are some biomonitors. For example, we notice that people who are diabetic: if they're diabetic and they're sensitive to the radiation, their levels of blood sugar will increase. And it will increase within a very short period of time, within about 10 to 15, 20 minutes. And if you move them into an electromagnetically clean environment, their blood sugar drops. And we know that when diabetics are stressed physically or physiologically or psychologically, that's what happens. So they go into the fight-or-flight response and that increases blood sugar.

We've done work with people who have multiple sclerosis and we found that if we place them in a clean environment, some of their symptoms go away: the tremors, the brain fog, that sort of thing. Oxidative stress is one of the most studied markers, so anything that would tell you the levels of enzymes in your body that are increasing oxidative stress. And if you take any antioxidants, you can relieve some of your symptoms.

So there are various biomarkers in that regard that we can determine whether or not someone is actually suffering from electromagnetic exposure. And then of course, there's the blood; you can measure the blood and it goes into Rouleaux. And you can see the oxidative damage in the red blood cells at the same time.

**Commissioner Massie**

I have another question. Are you aware of I would say, large-scale studies—epidemiological studies—that would actually quantify that more specifically in population, or is it just that there are some correlations that we establish? But what I mean by epidemiological study: Has there been study where you would monitor specific biomarkers in population to correlate their increase with the level of exposure?

**Dr. Magda Havas**

Most of the epidemiological studies have focused on cancer and on reproductive problems. We know it damages sperm, for example, and there have been a number of studies looking at that. And there's an increase in things like brain tumors, breast cancer for women who store their phone in their bra. There's evidence of other types of cancers associated with the head and the face: salivary gland tumors, cancer or tumor of the ear, that sort of thing. So those studies have been done and our Canadian government, members of Health Canada, have been involved in those studies. So they're aware of the research, yet they're deciding not to incorporate any of that in their guidelines.

And indeed, the International Agency for Research on Cancer, as of 2011, classified radiofrequency and microwave radiation as a possible carcinogen. So it was a Class 2B carcinogen. So we have that for cancers. We have that for sperm damage. There are fewer studies— There are some epidemiological studies but not looking at biomarkers, just looking at symptoms in blinded individuals, so they didn't know why they were part of a study. And then we have clinical trials as well, where clinically they're exposed and blindly tested. And we have evidence of that as well.

**Commissioner Massie**

So in terms of the damage, is it proportional to the time of exposure?

**Dr. Magda Havas**

It can be. It turns out that when people first started reporting sensitivity, it was often associated with their use of a cell phone. And what they found was that they started getting heat; they could feel heat coming from the cell phone. And then their fingers would go numb. And they started getting headaches. And the headaches only lasted after they had been on the phone for a little bit of time.

[01:00:00]

And it went away as soon as they took the phone away.

And what tends to happen over time is that the latency is shorter for the symptoms. The symptoms become more severe and they end up lasting much longer. So by the time that you start testing individuals who have experienced this for a few months or possibly a few years, you expose them to the radiation and they'll have symptoms for days or weeks afterwards. And it won't go away. And that's what's beginning to happen to that very small— One to three per cent of the population are in that particular category.

**Commissioner Massie**

So if we would want to reduce the exposure to people with these towers, anything that you would put to physically shield the population from that would interfere presumably with the transmission of the wave and then reduce the signal. Is that the issue?

**Dr. Magda Havas**

The towers are a serious problem if you live close to them. And that's why the 5G small cell towers are going to be absolutely devastating for the population.

There is material that you can buy to shield your home. There's film you can put on your windows that's made by 3M, and it will reduce the levels of exposure by about 90, 95 per cent. You can also get triple-E glass windows that are very energy efficient and they seem to have the same effect; they reduce exposure. And indeed, high rise buildings near the CN Tower in Toronto won't be built unless they have that special triple-E glass because the levels of radiation in those condominiums or office buildings would be way too high. There's paint you can put on your wall that will reduce the exposure. There's fabric that you can get that uses either copper or silver fibre in them and people make a canopy over their bed to minimize their exposure so they can at least sleep at night. And sometimes they'll make curtains for their windows—and this is translucent, so it still lets the light in. There's clothing that's available. Some people will put the fabric I just mentioned in a baseball cap and they'll wear it. And they tell me that they don't get a headache then if they use their cell phone. So it shields their head from the cell phone radiation.

**Commissioner Massie**

You mentioned that during the lockdowns there was a big campaign to install these G5 towers. To what extent did the lockdown facilitate the establishment of these, or the building, deployment of these tower?

**Dr. Magda Havas**

Oh, it made a huge difference. People would wake up and sometimes they installed these towers in the middle of the night and so you'd wake up and the next morning there'd be a tower outside your home that wasn't there the day before. So they were taking advantage of the rest of us being locked down and not witnessing what was happening.

The towers that have been erected have been making people sick and they're now complaining to their municipal board of health about it because they have to approve the siting of these locations. But unfortunately, they just don't have the amount of funding required to take the industry to court if they're unwilling to remove a tower that's causing adverse health effects. And a lot more lawyers are beginning to get involved in this and I think there's going to be quite a bit of litigation as a result of the harmful effects of this radiation.

**Commissioner Massie**

I'm very concerned by this very wide range of the acceptable level of radiation across countries. Is there any initiative going on to standardize that at the international level?

**Dr. Magda Havas**

Unfortunately, there's a group called ICNIRP [International Commission on Non-Ionizing Radiation Protection]. And they're a group of industry-funded scientists, mostly physicists and engineers, who work out of Germany. And they've been advising the World Health Organization. The World Health Organization, this particular branch that deals with radio frequency and microwave radiation is a captured agency just like the FCC and, to a certain degree, Health Canada. So they're abiding by the recommendations from ICNIRP and the ICNIRP recommendations are among the worst in the world, as you can imagine.

Other countries have decided that they're not going to abide by the ICNIRP recommendations,

[01:05:00]

or what the World Health Organization recommends and they're setting their own guidelines. And some of the most protective ones are actually in parts of Europe and other parts of the world, including Russia. Russia did research on this very early on, using it both from a health perspective, using frequencies to promote health, and using them as a weapon. So they looked at it from both sides and they have moderately safe guidelines. I'd say they're not nearly as safe as some of the other countries in Europe that have now instigated the precautionary principle. And I showed you the results for Germany.

**The most critical environment in everyone's home is their bedroom. If they can at least get a good night's sleep and levels of radiation are low, their body can recuperate and recover. But if the levels are high in the bedroom, then ultimately your health is going to be impaired with various chronic illnesses.**

**Commissioner Massie**

Maybe one last question. Is there a device that would allow us to monitor the level of radiation in different rooms in our house?

**Dr. Magda Havas**

Yes. They're not very expensive either. There's various companies— I don't know if I can mention them on this program but there are companies in Canada that sell meters. Some of the less expensive ones are under \$200. And actually, one of the things I recommend is that people buy meters, that they put them in libraries, for example, or doctor's offices and loan them to their patients so they can go home and measure the levels of radiation. Because if you don't know what you're exposed to, you can't minimize your exposure. So measuring the levels are absolutely critical for this. And meters are readily available and aren't very expensive.

**Commissioner Massie**

Thank you very much.

**Dr. Magda Havas**

Thank you.

**Shawn Buckley**

And there's some more questions.

**Commissioner Drysdale**

You talked about, and I saw in your slide you showed, a representation of antennas on towers, on light standards, et cetera. How do we recognize these? How do we differentiate them from the cell phone towers we're used to seeing? And lastly have these got anything to do with all of our lights turning purple?

**Dr. Magda Havas**

Well, actually, they're putting some of the technology in lights as well. So some of the streetlights will have Wi-Fi in them as well and that's causing problems. They have a different—slightly different size and shape.

But sometimes you can't tell where the antennas are because they're hidden. They're hidden in flags, for example, so you'll have a mast with a flag on it, and inside that mast are the antennas that are for 3G, 4G, 5G. The 4G antennas tend to be rectangular, so they have a rectangular shape and they tend to go into a third of a 120-degree angle. And you have three of them if you want to cover the 360-degree circumference.

**Along a highway, they'll have one facing one way and one facing the other way to cover the traffic. You can differentiate between whether it's 3G, 4G, 5G by the shape of the antenna. And you can get information on a website. I actually give a lecture on cell towers and antennas. And that's available on my YouTube channel and it gives you the basic information of what you need to know about antennas.**

**Commissioner Drysdale**

Just, I guess, an ordinary person's question. I mean when I pick up my cell phone and I want to watch a movie on it— I don't do that but, if I want to, it works. So why are we going to 5G when what we have seems to work for what most of us need it for?

**Dr. Magda Havas**

I agree. The excuse the company—or the reason the company—is giving, is that they'll have much faster computing time. So for things like self-propelled cars, driverless cars, you will need a very fast reaction time and that's the direction that they're heading towards.

If these cars become available, then people won't be able to drive them who are electrically sensitive because it will just screw them up mentally and psychologically and physically. It'll just make them too ill. And as a matter of fact, a lot of the cars now are already have so much Bluetooth Wi-Fi in them that people are getting sick.

And so what the companies are saying is that we need this fast-computing power for these driverless cars,

[01:10:00]

for the internet of things. We don't even know what some of the future technology will look like. We need it for facial recognition, which is another issue that deals with our privacy, for example. We need it for things like operating at a distance. So you'll be able to set up—Someone will be able to operate and they're in one city and the patient is in another city and it's all done in a wireless fashion. I'd hate for something to go wrong during that operation if it was done in a wireless fashion.

And I think it's just a sexy thing for people to do. They love the fact that they can walk around with this little cell phone, which is basically a minicomputer, and they can do so much with it. But you can keep it off most of the time. You can turn on your airplane mode, turn your Wi-Fi and Bluetooth off, and you can still listen to music if you have it on the device. And you can still take photographs, you can still do a lot of things.

There are devices now where you can actually hook up your cell phone—you can wire your cell phone through the equivalent of an ethernet cable and still do a lot of things. You can make phone calls, everything else by doing it in a wired way rather than a wireless way.

**Commissioner Drysdale**

I'm not sure why we need driverless cars when we're going to be in 15-minute cities.

Thank you.

**Dr. Magda Havas**

I agree.

**Shawn Buckley**

There are no further questions, Dr. Havas. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and sharing with us.

**Dr. Magda Havas**

Thank you very much.

[01:11:56]

**Final Review and Approval:** Jodi Bruhn, August 21, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

For further information on the transcription process, method, and team, see the NCI website:  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 3**

**April 22, 2023**

### EVIDENCE

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**Witness 5: James Blyth**

**Full Day 3 Timestamp: 07:02:26–07:21:02**

**Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>**

[00:00:00]

**Dellene Church**

Hi James, can you hear me?

**James Blyth**

[inaudible]

**Dellene Church**

So our next witness is James Blyth. Please state your name and spell your first and last name for the record, James.

**James Blyth**

My name is James Blyth. It's B-L-Y-T-H.

**Dellene Church**

Thank you. James, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**James Blyth**

Yes, I do.

**Dellene Church**

**Thank you. James, you are a young man with two serious pre-existing health conditions. When the vaccine mandates in Saskatchewan became very restrictive, you went to your doctor for guidance on the risk of you getting a COVID vaccine with your health conditions.**

**James Blyth**

Yes.

**Dellene Church**

**You were not given a medical exemption and encouraged to get the vaccine. Can you tell us how that affected you?**

**James Blyth**

**Yeah, so I had obvious questions, especially since it was such a rushed vaccine. My parents had gotten it. I think they had three doses before I even got my first one. And then my brother had got a second one. So all the pressure from family and the government, I decided, "Okay, well, maybe I should look into this."**

So I went to my family doctor and I asked him—and I still remember this. He didn't have any problems with my Type 1 diabetes or my Lyme disease. And I remember this, he said that I should get the vaccine so that "I can go out to the bar with my friends." Which was a pretty big red flag because I don't go to the bar, first of all, and that's none of his business. My social life has nothing to do with my health.

So that didn't go well. But anyways, I ended up going to Saskatoon for the vaccine, which they had at the carnival grounds there. It was really weird because there was nobody there really because everyone had already had their shots earlier. So it was just like a big kind of empty— It looked like an empty slaughterhouse with, like, the gates where they would have all the people travel through.

So when I got to the nurse to give me my vaccine, I had questions and she had answered them. And I kind of knew that the nurses they don't really know— They aren't scientists, they don't really know what's going on with the vaccine. So it was kind of like they were reading from a script in a way, for all the answers.

So I got the vaccine. I waited there for 15 minutes, talked to some people. The one guy worked with the City of Saskatoon. He said that he had to get the vaccine in order to keep his job, which must have felt nice. And then I just carried on through my day.

I started noticing side effects probably a day or two after. My arm was definitely sore. My breathing went really shallow and I had a bad chest tightness. It was significant. I had never had a reaction to a vaccine like that before. So I had body aches all over and then I thought I could just kind of tough it out. So I just stayed like that for a couple days. And then one day, in the night, I woke up from my sleep. It felt like my heart had skipped a beat or something. **Like, it felt like my heart shot through to my throat in a weird way. I said, "You know what, screw it, I'm going to go to the ER in my town and just get checked up and see what they have to say."**

**Well, they didn't say much or do much. They just took my vitals and that was all good. And they just told me, "You know what, it could be just a strange reaction but you seem fine."** And so I got checked up and then I went home. Then I had a phone call with, not my family doctor but just another doctor at the clinic in town.

[00:05:00]

**And I just told him what happened and within a couple seconds he just said, "Yeah that's not— It's not the vaccine." And I can't, you know— I can't tell him otherwise. Like I just said, this all happened after I got vaccinated. And he just—He just threw it under the bus, whatever. He didn't care, he gets his paycheck regardless.**

**So I was just kind of left abandoned. I just went home, I rested, I did some detoxing, thought it could help. But I still had body aches and chest tightness and shallow breathing all over. And I was starting to have some problems with my sleep.**

**So about five weeks or so after— This carried on for five weeks, the symptoms didn't go away. And then I started noticing some insomnia. I was starting to have really bad insomnia right around Christmas time. And so I went to the ER again. They gave me a pill for my sleep. It didn't work. And then I went back home, took the pill. Yeah, it didn't work. And this was all during Christmas too, so we had family over and everything.**

So that first time I went to the ER, it didn't work. So then I went another time, probably a day or two later saying, "I can't sleep." And they gave me another pill and it didn't work. And then right after Christmas time—I hadn't slept for probably two or three days—I just told my dad, "You're going to have to drive me to the psych ward in Saskatoon: I cannot sleep."

So I went to the University Hospital in Saskatoon and they put me in the psych ward and they put me on Seroquel, or quetiapine. And they gave me a big dose; it went up to about 800 milligrams, I think was the max dose they said. And they were kind of scratching their heads, like, why do I need such a big dose of this antipsychotic? But you know what, I didn't care at the time because I hadn't slept.

So I was sleeping finally; my pattern started to get to normal. And the 800 milligrams worked but I was still having issues at that time. It wasn't perfect by any means. So about two weeks went by, I was on that high dose of quetiapine and then finally, my sleep patterns kind of regularized. Then I was released from the ward.

And I still remember this because it was pretty significant: After I got released from the ward it was around supper time—I don't know, early January—and my dad and I were wondering about where we were going to go eat. And we must have come up with some restaurant we wanted to go to. And so, as we were driving, a couple minutes later I said, "Oh, you know what? We can't even go eat because I didn't have my second dose of the vaccine." So that was fun.

And then after that I was on the quetiapine. I went to the pharmacy in town and they were all kind of scratching their heads too. They're wondering, "Is this a new medication you're on?" **They're wondering why I'm on this high dose of this drug all of a sudden, right? And I just said, "yeah, I had a bad reaction." And they didn't really care because— I don't know why; they just don't care.**

**And eventually, so I was taking the quetiapine, this high dose of quetiapine for a while. Eventually, until I got in touch with a naturopath doctor in B.C., who was able to prescribe a big round of antibiotics because he thinks the vaccine flared my Lyme disease and that's what caused it.**

**And sure enough, after about two or three days of this antibiotic protocol,**

[00:10:00]

I was able to wean off the quetiapine from 800 to— Well, actually, I got off of it completely. But I was still having issues with my sleep a bit. So after that, that was kind of that.

And I eventually— Like, I talked to my family doctor when I was released from the psych ward and he acknowledged that I could have had a bad reaction, which I know I did because I know my body. And he just said, “But we can’t do anything about that now. We just have to deal with what we have to deal with right now. We can’t go back, back in the past.”

So there is just no— With the doctors and the health care, they just— They wouldn’t acknowledge it and if they did, there’s just there’s no accountability. I can’t get any help. It’s like they were working against me basically, and just telling me— They just wouldn’t believe me. They didn’t have to believe me because they get their paycheck anyways.

**Dellene Church**

James, when you say they believe the vaccine triggered a flare in your Lyme disease, what we had talked about was they believe it actually caused an inflammation in your brain.

**James Blyth**

Yeah.

**Dellene Church**

And that’s what led to this insomnia, you’re calling it. But basically, you were unable to sleep unless you took this extremely high dose of an antipsychotic.

**James Blyth**

Yeah, yeah, that’s correct.

**Dellene Church**

And how long were you on that medication?

**James Blyth**

Because it took a while to get in touch with the naturopath doctor in B.C., I must have been on that quetiapine for— I would say around three or four months, it was.

**Dellene Church**

And do you know what a normal dose of that medication would be for insomnia? Were you ever told that?

**James Blyth**

No. I mean, there’s Dr. Google, but no, no, I didn’t. I just know that the nurses were worried in the ward. Because I was on 800 milligrams. They didn’t want to go any higher because I think it can cause some heart issues or something like that if you go really high. And so yeah, my nurse was just kind of astounded because they had never really seen someone on that high of a dose of that drug. But it was able to get me to sleep, at least somewhat.

**Dellene Church**

So during this four months, what were you able to do?

**James Blyth**

Lay on the couch pretty much. I don't do much because of the Lyme disease. I'm on disability as it is. So basically, the side effects from the drug itself made you really drowsy and tired. So I pretty much would just lay on the couch all day and try to find some better medical help.

**Dellene Church**

And you also experienced worsening symptoms with your type 1 diabetes because of this medication you were on to sleep. Is that right?

**James Blyth**

Yeah, that's right. So I'm good with my diabetes. I have, I think it's a 6.0 A1C. And a side effect of the drug is it raises your blood sugar. So I had to go on higher doses of insulin because of that.

**Dellene Church**

And have you had any adverse health symptoms because of the higher insulin you were required to take?

**James Blyth**

Yes, in a way. I'm really good at watching it, but it's a very— It's hard to really finesse it and get it perfect. So sometimes I would wake up in the middle of the night with low blood sugar or something because I had overcorrected the amount of insulin required. And yeah, so my insulin— Like my long-acting, which is Tresiba: it went from 18 units to 22 units, I believe. And then my fast-acting, I had to probably increase it by 10 units per day from the average of before I was on the drug.

[00:15:00]

**Dellene Church**

And do you know, was your reaction reported as an adverse reaction to the COVID vaccine?

**James Blyth**

No. I definitely don't think so. Because my doctor, when he acknowledged that, he wasn't typing anything out on the computer or anything like that.

**Dellene Church**

And nowhere in your healthcare, medical people you dealt with, were you ever given any information on making a claim for compensation.

**James Blyth**

No, no. No, I was— It was disregarded pretty quick, that's for sure. I think it's because the doctors are also— Even if they do believe you, they're also worried about the government coming after them as well, right? But it was disregarded. It was not taken very seriously.

But no one really cared either. Even the pharmacist was like, "Why are you on this drug now?" And I told them I had a bad reaction. And it's just kind of, "Oh well. That's that." Right?

**Dellene Church**

What do you think, or wish, could have been done differently for you in this situation?

**James Blyth**

Well, having an exemption would have been nice. I wasn't really sold on the vaccine as it was. I didn't want to take it because I wasn't sure how it would work with my diabetes and the Lyme disease. And I found out. So I would have liked an exemption, but it didn't happen.

**Dellene Church**

And in your case, an exemption wouldn't have been necessary if we didn't have the strict severe mandates in place that made you feel isolated and unable to live your life. You weren't working at the time. You weren't at school. It was your desire to live a normal life.

**James Blyth**

Yeah. Yeah, that's right. Yeah, it's amazing. The frustrating part is that we're funding this. We're funding to have people take our rights and control us like this. It's ridiculous, I find.

**Dellene Church**

Is there anything else you'd like to add before I turn it over to the commissioners for questions?

**James Blyth**

I guess just, my frustrations with these doctors and nurses and anyone in government really is that there's no accountability. They just get away with whatever. They get their paycheck regardless. And if there is an issue, they're protected by the government. So that's kind of my frustration, is the lack of accountability.

**Dellene Church**

Okay, I'll ask the commissioners if they have any questions for you.

And there are no questions, so I would just like to thank you on behalf of the National Citizens Inquiry for your testimony today and wish you health and healing in the future.

**James Blyth**

Yeah, well it's going in the right direction now, so that's good.

**Dellene Church**  
That's good. Thank you.

**James Blyth**  
Thank you.

[00:18:36]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

### EVIDENCE

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**Witness 6: Zoey Jebb**

Full Day 3 Timestamp: 07:21:32–07:35:32

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Wayne Lenhardt**

Okay, Zoey, if you could give us your full name, please, and then spell it for us.

**Zoey Jebb**

My name is Zoey Jebb, spelled Z-O-E-Y J-E-B-B.

**Wayne Lenhardt**

Do you swear to tell the truth, the whole truth, and nothing but the truth during your testimony today?

**Zoey Jebb**

Yes, I do.

**Wayne Lenhardt**

Just for the audience, your testimony is going to relate to how you lost a business due to COVID, so let's start right at the beginning then. This was in about 2019 and it was in Elkhorn, Manitoba. So tell us what was happening.

**Zoey Jebb**

The business itself was actually in Virden, Manitoba.

**Wayne Lenhardt**

All right. Yes, you live in Elkhorn but your new business was going to be in Virden.

**Zoey Jebb**

Yes. So the business was a Wellness Centre, consisted of a lot of different departments. There was a sensory deprivation float room; 24-hour access relaxation lounge with high-end massage equipment; vibro-acoustics; hydrotherapy, that sort of thing. There was treatment rooms for myself—I do a lot of body therapy—as well as other practitioners in the area to use. There was a workshop space for classes, workshops, running programs, a smoothie bar. And also, we rented out space to locals to sell handmade gifts and other wellness products.

**Wayne Lenhardt**

Okay, so you found a location in Virden and you had a silent partner who provided some funds. And you started gearing up for your business, which was— You were going to call it a wellness centre. Am I right?

**Zoey Jebb**

Yeah, it was a wellness centre.

**Wayne Lenhardt**

And there would be different services provided. This is what year?

**Zoey Jebb**

We started renovations in 2019 and we kind of opened up in phases throughout the year, soft openings for each department. And we finished renovations in November of 2019 and had every area open, just not full-hours yet.

**Wayne Lenhardt**

And you ended up buying equipment for this business, correct? And approximately what did that cost you?

**Zoey Jebb**

For the equipment for the float pool and all the massage equipment and everything, roughly about \$60,000.

**Wayne Lenhardt**

Okay, so you had equipment and you got it rented. So you're paying rent. You had your equipment. You ended up with a loan with BDC, Business Development Bank of Canada, am I correct?

**Zoey Jebb**

Yes.

**Wayne Lenhardt**

And that loan was for how much?

**Zoey Jebb**  
For \$110,000.

**Wayne Lenhardt**  
So it took you approximately how long to do your renovations?

**Zoey Jebb**  
We started around, I think, February, March of 2019, and we completed sometime in November of 2019.

**Wayne Lenhardt**  
Okay, so approximately nine months, then you're renovated. What happened at the end of 2019 then, and going into 2020?

**Zoey Jebb**  
We were open and operating. I had one employee: my sister was managing for us full-time. And then we had a few other casuals and other practitioners that were renting the space. We had kind of done a soft open, so all aspects of the business were operating, just not with full-time staff or full hours yet.

**Wayne Lenhardt**  
At some point— Was it during that fall the schools were closed?

**Zoey Jebb**  
That was following, so in 2020, March of 2020— March 13th is when Trudeau had recommended everybody go home and so we did. And I believe it was the next week that the schools in our area closed down as well.

**Wayne Lenhardt**  
Yeah, so the centre was closed at that point, correct?

**Zoey Jebb**  
Yes.

**Wayne Lenhardt**  
Did it reopen at some point?

[00:05:00]

**Zoey Jebb**  
We were not permitted due to the regulations, Manitoba's regulations. We weren't permitted to operate until, I believe it would have been June or July. At that point the business was done.

**Wayne Lenhardt**

Yeah, okay. So at a certain point you're not making any money. Your place is closed. And I believe the type of work you were doing, I think, was prohibited, was it not? You couldn't service clients for a while, under the mandate, am I right?

**Zoey Jebb**

Right, so I do a lot of bodywork therapy and emotional release therapy, different things like that, but I'm not a registered massage therapist. So there was only certain people offering those types of services that were permitted to take clients and I was not one of them.

For the business as well, the float pool was not permitted to be open, the relaxation lounge was not permitted to be open, and we weren't permitted to do most of the workshops and classes that we had done.

**Wayne Lenhardt**

So at a certain point you realized this just simply wasn't going to work. You just had the debt, you had your rent, you had all of that and you couldn't operate. So what happened next?

**Zoey Jebb**

We tried to continue making payments. I paid a lot out of even my own pocket to try to keep things up and running. Because we kept thinking it was two more weeks, two more weeks, two more weeks—right? So eventually I spoke with my business partner and he wasn't in a position to carry on.

And we both had decided to file for personal bankruptcy because we were both personally liable for the debt. He filed for bankruptcy and I was not able to at the time, in the end. So all of the debt for everything ended up falling onto me personally.

**Wayne Lenhardt**

So at a certain point, the Business Development Bank sued you, didn't they? Am I right?

**Zoey Jebb**

They did. I believe it was June, maybe, or the springtime of 2021. I got served because they said it was taking too long to pay back—even though we were in Code Red and I wasn't permitted to work.

**Wayne Lenhardt**

And you had children in school all the while also, didn't you?

**Zoey Jebb**

My daughter's in school. My son, we've decided to continue to homeschool him.

**Wayne Lenhardt**

So how did you survive during this period of time?

**Zoey Jebb**

I did receive CERB [the Canada Emergency Response Benefit], which they cut me off of. I had to battle it out and they did finally reinstate it again.

But I mostly survived off of donations and gifts. People dropped off food and gift cards so that I could— We had food and fuel and people donated money to me.

**Wayne Lenhardt**

Did you eventually settle with the Business Bank of Canada?

**Zoey Jebb**

Yeah, I was fortunate enough again to have a friend lend me some money, so I could get a lawyer and we did a settlement. It was a good deal. They knocked down the amount that we owed, or that I owed, I mean. But the payments were really high. So I ended up having to mortgage my house to amalgamate my payments and pay them off.

**Wayne Lenhardt**

Were your children out of school during a period of this time, where you had to look after them?

**Zoey Jebb**

They were, yeah. I know for sure, for the rest of 2020 there was no school. It was just homeschooling. And I think the fall they started back up, of 2020, I believe.

**Wayne Lenhardt**

It's going to be rhetorical, but did you have any trouble keeping your head above water while all this is going on?

**Zoey Jebb**

Yeah, definitely.

**Wayne Lenhardt**

Is it all over now? Is the Bank of—the BBC all paid off now, or settled with?

**Zoey Jebb**

BBC is, because I was able to get a job that put me in a position that I was approved for a mortgage on my house that I owned. And so I used that to pay off BBC, so that part has been settled.

**Wayne Lenhardt**

Okay, is there still that mortgage on your house?

**Zoey Jebb**

I do. And the house is up for sale because I just can't really afford it.

[00:10:00]

**Wayne Lenhardt**

Okay, and that house is in Elkhorn, is it?

**Zoey Jebb**

Yeah.

**Wayne Lenhardt**

Okay. I'm going to stop and ask if the commissioners have any questions here at this point.

Yeah, Ken.

**Commissioner Drysdale**

You said that you got a loan from the Business Development Bank of Canada?

**Zoey Jebb**

Yes.

**Commissioner Drysdale**

Is that an independent institution or is that associated with the federal government?

**Zoey Jebb**

I believe that is a government—yeah.

**Commissioner Drysdale**

What was your projected operating costs of your business per month? You just started the business, so I'm guessing that you must have had a business plan and you knew what it was going to cost to operate monthly, what your costs were going to be?

**Zoey Jebb**

We did, yeah.

**Commissioner Drysdale**

I don't need to know the number reviewed it. Yeah. But I also recall that you said you got some money under the CERB.

**Zoey Jebb**

I did for personal. So we didn't qualify—the business didn't qualify for any of the government financing because we didn't meet the requirements, which at the beginning was: we had to have a certain amount of payroll, I believe in 2019, which we didn't have because we weren't operating fully. They did lift those restrictions later in the year but by then we were done. I personally did qualify for CERB because I was at home taking care of my children. But they did cut me off of that and I had to fight— My local MP's office actually helped me out to get that reinstated. So I did get the CERB. That's what I lived off of.

**Commissioner Drysdale**

I just want to follow up on that because I'm not familiar with those programs that were put in place. But are you telling me that you started a business in 2019; you carried out renovations for a period of months; you had loans from the federal government through the Business Development Bank, so you knew what the costs were, you could have proven what the costs were? And what I mean by that is, you could have proven to whoever you needed to prove it to that you had loans, that you had rented equipment, or bought or purchased equipment, and that you had rented space. But even with that documentation, with the mandates that were imposed upon you by the federal government and the federal government loaned you money through the Business Development Bank, they wouldn't help you out because you didn't have a long enough period of payroll?

So they didn't recognize that you had to invest in a business, which they recognized in the first place by lending you money. But they wouldn't cover you off to bridge you over that gap when they put in mandates, which caused you to need that, which caused you to go to bankruptcy? Is that what your testimony is?

**Zoey Jebb**

That is correct.

**Commissioner Drysdale**

Thank you.

**Wayne Lenhardt**

Are there any other questions from the commissioners? Is there anything else you would like to comment on or tell us then, before we conclude, about your ordeal?

**Zoey Jebb**

I can't even think about it right now. I'm sure there's lots. Yeah, sorry. I can't really think about that right now.

**Wayne Lenhardt**

Okay. All right, thank you very much on behalf of the National Citizens Inquiry for your testimony today.

**Zoey Jebb**

Thank you.

[00:14:00]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

***For further information on the transcription process, method, and team, see the NCI website:***  
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

### EVIDENCE

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**Witness 7: Samantha Lamb**

Full Day 3 Timestamp: 07:35:39–07:50:29

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Wayne Lenhardt**

Okay. The next witness is Samantha Lamb. Oh, here we are. Samantha, can you hear me?

**Samantha Lamb**

Yes, I can hear you.

**Wayne Lenhardt**

Oh, there we are. Could you give us your name and then spell it? And then I'll do an oath with you.

**Samantha Lamb**

Okay, my name is Samantha Lamb. It is spelled S-A-M-A-N-T-H-A L-A-M-B.

**Wayne Lenhardt**

Okay. And do you promise that the evidence you give today is the truth, the whole truth, and nothing but the truth, so help you?

**Samantha Lamb**

I do.

**Wayne Lenhardt**

We're going to talk today about a spinal injury that you had. Maybe you could tell us exactly what happened and when this injury occurred.

**Samantha Lamb**

For sure. I've been experiencing low back degeneration for about 17 years. I've been managing it with chiropractic services and acupuncture. And then in 2018, close to 2019, something happened. I woke up one morning, I was in excruciating pain. I was trying to talk to my doctors about it. They just kept trying to send me to— I've tried physio. I had tried going to the spine clinic. I had done so many different things. At that point, we started trying spinal injections and finally it took my husband coming in and saying, "Look something's really wrong." Like I was— I couldn't walk to the grocery store with him not pushing the cart, not doing anything other than just walking, without my feet going numb. And I couldn't do any of the household chores, like it was— It would lay me right out. I would come home and have to just lay with my feet up.

So in about 2019, I finally took— I went to my workplace and said, "Look, I'm on all these medications. I'm not feeling good. I don't feel like I should be here. What do I do?" My workplace was really amazing and wrote out a letter of description of my job duties, which— I'm an accounting officer for the credit union, SaskCentral, which is the central credit union for Saskatchewan. I took this letter to my doctor and she looked at the letter and said, "Yeah, based on this information, you should not be working." We then pushed her to send a referral to a surgeon. I was seen pretty quickly in 2019, in December, by the surgeon. And within five minutes of being in his office he was like, "Why didn't you come in sooner, what's going on?" And I'm like, "I was told it wasn't surgical." And he's like, "You need surgery." So I'm like, "Okay." So I signed the papers.

And then COVID hit and everything got shut down.

**Wayne Lenhardt**

Okay, so that was 2019.

**Samantha Lamb**

And 2020, yeah.

**Wayne Lenhardt**

2020.

**Samantha Lamb**

Yeah, I did finally receive my surgery. I got very upset and I actually sent a letter to my MLA. I sent a letter off to her, very upset, saying, "I'm a 40-year-old woman with four kids. I have a professional career and I'm stuck lying here on all these drugs because the healthcare system has been shut down."

I did get a call back from her office. They did contact the advocacy for me, or the medical Saskatchewan advocacy, and within a month I had my surgery. So I did receive surgery in the end of May of 2021.

**Wayne Lenhardt**

Okay.

**Samantha Lamb**

But that was two and a half years of me waiting for surgery.

**Wayne Lenhardt**

Did you go and have some rehab work after that?

**Samantha Lamb**

Yeah. Well, that was the funny thing. So the rehab afterwards— With being on disability, I was at a point where disability was running out. I only had eight months left of my disability from my workplace before they were going to start sending me to CPP [Canada Pension Plan]. And they were sending threatening letters saying, you know, “If you don’t apply for Canadian pension or CPP disability, we’re going to assume that you have applied and we’re going to start deducting the amount from payments, from your current amount that you’re receiving.”

**Wayne Lenhardt**

Sure.

**Samantha Lamb**

And so I did apply for CPP disability. And they declined me because they called me a few days before my surgery and they said, “Well, if you’re getting surgery, then we’re not going to approve you because we don’t know what the outcome will be.”

But afterwards, that left me with only eight months to heal and get up to speed.

[00:05:00]

But out of those eight months, three of them, I wasn’t permitted to do any activity. I had to wait until the bones fused because I had a decompression and spinal fusion of the L5-S1 vertebrae.

I had to wait for the bone to fuse before I was allowed to do anything. And then, because of the delay in healthcare, I didn’t receive anybody to physically assess me. So even though my referrals were sent to Wascana Rehab that said that I was having trouble standing and so on, I only received a digital back class and digital therapy. So nobody actually looked at me, nobody assessed if I could get up, nobody could, nothing.

I called my disability plan and said, “You guys want me back to work. How am I supposed to do that with no disability? No physio, no nothing.” And so they did finally approve me for physiotherapy, which they were covering the cost of for me, to attend physio. And I needed physiotherapy in the water because my decompression and spinal fusion had taken so long that I needed to be in the water in order to do any physiotherapy. And so I went to an amazing physiotherapist, but that was about five and a half months after my surgery.

And so out of those eight months, five and a half, I was waiting to get in to someone.

**Wayne Lenhardt**

Okay.

**Samantha Lamb**

And that was a huge delay out of my healing time. I finally did get in to see the physiotherapist. And because of the rules, he performed his physiotherapy in the back of a gym. So because of the rules regarding entering a physical fitness center or any of those things, you had to show a vaccination pass. And I was very uncomfortable showing my medical information to anybody other than my doctors. So they had to sneak me in the back door and I kind of felt like a bit of a criminal going to physio. So it was like they didn't really want me there, but yet they had to take me because they couldn't deny me services. That's not the way the clinic was, but it's the way I felt because I had to be snuck in the back door in order to be seen by a physiotherapist, who wanted to help me.

After a week of physiotherapy, I caught COVID. So I was quarantined for 14 days. So out of the 12 weeks that I had before needing to go back to work and out of the physiotherapy, there goes two weeks. I was quarantined for 14 days. And then I went back to physio. We did a couple weeks and then he went to Mexico where— Again, because of the rules in Canada and the testing standards and everything else, even though he was vaccinated, even though he was boosted up and everything, he had no symptoms, but because he tested positive for COVID, he couldn't come back for four weeks.

So out of the 6 weeks or 12 weeks that we should have been getting physio and he should be seeing what I'm doing, he had really only seen me for six weeks.

The disability didn't care. He wrote an assessment saying, "Look, I haven't been able to see her," which led me to pay for a physical assessment. So I paid out of my own pocket to have him do a full physio assessment on me to see where I'm at. Can I stand? Can I sit? What are my capabilities? Which we sent off to disability and it proved that I can only sit and stand for no more than 100 minutes before requiring a lay-down break.

And I looked at him and I says, "Who's going to hire me? How am I supposed to go back to work if I can't sit or stand?" My work turned around and said, "We'll accommodate her" because I could work from home. So we tried that. Within four weeks, they attempted to push me back to work within a four-week return to work up to full-time from a spine surgery.

I was just flabbergasted that they were trying so hard to get me back. And it's because they wanted me off the books.

**Wayne Lenhardt**

Okay, so have your injuries now abated or are they still there?

**Samantha Lamb**

No. They're still there. It's almost two years after my spine surgery.

Because I was pushed back to work when I first started seeing physiotherapy. I was completely off all my medication, which meant that I felt like it was slowly working. I was healing, I wasn't on any of the morphine or the nerve pain meds that I was on when I first started seeing physio.

[00:10:00]

**And then the more I was pushed back to work, like, even my doctor— I had to keep going back to my doctor to get doctor's notes to say I wasn't ready to increase my hours, that my back wasn't doing well. And the more I had to attempt to do full-time hours, the more I was in pain. And so the more I started having to go back slowly on certain medications and I was trying really hard to be on the ones that didn't alter my mental capacity. Because being on all those medications: when you're reconciling a banking system when you don't have a memory recall, it's really hard. And it makes it incapable of doing my job.**

**As they slowly pushed me back and I got up to about 80 per cent— But that took until October to get me up to 80 per cent and I was in tears. Like, I would literally go to work work for the 100 minutes and lie down for 30 minutes, work, lie down, work, lie down. Which then pushed my eight-hour day longer. Because these 30 minutes weren't in my— I had to take them out of my personal time, which meant that I was scheduled for a longer day because I had to keep laying down for 30 minutes. And yes, I get two 15-minute breaks and a half-hour lunch, or an hour lunch, but then I'm having to work for longer days. And so by the time I was getting off my schedule, I was literally crawling back into bed. And it left me in bed. I couldn't go anywhere.**

I finally phoned my doctor and said, "This is not working, I should not be at work. This is not work. This is not value of life if I'm just going to work and going to bed." She finally approved me back for disability. So now I've lost even more income because they restarted me on a new claim. They turned around and said, "Because you didn't appeal your claim, we're now going to assess you at the 80 per cent that you were capable of working and we're only going to give you 70 per cent of that income." So now I'm at less than half of my income because I wasn't capable. And I was pushed too hard and too fast because I spent all my time waiting for surgery instead of getting time to heal.

**Wayne Lenhardt**

I see you appear to have a pillow behind you right now. So is your back still bothering you then? And how much and how often?

**Samantha Lamb**

My back is still bothering me every day. I'm now back on all of my medications that I was on before surgery. I'm on a nerve pain medication, I'm on an anti-inflammatory, I'm on a slow-release morphine for the pain. I am back on physio and I have been attempting physio but they're seeing severe weakness on the left side of my body, which is where the pain was running down to begin with. And so that pain has not gone away and now I'm having **hip and pelvic floor and bowel and all these other issues. So I'm finally being sent to a neurologist. But it's been a very slow process and it's almost two years after my surgery and I'm still not okay.**

**Wayne Lenhardt**

**Could you give us one or two things that could have been done differently along the way here that would have helped you?**

**Samantha Lamb**

Well, I think if they wouldn't have shut down all of the surgeries, I think that would have made a huge difference. I mean, I know I wasn't in a place where I was critically hurt or my life was threatened—but because I was just suffering pain, I was placed on a backburner.

My surgery was labelled as being—what do you call it?—“elective,” saying that I wanted surgery and it wasn't a requirement. Like I wasn't dying, which— Yes, I wasn't going to die from not being able to move my back but I wasn't capable of working. I wasn't capable of functioning. I wasn't capable of taking care of my family. I wasn't being able to be a mom of four kids. It's really hard when mom breaks down.

**Wayne Lenhardt**

Okay, I'm going to ask the commissioners if anyone has any questions. Okay, I think that's a no. So on behalf of the National Citizens Inquiry, thank you again for your testimony.

**Samantha Lamb**

Thank you.

[00:14:50]



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***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 3**

**April 22, 2023**

### EVIDENCE

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**Witness 8: Carrie Sakamoto**

**Full Day 3 Timestamp: 07:50:40–08:08:35**

**Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>**

[00:00:00]

**Wayne Lenhardt**

Next witness will be Carrie Sakamoto, by video. There she is.

Carrie, can you hear me? Can you hear me? Say something so I can hear you.

**Carrie Sakamoto**

I can hear you. I am having difficulty seeing you. They've been having all kinds of trouble with this link here. There we go. I see you.

**Wayne Lenhardt**

Okay. Carrie, first of all, give me your full name and then spell it for me and then I'll do an oath with you.

**Carrie Sakamoto**

My name is Carrie Sakamoto. It's spelled C-A-R-R-I-E S-A-K-A-M-O-T-O.

**Wayne Lenhardt**

And Carrie, do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

**Carrie Sakamoto**

I do.

**Wayne Lenhardt**

Carrie, you live in Lethbridge, correct?

**Carrie Sakamoto**

Yes.

**Wayne Lenhardt**

Okay. And I guess we're going to talk about an injury that you suffered from the vaccine today. Let's go back to when you had the vaccine and why. What year was it? Do you recall?

**Carrie Sakamoto**

I got my first vaccine, which was AstraZeneca, April 21st, 2021.

**Wayne Lenhardt**

Okay. And that was AstraZeneca?

**Carrie Sakamoto**

Correct.

**Wayne Lenhardt**

Okay. And was that a single dose regimen, or was it two?

**Carrie Sakamoto**

It was one dose and then it was taken out of Alberta. So I had to choose a second vaccine, which I chose Pfizer.

**Wayne Lenhardt**

You had a second dose as well and that second dose was Pfizer?

**Carrie Sakamoto**

Correct.

**Wayne Lenhardt**

Okay. When approximately was that?

**Carrie Sakamoto**

That was June 18th, 2021.

**Wayne Lenhardt**

And when did you start having effects?

**Carrie Sakamoto**

I got sick that evening along with my husband. We both had flu-like symptoms. We were told to expect this. We were also told to expect the unexpected because we were mixing

vaccines. There had been things in the media saying it was fine, there were things saying they weren't so sure. At this point, we didn't have a choice. I already had AstraZeneca. I had to pick another one. I picked Pfizer.

**Wayne Lenhardt**

And who was it that told you, "Expect the unexpected?"

**Carrie Sakamoto**

Friends and family.

**Wayne Lenhardt**

Okay.

**Carrie Sakamoto**

Yeah, so I got my vaccine and I got sick that evening. But it was fever, nausea, achy body: just like a regular flu. I spent the next few days in bed. But my husband had the exact same symptoms, so I didn't really think too much of it until about the seventh day. And he was better and I was getting worse.

**Wayne Lenhardt**

Okay. So keep going.

**Carrie Sakamoto**

So by the seventh day, I had a really bad fever. I had a really bad headache and I had swollen tonsils on the right side. I called my doctor to make an appointment. But because I had a sore throat and this was still in the beginning of COVID, I couldn't be seen in person. So she called me, I explained what was happening. She said that most likely I had tonsil stones from fever from my vaccine. She put me on antibiotics. She said if I wasn't better in three days to call her back.

The next evening, I was being taken to hospital by my husband. My brain felt like it was on fire, is the only way I can explain it.

[00:05:00]

And because of the pain, I started vomiting and I couldn't stop. This went on for about 24 hours. But at this point, I'd been sick for eight or nine days and had hardly eaten because it really affected my throat. So I was pretty sick by this time. My husband took me into the hospital. They gave me medication for migraine and things like Gravol to stop the vomiting, which worked. So I went home. I was sent home. They said if anything changed to come back.

After that medication wore off, all the symptoms came rushing back. My husband took me back to the hospital. And on the way, as I was looking in the mirror, I saw my face start to drop. I thought I was having a stroke.

**Wayne Lenhardt**

Okay. Was your heart rate up?

**Carrie Sakamoto**

I'm not sure if my heart rate was up. All I could see was that my face was dropping—and just the one side. My mom had had a stroke when I was young, so I was familiar with what it looked like. And that's immediately what I thought was happening.

**Wayne Lenhardt**

So you were on the way to the hospital, though. What did they say when you got there?

**Carrie Sakamoto**

They admitted me and hooked me up to some IVs to try and stop the vomiting. They said they believed that it was Bell's palsy.

**Wayne Lenhardt**

Oh. Did they explain to you what that was and how long it would—?

**Carrie Sakamoto**

They said it was facial paralysis and that it should resolve itself soon. But because I was so sick, they kept me in the hospital for a few days, which turned into being 17 days. When I was in the hospital— Sorry, I just need to look at my notes here. It's a lot.

I was admitted into the hospital and I want to say about day three, or four, maybe even five, I was still very, very sick. I was in and out of sleep, sleeping a lot. When the Bell's palsy hit, my eye was paralyzed. I had a patch on my eye, my tongue was swollen and half paralyzed, and half of my esophagus, so I wasn't able to swallow. So I was given a feeding tube at this point because I was losing so much weight so fast, because I'd been sick ten, fifteen days at this point.

While I was in hospital, they had restrictions still. So I was only allowed a couple of people in—my husband and my mother and not at the same time. But one of these mornings, I want to say day five, a nurse came in and asked if somebody from Alberta Health Services could come and see me. I awoke to find a lady standing there. I was still very sick. She didn't say anything. She just stood there for a while staring at me and then left. I thought that was really strange—and I'll show you where it applies later on in my story.

**Wayne Lenhardt**

Okay. Did anyone tell you where or how you had gotten this palsy?

**Carrie Sakamoto**

Yes. So while I was in hospital, I had a lot of specialists. I had MRIs, CAT scan, ultrasounds: I mean, you name it, I had it. And the doctor who was treating me, who's a pretty well-known doctor, he came to my bedside with a laptop. And it was split-screened and there was probably eight or nine other doctors on there. And he asked if they could see me and speak

to me because they had never actually seen somebody or spoken to somebody with full-bloom Bell's palsy as severe as mine.

So after he spoke with these people, it was their opinion that Pfizer had done this to me. Pfizer was in my body and it was fighting against me for some reason.

[00:10:00]

**Wayne Lenhardt**

Did they give you a prognosis as to how long this was going to last, how severe it was going to be, that type of thing? What did they tell you?

**Carrie Sakamoto**

They said it was a new type of Bell's palsy because it was caused by this vaccine and that they didn't know what was going to happen. They figured, most likely I would go back to the way I was, that it would resolve itself, but they didn't know. My neurologist said that usually anything after a year is permanent.

And I sit here today at two years and I still have the full facial paralysis, the paralysis on my throat, the entire side of my body. I have hearing loss that requires a hearing aid now. I have vertigo on both sides. I have a lot of neurological problems. I have memory loss from trauma. I mean, the list kind of goes on and on. But the doctors are the ones who told me specifically that it was Pfizer that was doing this damage to my body.

**Wayne Lenhardt**

All right.

**Carrie Sakamoto**

After I got out of the hospital, I received a phone call from Alberta Health Services telling me that it was safe to take the booster.

I'm not sure why they called me. They've done it twice. Nobody else I've spoken to has ever received a call from Alberta Health Services saying to go get a vaccine or a booster of any kind. It makes me feel like an experiment. It's frustrating and it's scary. I literally said to the woman, "I am still injured from my first vaccine. How can you say this is safe?" She simply replied, "It just is." But that's not a good enough answer for me, so I'm still looking for answers.

**I was lucky, all of my doctors have been on board from day one: my neurologists, my specialists. They all were the ones who told me that this is what was happening to me. So I applied to the vaccine injury program [Vaccine Injury Support Program]. After 20 months, I have been accepted and I was given a lump sum of money and continued medical care.**

**Wayne Lenhardt**

So are they still reimbursing you for care at this point? I gather you had been on a farm and you have now moved to town because of all of this.

**Carrie Sakamoto**

I couldn't drive. I had zero independence, and my kids were— We were all stuck out on the farm when my husband would go to work. I couldn't work. I didn't have a job when this happened but my family needed me and I wasn't able to help out, so the only option was to sell our farm.

**Wayne Lenhardt**

Are you still being supported by the injury program, or is that all over?

**Carrie Sakamoto**

Yeah.

**Wayne Lenhardt**

Okay.

**Carrie Sakamoto**

It's continued care. I was only accepted on March 3rd.

**Wayne Lenhardt**

Of this year? Of 2023?

**Carrie Sakamoto**

Yeah, yes.

**Wayne Lenhardt**

And is that all going satisfactorily? They're paying for your care?

**Carrie Sakamoto**

So far, yes.

**Wayne Lenhardt**

Okay. Is there anything you want to tell us about this ordeal of yours that I haven't mentioned yet?

**Carrie Sakamoto**

I did want to say: When this first happened to me, I really wanted to share what was going on with me. And I reached out to all the news stations thinking, "They're going to want to cover this story. They're going to want to see. The doctors should know what's happening, and then if somebody else turns up in the emergency room like me, they can be helped instead of turned away three times." But I was met with resistance.

And that's actually when I met Mr. Harding. And I'm the one he did the story about that I just found out was related to him being let go from his job.

I just wanted my story to be heard, so I went to TikTok,

[00:15:00]

and there I was able to share my story. And I have a small following of about 11,000 people who really want answers as well. They're waiting to see how this is going to play out. But I want to know why I can go to the news station and speak about long COVID, if I had a story about if this was long COVID, but when you say, "vaccine injury," even though I have been approved, they don't want to speak about anything negative. So people like me are being forced to be quiet.

And I kind of— Part of the reason I wanted to do this was to give them a voice through me.

**Wayne Lenhardt**

At this point, I'm going to ask the commissioners if anyone has any questions for this witness? Yeah, Dr. Massie.

**Commissioner Massie**

Well, thank you very much for sharing your really sad story with us.

Let me make sure I understood exactly the conversation you had with Alberta Health Services. They first came to see you in the hospital to watch you? Did they engage in any conversation with you at that point?

**Carrie Sakamoto**

No.

**Commissioner Massie**

And then when you left the hospital after the doctor had acknowledged that you've been vax-injured, you received a phone call from Alberta Health Services telling you that the booster is okay for you?

**Carrie Sakamoto**

That it was safe, yeah.

**Commissioner Massie**

Do you know the name of the person that actually gave you this medical advice?

**Carrie Sakamoto**

I wish I had wrote that down and I am going to look through some more notes, but I didn't. And they called twice but I didn't think of doing that.

**Commissioner Massie**

Is there a way for you to get back to them and tell them clearly, how can it be safe when you are compensated by the government that acknowledges your vax injury?

**Carrie Sakamoto**

That's also part of the reason why I wanted to come here and speak, because I would like some answers to that.

**Commissioner Massie**

Thank you.

**Wayne Lenhardt**

Okay, anyone else? Okay, on behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today and good luck.

**Carrie Sakamoto**

Thank you.

[00:17:54]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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**Witness 9: Mandy Geml**

Full Day 3 Timestamp: 08:09:10–08:24:01

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Wayne Lenhardt**

Can you give us your full name please, then spell it, and then I'll do an oath with you.

**Mandy Geml**

Mandy Geml: M-A-N-D-Y G-E-M-L.

**Wayne Lenhardt**

And you promise to tell the truth, the whole truth, and nothing but the truth today?

**Mandy Geml**

I do.

**Wayne Lenhardt**

Thank you.

Okay. Mandy, I think just summarize to begin with. I think you had all sorts of problems because of the mandates, including with your daughters and your school and whatnot. So I think I'm going to let you just start and tell us your story, and I will interject if there's something more that I need to know.

**Mandy Geml**

Okay.

**Wayne Lenhardt**

What year did all this start? Let's start there.

**Mandy Geml**

Okay, I think it all really started in 2019. Me and my husband found out that we were pregnant after years of infertility and having one daughter through fertility drugs. We found out we were pregnant on our own and we were super excited, and—

**Wayne Lenhardt**

Can you hear her?

**Mandy Geml**

I can talk a little louder.

**Wayne Lenhardt**

I think you may have to talk a little louder.

**Mandy Geml**

For sure.

**Wayne Lenhardt**

I was told that too, so.

**Mandy Geml**

So we were pregnant with a daughter. We suffered a loss in the second trimester only to find out the month later we were pregnant again. And that was at the end— That was New Year's Eve, 2019. It was a really hard pregnancy and I was on bed rest for a lot. And it was just a lot of fear. And then everything happened.

And we have a 15-year-old and a toddler, three-year-old at the time. Or sorry, my 15-year-old was 13 at the time, in grade 7, and everything shut down. June of 2020, we lost a cousin—my younger cousin that I was really close with—and I couldn't attend the funeral because of everything that was going on and my pregnancy.

In August, we welcomed a son. And everything hadn't fully shut down, so my husband was allowed in the hospital with me but nobody else could come up and visit. My kids couldn't come up and it was hard. He was almost a month early; he had jaundice; he was colic; he had acid reflux. And throughout that, both my daughter's school and my toddler's preschool **had shut down for the last couple months. So we were all at home. All their activities stopped. And life just halted.**

**And it was scary. We didn't know. We did comply with everything at first and we were scared: it was a scary pregnancy; it was a scary birth. And then things just weren't adding up. And you try to ask your doctor questions—with no answers. And you see the fear-mongering starting in the schools, my daughter's school especially, with her teachers and everything. And we—**

**Wayne Lenhardt**

Your daughter in particular was having some trouble at school I think, wasn't she?

**Mandy Geml**

Yes, so that was grade 8.

**Wayne Lenhardt**

You were not vaccinated nor was your daughter, correct?

**Mandy Geml**

No, none of us were. It wasn't really even an option for us. We have allergies. I have anaphylactic allergies to different medications. And so I just wouldn't. Why would I take the chance? And my daughter as well.

She started facing extreme hardship at school. She would sit in in class and hear her teachers go on about: "The unvaccinated are murderers; nobody with a brain would ever choose not to get vaccinated."

[00:05:00]

Her entire friend group dropped her. Her friends' parents banned her from their houses once they found out that she was unvaccinated. Every time I called the school— I called the vice principal, the principal, the superintendent to discuss, calmly and politely, these things that were being said in class. With no avail. I finally got a phone call from the principal saying that, because my daughter—who joins every activity that she can and is involved in everything and honour roll— but because somebody else had tested positive, she wasn't allowed to participate for 10 days.

And I said, "Well, how does that make sense?" My daughter not once came to school sick. Not once. And she wasn't allowed to participate in her activities because somebody else, who was vaccinated, tested positive? But they could all participate: if you were vaccinated you could participate. But if you were unvaccinated, you had to stay away for 10 days.

Well, every day kids were testing positive, so she was basically kicked out of everything. And I asked the principal, "Where's your line? Where do you say, 'No, we're not going to segregate these kids. We're not going to put hate between them and division between them?'" And she refused to answer. She told me that I was lucky that kids like mine were even allowed in school and it's— It's so hard when you're—

**Wayne Lenhardt**

You were living in Regina at this time, correct?

**Mandy Geml**

We live in Regina, yeah. And it's really hard when you're trying to keep yourself together: mentally strong, dealing with postpartum, you're dealing with a baby. My infant was colic for almost a year and these issues.

And then you see your daughter, who— I mean, teenage-hood is so hard already and she's coming home in tears. Shaking because her teacher's calling her a murderer. Her teachers are singling her out. None of her friends will talk to her. None of their parents will allow her over. Her world's ending.

And then you have the leaders of your country and your province saying, "Time's up. We're not going to be lenient anymore. Things are coming down. How do we tolerate these people?" I mean, fear takes over you. And it's wild to think that you have to sit there and make plans of, "What do we do if they take it further and they decide to take your kids away because you're unvaccinated?" Or they deem you as not responsible because you're not doing this?

We went to the grocery store—me and my husband and my toddler—and I was dealing with such bad postpartum and anxiety, I couldn't wear a mask. My toddler of course wasn't wearing one. The police came and escorted us out of the grocery store: me and my toddler, while my husband paid. And even though the police officer agreed, "This is so ridiculous." You know, we had friends and family say that our children should be taken away from us, wishing illness and death on our kids and ourselves. And it was so overwhelming. And it just creates this fear inside of you as to what's next. How do you reassure your kids that everything's going to be okay? How do you— You know, my daughter faced such hate from everyone around her that she even received an anonymous letter mailed to our house saying horrible things about her. And for what?

And the teachers say, "Oh, well, we're not telling people her vaccination status," but she's being removed from everything that she's in, so how is that not? She's the only one being singled out. She can't go on bus trips. I fought to get her on a ski trip and at first, they said, "No, the bus lines won't allow anybody unvaccinated." Well, I called the bus line: that's not true. "The ski resort's not letting anybody unvaccinated." I called the ski resort in Manitoba. I talked to the manager and she said, "Well, they're just not allowed in the chalet."

My daughter went and she had to eat her lunch in a shack at the bottom of the hill with a barrel that had a fire in it,

[00:10:00]

because she wasn't allowed to go sit with the people that she had just spent hours going up with. Like, how is that fair? Why is this allowed? Kids are mean enough as it is. Why would you put that out there for them?

So with all of that happening, it took such a strain on my mental health especially. But my kid— She has so much anxiety and she had so much anxiety. She was so scared when she'd meet somebody new that they would find out that she was unvaccinated. I can't imagine that fear inside of her, having to go to school every day and sit with her classmates and her teachers and that feeling of, "These people hate me; these people wish me dead." For a child? Like, that's horrible.

And you see people online—doctors, nurses—saying they have no sympathy for the unvaccinated, they treat them differently when they come in, things like that. And as parents, you worry about your kids. What if something happens and you have to bring them in? Are you going to be separated from them? Are you going to have social services called on you? There's just so much fear.

### **Wayne Lenhardt**

Your mother also had some problems during this time. Can you maybe quickly tell us about that?

**Mandy Geml**

Before everything started, she went to go seek some help at the Dube Centre. And without getting into too much detail, she suffered from depression. When the lockdown started, they put her on really high-dose medication and they locked her in her room for a month straight—maybe 15 minutes out of her room a day. There was no housekeeping, nothing. She lived in bathrooms that were filled with urine and feces. And it broke her psyche. And it's a hard— She struggles now with being in touch with reality because of the medication and that. Nobody knows how to help her. The psychologist said, "We don't know what to do."

Who's responsible for this? My kids don't have a grandma. I don't have a mom. I do, but I don't have an active mom. For what? For what? She was vaccinated.

**Wayne Lenhardt**

I'm going to stop at this point and ask the commissioners if anybody has anything they'd like to explore or questions here. Anyone? No.

This may seem obvious, but what two or three things could have been done better in order to save you some of this grief?

**Mandy Geml**

Oh, everything. Just understanding. How quickly everybody turned on each other and villainized certain people. And I tried to stay so respectful and positive through it all. And tried to keep the message that there's always two sides to a story and there is a happy medium in the middle.

And I think just hearing other people's stories could have—hearing other people's reasons why. Because people have reasons why and those should be taken into consideration.

And have our leaders accountable. How did we get to this point where they can go and spew hate in the media for a large portion of Canadians? How did we get to this point?

**Wayne Lenhardt**

Okay, I want to— On behalf of the National Citizens Inquiry, I want to thank you for coming today and giving your testimony. Thank you.

[00:14:51]

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## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 3**

**April 22, 2023**

### EVIDENCE

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**Witness 10: Dr. Chong Wong**

**Full Day 3 Timestamp: 08:37:54–09:00:56**

**Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>**

[00:00:00]

**Shawn Buckley**

I'm very pleased to introduce our next guest, Dr. Chong Wong. Dr. Wong, we'll start by asking you to state your full name for the record, spelling your first and last name.

You were distracted. Dr. Wong?

**Dr. Chong Wong**

Yes. I'm Dr. Wong.

**Shawn Buckley**

Can you please state your full name, and state your first and last name for the record?

**Dr. Chong Wong**

Yes, my first name is C-H-O-N-G, Chong, and the last name is W-O-N-G, Wong.

**Shawn Buckley**

**Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?**

**Dr. Chong Wong**

I do.

**Shawn Buckley**

**You are a family physician and also you are an integrative medicine physician, and you've been practising medicine since 1986.**

**Dr. Chong Wong**

That's correct.

**Shawn Buckley**

You were telling me earlier, when you and I were speaking, about a woman who was 44 that came to you. Can you share with us that story?

**Dr. Chong Wong**

Okay.

**Shawn Buckley**

So again, Dr. Wong, when you and I were talking earlier, you were telling me about some things that happened in your practice. You were telling me a story about a 44-year-old woman that came to your practice that had blood clots. Can you share that story with us?

**Dr. Chong Wong**

Yes, the lady came to me because she had heard about me and she wanted my opinion or support, I suppose. She came because she had a mass of blood clots all over her body. She was concerned because she had contacted the public health expert who was responsible for the PCR testing in Saskatchewan. Contacted her office and never got to talk to the doctor, but to the nurse.

From the nurse and what had happened, she actually had a photograph of the form that was presented to her. At the bottom of the page, my memory says, the box was checked off saying, "Continue schedule of vaccination." Basically, no change. In other words, she said, "Get the second shot." It was because of the first shot that she got the clots. So of course, she was obviously devastated by that.

**Shawn Buckley**

Can I back you up? She saw you before that happened, right? She saw you as a physician to get some medical advice?

**Dr. Chong Wong**

I'm sorry, I didn't hear you.

**Shawn Buckley**

This 44-year-old woman that had gotten blood clots after getting her first shot, she had come to see you to get medical advice because of her condition. Am I right about that?

**Dr. Chong Wong**

Yes.

**Shawn Buckley**

And she asked you whether or not she should be vaccinated with her second shot. She was concerned about that?

**Dr. Chong Wong**

I think so. She needed some support, I think. That's the idea.

**Shawn Buckley**

What was your recommendation to her? Did you recommend that she get her second shot?

**Dr. Chong Wong**

When I saw the form, I was actually quite shocked by it.

**Shawn Buckley**

She brought that form in with her when she saw you the first time?

**Dr. Chong Wong**

Pardon me?

**Shawn Buckley**

Did she bring that form with her when you saw her the first time?

**Dr. Chong Wong**

It was actually on her phone. It was a photograph of the form.

**Shawn Buckley**

She showed that to you the first time you met her when she came into the clinic.

**Dr. Chong Wong**

I'm sorry?

**Shawn Buckley**

David, can you turn my volume up? Dr. Wong is having trouble hearing me.

Dr. Wong, this woman comes into your clinic. And for the first time when you see her, is that when she's showing you this form on her phone?

**Dr. Chong Wong**

That's right.

**Shawn Buckley**

And she's wanting advice from you as to whether or not she should get vaccinated a second time?

**Dr. Chong Wong**

I believe so and possibly, just mainly, for support, I think.

[00:05:00]

**Shawn Buckley**

Okay. What did you tell her?

**Dr. Chong Wong**

"No." I said I was quite shocked by the box that was checked off to ask her to continue vaccination. She told me that she was told that, "Don't blame it on the vaccine, it's just your genetics."

**Shawn Buckley**

This was a nurse that had contacted her and filled this box out, right?

**Dr. Chong Wong**

That's right.

**Shawn Buckley**

Is it ethical for a nurse who hasn't seen a patient to basically make the medical call and say that you should be vaccinated after you've had an adverse reaction?

**Dr. Chong Wong**

No, I don't believe that's ethical, at all.

**Shawn Buckley**

My understanding is you referred her to a hematologist, who also was of the opinion she should not get vaccinated.

**Dr. Chong Wong**

She actually had seen a hematologist already.

**Shawn Buckley**

Okay.

**Dr. Chong Wong**

She told me the hematologist also told her not to get the second dose. She told me that the hematologist was very careful and giving that advice because he was concerned, apparently.

**Shawn Buckley**

Now, my understanding is that, in your practice as a physician during the COVID experience, people came to you asking for a medical exemption.

**Dr. Chong Wong**

That's correct.

**Shawn Buckley**

Can you tell me, with some of these people, can you share the experience you had and what ended up happening?

**Dr. Chong Wong**

Yes, there's a number of people. I'll give you an example. A man who basically represents the whole group. He comes to me because he's not vaccinated and he chooses not to be vaccinated. And because of that status, he's not allowed to work. The company, like its policy would be to let him go, unpaid. And my understanding too is that he will not be qualified for employment insurance as well.

So I remember seeing this man coming in. He's obviously very stressed and devastated— basically in tears, a full-grown man, probably in his 40s. When I saw him, I realized that this man is disabled. He cannot work.

**Shawn Buckley**

And that's because he was suffering from mental illness because of the stress?

**Dr. Chong Wong**

That's right. Because he wasn't able to sleep well and can't focus, the signs of depression and anxiety and not eating well. I said, "I think you're disabled." And I suggested that I would be more than happy to take him out of work on disability.

**Shawn Buckley**

Right. And then my understanding is that this happened a couple of times where people came in and, actually, as you assess them, you came to realize that they were disabled.

**Dr. Chong Wong**

That's correct.

**Shawn Buckley**

My understanding is, every time, the disability insurance company then hired a psychiatrist to see if they were basically under a disability. And that psychiatrist agreed with you every time.

**Dr. Chong Wong**

That's right.

**Shawn Buckley**

Okay. What you were actually experiencing, then, is by the time people came to you, asking for you to write an exemption for them, they actually had already reached that state in their lives where they were disabled.

**Dr. Chong Wong**

That's right.

**Shawn Buckley**

They weren't seeking help from people like you early enough.

**Dr. Chong Wong**

That's right.

**Shawn Buckley**

Okay. And literally, you would see grown men crying in your office.

**Dr. Chong Wong**

Pardon me?

**Shawn Buckley**

Literally, you'd see grown men crying in your office, they were so stressed.

**Dr. Chong Wong**

Yes, you can see the stress on their faces, how they behave. Yes, it was really quite a moving— Those experiences have been very challenging for me personally as well, seeing that.

**Shawn Buckley**

Can you share with us why it was stressful for you?

**Dr. Chong Wong**

Yeah. Just seeing the struggles they go through, that they are intimidated basically by what's happening. It's almost like their back was against the wall. There are no answers to

what they can do. Because they have families to look after. You can't collect EI. I think it was just fortunate

[00:10:00]

that I thought about it, that I can take them out on disability. I've seen not just one but a number of them that way. It's so heart-wrenching to see full grown men in tears and so much stress because, as you know, men are the providers. And so proud of their work as providers. And here are these men that are just, like, broken. They're broken when they come see me.

**Shawn Buckley**

My understanding is also, you saw people really broken because of the lockdowns. Can you share with us about that?

**Dr. Chong Wong**

Yes. There's this one lady, for example, of 44. I'd seen her before; it was still during the pandemic. And that was probably about a year, a year and a half ago. She was actually quite together and a very happy person. But by the time I saw her again— I saw her once around Christmas time too I remember, and then once maybe a couple months ago. And she was definitely a different person.

You can tell that she had a lot of anxiety. She's thinking about— She really believes she's going to die. And she just did not see any light at the end of the tunnel. When she was sitting there, talking, she was moving around, kind of a strange body behaviour. I asked her, "What's happening there." And she would say, "Well, my back's very tight." She was moving as she was talking. I think well, what is this? Anxiety, I gathered. And she has this kind of odd behaviour.

I've seen a number of cases like that: people who've really been hard done by, by the lockdown and isolation and so on. In this case, she was very fortunate. She saw a practitioner who helped her. I found out that the practitioner himself had made a house call to see her. Just in the last while, she's up and down but she's actually improved a lot. That practitioner who made a house call actually has driven her to his clinic. But now she's strong enough, she doesn't have to be driven. She walks over; it's only a few blocks away from the clinic that the practitioner is working. I saw her once as well and I was really happy that she made progress.

**Shawn Buckley**

Right. Now, when you were dealing with people—so she's doing well now—but when we were in the pandemic and you were seeing people basically being broken by the lockdowns, how did that affect you as a physician?

**Dr. Chong Wong**

Yeah, it's been tough after seeing quite a few of them. Often, you see these stories over and over again. It kind of gets to you, you know? But the silver lining, I suppose, is that it forced me to learn to take care of myself even better. I do things to help de-stress and help myself. And so I think I've learned a few things about myself, as well.

Recently, I've been invited to groups of health care practitioners, for example. Before Christmas, there was probably 40 to 50 of them. Most of them—I think, 40 were practitioners—but they were non-MD practitioners. Recently, as late as this past Monday, there was about 16 of us that got together. I was invited again. These people gave me hope. Because I'm convinced that, for them, money is not the main focus here. They want to help people. They have ways to help people who cannot afford it so they can get the services—like less pay—and maybe other services they can do and so on. So that gives me hope that the people out there want to help.

**Shawn Buckley**

Okay. So as a physician, you found yourself in a position where, because it was difficult, all these people coming to you,

[00:15:00]

you actually had to start taking better care of yourself because you were being affected by all of the grief and harm that you were experiencing through your patients?

**Dr. Chong Wong**

That's right.

**Shawn Buckley**

But what you're experiencing right now is that there's a group of health care practitioners. They're not medical doctors, they're from different disciplines. But they're coming together as a group to try and help people heal who have been through this experience?

**Dr. Chong Wong**

That's correct.

**Shawn Buckley**

Both to deal with their physical problems and also just to give each other hope?

**Dr. Chong Wong**

Yes, true.

**Shawn Buckley**

Okay. It's kind of an example of a group in Saskatoon that's forming to help us get out of this.

**Dr. Chong Wong**

Yes.

**Shawn Buckley**

Do they have a website or something that people in Saskatoon can go to?

**Dr. Chong Wong**

Yes. This group I've been invited to, the website is [www.onewellnessnetwork.ca](http://www.onewellnessnetwork.ca). That's the website.

**Shawn Buckley**

Okay. That's a group that you're joining and you're finding this very helpful.

**Dr. Chong Wong**

That's correct.

**Shawn Buckley**

I wanted to ask you some questions. You had one interaction with the College of Physicians and Surgeons. Can you tell us about that?

**Dr. Chong Wong**

Yes, it was about an 85-year-old man, very robust in a lot of ways. He did have prostate cancer. But he was going to the cabin. He was painting. I talked to his son just today. He was really healthy. And then one day, he— He already had contacted me many months ago for ivermectin and hydroxychloroquine. He knew he wanted that, just in case.

It turns out this man, he got sick, almost like a cold or something, I'm not sure what it was. They're not sure why. Because he told me, when I met him, he said, "Chong, I do not want to go to the hospital when I'm sick." For whatever reason, he got sick. He wasn't that sick because the son told me that the ambulance came—it took about three hours to get there, he says—and he actually walked out to the ambulance. He was short of breath somewhat, but wasn't super sick.

When he went to the hospital, the pharmacist had an interview and asked him what medication he was on. Of course, he says, among other things, he was on ivermectin, hydroxychloroquine. He said, "What doctor gave you that?" He said, "Dr. Wong." "Oh, I see." So the pharmacist made a complaint against me because of that and the College had to respond. They always have to respond to all complaints. They wrote me a letter asking me for an explanation why I'm doing that.

I wrote the letter in response. I sent them my notes because I do believe in informed consent. I told this man, I said, "Officially, these medications are not recognized as being helpful for COVID. And officially, it's not helpful and may do more harm than good for you. **If you really want it, I'll prescribe for you, but this is what is official.**" And so on. **I had all that documented and all the notes were sent to the College.**

**I had a lawyer from CMPA [Canadian Medical Protective Association], that's my insurance. With some counsel advice, I decided to switch lawyers. I switched to a lawyer from JCCF [Justice Centre for Constitutional Freedoms] in Calgary and I'm glad I did. This lawyer from CMPA was very nice. I was very hesitant to let him go because he was such a nice lawyer. But I finally explained to him that I have a better fit for a lawyer, thank you for all your help, and so on. We had an amicable departure.**

**Anyhow, going back to this, I wrote the letter with some minor changes with a new lawyer. And then I got the letter from the College finally. To my surprise, the College didn't say**

anything about ivermectin, hydroxychloroquine at all in the letter. That's my surprise. The only thing that they told me is to make better notes next time.

[00:20:00]

**Shawn Buckley**

Dr. Wong had you ever, pre-COVID, had a complaint where a pharmacist would literally complain to the College of Physicians and Surgeons because you had written a prescription? Had that ever happened in your career?

**Dr. Chong Wong**

I have not had any of that.

**Shawn Buckley**

Okay. It just strikes me as odd. It just strikes me that the physicians are the ones who are experts in treating patients and I wouldn't expect a pharmacist to have the authority to complain to the College because a physician has written a prescription.

And that had never happened to you before.

**Dr. Chong Wong**

I've never experienced that before.

**Shawn Buckley**

So that was a new one. How were other physicians? You had patients come in to you and reporting about how other physicians were treating patients who were unvaccinated. Can you share with us what you experienced from other patients about physicians treating them differently?

**Dr. Chong Wong**

Yes, I work in a Mediclinic, that means I see people I do not know, a walk-in clinic, right? I also see my own patients, so I get to have a very broad spectrum of people. I'm fortunate that way. And because I'm interested in the COVID pandemic and so on, the medication, the vaccine, I always ask questions of people, so I can learn more about what's happening out there in the community.

I heard it quite a few times where they would say, "My family doctor, when I told him I do not want to be vaccinated, he was just after me," he says, "very rude and told me to get it. I've lost totally trust in my doctor now." And they ask me quite often also, "Do you still accept patients?" Myself. I say, "Thanks for asking. I'm sorry, I'm full, I cannot accept you, but if you happen to come to the clinic, I'm more than happy to see you as a walk-in."

**Shawn Buckley**

Dr. Wong, I don't have any further questions of you, but perhaps the commissioners do.

Thank you, Dr. Wong. On behalf of the National Citizens Inquiry, I sincerely thank you for testifying today.

**Dr. Chong Wong**  
You're welcome.

[00:23:02]



***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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**Moderator Statement: Shawn Buckley**

Full Day 3 Timestamp: 08:36:36–08:37:54

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

We welcome you back to the National Citizens Inquiry as we continue on our third day in Saskatoon.

It's interesting, I was just talking to a gentleman who had come up to speak. And we were talking about— If you were watching the presentation of Dr. Havas, when she was showing the survey results, and remember, she had a couple of questions that weren't yes/no answers. You selected things, you actually wrote out your experience.

What she did was, she showed us those two blocks where the larger the word was, the more that it was mentioned. What jumped out at me—and I don't know if it jumped out at you—but when people were talking about the Trucker's Convoy, the biggest, the most mentioned word was “hope.”

And that just kind of struck me because I'd shared with you earlier that the truckers had given me hope. I think they gave a lot of us hope. And I'm thankful that we're honouring what they started by starting to tell our stories like they told their stories, and starting to live our lives in a different way like they did.

[00:01:18]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

### EVIDENCE

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**Witness 11: Louise Wilson**

Full Day 3 Timestamp: 09:05:35–09:19:06

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

So our next witness is Louise Wilson. Am I saying your first name right? Okay. And Louise, can you state your full name for the record, spelling your first and last name?

**Louise Wilson**

My name is Louise, L-O-U-I-S-E. Wilson, W-I-L-S-O-N.

**Shawn Buckley**

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

**Louise Wilson**

Yes, I do.

**Shawn Buckley**

Now, my understanding is that when this pandemic started, you owned and ran two Dollar Stores.

**Louise Wilson**

Yes.

**Shawn Buckley**

Can you tell us actually how business was in 2020?

**Louise Wilson**

We have a Dollar Store. So it has a variety of merchandise that, when the pandemic hit, they deemed essential because we have a lot of school supplies and craft supplies and household items. Some health and beauty items that, I guess, would be used for PPE. And we were fortunate to be able to stay open during the pandemic.

**Shawn Buckley**

Now, you have two stores, can you tell us where they're located?

**Louise Wilson**

Yes, in southeast Saskatchewan: Esterhazy and Moosomin.

**Shawn Buckley**

And I'm sorry?

**Louise Wilson**

Moosomin.

**Shawn Buckley**

Oh, Moosomin. Okay, thank you. Can you tell us how business was in 2020? You told us that you guys were deemed essential, so you could stay open. And I'm just curious what the effect of that was.

**Louise Wilson**

Well, we were very busy. And the reason why we were very busy was because no one wanted to go to the city. Everybody was very afraid of going to the city. They just stayed close to home. Like I said, we had requests for certain things by the thousands that we could source out because we could custom-order things. We were very busy, actually.

**Shawn Buckley**

Right. Just so I understand you: People are afraid to go to the city because they're going to catch COVID, so they would shop at the local Dollar Store instead of going to the city.

Now, when the first mask mandate rolled around, how did you respond both personally and with your business?

**Louise Wilson**

Well, personally, I knew right away the masks were useless. I'm very informed. I've done a lot of research over many years on health issues—and I knew this was ridiculous. I went along with it. I did wear the mask very reluctantly and not very well, mostly under my chin.

**Shawn Buckley**

You were one of those chin-wearers, okay.

**Louise Wilson**

I was.

**Shawn Buckley**

What happened when they imposed the mask mandate a second time?

**Louise Wilson**

I wasn't very happy about it and I refused to wear a mask. I had put out a memo to all of my staff, "You will not be harassing customers to wear a mask." I have never, ever put signs on my floor or Plexiglass in my store. And I told them if they wanted to wear a mask, they were welcome to wear one, that I wasn't going to wear one.

**Shawn Buckley**

And how did your employees react?

**Louise Wilson**

Mostly good. Some quit. Yeah.

**Shawn Buckley**

Do you recall why they quit, was anything said?

**Louise Wilson**

They were afraid. They were afraid that customers were going to be in my store. It was going to be a not-healthy environment and they were afraid that they were going to get COVID and worse. So they quit.

**Shawn Buckley**

I thank you for telling your staff not to harass customers. The first store I got kicked out of for not wearing a mask was a Dollar Store. Now, eventually you had a visit.

**Louise Wilson**

Yes.

**Shawn Buckley**

Can you tell us about the visit?

**Louise Wilson**

Well, there are a lot of people in town that could see what was going on in my store,

[00:05:00]

and made complaints. So this representative from the Saskatchewan Health Authority paid a visit and I was issued a \$2,800 fine.

**Shawn Buckley**  
Twenty-eight hundred dollars.

**Louise Wilson**  
Yes.

**Shawn Buckley**  
And what was that ticket for?

**Louise Wilson**  
Not complying to wear a mask.

**Shawn Buckley**  
Okay, so that was on you personally?

**Louise Wilson**  
Yes.

**Shawn Buckley**  
Do you know how it came about that the person made a visit to your store?

**Louise Wilson**  
Yes, it was— Someone from the town would have made a complaint to the Saskatchewan Health Authority and, right away, that triggers somebody to come out to make a visit.

**Shawn Buckley**  
Do you know, in Manitoba we learned that there was a special name for these people. They're called ambassadors.

**Louise Wilson**  
Yes.

**Shawn Buckley**  
Did they have a similar name in Saskatchewan?

**Louise Wilson**  
We call them Karens.

**Shawn Buckley**  
You called them what?

**Louise Wilson**  
Karens.

**Shawn Buckley**  
Okay. So now, what happened with that ticket?

**Louise Wilson**  
Well, I told this representative from the Saskatchewan Health Authority that I was not going to pay it and that I was going to fight it out in court.

**Shawn Buckley**  
And why did you decide to fight it? Because you weren't wearing a mask.

**Louise Wilson**  
I decided to fight it because I didn't think that it was lawful. And I didn't think that what they were doing was right. And I was very determined to stick up for myself.

**Shawn Buckley**  
And what happened?

**Louise Wilson**  
Well, we had several court appearances. I had a ticket and I recognized that the ticket had some errors on it. I was basically just trying to figure out, by any knowledge that I could amass, how I could go about dealing with this ticket that I had. And there were things wrong with the ticket, as far as: it wasn't filled out properly; things were not spelled properly; and I was going to just start there.

I thought, "Well, this should be just thrown out, it wasn't properly filled out." And I tried to say that at my first appearance.

And it turns out that the prosecutor— At that time, I should point out that we were not actually face-to-face with the prosecutor and the judge. I was in Esterhazy, the prosecutor was in Yorkton, and the judge was in Kamsack. So when I mentioned that there's problems with the ticket, he said, "Well, I don't have the ticket in front of me, we'll have to look at the ticket." And then the judge also mentioned she didn't see it in her docket neither.

**Shawn Buckley**  
I just want to make sure people understand. So you had a court appearance on the ticket.

**Louise Wilson**  
Yes.

**Shawn Buckley**  
But neither the judge nor the Crown had a copy of the ticket for your court appearance.

**Louise Wilson**

Right.

**Shawn Buckley**

Okay, so what happened then?

**Louise Wilson**

Well, from the investigation that I had done, I realized that—their failure to present the ticket in front of them was wrong. Later on, I did ask for the transcript from them actually saying that. That they didn't have the ticket. Because I was there, but they weren't ready for me. So that was wasting my time, really, and that's not really proper.

So what they did then is they scheduled another court appearance. A month later, I came back into court, where they then set a trial date. They asked me if I was planning on using the *Charter of Rights and Freedoms*. And I said I was. And they informed me that I needed to give four weeks notice. I said I was very aware. And we set a trial date for August 9th of 2022.

So then I did send the briefs. I sent the briefs to the prosecutor,

[00:10:00]

the provincial courthouse. I did it all by myself. I was "presenting myself," is what I should say. I didn't have a lawyer. So I wrote a brief. And then in July, I decided to put forward a motion to dismiss because I had a lot of, I felt, reason for them to drop it. So I put together a package with exhibits in it and sent it on to, again, the prosecutor and the courthouse and waited to hear back from them.

**Shawn Buckley**

And what happened after that?

**Louise Wilson**

The day before my trial date, I was preparing for court and doing trial prep. What was I going to do? And decided, "Well, I'm just going to phone and see if they've made a decision or not." So I phoned the Crown prosecutor. And I said, "Have you come up with a decision as to what you're going to do with this motion to dismiss?" And I heard back that they made a decision to withdraw the ticket.

**Shawn Buckley**

And did they tell you when that decision had been made?

**Louise Wilson**

No, no. If I had not phoned, I'm sure I would have just appeared in court and at that point they would have informed me.

**Shawn Buckley**

Right. Well, at least that had a happy ending.

**Louise Wilson**

It did have a happy ending. It was a good day; it was a happy dance involved. I felt very happy that I endured it, like, that I followed through and to the end, and didn't give up.

**Shawn Buckley**

And can I ask you to share with us why that made you feel good?

**Louise Wilson**

Because I learned a lot. I learned a lot about how to present myself, what my rights were, and I felt that it worked out. It worked out. I was— I won, I felt like I won.

**Shawn Buckley**

Now, Louise, I don't have any further questions for you, but I'll ask if the commissioners have some questions for you. And there are no questions.

Louise, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and sharing with us today.

**Louise Wilson**

Thank you for giving me the opportunity.

[00:13:31]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

### EVIDENCE

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Commissioner Statement: Ken Drysdale

Full Day 3 Timestamp: 09:01:05–09:05:34

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

#### Commissioner Drysdale

Excuse me, Mr. Buckley, when we were in Winnipeg a week or so ago, I had asked you a question as to what the Commission was doing in order to hear the other side of the story. In other words, had we been in contact with government officials, medical officials, et cetera, and invited them or summonsed them to these hearings?

And what you had said to me with regard to the upcoming Saskatoon meeting was that registered mail summonses had been sent April 1st to: Dr. Shahab, Chief Provincial Public Health Officer in Saskatchewan; Paul Merriman, Minister of Health; Jim Reiter, former Minister of Health; Honourable Scott Moe, Premier of Saskatchewan; Nadine Wilson, Member of the Legislative Assembly. And then there was a sixth one sent to Scott Livingstone, former Health Authority CEO, in order to get them to come and explain to the Commission exactly what had happened and to hear the government's side of the story.

So can you update the commissioners with regard to these summonses to these folks?

#### Shawn Buckley

Well, my understanding is the same as it was in Winnipeg, that those were sent out. And the practice is, if we send out by registered mail, if we also have an email address, we send it out by email requesting a read receipt.

I haven't followed up specifically, but our practice would invariably be, if anyone on the government's side responds, that we would slot them in at the local hearing. And we do not have any slotted in. So, I'm just surmising from that that they haven't responded to us—requesting or indicating that they would attend as a witness. Because of course we would slot them in.

The summonses will be on our website, the ones that were sent out. And anyone can verify that the wording also indicates that, if they can't attend at the one that we're requesting them to attend at, that we're marching across the land and they can attend at a later one virtually. And it also indicates that we can set up virtual hearings that aren't scheduled. We word it that way because, actually, we're very interested in hearing from any government

officials. We understand the limitations that: because we are taking evidence under oath but we're not an official government inquiry, the danger for these people is that, what they say under oath here can be used against them in other proceedings. And likely if they're seeking legal advice, that advice is for them not to attend.

With that said, Commissioner, we're making all the efforts that we can to send them an invitation. It's a non-binding summons because we can't compel them. But we are taking all efforts to ensure that government officials and former government officials have the opportunity to reply.

We also think that fairness dictates that. Because the reality is that, as these proceedings have continued, much of the evidence is indicating that there are answers that should be given by them to the citizens of Canada. That some of their activities are being questioned as being not prudent and actually, downright destructive. And so fairness would dictate that they be given the right and the opportunity to respond. But none of them have done so.

And that applies for the summons sent out to health officials and ministers of health and premiers in the Maritimes. And now, Ontario. And now, Winnipeg. And now, Saskatchewan. And I'm not in a position to speak to Alberta because the schedule is still in flux for Red Deer next week.

**Commissioner Drysdale**

Thank you.

[00:04:29]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

### EVIDENCE

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**Witness 12: Heather Burgess**

Full Day 3 Timestamp: 09:19:07–09:40:11

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

Our next witness is Heather Burgess. Heather, I'll start by asking you to state your full name for the record, spelling your first and last name.

**Heather Burgess**

Heather Barbara Burgess, H-E-A-T-H-E-R—

**Shawn Buckley**

And Heather— Oh, I'm sorry.

**Heather Burgess**

Sorry, B-U-R-G-E-S-S.

**Shawn Buckley**

Heather, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Heather Burgess**

I do.

**Shawn Buckley**

Now, you're a retired nurse.

**Heather Burgess**

Yes, I am.

**Shawn Buckley**

You had spent your whole career caring for others.

**Heather Burgess**

Yes.

**Shawn Buckley**

And as I understand it, you had five siblings.

**Heather Burgess**

I have five siblings, yes, one's passed.

**Shawn Buckley**

Can you tell us basically, as the pandemic is starting— So we're near the end of February 2020. Can you tell us about your father and mother and what started to transpire there?

**Heather Burgess**

Certainly. My mom and dad resided in Saskatoon all of their lives. They were living in assisted living. My dad was almost 93; Mom was almost 88. I live in B.C., and I went back to visit Mom and Dad, and I noticed that my dad was not well. So I stayed in Saskatoon, and we found out that he had terminal cancer. And my mom had vascular and Alzheimer's dementia, a mix of both. But my dad cued her and gave her enough assistance so they could live in assisted living together. They were married for 67 years. My dad was her rock.

And when Dad was diagnosed, I knew that we would need to find a place for my mom, that she would need more care. So while I was caring for Dad while he was dying, I did find a place in Saskatoon for Mom. This was happening all through the month of February, that my dad was dying. At that time, there was no mention of COVID. We didn't know what was going to happen. And the home that we found for my mom, it was agreed that we would be able to help settle Mom in gradually after Dad passed away. We could spend lots of time with Mom. We took their bedroom suite that they slept in for many years to make it more comfortable for Mom. We had a plan.

And when Dad passed and he was passing—

**Shawn Buckley**

You can take your time.

**Heather Burgess**

The one concern that he had was, what was going to happen to Mom? I assured him that I would care for her and that everything was going to be all right. Dad passed on February 28th. All his wishes were granted. He wanted to be in his own bed, all of his children around him, my mom with him. And we buried my dad on the 15th of March.

On the 16th, the lockdowns happened in Saskatoon. My sister, who was from Winnipeg, after Dad's funeral, agreed to stay with Mom in assisted living until we moved her over to

the assisted-care home in the end of March. I went back to B.C.; I was pretty exhausted. It was an exhausting time. My sister stayed with Mom. And they were literally locked down in the building, in the assisted-living building. There were activities for the first two weeks, but after the two weeks all activities for the residents ceased, and they were basically only allowed out of their rooms to go down to the dining room for meals. Now, Mom and Dad were on the sixth floor and there's only two elevators that go up and down. They split the dining room up in the times— They put more eating hour times in and they would only have two residents to a table instead of four. Basically, that was the only time that they were out of their room.

So they were locked down until we moved mom over to her new home.

**Shawn Buckley**

And how long did that go on for?

[00:05:00]

**Heather Burgess**

That was for the whole month that mom was in assisted living with my sister. Like, they couldn't leave. They could not leave the building and nobody could come and visit.

**Shawn Buckley**

So for an entire month your mother and sister are locked in the same room and they're only allowed out to go for meals.

**Heather Burgess**

Yes. Sorry, I'll retract that. March 15th was the lockdown, so the two weeks before mom went into the personal care home, yes, they were locked down.

**Shawn Buckley**

Okay. What happens then? So the end of March, you've told us that you had arranged for her to go to this private care home. And the private care home had said, "Yes, you can have a family member move in with your mother to help her with this transition."

**Heather Burgess**

Yes. But then, of course, the middle of March, the lockdowns were just to be for two weeks. So we assumed the end of March, that would be fine, and we could move mom over. So my sister was there to make the transition with her, and basically nobody was permitted to be with my mom.

So she was confused. She'd just lost her soul mate of 67 years and there were just new faces where she was going. The surroundings were unfamiliar. And she was trying to go through a grieving process, confused, and she wasn't allowed—

**Shawn Buckley**

I'll just stop you. So this is two weeks after her husband of 67 years has died?

**Heather Burgess**

Yeah, this was four weeks actually. She was in the other home for a month after dad passed.

**Shawn Buckley**

Right, but obviously, she's grieving.

**Heather Burgess**

She's grieving because she has dementia and she can't remember that dad passed.

**Shawn Buckley**

Okay.

**Heather Burgess**

And now she's in brand-new surroundings, very confused. She thought she was kidnapped. She would have the nurses or the care aides phone us. And she would phone and she'd say that she'd been kidnapped, and did we know when Dad would come home from work to pick her up?

**Shawn Buckley**

Now, what was her emotional state when she would phone and say she was kidnapped?

**Heather Burgess**

She was crying and anxious. Yeah.

**Shawn Buckley**

Okay, so your mother, who has dementia, she didn't understand what was going on.

**Heather Burgess**

No.

**Shawn Buckley**

So she literally believed she was being kidnapped and she's crying on the phone.

**Heather Burgess**

Yes.

**Shawn Buckley**

And she's obviously begging for help.

**Heather Burgess**

Yes.

**Shawn Buckley**

Okay. And you guys— They wouldn't let you in even under those circumstances?

**Heather Burgess**

No. My one sister that lives in Saskatoon was allowed to take her for two days while the doctors medicated her to get her on to a medication that would help with her anxiety.

**Shawn Buckley**

Okay. What did your mother do while she was there? So she's locked down, but she started taking some action into her own hands, didn't she?

**Heather Burgess**

Yeah. So once we got her on the anxiety medication, she was better. But as with a lot of dementia patients that suffer from sundowners, the evening time is the worst time. So my nephew set up a little iPhone port for her that the nurses could phone us and she could see us and we could see Mom. We arranged a schedule that I would talk to her in the morning, and I would read to her. I had an old novel of hers that she loved and that gave her great comfort. I could see her and she could see me reading to her. And then in the evening, when it was most difficult for her, my sister in Winnipeg would set up her iPhone by the piano and she would play piano for mom and settle her that way.

**Shawn Buckley**

Did your mother ever try to leave?

**Heather Burgess**

Yes, she did. She was a Houdini. She tried to run away three different times. The care home manager would follow her when they saw she got out the door, just to see how far she would go and what her intentions were. And then she would bring her back. The third time, she actually even took a chair from the dining room, down eight steps to the door, because they'd raised the lock higher. And she put the chair down there so she could stand on the chair and try to undo the lock to get out.

**Shawn Buckley**

So your mother, who believed she was being kidnapped, tried to escape several times.

**Heather Burgess**

Yes, she did.

**Shawn Buckley**

Now when July 11th 2020 came around, the government would allow one visitor and only outside visits on the property. Am I right about that?

**Heather Burgess**

Yes, that's correct.

[00:10:00]

**Shawn Buckley**

So for the first time in five months your mother could get a hug from a family member.

**Heather Burgess**

Yes.

**Shawn Buckley**

But did that help you at all?

**Heather Burgess**

It could not be me. I tried to get there for a visit, but that particular home had— Their ruling was that anybody out-of-province was not allowed to come in to see Mom, even with a PCR test.

**Shawn Buckley**

So even if you had a test showing that you didn't have COVID, you were not allowed to see your mother.

**Heather Burgess**

No, I wasn't.

**Shawn Buckley**

What happened to your mother in April of 2020?

**Heather Burgess**

August?

**Shawn Buckley**

Oh, I'm sorry, August. Thank you.

**Heather Burgess**

Yes. So August of 2020, Mom fell in the home and she broke her hip. She was admitted to hospital here in Saskatoon and, after her surgery, transferred over to another hospital. I won't name names of hospitals. At that time, as much as it was a terrible thing, it was also a blessing because then she could have two visitors to see her for two hours a day within the hospital setting.

So we only have one of my siblings that live in Saskatoon. And because she had been up to see mom, I found out from her what the procedure was and that they never asked for I.D. Because I thought, "Come hell or high water, I'm getting in to see my mom." So they didn't ask for vaccine; they weren't doing the vaccinating then. They didn't ask for any I.D. So I have, luckily, two sisters with unisex names—a Terry and a Kim. So my brothers became

Terry or Kim. I became a Terry. We each took a week off that we came back to Saskatoon. And every day we went into that hospital and we saw Mom. And we didn't stay for two hours, we would stay for eight hours a day. None of the nursing staff said a word to us because they knew we were a help to them. Because Mom was a handful and she's very confused. Now she's even in a newer environment.

**Shawn Buckley**

Right, right. So that worked out well. But then your mother fell again and broke her pelvis.

**Heather Burgess**

Yes, then she fell in September and broke her pelvis. And I knew, being a nurse, that this was going to be the end, and summoned all my brothers and sisters that we should all be there. So the first day at the hospital, when I arrived and my sister was there and my brother, Mom was in a semi-private room. We were allowed to be in there; nobody said anything that the three of us were in there. Then the next day, my sister and I had requested an appointment with the palliative care doctor that we just wanted my mom to be comfortable. We knew that this was the end for her. And we arranged then the medication change. And we knew that probably by midnight that night, she would not be with us any longer.

So that evening, about five o'clock in the afternoon actually, a nurse walked into the room. I'm thinking it's probably the evening supervisor doing—it was a male nurse—his rounds. He came into the room and saw the three of us there. We're still waiting for another brother to get here. He said, "By the time I come walking down this hall into this room again, I only want to see one of you there."

So we were denied the beautiful death we had with my father to have with my mother.

**Shawn Buckley**

Just so that I understand. So this is a palliative care bed.

**Heather Burgess**

This is in the geriatric ward at this hospital. It wasn't palliative care; it was just on a geriatric ward.

**Shawn Buckley**

Okay. But everyone knows your mother's going to die that day.

**Heather Burgess**

Absolutely.

**Shawn Buckley**

So basically, that nurse is making a decision to deny three of you, and your mother, the opportunity for all of you to be together as she passes.

**Heather Burgess**

That's right.

**Shawn Buckley**

And so what happened?

**Heather Burgess**

Mom passed on at about 1:30 in the morning the next day. My one brother was with her and he phoned. And we all went up to the hospital, 1:30 in the morning. We were told how to buzz the security fellow. He come, let us right in, didn't ask us any questions. We went right up into the ward and we walked into mom's room. And we got to say goodbye then.

[00:15:00]

**Shawn Buckley**

So you couldn't be there while she was dying.

**Heather Burgess**

No.

**Shawn Buckley**

But no problem at all coming in after she dies.

**Heather Burgess**

That's correct.

**Shawn Buckley**

How did that make you feel?

**Heather Burgess**

Angry. Sad. My mom shouldn't have been denied that.

**Shawn Buckley**

Now, I just want to ask you personally: Going through the COVID experience with the lockdowns and masking and all of that, just how did you experience that personally?

**Heather Burgess**

Well, I'm unvaccinated. From the very beginning of COVID, when everything started, I was just leery. Just the red flags were popping up. What I knew about your immune system, you would never vaccinate during a pandemic. And I was met with a lot of pushback on Facebook and social media. So I kind of took a step back a little bit for a time being.

And then, when they started vaccinating children and pushing that—I never thought it would come to that. I'm a pediatric nurse. That's where I spent most of my years. And never once in all my pediatric years did I ever come across a child with a diagnosis of myocarditis. And for them to minimize it and say "a mild case of myocarditis"— There's no mild cases of myocarditis.

So then I got very vocal on Facebook. And I thought, I know a lot of people. They see it, I know they're still following my other posts. But I just thought, "If I can stop this needle going into one child's arm, it will be worth all the criticizing that you're doing of me."

I mean, I'd already been called a racist and misogynist from the leader of this country, that I was not fit to be part of society. My husband and I weren't allowed to go into restaurants, gyms. My husband was not allowed to play on his Oldtimers hockey team; he was segregated from everybody. We were members of a golf course and golf club and we weren't allowed after September 14th of 2021 to even be on the premises of that golf course.

It was a hurt locker. It was a tough time. There are friends that just didn't want to have anything to do with us. In fact, one of my friends told me that their children didn't want them "chumming with us" because we were unvaccinated. It was tough. It was tough with my own children because I have three children with spouses. There's six of them. There's only one of those six that isn't vaccinated. Three were coerced, two went willingly. But when I tried to talk to some of my kids about this— I'm a medical person and they didn't listen. And now I'm the one that has to worry the rest of my life about how this has affected their lives and how it will affect their health going forward. Because I truly believe that we're only just seeing the tip of that iceberg about what's going on underneath there and how this is going to affect so many people.

Yeah, it was hard when your kids won't listen to you. Just take a step back and just take your time with this.

**Shawn Buckley**

Now, do you have any suggestions on how governments could have done this differently?

**Heather Burgess**

How this country could have done this better? Sorry.

**Shawn Buckley**

Yeah. Because basically the purpose of the Inquiry is trying to figure out how we could do things better. And I'm just wondering what your thoughts on that are.

**Heather Burgess**

I am appalled and shocked at the medical community that have sat back and been silent. And nurses that have been silent. They're seeing what's coming into emergency now. And I understand people are afraid for their jobs, their securities, they've got mortgages to pay. But it just takes that one person to speak up and start the ball rolling. All these experts that spoke up—like Dr. Bridle, Dr. Hoffe, the study he had going—all these people have been crucified. They've lost their jobs, their credibility.

This has to change. I think it has to start changing with the College of Family Physicians and Surgeons.

[00:20:00]

It has to start changing at a government level, higher up. It was just such a great psyop. It was just a great story that they told everybody, and everybody believed it.

**Shawn Buckley**

Thank you. I have no further questions. I'll see if the commissioners have questions for you. And there are no questions.

So on behalf of the National Citizens Inquiry, we sincerely thank you for sharing with us today.

**Heather Burgess**

And I'd like to thank all of you, the panel, and all of the work that all of you have put into this because it needs to be heard.

[00:21:04]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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**Witness 13: Nadine Ness**

Full Day 3 Timestamp: 09:40:11–10:15:50

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

And our next witness is Nadine Ness. Nadine, can you please state your full name, spelling your first and last name for the record?

**Nadine Ness**

Sure, it's Nadine Ness, N-A-D-I-N-E, Ness is N-E-S-S.

**Shawn Buckley**

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

**Nadine Ness**

I do.

**Shawn Buckley**

Now, my understanding is that you are a former RCMP officer?

**Nadine Ness**

Yes.

**Shawn Buckley**

But you had to take medical retirement.

**Nadine Ness**

Yes, that's correct.

**Shawn Buckley**

And that is because, and I hope I pronounced this correctly, you have a condition called vasovagal— Do you want to just say it for me?

**Nadine Ness**

I'll say it: vasovagal syncope. The medical retirement has to do with that, as well as other things. But yes, for those who don't know what vasovagal syncope is, some people have it very mildly where they see blood they faint; some people it's needles. Mine is quite severe, it's a more rare case. Sometimes it's even confined me to a wheelchair where I can't stand for more than a few minutes. One of my triggers is heat—so anytime my face gets warm, my neck gets warm—as well as fight-or-flight response because it can make you get warm, so that can also cause it.

I'm one of those rare, few people that no medical doctor out there would deny me a medical exemption. Because wearing a mask, within minutes, because of the heat, causes me to faint.

**Shawn Buckley**

And you did have a medical exemption from your doctor.

**Nadine Ness**

Yes. Yes, that's correct.

**Shawn Buckley**

Now, you had an issue where you were attending at a retail premise. And something happened with regards to you being confronted about not wearing a mask. Can you share that with us?

**Nadine Ness**

Yeah, I'll share a little bit too, a little bit before because we have to understand that this specific incident was one of very many. By the time this has happened, I've probably been yelled at, been pushed out of stores, been called names. So when I came into the store, there's always this preconceived belief that I might be yelled at or called names or even worse.

So I went into the store. I had a face shield. So even though I'm exempt from wearing a normal mask, I do wear a face shield because it doesn't trap the heat. For the most part, I can handle it. There's still instances where I have to take it off if I get too warm. But in this particular incident I was wearing a face shield. I went into this store— And I'm not going to name the store because this is not about revenge or calling people out, but I think it needs to be out there that this happened to a lot of people. But I went into this store. And I was a general contractor for my house. So anyone who's built their home, there's a lot of places you have to go to in order to get the products you wanted.

So this particular one, I was in there for about 30 minutes. Gentleman at the door greeted me, very friendly, and I was there looking at the supplies that I was looking for. When I was ready to check out, we were putting through all the supplies, and the manager came out of the office and right away— I knew right away. You can tell: if you're someone who can't

wear a mask, you can tell who's going to be nice to you and who's not. And this particular one, I knew right away. She says, "Where's your mask"? And I'm wearing a face shield, it's not like I'm wearing nothing. And I said "I can't wear a mask. I have a fainting condition. I have a medical exemption, so I can't wear a mask. I wear a face shield instead."

She's like, "Well, a face shield doesn't count; it has to be a mask." I reiterated again, "I have a medical exemption. I faint, so I can't wear a mask." And she says, "Did you sign the form?" I said, "What form?" "When you came in, you were supposed to sign a form." Apparently. The gentleman at the door never told me to sign the form, never said anything about it, probably because I was wearing a face shield. And she was very aggressive and said, "Well, you need to sign it before you leave."

At this point, any confrontation turns on the fight-or-flight. I will also add that this condition for me is made way worse when I'm pregnant and I was pregnant at the time. I was seven, almost eight weeks pregnant. I started feeling warm, so I knew it was coming. And I can usually feel it coming. It's almost like I become drunk in a way, so my cognitive thinking kind of goes away. I was just thinking, "I need to go outside to the cold so I can feel better." So I grabbed the form and I said, "I'll sign your form."

[00:05:00]

And I just did it quickly—not that I wanted to. But by the time I went to pay the debit, my condition had already gotten so worse. And I was fighting it because I didn't want to faint in front of this woman that was being really mean to me. And I ended up losing complete consciousness. And most of the time, I can avoid injury because I know it's coming. But in this particular instance, I was fighting it and so I didn't get to avoid it and I hit the floor really hard. I know I hit it hard because I had a big goose egg, I injured my neck, I injured my back, and when I came to, they were saying, "Call an ambulance."

I'm an experienced fainter, I've fainted over 50 times in my life. So I know how to recover. I just need something cold on my neck or to go outside. And she didn't want to let me leave, for obvious reason. But the worst thing is that she was making it worse because she kept defending their policy and their masks, therefore continuing the interaction—the negative interaction. So it actually made it worse. I eventually was able to convince her that, "Look, I'm okay, I'm just going to go outside, I'll wait for a while. If I don't feel safe to drive, I'll wait for my husband to come."

Now, the part that's really hard about all of this, why I wish this situation would have been avoided: Later that afternoon—and I can't confirm that this fainting episode was the cause of this but I also can't confirm it wasn't—I had a miscarriage later that afternoon. And I had another miscarriage several months later, I don't know if it's related to any potential injury **that would have happened then. This leads a little bit to the vaccine and my decision and my husband's decision. So this was not a time where the vaccine was in place yet.**

**Shawn Buckley**

Can I just slow you down?

**Nadine Ness**

Sure, sure.

**Shawn Buckley**

Did you end up doing anything about that? Did you file a complaint or take any actions?

**Nadine Ness**

Yes. So as soon as I got in the car and I recovered, I remember thinking: a lot of people who can't wear a mask, a lot of them can be due to emotional or mental health reasons, anxiety, things like that. And I didn't want this to happen to someone else. So I contacted the head office and I explained to them the situation.

Now, this form directly creates an environment where you have a confrontation with someone, no matter what, if you're demanding them to sign that. It's not just like, "Oh, I have a medical exemption." You have to sign this form. And I brought it with me to put on the record as well. So I made a complaint. And I wanted a copy of that form because I didn't know what I had signed, because at that point I was already so close to fainting.

I will give them credit: they ended up removing that policy. I have met this specific manager since and she's been very kind and friendly to me. So I will give them credit. They learned from their mistake and their bad behaviour and they've been better since. And I'm hoping from that incident that other people didn't face what I faced.

**Shawn Buckley**

Right. And before we jump to the vaccine issue, I wanted you to share with us about a later pregnancy and how that went and what that experience was.

**Nadine Ness**

I can share that part, but there's a little bit that needs to be put into why I believe I was treated the way that I was.

**Shawn Buckley**

Okay.

**Nadine Ness**

A lot of people in this province know me because I lead a big group called Unify Grassroots. Is it okay if I go into how that was founded?

**Shawn Buckley**

Sure.

**Nadine Ness**

We chose to not get vaccinated for— The biggest reason, I didn't know how it would affect pregnancy and fertility. And because we had already had two miscarriages, we didn't want to take the chance. My husband's a doctor, so we're also very much aware of what is out there, what the risk of COVID is as well. But we chose that, for both of us, it would be better just to not risk potentially having more miscarriages, to wait until we had another healthy child. So with that, we decided not to get vaccinated.

**Now, the summer came.**

[00:10:00]

**And I'm going to give you a little bit of a story on how these mandates affected my family, more specifically one of my child.**

**Shawn Buckley**

**Bria.**

**Nadine Ness**

Bria. My daughter, who was eleven at the time. She has OCD and anxiety and she's been diagnosed and she's being medicated. So when COVID rules came into the school basically, everything we had told her not to worry about, not to focus on, the environment at the school was now doing the exact opposite. So anyone who has a child with OCD: these mandates in schools were horrific for them.

Now, for Bria more particularly, she also has issues with textile, so masks were very difficult. So she really, really struggled in school with wearing it properly. There was a lot of back and forth and add to that anxiety. So there were several times where I actually had to go pick her up at school because she wouldn't wear her mask. Now, by the end of the school year, it had gotten so bad—her condition had gotten so much worse—that she was deemed medium to high risk for suicide. At eleven.

**Shawn Buckley**

So the school had done an assessment. And the masking policy for Bria had literally led her to the point where she was a medium to high risk of suicide, and she's 11 years old.

**Nadine Ness**

I don't know if it's just because of the mask, but I think it was all of it—the continuous sanitizing, the not being able to touch each other—all of that just exacerbated her condition that she already had.

So summer came and they announced they were removing all of that and then in the fall, that everything would be removed. And I was really happy about that. The week before school started, they announced they were bringing everything back. And my husband and I had been very silent as to what we were seeing but, at this point, we realized that it could **be my daughter's life if we don't say anything.**

**The school seems to be so focused on COVID but they didn't think about all the other things that it was doing to our kids. Like, the amount of children that have been diagnosed with anxiety and so many mental health issues is just off the charts. I hear about it all the time.**

**So a lady asked on a town page, "When's the next school board meeting"? And I messaged her, "Are you worried about what I'm worried?" Because you didn't know which side that they were on. At this point, everyone was afraid to say anything because if you did, you'd get attacked. So it turns out we were on the same side. So I said, "Okay, let's meet at my house. We'll come up with a plan and we'll ask to present in front of the school board."**

She knew a few people. So I said, "Okay, I'll start a Facebook group. I'll share my address on there so that we can meet at my house." Well, within 24 hours, we had eight hundred fifty parents that had joined that Facebook group. So you had a lot of parents not happy with this mandate—and that was within our school division alone.

So out of that we did do a presentation in front of the school board. Our presentation was received very well. We even had government officials share it on their Facebook. Basically, we brought to light the risk of COVID to children: the real risk, not the one media will tell you. And then, we also spoke about the negative effects these mandates have on our children.

There were some changes done at the school board levels. They did send like, a survey out. However, they didn't change the mask mandate. They didn't change anything to do with the policies. And it was at that point that I decided that it was safer for my daughter to be homeschooled, so I decided to homeschool my kids that year.

#### **Shawn Buckley**

My understanding is a lot of people made that choice in your district.

#### **Nadine Ness**

Yes. Within our group, we had several hundreds of parents that decided to make that choice. So much so that you heard the following. So for school funding, the funding for the year after comes from the amount of kids that were in the school. So when you heard last year that there was no funding for children in the school, it's because there were so many kids that were homeschooled the previous years. So now the funding the year after was short because children started returning to school. So it was quite significant to the point where it made the media. They just didn't say what the real reason was.

#### **Shawn Buckley**

Now, you found yourself really at the head of a group of people that are now concerned about what's going on. And that led you and the group to take other action. Do you want to share with us what you did?

#### **Nadine Ness**

Yeah. Because my husband was a physician, a lot of people turned to me and said, "Do you know of any other doctors, any other nurses?" And we became the hub for the doctors and nurses to gather in the province. Actually, we became a hub for every profession. That's what our group started.

[00:15:00]

We gave a place for people to gather within their profession to fight their unions—because the mandates were coming in, the vaccine mandates.

As someone, for the last year, who had faced so much discrimination and seen so much of the worst in humanity as someone who can't wear a mask, I knew, when the vaccine passports were going to come, what the public was going to face. Because I saw what it was the following year. I was really determined to do something about it. So our group took part in an application for a court injunction to stop the vaccine passport from coming in.

Now, they'll say that was defeated. That's what the media will tell you. But basically, the judge said, because the passports weren't in place yet or wasn't fully announced, you can't put an injunction on what you don't know fully what it is.

So we could have refiled again, once we knew fully what it is. However, the courts also put a fee to it. So basically they made us pay court costs. So it's almost like it was to deter anyone from doing that again. And I'll say it worked because our organization, we thought about it: we can refile, but then any court costs liability would fall onto us. So because of that situation, we decided not to refile.

**Shawn Buckley**

So basically it was a court cost of \$5,000 that acted as a deterrent?

**Nadine Ness**

Yeah. And it's funny too, because media tried to pick that up and make it seem like we had no chance in winning. But really, they never really said why it was struck down. So they kind of buffed that just to discourage everyone I felt. And a lot of people felt discouraged by that.

**Shawn Buckley**

And now after this experience, you ended up doing a video.

**Nadine Ness**

Yeah, so as a group, we kept thinking, "What can we do to bring on change?" And by this time, our premier had become really awful to the people who were unvaccinated—I'm sure many of you have watched the videos that we've been playing and replaying—and saying things like, "We've had enough patience," and just really awful things.

I thought: maybe we can convict them a little bit and remind them of who they used to be? And maybe try to bring a little bit of humanity back into our government officials. I decided to do a video basically, reminding them what their guiding principles are and how much they've strayed from that. And that video resonated with a lot of people in this province. It went viral. And in that video, I called on Scott Moe to give me a call. Now, our group had been working on building relationship with government officials already. So they already knew who we were.

That following Friday, the premier called me while I was in the vehicle with my daughter, **and we spoke for about an hour and fifteen minutes. It could have probably ended up longer, but my daughter was losing her mind so I had to let him go. And the following Monday, the conversation, or the tone the government was taking with the unvaccinated, did a complete 180 degree. He said the unvaccinated are family, are friends, not right-wing wackos. And the reason he said "right-wing wacko" is because that's what media and Ryan Meili and a lot of news organizations were calling me. Not knowing I actually was a Liberal voter for most of my life. But I was called extremist. That's when the media attacks came.**

Now, the media attacks didn't silence me. So the left-wing extremists in the province—and I will call them that because that's what they are—went on a mission to attack my husband.

**Shawn Buckley**

So let me just back up. So after your conversation with Premier Scott Moe, his language softens towards the unvaccinated. But my understanding is: after your conversation with him, the media went after your group.

**Nadine Ness**

They went after my group. They went after, I think, Scott Moe as well for having a conversation with me. They attacked our group, myself, but it didn't really stop us. We continued working. And we actually grew quite a bit from that so it was a blessing in disguise. Because now a lot of people in the province knew about us that didn't before.

[00:20:00]

So that was good.

And then I think it enraged some of the people, so then they decided to go after my husband. They wrote several defamatory posts on all social media, all the pro-COVID lockdown groups—my husband's name was listed on all of them. He was called anti-vax, discouraging people to get vaccinated, which is all false. And in fact, our group is not anti-vax. We're pro-informed consent. So if you want to get vaccinated, fine, and if you don't— And most, a lot of the people in our group are actually fully vaccinated.

So they went after him. Now, when I saw all of that, I gave a warning to the person who was posting this. And I will also say: This person was a CBC contributor, so a reporter that was doing all of this. So my faith in mainstream media is a little bit lower because of some of this behaviour.

And then the worst part is: some of the doctors that were very vocal pro-lockdown doctors also jumped into this, shared it, one of them specifically being the previous College of Physicians registrar. Not only did he share it, flame it, he also posted my husband's work location, work phone number, and encouraged people to basically harass him and come after him. From that as well, complaints, or attempts at complaints, were made with the College of Physicians. My husband was also basically— Because I said I would sue people who did defamatory posts, that I would commence legal action, the College of Physicians warned him and said, "While we can't stop your wife from saying what she's saying, we might be able to—" Basically saying because of retaliation, it could be considered retaliation from you.

Now, I'm going to give a disclaimer: My husband did not ask me to be here. He didn't ask me to retaliate for him. In fact, he probably would rather I not be here today for the simple fact that we recognize that me being here today might send the College after him.

**Shawn Buckley**

So can I just clarify that? There's actually concern, in April of 2023, that if you just share the experience that didn't even happen this year, that there could be repercussions from the College towards your husband?

**Nadine Ness**

Yes.

**Shawn Buckley**

Now, my understanding is that the College had an interesting policy concerning the privacy of doctors on their vaccination status. Can you tell us about that?

**Nadine Ness**

Yes. For those who aren't from Saskatchewan and for those who are, our College of Physicians put out a directive basically saying, if you were an unvaccinated doctor—and these are for unvaccinated doctors only and the ones who aren't in a hospital setting, so fee-for-service doctors; it was almost like it was targeted—that they had to disclose publicly to their patients that they were not vaccinated.

**Shawn Buckley**

I just want to stop. So vaccinated doctors didn't have to say that they were vaccinated. But if you were unvaccinated, you had to disclose that you were not vaccinated.

**Nadine Ness**

That is correct. And I have the policy with me as well to disclose to the commissioners.

Now my husband had a huge problem with that for several reasons. He didn't feel it would be positive to the patient-doctor relationship for them to have private medical information from him because it can be used against him to get favours. It could use be used to threaten. The same reason no doctor should normally disclose any personal information. So he decided to put— Is it okay if I read it, because it's on the record?

**Shawn Buckley**

Oh sure, sure.

**Nadine Ness**

"Dr. Ness has chosen not to publicly disclose his vaccination status. Are you comfortable seeing him, or would you rather see another doctor?"

So he decided not to post it. Now, when this left extremist attack came, one of the old registrars— And I'm going to name him for the record because I think his name needs to be, because he's still continuing to harass us to this point. Dennis Kendel posted that, "I wonder if he is vaccinated, considering he's supposed to post it." So he actually asked people to go and confirm.

[00:25:00]

And my husband received a complaint from the College of Physicians basically saying, "We've learned that you're not disclosing your vaccination status. If you do not do so, we will commence an investigation against you." So they basically weaponized his vaccination status to try to come after me, or him.

**Shawn Buckley**

So earlier you said— You just volunteered that your group that you belong with, Unified Grassroots, that that group is not anti-vax.

**Nadine Ness**

No, it's not.

**Shawn Buckley**

And my question is, why did you feel the need to share that with us?

**Nadine Ness**

Because it's something we were called on a regular basis in many mainstream media, many radio. And it's funny because we're not unvaccinated in our group; a lot of the people who are fully vaccinated went completely to our defence in all the comments and stuff, so that was really wonderful.

But it just goes to show, we're not someone that's unreasonable. And I'm not saying if you're just unvaccinated, you're unreasonable. I'm saying we're people from all forms of society: doctors, nurses, firefighters, police officers, teachers. We have 450 teachers from the province in our group. We were against this coercion that was happening. We were against this division that was happening. When you create a two-tier society, it's bound to have really negative effect into our society. But yeah, we were called all these names.

**Shawn Buckley**

Well, it's just so you know why I'm asking you that question is, one thing that has come up time and time again: we've had witnesses in Saskatoon who clearly are against the current vaccine, or what's going on, who just are volunteering, "And I'm not an anti-vaxxer, I'm not an anti-vaxxer, and I'm not an anti-vaxxer." And now you say, you just volunteer, "Well, our group isn't anti-vax." So that term seems to have such a negative meaning and so much power behind it that everyone is afraid of being labelled as an anti-vaxxer, that they're volunteering when we're not even asking that question.

And that's why I brought that up. I was just curious what your response would be. It seems that term has so much power in Saskatchewan.

**Nadine Ness**

So with that, going forward— So thankfully, in the fall of, I believe it would be 2021—I think that's when all the passports were in play—we were able to get pregnant again. So I recognize, being in a position that I am and voicing the concerns that I voice on a regular basis and exposing a lot of things, there's a lot of people in the medical community that don't necessarily like me or like my politics.

**I was very hesitant following what happened next. When I learned that I was pregnant, I— Because of my fainting condition, I also have thyroid issues. But because of that, and I have previous pregnancy complications, I usually see a high-risk doctor. And I have seen this high-risk doctor for all of my pregnancies.**

**So when I learned that I was pregnant, with the previous two miscarriages, I waited a little bit to make sure I wasn't going to miscarry again. And then I went to my family doctor, who referred me to this high-risk doctor as per usual. Now, the high-risk doctor expressed concerns with me coming into her office because I can't wear a normal mask, I can only wear a face shield. And she actually refused to see me in the office. She said, "We could see**

you in the emerg. or in the regular hospital if we really need to. But for now, we'll just monitor you through your family physician."

**Shawn Buckley**

Now did she explain to you why it might be all right to meet you at emerge. or at the hospital, but it wasn't all right to meet at her office?

**Nadine Ness**

She said that at their office, they deal with vulnerable patients and that at the regular hospital, I'm not putting those vulnerable patients at risk. Now, as someone who sees a high-risk doctor, I'm thinking, "Well, if she's not worried enough for my pregnancy to see me in person, maybe I don't really need to see her." But I eventually did go see her. But I remember there was back and forth between my family doctor and her because my family doctor was like, "She's too high-risk for me. You should be seeing her," and there was back and forth.

[00:30:00]

Eventually she did. And I think I was almost 24 weeks pregnant by the time I went to see her. The interaction with her was actually positive. I wasn't sure, just because of who I am, but it was really positive, so I will say that. There didn't seem to be animosity. She did talk about the vaccine and I'm like, "I'm pretty sure you know my stance on that." But it was okay.

However, a month before my son was born, I was having concerns that my water had broken so I went in to Labour and Delivery in Saskatoon to make sure it hadn't. And when I first got there, the nurse was super friendly, super smiley, really wonderful. And I got into the room and then eventually she had to leave to go to the nurse's desk.

When she came back, she came back with the doctor and it wasn't the same experience at all. You can sense when someone is— And especially me, I used to be a police officer, I can read people very well. She wasn't smiling anymore. She was extremely cold—wouldn't even look at me. Same with the doctor, quite cold. So I could just assume that they went to the nurse's desk and someone said, "Do you know who that is?" Again, that's an assumption, but the experience that I had from before to after: night and day.

And they did an exam to see if my waters were broken. And I've had that done before and it was the most painful exam that I've ever had—and I have a very high pain tolerance. So much so that I said something. I said, "I don't think it's supposed to hurt this much." And I was bleeding afterwards, which normally you wouldn't for something like that.

And, it turns out my water hadn't broken, so I ended up leaving. But even when I left, she didn't say bye, or when I said bye, she didn't look at me—nothing. And I got into my car and I broke down crying. I thought okay, maybe they can put their differences aside and politics aside and do what's best for the patients? But that was a situation where it was clear that that wasn't the case.

I called my husband and I said to him, "I don't know what you need to do to be okay with this, but I'm not delivering this baby in the hospital. I don't feel safe and I don't think I can feel safe delivering this baby in the hospital." Although my husband's a doctor, he's also

seen a lot of worst-case scenarios when it comes to birthing, so he was extremely against me delivering at home.

Actually, we've never fought in our whole marriage and relationship. And this was the first time where we actually fought about something. He wanted me to go deliver in the hospital and I didn't. And even to this day, I still think: when you're delivering, you're so vulnerable, right? You want to feel safe; you want to feel like they have your best interest at hand. But witnessing what happened to me as well as hearing so many stories from so many people across the province who are unvaccinated, I can't say— Going in there, not knowing who you're going to have, that I would trust even if I was to deliver again.

And I wish that would change.

**Shawn Buckley**

Can I just interject. So I just want to make sure that people participating with your testimony understand this. You're basically saying, when you're saying you heard things from other people, you're hearing other people tell you that they basically were not treated well in the healthcare system because of their status of being unvaccinated?

**Nadine Ness**

Not just from patients. I heard from nurses, who heard other healthcare professionals say horrific things firsthand. I was one of the go-to people in the province where people would say, "What can we do about this?" I've heard so many—I can't even tell you how many that I've heard—but I've heard so many. So I will say I'm very biased on this because I hear very much just one side. I will admit that completely. But it's hard not to let hearing those stories affect your perception as someone who's unvaccinated.

I think if I was vaccinated and wasn't Nadine Ness in the province of Saskatchewan, I wouldn't have been afraid. So I think that very much is a big reason as to why I felt I was safer delivering at home, 45 minutes from a hospital, than in the care of health care professionals.

**Shawn Buckley**

All right, thank you. I don't have any further questions for you. I'll ask if the commissioners have any questions. No.

There being no further questions, so Nadine, on behalf of the National Citizens Inquiry, I sincerely thank you for sharing with us today.

**Nadine Ness**

Thank you.

[00:35:39]

**Final Review and Approval:** Jodi Bruhn, August 21, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

**Saskatoon, SK**

**Day 3**

**April 22, 2023**

### EVIDENCE

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**Witness 14: Michele Tournier**

**Full Day 3 Timestamp: 10:15:50–10:37:59**

**Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>**

[00:00:00]

**Shawn Buckley**

And our final witness of the day is Michele Tournier. Michele, can you state your full name for the record, spelling your first and last name?

**Michele Tournier**

My name is Michele Tournier. M-I-C-H-E-L-E T-O-U-R-N-I-E-R.

**Shawn Buckley**

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

**Michele Tournier**

I do.

**Shawn Buckley**

Now, your family is in the business of chuck racing. And we'll have a bunch of viewers that **are not from the Prairies. Can you please explain to us chuck racing and your family's involvement in it?**

**Michele Tournier**

Okay. That was probably my hardest thing, to make it a simplified explanation.

It's an equestrian sport. Where there's a chuckwagon and a driver sits in the wagon box. And there's four thoroughbred horses hooked to this wagon. And they're in an infield with three other competitors and there's a figure-eight barrel setting that they have to go around. There's also two mounted riders, one in the back, one in the front. And everybody

stands still. There's a horn that blows and everybody goes as fast as they can out of the barrels. And it goes around the racetrack. It's a timed event.

And there's prize money every day. And if you travel from show to show every weekend, mostly Saskatchewan and Alberta; and some of the shows, if you make the final or you've been a competitive wagon, there's dash money at the final day. And advertisers spend money to have the chance to advertise on the wagon tarp and that's how you make a lot of your revenue. Some of the locations have a canvas auction or a tarp auction where bidders come and buyers want to maybe showcase their company, their logo, a cause maybe that they're wanting to promote. And they do bidding and buy the chance for the rights on your wagon tarp.

So my husband does that, my son-in-law, my son: they're all drivers. And then my other son is one of the mounted riders that rides for all the various drivers. And each driver pays him a fee for each race. So we make our living at that. It was our sole income for many, many— We've done this for about 35 years. And the last maybe, 10 years, that's our sole source of income. And the other ones maybe have a little bit of other income, but that's still the bulk of how my entire family makes our living.

**Shawn Buckley**

So you're chuck racers. And just so that people understand. So you know and there's some— You can make a decent living doing this, as I understand.

**Michele Tournier**

Yes.

**Shawn Buckley**

But you know, the advertising on the wagons and the prize money— I mean, you can make a really reasonable living.

**Michele Tournier**

Yes, very much.

**Shawn Buckley**

What happened then? We get this pandemic and what happens to your family's income in 2020?

**Michele Tournier**

Well, there's a lot of talk. The Calgary Stampede is the main— It's in July. But in March, there's an auction and that's the most lucrative auction. So there was starting to be rumblings in February already about public events, whether they could have this auction. Would they go online? Then it was looking, I think Mayor Nenshi was already talking about emergency. And it wasn't looking good. So kind of starting to absorb that there's a chance that we wouldn't be racing. And we thought there was a chance possibly because it's an outdoor event, where we heard like maybe the NHL was starting to shut down a little bit. But that was just kind of a little bit of false hope.

So we were all sort of in limbo until it was finally finalized that, yeah, there would be no racing season. Usually for about two months: we leave home the end of May, go for the summer. And for about two months prior, we do training and getting things ready. So you don't know: should you train, should you get things ready? Or you just sort of going to experience summer at home for the first time in many, many years?

**Shawn Buckley**

So in 2020 they cancelled the whole season.

**Michele Tournier**

Yeah. All public events, everything was done.

**Shawn Buckley**

Now, I presume your horses cooperated and they stopped eating?

**Michele Tournier**

Yeah, they were good at that. And a thoroughbred eats—they're a high metabolism horse. I know we probably had about 55 thoroughbreds between my son and ourselves.

[00:05:00]

And you know, you have other things that you have to maintain. And being self-employed, it's not like, "Well, I'll see if we can go on EI?" and all that type of thing. So you just sort of absorbed. And we also wondered, would 2021 look any better?

**Shawn Buckley**

Right. But just for 2020 basically, your income then became zero.

**Michele Tournier**

Completely zero. Absolutely zero.

**Shawn Buckley**

But your costs of having to feed and care for the horses remain?

**Michele Tournier**

Yeah.

**Shawna Buckley**

What happened in 2021 then?

**Michele Tournier**

Well, 2021 there was still—you know, went back and forth. Some events got to go, let's say, in late 2020. Then they start to shut down again. So it looked like Calgary again was going to be cancelling. Because well, that city has a little bit different— The mayor there's a little bit involved with the Stampede as well.

But back in 2020, when they cancelled Stampede—because all public events and there was this big emergency—they welcomed the infield, where the stands were for a Black Lives Matter protest for about 3,500 people. Somehow, I guess it was safe to host that but nothing else could go on.

**So 2021, they cancelled wagon racing again at Stampede but I think they had the rodeo.**

And we were in the circuit mostly in Alberta. That circuit seemed to be trying to figure out how to have racing and following the rules. And the other circuits, mostly in Saskatchewan, and they looked like they were going to not try and follow the rules, were just going to try and have our sport. So we decided to switch to the more Saskatchewan circuit. It's a less lucrative circuit but at least we could go racing.

My husband wasn't keen. He was ready to say, "You know let's just call it a day, we're going to be done with this." So we sort of were leaning towards that. And then the kids and I, we thought they seemed like they're really after small business, self-employed. Western culture has been under attack way before COVID and wagon racing is a very family-based sport. So we said kind of to my husband, "We really need to go, because they win if— If we don't go, we're doing exactly what they want."

So we convinced him and we had pretty much a whole circuit at least for 2021. And there was a show that opened up in Lloydminster area that was not quite as lucrative as the Stampede, but you still had a chance to be back in the game.

**Shawn Buckley**

Okay, so 2021 wasn't a bust, but it wasn't as good as the regular years.

**Michele Tournier**

Right. Correct. Yep.

**Shawn Buckley**

Now, I want to switch gears because you had a sister and something happened to her during COVID. I'm wondering if you can share that with us.

**Michele Tournier**

Yeah. Early March of 2020, she was feeling unwell—my sister-in-law, this is, in Saskatoon—and she only has one kidney from something else. She was starting to get a little bit nervous, even before she was feeling unwell, of being around people because she was considered a vulnerable— Almost everyone was considered a vulnerable and I think maybe it was to help keep the fear. So she ended up feeling unwell, so my other sister-in-law brought her to the hospital. And they figured it was her kidney that was giving her problems.

So my sister-in-law had to drop her off at the door because nobody could go in. And so she was met with her doctor by herself. And they admitted her. And the doctor then told her that things didn't look good. She'd be having a surgery that could possibly have her, when she came out, wearing two separate bags. So that she heard by herself because nobody could be in there with her. She managed to get her lawyer admitted into the hospital to see her so she could get her affairs in order, again by herself.

So she had her surgery. And she came out of surgery to her own room; nobody was there again. She was told, yes, you will have two bags. You've had your bladder removed. You've had your bowel removed. You've had part of your intestine removed. So she called us and told us how it went. The doctor told her, "Nothing more we can do for you. And since there's no visitors allowed, you may want to go home."

**Shawn Buckley**

So let me just stop you. So even though she's going through what literally is an end-of-life process, she's not allowed even a single visitor in the hospital?

[00:10:00]

**Michele Tournier**

At that time, there were no visitors allowed at the hospital.

**Shawn Buckley**

And she would be very weak and drugged up and be getting all this information and there's no one there to help her?

**Michele Tournier**

No. She could FaceTime a little bit. But my niece actually worked at that same hospital and she asked if she—not on her floor though—if she could maybe go and see her aunt. This was right when things started. And nobody could really give her an answer. And they didn't think that would be a very good idea.

So they arranged for her to go home. And at that time the rules were: in people's households, only the members of their own household could be in your house. We didn't follow none of those rules anyway, but— So she went home to live out her last days and we would go and visit her. This was, I think she got out on May 8th. And her wish was, because she knew that there was nothing they could do for her, is that we could just all be together for **Mother's Day**.

We live in the country and normally **Mother's Day** was sort of at our place anyway. So the whole family was there. We were all at my house to grant her wish. It was a really good day. She was strong enough for that, but it was a long day. That was May 10th. And then, when she went home, she died by May 19th. So had we listened to the government that would have been— Like, there wasn't another chance for us to see her again.

**Shawn Buckley**

Right. I want to switch gears and have you talk about the effects on your grandchildren.

**Michele Tournier**

With the schools and their activities?

**Shawn Buckley**

Yeah. And then, you know, even just the fact of how it's more of an effect for rural children concerning isolation when the school was closed down.

**Michele Tournier**

Yes. The schools closed, I think it was maybe March, April—I can't remember—of 2020. So the kids were kind of sent home.

**Shawn Buckley**

And what happened with the sports?

**Michele Tournier**

Well, they stopped hockey early. All their activities got stopped. And they would go home and finish the school where you're in the country so it's not as if— You know, it's an effort to go visit other friends. And then other friends, some of their families were more scared of COVID, so they didn't all meet.

It can be quite lonely in the country, especially for children, and if they're pre-teens. And then even in the fall, my daughter decided to keep them at home and homeschool. They had a little bit of a hockey thing started—just practice. And the kids had to wear masks under their cages in order to be on the ice. And I think they had to be in little, small groups. And I mean, they should be gone out doing things and not at home as much as they were at home.

**Shawn Buckley**

Now, there was an incident you learned about with your daughter and your ten-year-old granddaughter driving. Can you just tell us about this? Because it kind of speaks to the fear that was created.

**Michele Tournier**

Yes. We all were on the same page. I was fortunate: in our family we were all on the same page to not be scared. And the kids weren't scared. But my daughter was driving with her ten-year-old in—they live out by Meadow Lake. And my ten-year-old daughter, they happened to see a police car. So I think they're at Tim Hortons drive-thru or something. My ten-year-old granddaughter ducked and my daughter says, "What are you doing?" She said, "I don't want the police to come and arrest us because we're not supposed to be together." My daughter had to explain, "That's not for us. We're fine."

So you thought you had them not scared. And they weren't scared of COVID, but now they were scared that they're breaking the law by being in the vehicle with their own mother. So it did a lot to the kids.

**Shawn Buckley**

Yeah, how did that make you feel to hear that story?

**Michele Tournier**

Well, very angry. Very angry that— But the kids shouldn't be scared like that. I mean, they shouldn't be scared. It scared them enough that they might think their mother is going to go to jail or something, or get a ticket for being in the vehicle with their own child. I mean it's, I don't know, it's just so absurd.

**Shawn Buckley**

Now, you had shared with us earlier about the Black Lives Matter protests, that they were allowed. Do you know whether or not—because it was illegal to have gatherings. What was the number in Saskatchewan at the time?

**Michele Tournier**

Well, at that time, when the Black Lives Matter happened in Calgary,

[00:15:00]

there was I think zero public events. Like, nothing. But they did allow that.

**Shawn Buckley**

Okay. Are you familiar whether or not there was police presence and fines with these Black Lives Matter protests?

**Michele Tournier**

Not that I heard. And I know there wasn't in Saskatchewan when— Like, I was at quite a few protests and fines were involved, police presence. And other protests were left alone.

**Shawn Buckley**

So can you can you share with us, you said that you went to other protests. What types of protests did you go to? And please describe in detail the police presence that was there.

**Michele Tournier**

I went to quite a few here in Saskatoon at the Vimy Memorial. And they were just about freedom: defending our rights, the rights to choose, leave the children alone, this type of thing. So the police would know we were kind of the Saturday group. And sometimes there was a large group, sometimes smaller. But the police presence was— There were marked cars in many places. A lot of times the roads were blocked off, so no traffic.

**In the beginning, they didn't block the roads because they weren't sure. But then they started to block the roads and that way anybody driving by couldn't honk, couldn't see our signs. There were undercover vehicles in many places. You could see police with cameras. You could see cameras mounted taking pictures. It was quite eerie in a way actually, to see all that. And knowing we've basically always been law-abiding citizens. I would be shocked if too many at these protests actually weren't pro-police before.**

And so, the one day we came, we were going to— I knew it was all blocked off. So I knew there was a Free Palestine protest by City Hall. So I says, "Let's go drive by there. I'm going to video." So I videoed and sure enough there was, I don't know, at least 200 people there.

And at the time, it was no more than 10 people outside. And then they had their sign and they were chanting, "Free, free Palestine," which I'm fine with that. But then you came our way and there was no traffic allowed, there was heavy police presence. Many people got fined for being at those protests, public gathering over 10 people. So.

**Shawn Buckley**

Was there a police presence at the Free Palestine?

**Michele Tournier**

I saw one policeman on a pedal bike when we drove by, that's all I saw.

**Shawn Buckley**

So completely different.

**Michele Tournier**

Whole different, same day.

**Shawn Buckley**

What were you guys protesting for, or assembling for?

**Michele Tournier**

Well, the mandates, the masks, the gatherings. Just— The government, we were protesting the government is what we were protesting. And protest in Regina, tickets were given there and they were the government mandates, is what basically they were doing.

And we knew the police were getting paid very well, overtime, because our nephew was a former Saskatoon policeman. And when he was still working, they'd say, "Why don't you take some shifts? You know, it's good money." And he says, "Well, I can't. Like, I agree with the people. We shouldn't be— People shouldn't be controlled like this." So we knew there was a lot of taxpayer money spent on that when, you know, actual criminals are wandering around.

**Shawn Buckley**

What do you think the purpose was of this heavy police presence at, basically, freedom rallies?

**Michele Tournier**

I think it was to intimidate, to make you feel uncomfortable. Maybe you wouldn't come next time.

And then when you knew you were starting to get some fines, that was also a deterrent, because they were all \$2,800 fines. And people don't want that. And I got stopped while I was walking and the police wanted my I.D. for just walking towards there. So there was a lot of an intimidation factor too. "You shouldn't protest the government," was basically the message.

**Shawn Buckley**

Now did anything happen with Crime Stoppers?

**Michele Tournier**

Yes. A lot of people at this one event had their pictures taken by the police and put on Crime Stoppers. It also happened in Regina where people were in the mall without a mask, I think. People were seen with their faces on Crime Stoppers. It was put out: "If you know these people, contact the police." So some had their work, the place where they work, say, "I saw your picture on Crime Stoppers." And this is, really— Like, they're on Crime Stoppers? And then SGI [Saskatchewan Government Insurance] was contacted by a lot of pictures that were taken. That's when we realized how much SGI, our government insurance, worked with the police. And that's how they identified a lot of us from being who we were,

[00:20:00]

and sort of a facial recognition thing, to know where to send the tickets to.

**Shawn Buckley**

And how did that make you feel, realizing that, just for protesting outside, people's pictures would be put publicly in Crime Stoppers and the government's insurance agency would be used to identify people that were protesting outside?

**Michele Tournier**

Well, it was very— Like, you couldn't believe you were in Canada, that there was this level of government groups, agencies going against its citizens. It just—you really were shocked that this was happening in your own country, which was supposed to be free.

**Shawn Buckley**

And how did all of this experience affect you?

**Michele Tournier**

Well, I've lost a lot of faith in, well, many institutions, whether it's government— I've always been suspicious of government but it was raised quite a bit. The policing, the judicial, the medical system with the silence. Those that enforced, I guess they enforced, but a lot of people that stood idly by and allowed this to happen to their fellow citizens. I've lost trust in our institutions and even in the people around you that seem to be okay with it happening.

**Shawn Buckley**

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

And there are no questions. Michele, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your testimony with us today.

**Michele Tournier**

You're welcome.

[00:22:08]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***





## NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

### EVIDENCE

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**Closing Statement: Shawn Buckley**

Full Day 3 Timestamp: 10:38:00–10:39:16

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

**Shawn Buckley**

So that is going to conclude our third day of hearings at Saskatoon. We pick up in hearings next week in Red Deer. I think it'll be the Wednesday—in fact, I'm certain it is. And so I invite you to please join us.

I wanted to just leave one word with us and I believe it was on one of the slides that Dr. Havas had from Martin Luther King. I wrote down the quote as: “Our lives begin to end the day we become silent about things that matter.” And I think that's a very appropriate way to end a set of three days of hearings when we've heard ordinary Canadians sharing their stories and getting a voice again.

I'll just read that again. “Our lives begin to end the day we become silent about things that matter.”

Thank you so much for joining us at the National Citizens Inquiry.

[00:01:16]

***Final Review and Approval: Jodi Bruhn, August 21, 2023.***

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# VOLUME THREE

## | Witness Transcripts Part 5 of 9: Red Deer, Alberta





**NATIONAL CITIZENS INQUIRY**

**EVIDENCE  
RED DEER HEARINGS**

**NCI | CeNC**

**Red Deer, Alberta, Canada  
April 26 to 28, 2023**

## ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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## NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 26, 2023

Day 1

### EVIDENCE

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Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 01:00:03–01:31:04

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

#### **Shawn Buckley**

Welcome to the National Citizens Inquiry as we begin day one of three days of hearings in Red Deer, Alberta.

Commissioners, for the record, my name is Buckley, initial S. I am attending this morning as agent for the inquiry administrator, the Honourable Ches Crosbie.

For those watching that are not familiar with the NCI, the NCI is a group of volunteers that have organized to send a set of independent commissioners literally across the country. We're going province by province before we return to the nation's capital to hear testimony to find out what exactly happened during our COVID adventure and, more importantly, to hear the voices of just ordinary Canadians: to hear what happened, to hear their experiences, hopefully, so that we can come together and heal.

Now because we're a volunteer organization, I'm always asked, "Ask for this, ask for that," at the very beginning because people are watching, and it is important. We don't have a single major donor that makes this easy for us. We truly rely on your small, little donations. And so every time we ask, please go to our website, sign our petition so that it's clear that there's a movement behind this, and donate. It costs us about \$35,000 each three sets of hearings, and I'm pleased that we are still here now in Winnipeg [sic], and I'm trusting that we will be in Vancouver next week. But we're literally funding as we go, so your donations are very much appreciated.

**We also have a need for real-time translators in two weeks when we're in Quebec City. Most of the evidence is going to be in French, and we need real-time translators—a whole team. You can't have just one or two people do that, it's so exhausting. And so if there are any of you out there that have that skill, then if you want to contact our email at [info@nationalcitizensinquiry.ca](mailto:info@nationalcitizensinquiry.ca), put in bold letters in the subject line, urgent French translators.**

Now, I'd also asked last week, we're clipping videos and we're posting like crazy on social media because the mainstream media is ignoring us, so I ask everyone every time, push us out on your networks. But we need to have content for French speaking Canadians. And so

we actually need people that are bilingual, who are not willing just to watch a clip and do a translation but also if they don't have the skills, willing to learn how to put the text on the video and actually do the whole thing. So if you're out there, please contact the NHPPA [sic] [National Health Products Protection Association, <https://nhppa.org>, [info@nhppa.org](mailto:info@nhppa.org) Note: Mr. Buckley is president of NHPPA] and put in the subject line an explanation that that's why you're contacting us.

And then we are in need of bilingual lawyers for the Quebec City hearings. We probably need a team of about five. So if you can contact us about that, we would appreciate it. If there's any lawyer out there that has nothing to do next week, we'd also certainly welcome your help as we move to Vancouver.

I want to speak about precedents this morning. Whenever a nation faces a crisis, the nation has to choose how it's going to react to that crisis. And I want to say sometimes the nation will choose to do things it hasn't done before, although it seems to be that every crisis becomes an excuse for governments to do more and more, and we've heard the phrase from officials that there's no point letting a good crisis go to waste. So we went through a crisis, or at least we were told it was a crisis and it was hyped up as a crisis.

Let's ignore that the overall death rate really wasn't any different than a bad influenza season, but we have all gone through a crisis. And as a nation we had to choose how we were going to deal with that crisis, and we did some new things. And by doing a new thing, we set a precedent.

I mean, we locked the citizenry down. I've had clients under house arrest that were freer than we were. We basically forced medical treatments on people.

[00:05:00]

We forced people to mask. We did new things, and so we set precedents for going forward.

I mean, precedent is just an example of things you can do the next time, and it's easier the next time because we've been conditioned to accept it. We've been locked down. So if we're told another pandemic is here, we're actually going to expect to get locked down. We're going to expect to have a treatment forced on us. We're going to expect passports. We're going to expect masking.

Have you considered that for our children, this is normal? This is what they will expect to happen if a pandemic comes through. Let that sink in for a second. For our children, masking is normal, and the long-term effects of that are going to be with us for their entire lives.

**Now, I want to speak about three precedents that we have set and get us thinking about them. The last one that I speak of is of tremendous importance, and it likely shows us a way forward.**

**The first one I want to speak about is how basically we have set a precedent where we don't have rights in a crisis, and perhaps going forward, even when we're not in a crisis, but that we're just in a hard spot. We went into this pandemic believing that we had fundamental rights. In fact, Canada was, you know, a poster child of free Western liberal democracy. We had this *Charter of Rights and Freedoms*. I don't think you could become a new citizen without learning about it, about this Constitution with this Charter and all these protections we had. And that turned out just to be a piece of paper with words on it.**

We had James Kitchen testifying last week in Saskatoon, basically saying, "Well, it only lasted 40 years." It came out in 1982, the *Constitution Act* of 1982. It's a British statute. Our constitution is just British statutes, by the way. So yeah, it's probably a record for the death of a constitutional document and definitely the death of a constitutional document that purported to give fundamental rights.

Here we had the largest government-encroachment upon our rights and freedoms that any of us had ever experienced, even in wartime. And we would expect that there would be case after case after case, evaluating this encroachment and putting some breaks upon the government. But I can't think of a single case that puts a break or a check on the government going forward, and every lawyer that has taken the stand that I have examined, I've asked that question. And, you know, I welcome Leighton Gray who's here today as a volunteer lawyer to help us call witnesses, but he testified last week, and I asked him, "Can you think of a single case going forward that puts a break on government action?" And no one can think of a single case.

So we've had the largest government-encroachment in our lifetime. And going forward, the precedent we set is, this is okay. It's okay if we think we're in a crisis, and perhaps even if we're not in a crisis, for the government to take away our rights. So we've allowed a very dangerous precedent to be set. And our relationship with the government because of this has changed dramatically.

Pre-pandemic, I expect that most of us were not afraid of our government. I think most of us felt that even the government was there to protect us and that we were comfortable with the balance. We likely felt like we were equals with the government. We recognized the government had a lot of power, if we stepped out of line, if we killed somebody or stole or whatever, broke the law, we would expect the government would come down on us and exercise its power.

But we also felt that we had a lot of power, in the form of personal freedom, to basically do what we want to do, go where we want to go, without restrictions.

[00:10:00]

But we learned that that wasn't the case. So if we were in a situation at the beginning of the pandemic, where there was a balance of power between the citizen and the government, we very quickly found ourselves in the situation where the government had almost all of the power.

And that has set a precedent. We now have a precedent in Canada where if we're facing a crisis, the government has almost all of the power over us. And now what has changed is **that for many of us, we are now afraid of the government, and you know what I'm talking about.**

**We're afraid that they're going to do it again. And it doesn't even matter what side you're on. If you supported the government measures you didn't like being locked down, you didn't like having to get a treatment because the government said so even if you supported it. You didn't like masking, and you didn't like having to show identity papers as if you were in a Stalinist roadblock in the Soviet Union. You didn't like it, and you're afraid that it might come back. And clearly for those that opposed what the government was doing, that didn't agree with it, they didn't like it at all either.**

**Now, we're being told by different world leaders that we're going to have another pandemic, that there *is* going to be a next time, and the danger for us is that it's going to be much easier for the government to impose these restrictions on us. And help me out. Once the government has taken powers, when is it that they don't go further? And the reality is—and listen carefully because you get to choose how free and how not free you are, and here's the measure—governments will, going forward, as they have in the past, keep taking more and more and more, until you reach the point where you say, "That's it. I'm standing up. Here's my line in the sand." Regardless of the consequences, you can't take any more.**

**That's where you'll find yourself. And so if you move that line forward, where you're still free and you start standing up while you have real freedoms, instead of when you don't, things will go a lot easier for all of us.**

We're going to be calling a witness during these hearings who served a year of jail for her involvement in the Solidarity movement in Poland. And she's going to tell you that at the beginning, there was hardly anyone in the Solidarity movement. There was hardly anyone standing up. And it's obviously hard to get a movement going when there's no one standing up. And she says, "People only stood up when the bread ran out, when they were hungry." That was their line in the sand, when they were hungry. But you are going to be pushed—and I promise you—to that point where you won't take any more. And so you should decide that you're not going to take any more, sooner than later. It'll be much easier for you.

The second precedent that I want to speak about are these vaccine mandates. I mean, anyone out there who is naive enough to pretend that we had a choice in Canada—and regardless of whether you supported getting vaccinated or you didn't support—there really wasn't a choice. We didn't make it a law, but that's just a nuance that's really meaningless, isn't it, when we're being told that you can't work, you can't go on a plane, you can't go on a train, you can't go to your kid's hockey game, you can't go to a restaurant, when the social pressure is intense, where there's editorials in the *Toronto Sun* [sic], I think, that's entered as an exhibit in these proceedings: "Let the Unvaxxed Die. They Shouldn't Get Health Care." [*Toronto Star*, August 26, 2022]

And we all heard things like they should be put in camps. There was pressure, we didn't have a choice, and witness after witness will say that they felt coerced. A lot of them took the vaccine so that they could keep their job: "I have kids, I have a mortgage, I had no choice." I have personal friends that did that.

Now, here is the precedent. If you allow—and we allowed the government to basically dictate to us that we had to take a medical treatment—so we set a precedent where we don't have sovereignty over our own bodies. And actually, the term "sovereignty," a lot of people don't understand,

[00:15:00]

**and it's probably more appropriate for me to use the term "ownership."**

**Somebody might go, "Why is he using the term ownership?" Understand that when we use the term ownership, all we're describing is that somebody who is the owner has control over what is going to happen to what is owned.**

**So if you own a car, as the owner, you can decide who drives the car. If it gets painted, you get to pick the color. Ownership just is our way of explaining who gets to decide what happens to something, who has control over something. And if somebody else has control**

**over your body, then ownership is an appropriate term. We gave up ownership over our bodies. And understand that having sovereignty, the right to decide for ourselves, having ownership over what happens to our bodies, is one of our most fundamental rights.**

**Whether you like it or not, you're living in a body. You can't escape the feelings. If somebody walks up to you right now and punches you in the nose, there's nothing you can do. You're going to experience pain, your eyes are going to water, maybe you're going to feel blood running down your face. If somebody jabs you with the COVID-19 vaccine and you don't have an adverse reaction, that's going to be your experience; if you do have an adverse reaction, that's going to be your experience. But it's personal. People can empathize with you, but they can't share the experience.**

When you feel good, it's your feeling alone. When you feel bad, it's your feeling alone. And because you are the one that experiences your body, we have as a fundamental principle that each one of us should be the sole decision-maker over what happens to our body. We used to consider that as sacrosanct. But we gave that up by allowing the government to dictate to us, and we participated in this. We got enthusiastic about forcing other people to get vaccinated. We gave up ownership over our bodies. We gave up sovereignty. We've set that precedent.

Now understand, there are only two groups of beings that don't have ownership over their bodies. And the first group is slaves. Slaves do not have ownership over their bodies because they're owned by the slave owner. And so the slave owner gets to decide whether or not the slave must take a medical treatment. The other group that has no control over whether or not a medical treatment will be imposed on them is livestock, which again involves ownership. So in that case, we'll have, for example, a rancher of a herd of cattle, and that rancher who owns the cattle has the sole discretion over what medical treatments those cattle have.

And I can't think of a principal difference between slaves and livestock when it comes to this sovereignty issue over their bodies because both of them have no choice. A slave cannot refuse a treatment because the slave does not have ownership over the slave's body. A cow cannot refuse treatment because the cow does not have ownership over the cow's body. You cannot refuse COVID-19 vaccines during our pandemic because the reality is that you did not have ownership over your own body.

You know, I was wondering as I was putting this together, whether or not it would be more honest if we got ear tags like we put in cattle, and then I quickly remembered that that's not how we mark humans—that we mark humans by either marking them on the wrists, their foreheads, requiring vaccine passports, or—coming to a theater near you—a digital passport. We have set the most dangerous precedent, not just for ourselves but for our **children because how are they going to do this going forward because this is the country we're passing on to them?**

**The third precedent that we set, which is the most important,**

**[00:20:00]**

**and likely the way out of this, is that we stepped away from the legal foundation of Canada as a liberal Western democracy— And that is that our legal system, both criminal and civil, is based on the second commandment.**

**And I had explained the second commandment at the Saskatoon hearings, but it's basically that you are to love your neighbour as yourself, which means you are supposed to treat your neighbour exactly how you want to be treated. Our entire legal system, criminal and civil, is based on this.**

**You know, no law student can get through law student [sic] without learning about the great Lord, and how he basically changed our civil tort law with the great question, "Who is our neighbour?" Who is the neighbour that we owe this second commandment responsibility to? All Western democracies—every single one, to a T, a hundred per cent—have based their legal and civil societies on the second commandment. And it's because if you base your society on the second commandment, it's the way to ensure the maximum amount of liberty for your citizens and the minimum amount of oppression, and I will explain this. And it's also the second commandment is the measure by which you can tell whether a law is a true law, or if it's a false law.**

And to explain this to you, I actually have to go back and share the story of where the second commandment came from in the first place. It goes back to Jesus, and He's living in a time where the society was very rule-based, it was law-based. In fact, they referred to their religious system, which was very rule-heavy, they referred to it as "The Law." And it had become onerous, although that wasn't the intention. And I mean, we're familiar with a lot of their rules. I mean the Ten Commandments. That literally was the start of it, where Moses comes down from Mount Sinai with two clay tablets and Ten Commandments from God, with things like don't murder, don't steal, don't commit adultery, these rules.

Now, they had become very oppressive in Jesus' time, so right to the point where the people were feeling that the law was working against them and oppressing them. And that sounds familiar, doesn't it? And the problem was, is that the religious leaders—because the religion was such a major part of their society, the religious leaders owned the religion. They interpreted it, they enforced it, they basically had ownership over it, and so it became oppressive instead of free.

Now, they had a problem though. They had been running things, tickety-boo, having ownership of what was going on, and then this upstart shows up. This Jesus character starts walking, literally walking from village to village, teaching—teaching about the law in a different way that wasn't oppressive, and sharing parables. And this is getting back to these religious leaders, and they're just going crazy because the crowds were so much that actually, it became an inconvenience for Jesus. He couldn't go anywhere without the crowds following Him. And, you know, add in the reports that would have been coming back to the leaders in Jerusalem about, "Wow, and He's healing the blind, and the lame walk." The crowds were going crazy, and they clearly had to do something about this person.

**He had to be dealt with because they were losing ownership over the religion. And so they thought, "Well, we need to trap Him. We need to show the crowd that He's really no different than anyone else and no smarter than us. So why don't we ask Him, 'Jesus, what is the greatest commandment?'" Because there's so many rules, He's going to pick one, and then they can start a legal argument with Him and get Him bogged down and just show the crowd He's not as clever as the crowd thinks, and in that way trap Him.**

**So they try this. They go to Him and they say, you know, "Teacher, what is the greatest commandment?" And Jesus saw the trap right away, and He gave an answer. And He could have stopped there because He got out of the trap with, you know, His first sentence.**

He said,

[00:25:00]

**“Well, the greatest Commandment is to love the Lord your God with all your heart, all your soul, and all your strength.” Well, what are the religious leaders going to do about that? Because, yes, it’s a rule-based system, but I mean, even the first commandment that Moses brought down was, you know, you serve no other Gods but Me. So they couldn’t argue with that. Jesus was out of the trap, but Jesus then gave us the second commandment to get us out of the trap.**

**And so He added something He didn’t need to add, and He said, “And the second** commandment is to love your neighbour like yourself.” So that is treating your neighbor exactly as you would want your neighbor to treat you. And then Jesus said, “These two, that’s all the law.” You’ve got all this whole rule-based system, but that’s it. Love your neighbor like yourself. And if you start unpacking it, all these rules, and this is why this is the touchstone of how you’re going to judge whether a law is a true law, one that you should support or not: if it follows the second commandment, it’s a true law.

So you know, I had mentioned murder, theft, and adultery as just examples of the Ten Commandments. Well, we don’t murder our neighbor because we don’t want our neighbor to murder us. And so if we both treat each other as we want to be treated, then we’re free of murder. We don’t steal from our neighbor because we don’t want our neighbor stealing from us. And if all of us follow this then we’re all free from theft. We don’t sleep with the spouse of another person because we don’t want another person sleeping with our spouse. And if we both live by that then we have peaceful marriages. We’re free to have that. And so Jesus, by doing this, actually freed us from laws becoming oppressive by just pointing out, well, the whole point of us collectively having laws is so we can love each other. It’s that simple.

Now, the second commandment and the reason why every single Western liberal democracy has been founded on the second commandment, is because it brings freedom. Societies that are based on the second commandment, their legal system, and it’s taught as their culture, they don’t hurt each other because if we are all in the habit of treating each other like we want to be treated, we behave nicely. We don’t, in those societies, control or oppress their citizens because that is inconsistent with the second commandment. We don’t want to be controlled and oppressed, so we’re not going to control or oppress others.

Now, we contrast that— And that’s what we were based on, and our problem is we have left our philosophical roots. We could have, when the COVID pandemic happened, we could have chosen to love each other. And how different would it have been if all of our actions **were guided by treating people like we would want to be treated? And we can use this measure to judge our institutions and their actions during COVID.**

**Our media did not follow the second commandment because if you’re a journalist, or you’re an editor controlling journalists, and you want to treat your neighbour like yourself, well obviously you want to be told the truth. You want balanced reporting. You want fear tampered down instead of ratcheted up. You want people to understand that there’s a scientific debate. You don’t want voices censored because you understand that that leads to tyranny. And do you see then, is if our media had been following the second commandment, we would have all had a different experience.**

If our Public Health Officers were following the public Commandment, if the Colleges of Physicians and Surgeons— So in Alberta, my understanding is they basically directed to doctors during COVID that they were not supposed to treat early COVID. That is not following the second commandment.

The second commandment gives us basically our guide points for our posts,

[00:30:00]

for evaluating what happened with our institutions, what happened with our laws because we experienced the opposite. I mean the second commandment is about loving your neighbour, but what we experienced was hating our neighbour. And we did. There is so much hatred in this country, there's still witnesses dropping out of these proceedings at the last minute because they're afraid of testifying. They're afraid of retribution. And we still can't have honest conversations with each other, whether we're family members, whether we're friends because of the hatred because we stepped away from our philosophical foundation.

We lost our footing. And, so for going forward, we have to stand on our footing again. And I think it's the only way forward.

So that ends my opening remarks. I'd like to call our first witness to the stand.

[00:31:01]

***Final Review and Approval: Anna Cairns, August 30, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 26, 2023

Day 1

### EVIDENCE

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Witness 1: Joelle Valliere

Full Day 1 Timestamp: 01:31:24–02:02:56

Source URL: <https://rumble.com/v2kjqwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

**Shawn Buckley**

Now, Joelle, this is awkward because we can't really see each other. We'll be looking at each other on screens. But can you please state your full name for the record, spelling your first and last name?

**Joelle Valliere**

My name is Joelle Valliere, J-O-E-L-L-E V-A-L-L-I-E-R-E.

**Shawn Buckley**

And, Joelle, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God.

**Joelle Valliere**

I do.

**Shawn Buckley**

Now, you are a wife and a mother of three?

**Joelle Valliere**

Yes.

**Shawn Buckley**

And you're also a funeral director and an embalmer.

**Joelle Valliere**

Yes.

**Shawn Buckley**

You've been embalming since 2008 and you have 15 years' experience as a funeral director.

**Joelle Valliere**

Correct.

**Shawn Buckley**

Now, you're here to testify today about being injured by the vaccine. I wanted to start by asking you why did you take the vaccine? What was going on that led you to take it?

**Joelle Valliere**

I felt I needed to take it because of my work. I didn't know if COVID remained on a deceased human person. I needed to protect myself. I needed to protect my colleagues, my family, my community. We were caring for my 92-year-old father-in-law at the time. I didn't want to cause any harm to him. We like to travel. And so that's why I chose to be vaccinated.

**Shawn Buckley**

Now, when you went to get vaccinated what were you told? So were you told about side effects? Do you think you were properly informed about the risk?

**Joelle Valliere**

No, what I was informed about was just given to me on a sheet of paper. And, you know, the typical sore arm and possible site redness and inflammation.

**Shawn Buckley**

David, can you pull up what's on my computer screen, just so that the witness and the commissioners can see.

So you provided me, actually, with a copy of the form that you were given when you went to get vaccinated. And so at the top there's a heading, "Side Effects," which lists redness, warmth, swelling, bruising, (going below) feeling tired or unwell, headache, fever, chills, body aches, feeling sick to your stomach, swollen lymph nodes—things that really don't sound very significant. And then there's a list of "Rare" for AstraZeneca, but you didn't get the AstraZeneca, so those wouldn't apply to you. So do you remember that this is basically all you were told, were these rather minor side effects?

**Joelle Valliere**

Correct.

**Shawn Buckley**

Okay. Now, my understanding is it was April 28, 2021 where you received your first shot of the Pfizer vaccine. Can you tell us what happened?

**Joelle Valliere**

So my husband and I both went in on April 28th to be vaccinated. We went together, and the very next day my left leg was inflamed. I had swelling in the left leg. I went to the hospital in Drayton Valley. They examined. There was no blood clot—that was my fear.

**Shawn Buckley**

So I'm just going to stop you. So when you say your legs were swelling, they were swelling so much that you felt the need to go to the ER [Emergency Room].

**Joelle Valliere**

Correct. Just my left leg, though.

**Shawn Buckley**

Okay. So what happened at the ER?

**Joelle Valliere**

They examined. They determined that there wasn't a blood clot, and I was sent on my way.

**Shawn Buckley**

So in the following three to four weeks, what was your experience?

**Joelle Valliere**

I started to get quite tired, a lot of fatigue, loss of appetite, not sleeping well or sleeping too much. My feet began to swell a bit. And a lot of vomiting, for no reason that I was aware of.

**Shawn Buckley**

Now, you were still working at the time. So when you came home after a day's work, how were you doing?

**Joelle Valliere**

I was exhausted.

**Shawn Buckley**

Okay. Now something happened on your birthday. Can you tell us about that?

**Joelle Valliere**

Yeah. My husband and I, every year we go golfing for my birthday. We finished a round a golf, and I recognized that my feet were getting a little tight in my shoes. But at the end of the round, I looked down

[00:05:00]

and my feet were swollen right over my shoes.

**Shawn Buckley**

Actually, swollen right over your shoes.

**Joelle Valliere**

Yeah.

**Shawn Buckley**

So what did you do?

**Joelle Valliere**

I sent him home to feed the kids and I went to the hospital.

**Shawn Buckley**

And was there a diagnosis this time?

**Joelle Valliere**

Dr. Van Der Merwe did some blood work and determined that my kidney function had dropped to 34 per cent.

**Shawn Buckley**

And now, that actually went down as time went on, right?

**Joelle Valliere**

Correct.

**Shawn Buckley**

So what was it down to by the end of July?

**Joelle Valliere**

Nine per cent.

**Shawn Buckley**

Nine per cent. And, what's the cutoff level where, in the medical system, you're typically slotted for a kidney transplant? At what level?

**Joelle Valliere**

Fifteen.

**Shawn Buckley**

Okay.

David, if you can let me, I'm just going to take control over the screen. I'm just going to show you some photographs. And, now, I'm not going to get them all in order, but am I correct that this photo is just basically a photo of your feet when they're not swollen [Exhibit RE-3]? This is normal feet.

**Joelle Valliere**

**So that was at the U of A [University of Alberta] after they had they had given me some diuretics and controlled my edema, at that point.**

**Shawn Buckley**

Right. Now, just going to move to the next picture. That's an example of your feet being swollen [Exhibit RE-3a].

**Joelle Valliere**

Yes.

**Shawn Buckley**

And we've got a couple of pictures that we'll enter as part of the record. But basically, the point being is when you're saying your feet are swollen; this is actually a physical representation of the difference [Exhibits RE-3b, RE-3c].

**Joelle Valliere**

Yes.

**Shawn Buckley**

Thank you David. So what did the hospital do? You went to the hospital and they're finding that your kidney function is at 34 per cent. How did they treat that?

**Joelle Valliere**

So in Drayton Valley, what they were doing was trying to control my blood pressure. My blood pressure when I went on the first of June was 190 on 145. They couldn't believe that I had no chest pain, no headache, at that point. So just controlling my blood pressure was their main focus, but it was not successful.

**Shawn Buckley**

**And literally a few days later, on June 4th, you had to go back to the ER. What was happening on June 4th? There was something with your hand.**

**Joelle Valliere**

**My left hand. I was driving the children to town. We live about 20 minutes east of town. So I was taking one to work and one to school. I noticed that my left hand began to tingle and I looked down. And from my wrist down, it was eggplant colour—a deep purple.**

**Shawn Buckley**

Now, you ended up going to the University of Alberta. Can you tell us what happened?

**Joelle Valliere**

I was admitted to the Nephrology Unit after they couldn't determine exactly what was happening. But I was in emergency there, and then admitted to the Nephrology Unit.

**Shawn Buckley**

And what diagnosis did they give you?

**Joelle Valliere**

So I was admitted on the 4th of June, and on the 7th of June they did a kidney biopsy. And I was released on the 9th of June without a diagnosis at that time. On the 14th of June, the doctor of nephrology called me, and I was diagnosed with dense deposit disease.

**Shawn Buckley**

Now, the day you were admitted, Dr. Courtney told you about other admissions. And can you speak to us about that?

**Joelle Valliere**

He said that aside from myself, four other people had been admitted—so five of us—, and four of us had just been vaccinated within the month.

**Shawn Buckley**

And, am I correct that he basically voiced that he was suspicious about the number of people being admitted that day?

**Joelle Valliere**

Yes.

**Shawn Buckley**

And the connection to the vaccine.

**Joelle Valliere**

Yes.

**Shawn Buckley**

So now my understanding is that on June 24th you were started on immune-suppressant drugs?

**Joelle Valliere**

Correct.

**Shawn Buckley**

And were you given an explanation as to why?

**Joelle Valliere**

So what they told me was that the vaccine had likely put my immune system into overdrive. And in doing that, I developed an autoimmune disease. So by giving me immunosuppressant therapy was to stop my immune system—was to kill it—and hopefully stop the disease from progressing.

[00:10:00]

**Shawn Buckley**

And can you share with us going forward the types of things that you went through medically?

**Joelle Valliere**

I had eight surgeries and procedures in eight months. Aside from the medications, and in addition to the medications and the edema, I gained about 40 pounds, which I've lost now. I began hemodialysis on the 10th of August—emergency—because I couldn't walk or hardly breathe at that point. So it was an emergency to get me started before it got worse.

On the 27th of August 2021, they placed a peritoneal dialysis line. I had to let that heal for about six weeks before I could use it. And then, so I went from hemodialysis to peritoneal dialysis, which I could do at home.

On December 3rd of '21, I had my first hemodialysis line removed. December 8th of '21, my peritoneal dialysis line failed. December 9th, I had to have a second hemodialysis line placed.

Just infection after infection and it was, just— It was tough.

**Shawn Buckley**

And my understanding is that you were on dialysis for six months, but you were eventually able to get off dialysis.

**Joelle Valliere**

Correct.

**Shawn Buckley**

And I'm just going to show— You shared a picture. (So David if you could pull my screen up.) This is a picture you shared with us of you actually having a dialysis treatment [Exhibit RE-3d].

**Joelle Valliere**

Yes.

**Shawn Buckley**

This would also be the time you described to us you'd put on a lot of weight.

**Joelle Valliere**

Yes.

**Shawn Buckley**

So just looking at you on the witness stand and this photo, I see the difference. (Thank you, David.) So if you were to— Well, I'm asking you now: What is your current condition now? So you're off dialysis, and you've been off dialysis for a while. What are you experiencing now?

**Joelle Valliere**

So I actually had blood work done yesterday, and my kidney function is at 21 EGFR [Estimated Glomerular Filtration Rate]. And my creatinine levels are in the 256 range.

**Shawn Buckley**

And what does that mean?

**Joelle Valliere**

So my EGFR is the measurement of your kidney function. So in a healthy person, it should be above 60. And mine's at 21, so it's kind of like a percentage of what your kidney function is at.

**Shawn Buckley**

Right, and at 15 percent or below, you're eligible for kidney transplant.

**Joelle Valliere**

Yes.

**Shawn Buckley**

Are there any other things, perhaps affecting your mind or your concentration?

**Joelle Valliere**

So with my creatinine levels being high, it does affect your mind, your brain function. I do forget a lot of words. Foggy. I'm very tired. I work a lot because that's what I love to do, but I suffer for it. I have severe insomnia. My appetite isn't great. I have to watch my diet and my fluid intake so that I don't end up with fluid retention. I'm on nine different medications at this time, which is a great improvement compared to the about 40 pills I was taking, in the beginning, a day.

**Shawn Buckley**

Now, I'm going to the transplant issue. So today you're at 21 per cent, and some days you're lower than that.

**Joelle Valliere**

It fluctuates.

**Shawn Buckley**

Yeah, and my understanding is that you're actually concerned about it going below 15 per cent because you may not be eligible for a transplant?

**Joelle Valliere**

That's right, because I don't have my second vaccine. Although I did receive documentation that, as of April 20th, I could be eligible, but I would have to have some education on what COVID might do to me.

**Shawn Buckley**

So in April of 2023. So until recently, you weren't eligible to be on the kidney transplant list because you had to be double vaxxed. Am I right about that?

**Joelle Valliere**

That is correct.

**Shawn Buckley**

So here you are. You can't get another shot because your kidneys are failing because of the first shot—and the doctors agree with you on this—but they were still expecting you to then get a second shot before you would be eligible for kidney transplant.

**Joelle Valliere**

That's correct.

[00:15:00]

**Shawn Buckley**

And now you could be eligible, but you need to be educated about the dangers of COVID, presumably to convince you to get your second shot.

**Joelle Valliere**

That's right.

**Shawn Buckley**

Have you submitted a claim for your injuries?

**Joelle Valliere**

I have submitted a claim with vaccine injury benefits with the federal Government of Canada.

**Shawn Buckley**

And how long ago did you do that?

**Joelle Valliere**

September of 2021.

**Shawn Buckley**

Okay, so I imagine that's been totally processed and you're now receiving compensation?

**Joelle Valliere**

Absolutely not.

**Shawn Buckley**

Has anything happened?

**Joelle Valliere**

Nothing.

**Shawn Buckley**

And can you share with us what the complication might be?

**Joelle Valliere**

The complication might be that they're still trying to access documents from all the doctors that treated me since my injury.

**Shawn Buckley**

Okay, and is there also a concern that you might have had a pre-existing condition that would basically disqualify you?

**Joelle Valliere**

Correct.

**Shawn Buckley**

Can you share that with us?

**Joelle Valliere**

When I was 16, I had a strep infection. And by the time I was 19, I had decreased kidney function because of that infection.

**Shawn Buckley**

Were you ever treated for that?

**Joelle Valliere**

I was given diuretics—so a water pill—and that's all.

**Shawn Buckley**

Okay, and that was for a short period of time.

**Joelle Valliere**

Yes.

**Shawn Buckley**

So since you were 18 until what you've just shared with us getting vaccinated in 2021, did you have any kidney issues at all?

**Joelle Valliere**

From the age of 19 to 2021, I had no kidney issues.

**Shawn Buckley**

And you had actually had your kidneys checked out in 2012 just out of curiosity.

**Joelle Valliere**

Correct.

**Shawn Buckley**

Can you share with us the results?

**Joelle Valliere**

I saw Dr. Kym here in Red Deer, actually—I was living in Sylvan Lake at the time. And he felt that I was likely misdiagnosed, because there is no way, in his opinion, that somebody with MPGN, membranoproliferative glomerulonephritis, could maintain perfect kidney function with no treatment at all.

**Shawn Buckley**

Right, so that doctor who— And again, you just deliberately went in, you didn't need to go in, but you were curious about your kidney function. And you're basically told, "No, you never have had kidney function problems."

**Joelle Valliere**

That's correct.

**Shawn Buckley**

Now, you were off work because of this from May 2021 to January 2022, so basically for seven months. Can you share with us the economic impact of being off work?

**Joelle Valliere**

So for myself personally, as a partner of the funeral home, I remained on payroll because I did not qualify for disability benefits. So they did keep me on payroll. But we did have to hire help as I was the only embalmer there. So we had to hire out help.

**Shawn Buckley**

Right, so you're a co-owner of the business?

**Joelle Valliere**

Correct.

**Shawn Buckley**

And so basically, the economic impact is somebody had to basically replace you, and those wages had to be paid.

**Joelle Valliere**

That's right.

**Shawn Buckley**

Now, how has this affected you emotionally, having gone through this experience?

**Joelle Valliere**

I don't even know where to start with that. There was a time where I considered medically assisted death, which I don't know why because as a Christian it's totally against everything I believe in. But I just couldn't do it anymore.

**Shawn Buckley**

So you were finding this so difficult that you were actually considering having your own life taken through the government program for assisted suicide.

**Joelle Valliere**

Yes.

**Shawn Buckley**

What types of thoughts were going through your mind when you were at that place?

**Joelle Valliere**

I was told that the only way off dialysis was kidney transplant or death, but kidney transplant wasn't an option—just all the infections. My kids— I just— It's just too much. I really, really enjoy the work that I do. I'm so privileged to be able to walk alongside families in their darkest times, and I couldn't do that. I had to fight to go back to work.

[00:20:00]

And even now, I don't have the strength that I had physically. It was just tough.

**Shawn Buckley**

And my understanding is that you even had a discussion with your husband about entering the MAID [Medical Assistance in Dying] program. And for people internationally, that's the government program for assisted suicide.

**Joelle Valliere**

Correct.

**Shawn Buckley**

So it had gotten to the point where you were discussing it with your husband.

**Joelle Valliere**

Yes.

**Shawn Buckley**

Now, you just spoke about really enjoying your work and being able to assist families that are experiencing a time of crisis. You've been an embalmer for 12 years.

**Joelle Valliere**

Correct.

**Shawn Buckley**

And you started in the funeral business earlier at 2008.

**Joelle Valliere**

Yes.

**Shawn Buckley**

To qualify as an embalmer you actually have to do 50— I don't know what you call it when you embalm somebody.

**Joelle Valliere**

So in the province of Alberta, I took a two-year program. And in order to become a licensed funeral director and embalmer, you have to put in, much like an apprenticeship, you have to put in your 18 hours of experience. But I also had to log 50 embalmings and 50 funeral arrangements with families.

**Shawn Buckley**

Right, just to qualify before you started. Now, my understanding is once the vaccine rollout started, you worked till May of 2021. So you're roughly there for about the first five to six months of the vaccine rollout.

**Joelle Valliere**

Yes.

**Shawn Buckley**

And then you were off work for seven months, but you started back in January of 2022?

**Joelle Valliere**

Yes.

**Shawn Buckley**

Did you see changes when you were embalming people that you had not seen ever in your career before the vaccine rollout?

**Joelle Valliere**

I did. Yes.

**Shawn Buckley**

Can you share those with us, please?

**Joelle Valliere**

I found that the drainage— So the blood that would drain was very thick and sludgy. I found that it was almost like a sandy texture in some cases. And then I have— Personally, I have experienced calamari-like—

**Shawn Buckley**

Now, you use that term, and that's just what embalmers are now calling these new things that are being found?

**Joelle Valliere**

Yes. So in my experience, I had never seen that before.

**Shawn Buckley**

(And David, can you just pull up my computer?) So this is a photo that you provided [Exhibit number not available]. This is an example of one of those things you referred to as calamari.

**Joelle Valliere**

Yes.

**Shawn Buckley**

That you pulled out of a body when you were embalming.

**Joelle Valliere**

Yes.

**Shawn Buckley**

And my understanding is basically these things are complicating the embalming process because it's harder to pump the embalming fluids into the body. These are plugging either the venous or arterial systems.

**Joelle Valliere**

That's correct.

**Shawn Buckley**

So does it take longer to do—to embalm a person now?

**Joelle Valliere**

So I'm finding it's taking longer. I'm finding that I'm having to build up pressure in order to release anything that might be causing restraint in the circulatory system.

**Shawn Buckley**

And more specifically, you mean these things that you're referring to as calamari.

**Joelle Valliere**

Correct.

**Shawn Buckley**

Just so that we understand your evidence, so you are actually putting pressure inside the body to try and force these things to move so that they can be taken out—so that you can actually flush the body with the embalming fluid.

**Joelle Valliere**

Correct.

**Shawn Buckley**

So it's a complication that you had never seen prior to the vaccine rollout.

**Joelle Valliere**

I had not experienced that myself, no.

**Shawn Buckley**

Now, what happened when the vaccine boosters came out?

**Joelle Valliere**

Well, that's when I started to experience these.

**Shawn Buckley**

Okay.

**Joelle Valliere**

Although, I was away from work for quite some time, so I don't know what was happening in that time, either.

[00:25:00]

**Shawn Buckley**

Thank you, Joelle. I don't have any further questions for you, but the commissioners may have some questions.

**Commissioner Massie**

Thank you very much for your touching testimony. So there's a lot of things to unfold in what you've been through. I was wondering about how the doctors and people that were treating you were trying to understand what happened to you. I've heard discussion about previous conditions from a strep infection that are known to induce autoimmune conditions. In your case your kidney was affected, but it had been resolved after the strep has been controlled, and you had no incident whatsoever after that.

**Joelle Valliere**

So when I was first diagnosed at 19, which was likely a misdiagnosis according to Dr. Jim, he told me that I would require a kidney transplant within 10 years, that I would never be able to have children. And I went on to be fine for 27 years without issues to my kidneys. No edema: nothing. I've had two babies, you know, without complication.

I just don't understand why all of a sudden— So it was actually Dr. Courtney who said— Because I didn't know— Like I thought maybe, okay, so they said 10 years. Maybe I was

lucky and it took 27. But it was Dr. Courtney that said it was likely from my immune system being— I do forget a lot of words because of my creatinine levels being high— So likely because my immune system being in overdrive, it is what caused this dense deposit disease.

We were concerned that— You know, there's literature that states that MPGN and dense deposit disease are the same thing, but that is not the case at all. When I was 19, it was an inflammation of the glomeruli. So they said that the inflammation kind of, I guess, turned my glomeruli inside out. I was keeping the toxins in, releasing all the good stuff. But this is entirely different. This is an entirely different disease, and it's very rare. I'm one in 1.6 million.

**Commissioner Massie**

Are you aware of any situation where you might have been infected by COVID before the vaccination, with symptoms or without any symptoms?

**Joelle Valliere**

I don't think so. I don't know.

**Commissioner Massie**

So it was your first encounter, if you want with them—

**Joelle Valliere**

Yes.

**Commissioner Massie**

You mentioned there was four people that seemed to have a similar condition about the same time. Do you know what happened with these people in terms of their further treatments?

**Joelle Valliere**

I don't know. So Dr. Courtney, when I saw him, he did let me know that four other people had been admitted. And he was suspicious of vaccine injury. He said— But I was by far, of all the patients he'd seen, the worst.

**Commissioner Massie**

Did anybody suggest to you to use some sort of treatment that are being currently developed in order to get rid of spike protein, in case this could have been still present in your system?

**Joelle Valliere**

Not on a medical level, no.

**Commissioner Massie**

Okay, thank you.

**Commissioner Kaikkonen**

Good morning and thank you for your testimony. I'm just wondering. You mentioned you have children. How are the children affected as you continue through this journey?

**Joelle Valliere**

It's been very difficult on them. I think one of my most memorable conversations with my son—I had a little bit of trouble with him and he was better at this point—and he came outside and he sat beside me and he was crying. I said, "What's wrong?" He said, "I'm just so sorry, mom." And I asked him, "Why?" He said, "I feel like I took a little bit of life out of you. Now, look." And I said, "That's okay. My purpose was to make sure that you're okay, then my job is done." So—

[00:30:00]

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

Good morning, and thank you for your testimony. I think you said in your testimony that, originally, you were not eligible to get a kidney transplant because you were not double vaccinated. Is that correct?

**Joelle Valliere**

Correct.

**Commissioner Drysdale**

Were you eligible for the MAID program?

**Joelle Valliere**

I didn't look into it. It was just simply discussion.

**Commissioner Drysdale**

You also mentioned that you believe that in the compensation program that they're considering a pre-existing condition. And my question to you is, when you got the vaccine, did the doctors inform you that if you had a pre-existing condition, this could exasperate it?

**Joelle Valliere**

No.

**Commissioner Drysdale**

Thank you very much.

**Joelle Valliere**

You're welcome.

**Shawn Buckley**

There being no further questions, Joelle, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

**Joelle Valliere**

Thank you.

[00:31:32]



***Final Review and Approval: Anna Cairns, August 30, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 2: Catherine Christensen**

Full Day 1 Timestamp: 02:03:03–03:20:48

Source URL: <https://rumble.com/v2kijewk-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

**Leighton Grey**

Good morning, my name is Leighton Grey. I'm a lawyer here in Alberta, also licensed to practice in Alberta and Saskatchewan. I appear formally as an agent, as my friend Mr. Buckley indicated. It's my pleasure to be here. I'm going to have the opportunity to question the next witness.

It's a lawyer named Catherine Christensen. Just to set up her testimony, she is going to be giving evidence in a way of an expert, a legal expert. She is going to provide expert testimony concerning the impact of COVID-19 measures on Canadian military members, which is a group of Canadians that's probably not talked about enough in this context, especially those coerced into taking the vaccine as well as those who refused the vaccine.

And she's going to give evidence about the abuse of power that she's witnessed by the Chief of Defence Staff and the chain-of-command, which she will indicate, is shocking. So firstly, Ms. Christensen, welcome to the National Citizens Inquiry. Thank you for being here today.

**Catherine Christensen**

Thank you.

**Leighton Grey**

Okay. Could you firstly state your full name for the record?

**Catherine Christensen**

Certainly. It's Catherine Mary Christensen. C-A-T-H-E-R-I-N-E M-A-R-Y C-H-R-I-S-T-E-N-S-E-N.

**Leighton Grey**

Alright, are you prepared to swear an oath to tell the truth?

**Catherine Christensen**

Yes.

**Leighton Grey**

Okay. Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Catherine Christensen**

I do.

**Leighton Grey**

Ms. Christensen, I understand that you are a lawyer with several years of representing military members and veterans, and that you have special knowledge, expert knowledge of the military policies, legal process, and procedures. In that capacity you've represented hundreds of military members and continue to do so, who are adversely affected by the ongoing mandate of the Canadian Armed Forces. Is that correct?

**Catherine Christensen**

That's correct.

**Leighton Grey**

You're also the founder of something called the Valour Legal Action Centre [Valour]. I know that you have a presentation that you're going to give, but just to set that up, I understand you've founded this Valour Legal Action Centre, which is a non-profit organization providing access to legal services for members and Veterans of the Canadian Armed Forces, is that right?

**Catherine Christensen**

That's correct.

**Leighton Grey**

And there's actually a board that's part of Valour, if we can call it Valour going forward, and the board accepted the challenge of representing military members facing threats and sanctions related to the COVID-19 mandate implemented by the Chief of Defence Staff in **October of 2021. Is that correct?**

**Catherine Christensen**

That's correct.

**Leighton Grey**

**And this is kind of an interesting point and I think would be unknown to most people, and that is that members of the Canadian Armed Forces are actually prohibited from speaking negatively about the Canadian Armed Forces or about the chain-of-command and the Government of Canada.**

**Catherine Christensen**

That is correct.

**Leighton Grey**

And so they're effectively censored or gagged from telling the Canadian public about what has happened and continues to happen within the ranks of the Canadian Armed Forces.

**Catherine Christensen**

That's correct. Fortunately, I'm not in the chain-of-command, so I can speak for them.

**Leighton Grey**

Right, and this is where you come in. So with that, I know that you have a presentation. Are you prepared to enter into that now?

**Catherine Christensen**

Yes, I am.

**Leighton Grey**

All right, please do so.

**Catherine Christensen**

First of all, I'd like to apologize to the commissioners because I know that my brief was about a thousand pages, so I apologize for the reading, but that's just the small tip of the iceberg, actually.

**Leighton Grey**

I read it too and there's no need for an apology.

**Catherine Christensen**

Thank you. Commissioners, thank you for the opportunity to appear on behalf of Canadian Armed Forces, military members and veterans that were affected by the COVID-19 policies brought in by the current Chief of Defence Staff, General Wayne Eyre.

**A few housekeeping matters before I begin. My clients have signed releases allowing me to testify today. As I said, I'm not in the chain-of-command and the Code of Service Discipline does not apply to me, which is allowing me to speak on behalf of currently serving members and newly released veterans. The documents in support of my brief and my presentations today are all publicly available or were received through Access to Information and Privacy requests, and I currently represent almost 360 men and women who proudly wore the uniform of Canada. There are thousands more that my team and I have spoken to over the past two years.**

I am a lawyer from St. Albert, Alberta. I was a registered nurse before I went to law school. In law school, while taking military law from two JAG [Judge Advocate General] officers,

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**I identified that military members needed legal services, which recognized their unique circumstances and way of life. My professors encouraged me to pursue a legal career associated with the Canadian military, as I understood it so well for a civilian. Upon being called to the bar, I hung my own shingle and began my representation of members and veterans of the Canadian Armed Forces. I wouldn't trade my practice for any other clients. I'm honoured to stand with these men and women who have served and continue to serve Canada.**

**By the fall of 2021, I was keenly and personally aware of the pressure to vaccinate to keep a hard-won career. I also knew from years in our courts that any attempt to question vaccination policy was going to be a big challenge despite the court being our last bastion of democracy to hold government overreach to account.**

In October 2021, I was approached by hundreds of Canadian Armed Forces members about the directive from the Chief of Defence Staff mandating the injections. I was fully prepared to tell them that it was likely to be an Afghanistan of fights. And then I began to be told the stories of what was happening in the ranks, of what commanding officers were doing to their own people. These members asked me to bring my skill set and knowledge to their fight, and I couldn't let them stand alone.

If there's one thing that the best of the Canadian military is known for, is taking on a tough fight while undermanned, under-gunned, and under-equipped. Telling this dedicated group that what needed to be done in the face of adversity was all they needed. We got organized, we created teams, we equipped for the legal skirmishes, and we prepped for small advances and setbacks.

The members and veterans who voiced concerns about a mandated COVID-19 vaccination program are an outstanding group of people. They're highly decorated, they're exceptionally trained and experienced, and they have a moral code that has withstood the ultimate test of "just following orders" mentality that was supposed to die after World War II. I would put my life into the hands of any one of them. They are the finest Canada has to offer, and they've been sacrificed on a political altar.

Our military members were used to set an example for the population of Canada for a one hundred per cent vaccination rate come hell or high water. Let's be clear: the directives from the Chief of Defence Staff were not about stopping the spread or mitigating risk to the ranks or operational effectiveness. The Chief of Defence Staff stated the purpose is to show, quote-leadership-unquote, to Canadians. That's not the purpose of our armed forces, nor should it be.

**The two Chiefs of Defence Staff ahead of this current serving Chief of Defence Staff did not bring in a mandate. The documentation shows they were very aware it could not be done and no doubt understood the risks of a medical treatment decimating the entire Canadian military if something went wrong. Setting up these men and women to be guinea pigs for an experimental medical treatment and then hiding the damage from it would be a war crime if it was done to prisoners of war. It certainly was a war crime in World War II, yet General Eyre did it to his own people, and he thinks he's untouchable to answer for it.**

**A military with leaders who see themselves above the law is a dangerous thing. History teaches us that, and it's a lesson not to be forgotten. And this experiment has gone wrong. A weakened military already suffering from not enough people in the ranks then lost**

thousands more to the mandate and likely thousands more to come who were permanently damaged from the injections. The count will only rise as time moves forward.

**And what happens to those who followed the orders and took the injections and are now permanently disabled? Veterans Affairs Canada is telling them, “No, not service related.” Once again, veterans will face a procedural system that fails them and are forced to go to the court for deserved compensation. Is it any wonder that the Canadian Armed Forces has a significantly accelerated recruitment problem under the current leadership?**

**Why have the people of Canada not heard what the Canadian Armed Forces did to some of their best people in the name of COVID-19? As has been said, it’s because members of the Canadian Armed Forces are gagged from speaking out by their own Queen’s Regulations and Orders. The Armed Forces haven’t caught up to call them King’s Regulations and Orders yet. They can’t speak out, which made them the perfect population to control.**

The Chief of Defence Staff has shown that

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he is willing to sacrifice the entire military and their families under his command for political gain. Indeed, he received a promotion immediately after the mandate was brought in. Vice-Admiral Topshee was promoted to Commander of the Navy after he forced a third booster mandate on the Royal Canadian Navy. These were political appointments for a job well done at the expense of the members they are expected to lead and whose well-being should be paramount for them to protect.

In Canada, it should be noted that we have an additional check for our military that no one even thinks about: Soldiers, sailors, and aircrew do not serve at the pleasure of the Prime Minister, in this case Justin Trudeau. He has no power over our military. They serve at the pleasure of the King of Canada. Technically, the King can turn the military on the government or the police. Keep in mind, the King has the power to dismiss the Prime Minister or dissolve Parliament through the Governor General. His Majesty is the last line of defence. To King Charles, I would say, “Your Canadian military is in deep distress, and your troops need you to intervene before it is too late for Canada.”

The Oath of Service upholds the mission of the Canadian Armed Forces. Quote-to defend our country, its interests and values while contributing to international peace and security-unquote, as well as assist in times of true emergency such as extensive flooding or forest fires. It is a myth that putting on a uniform for military service strips a member of all rights of a citizen and removes bodily autonomy. Members who understood they were still Canadian citizens with high legal protections were vilified by an ignorant and misinformed **chain-of-command who pushed an agenda that all legal avenues are closed to the member when the oath is taken. This is categorically not true.**

**The Chief of Defence Staff under the *National Defence Act*, section 126, can order members of the Canadian Armed Forces to receive a vaccination. Yet General Eyre chose not to use this legislated power to implement the COVID-19 mandate. Instead, he issued Directive 1 in October 2021, which was poorly written and did not follow the Canadian Armed Forces’ own policies. Chaos ensued with implementation as each commanding officer put their own interpretation on what was to be done. Yes, you heard that correctly, the Chief of Defence Staff failed to produce a force-wide directive that could be acted on in one clear manner.**

So then we had Directive 2, which addressed some blatant errors of Canadian Armed Forces policy in Directive 1. Still not clear enough, though, and we ended up with Directive 2 amended, which was issued.

Thrown into this mix was an *aide-mémoire* regarding remedial measures leading to what is called a 5F release, and then the Chaplain General's direction on religious accommodations trying to justify why nobody was going to get a religious accommodation, no matter how sincere their belief. Remedial measures or punishments were being handed out before accommodation requests could be applied for or granted. There was no intention to allow for religious or medical reasons to not take the injections. The right to refuse did not exist in the Canadian Armed Forces according to the chain-of-command.

By the time Directive 3 came out just over a year later in 2022, the carnage and inconsistencies were blatant. Make no mistake; Directive 3 did not remove the mandate from the Canadian Armed Forces. The mandate still exists, even as the rest of the world's militaries have been removing their mandates.

The chain-of-command can order troops into situations potentially fatal or have life-changing risks. That is without question. However, the presence of COVID-19 was not one of a deadly battle of bullets and missiles against an enemy on a battlefield. The members of the Canadian Armed Forces were at very low risk from the virus, as demonstrated, for example, by their service in high outbreak environments like nursing homes with zero Canadian Armed Forces fatalities. To date, there has been no COVID-19 death in the Canadian Armed Forces.

The true damage to the Canadian Armed Forces has come from the injections themselves, the consequences of an experimental gene therapy and the mandate. COVID-19 did not decimate the Canadian Armed Forces. The leadership did it from within.

What has been the cost of COVID-19 mandates on the Canadian Armed Forces?

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I could quote you the statistics that the Government of Canada would like you to have. To say those are inaccurate is a diplomatic evasion from the reality. From a financial perspective, the cost to the Canadian taxpayer is estimated to be at least three billion dollars in lost training, experience, and expertise. Plus, there have been significant administrative costs to implement the mandate and its consequences.

The cost to members and their families add to the total. Years of service gone, benefits gone, pensions gone or reduced, injured members denied earned benefits of a medical release, denied unemployment insurance benefits, and blocked from some forms of employment due to the release category of 5F. The true cost in dollars may never be fully known.

Institutionally, the Canadian Armed Forces have lost people. Thousands of people are pouring out of the service since 2020, and they are not being replaced by new recruits. Where few recruits do join, who's left to train them? It isn't generals and admirals who train the ranks. It's the non-commissioned officers and the junior officers, and their ranks have been essentially wiped out. Some of the finest battle-experienced members were driven out of the Canadian Armed Forces when they need them the most.

**The media has covered the gutted state of our military ranks where even the best sound bite from the defence officials cannot hide the sad state of our military.**

**How do I even begin to explain the human cost of COVID-19 mandates on the people and families of the Canadian Armed Forces? Do I talk about the young soldier made to stand in the bitter cold of a Canadian winter for three months while his fellow troops taunted him?**

**Do I talk about pregnant women in uniform, hounded in their homes and charged with AWOL after being hospitalized, even while the leadership had a policy to not vaccinate a pregnant member with any vaccine?**

**Do I talk about young, healthy people wanting nothing more than to serve their country being driven out and told they were morally weak and no better than alcoholics, drug addicts, rapists, and domestic violence abusers?**

**Do I talk about previously healthy men and women now facing medical emergencies and injuries that have left them disabled for life?**

**Do I talk about the member who was only weeks from a full pension after 35 years of service, including multiple deployments without a single blemish on her record, who lost it all while her husband was dying of cancer?**

**Do I talk about the shunning and ejection of some of our finest snipers and special operations soldiers that the Canadian Armed Forces was only too happy to brag about to the media a few years ago and now discard like yesterday's garbage?**

**Do I talk about the young women who have been sexually assaulted but stayed in uniform only to find senior leadership forcing them into yet another physical assault? To quote one of them, "Being forced to take this into my body by a superior officer was like being raped over a desk at basic training all over again."**

**Do I talk about the jeering taunts of non-commissioned officers bragging about coercing another member into taking the shot? "Got another one, boys."**

**Do I talk about chaplains who are punished for trying to speak up for the religious beliefs of their members? Do I talk about young mothers who desperately need their careers who are terrified that they have put their babies at risk just so they don't lose their place in the ranks?**

**Do I talk about the chaplain, now denied his role as a chaplain as punishment for standing up for his people, whose family in Poland were victims of the Nazis, and who could not stomach the coercion and forced experiments on unwilling bodies?**

**Do I talk about the doctors who asked how to report vaccine injuries and were ordered not to report or stay silent or to report the symptoms as something else other than a vaccine injury?**

**Do I talk about pilots, already isolated from their peers, who were denied attending the funeral of a close colleague after his suicide even though the funeral home had no restrictions in place?**

**Do I talk about members who have given 20, 25, 30, 35 years of their life to the Canadian Armed Forces and were denied a depart with dignity ceremony like their peers?**

**Do I talk about the commanding officer whose staff were told to leave a room if he entered it, thereby handcuffing his ability to lead?**

**And finally, do I talk about the vindictive postings now being handed out as punishment for those who somehow managed to avoid the purge?**

[00:20:00]

**The list goes on and their voices have been silenced until today. Canada needs to know that the men and women of the Canadian Armed Forces did not let Canada down. All they wanted was to serve in order to protect the freedom and rights the Canadians hold dear, and their predecessors fought for, in the past.**

The blame lies in the current leadership of the Canadian Armed Forces, the Chief of Defence Staff, the Surgeon General, the Chaplain General, and the Judge Advocate General, who determined there was nothing wrong with offering the Canadian military up to a medical experiment with no value to operational readiness, and with a cost the members have only started to pay.

The members affected by the mandate tried to use the processes open to them. They have filed thousands of grievances that will all end up on the desk of the Chief of Defence Staff as the final authority. What are the chances of fairness when the one giving the order is the one who decides if it was reasonable or not?

The Ombudsman's office, which has no power to hold the chain-of-command to account, has refused to even speak to anyone concerning the mandate. There is a covenant between the chain-of-command and the members of the Canadian Armed Forces that those in command will look out for the well-being of those who serve under them. That if ordered to surrender their life, the member does so knowing that it was a just cause for the sacrifice. It is the foundation of trust necessary in any chain-of-command.

That trust is gone in the Canadian Armed Forces due to the actions of the senior leadership in reaction to COVID-19. When that trust is gone, there is no military. Canada sits defenceless. I can tell you about what has happened. I can relay their stories. But you should meet some of Canada's best, who are subject to the draconian political agenda of the Chief of Defence Staff.

I have a video that will introduce some of these who have stood up to the unlawful order and paid a heavy price. There are some images you will note are blurred to protect those still serving from a guaranteed retaliation, because there is no safe place for unvaccinated members within the ranks of the Canadian Armed Forces under the command of General **Wayne Eyre**.

**[Video] General Wayne Eyre [Exhibit number unavailable]**

**At the heart of everything we do is our people. You are key to our operational effectiveness, and if we are to succeed as an organization, to be the Military Canada needs and deserves, every member of the Canadian Armed Forces and broader Defence Team must feel welcomed, supported, empowered and inspired to bring their very best to the table each and every day.**

**Catherine Christensen**

You have just heard the Chief of Defence Staff, General Wayne Eyre, stating that the Canadian Armed Forces are inclusive and progressive. Yet when members stood up for their religious rights, medical rights, and human rights, they were met with fury and derision from the chain-of-command.

**[Video] General Wayne Eyre**

So I'm not going to talk specifics about this one case. What I will tell you, we have absolutely no time for those that do not hold the values of the Army and the Canadian Armed Forces and the values of Canada close to their heart. So the values of diversity, inclusion, respect for others, teamwork, that's who Canada is. That's who we are protecting. And those that do not embrace those values, those that do not protect those values have no place in this organization. So when we find out that there is a case, we act decisively. We don't act rashly because another one of our values is respect for the rule of law, and due process is part of that.

**Catherine Christensen**

In October of 2021, the Canadian Armed Forces brought in compulsory COVID-19 injections. What followed was chaos, uncountable losses, and the decimation of what little morale there had been in the ranks. Despised by their own leadership, after exemplary careers voluntarily serving Canada, they have taken a stand and paid the price. Let me introduce you to the men and women the Chief of Defence Staff says are unsuitable for further service in the Canadian Armed Forces, the ones whose moral code said "no" to an unlawful order and continue to step up a fight for a free Canada.

**Canadian Armed Forces member testimony read by Catherine Christensen**

My choice was taken away from me. I did not want to leave. I gave everything to the Military and made it my life and they threw me away like I was nothing when I gave everything.

[00:25:00]

I just had to get my second shot.

I feel abused and violated. I hope you can use me as an example of what they still do to people who complied. It doesn't stop the hatred.

**Canadian Armed Forces member testimony read by Catherine Christensen**

My ECG [Electrocardiogram] looked normal, but I insisted on a cardiac MRI [Magnetic Resonance Imaging], which was able to confirm the myocarditis.

**Canadian Armed Forces member testimony read by Catherine Christensen**

I was in an explosion at Comox and two days later, they were disciplining me for the COVID mandate. They didn't care that I had a fresh traumatic brain injury, and that I was still trying to comprehend what had happened.

**Canadian Armed Forces member testimony read by Catherine Christensen**

There are men in uniform downstairs demanding I sign papers. My family is terrified. What do I do?

**Canadian Armed Forces member testimony read by Catherine Christensen**

This upcoming meeting with the Lieutenant Colonel feels really threatening to me. Is there anything I need to be worried about or prepared for? I was terrified for my safety yesterday.

[00:30:00]

**Canadian Armed Forces member testimony read by Catherine Christensen**

What I see more, are people who walk on eggshells who seem like they regret. They followed an order in haste and now feel the consequences of a broken trust.

**Catherine Christensen**

I have asked military members and veterans what they would do to repair the damage in the Canadian Armed Forces. I received pages of ideas from non-commissioned members and officer ranks: really productive, positive ideas because there was no fear of consequences for speaking up. It is unfortunate that there is so little faith and trust in their own chain-of-command that the Chief of Defence Staff cannot do the same. For the purposes of this inquiry, here are their top changes.

Bring in an Office of the Inspector General. Grievances and remedial measures move to this office outside of the chain-of-command, which has shown their willingness to abuse authority during COVID-19. Set up explicit and hard timelines for each stage of the grievance process with penalties for chains of command that do not adhere to them. Currently, as a note, it can take anywhere from four to ten years for a grievance system to get a final decision before we can have it sent for judicial review.

The Inspector General would have the power to investigate and lay charges of any rank, including the Chief of Defence Staff. The Inspector General's authority over the Chief of Defence Staff would remain if there was proven wrongdoing. This precedent has already been set with the revamping of the current military justice system.

The second suggestion is to strengthen whistleblower legislation. Under the Canadian Armed Forces disclosure process, the Chief of Defence Staff has designated the Chief Review Services as the proper authority for purposes under the Queen's Regulations and Orders. But who is the proper authority if the Chief of Defence Staff is the one behind the wrongdoing?

Third: Comprehensive health care for all Canadian Armed Forces members regardless of the component or subcomponent and class of service for life, with the ability to have full access to outside specialists for the care of vaccine injury.

**Number four: The members I've spoken to want an apology. They want an apology from the Government of Canada. They want an apology from the Chief of Defence Staff. They want one from the Surgeon General, Chaplain General, the Judge Advocate General, and every commanding officer, and regimental sergeant major who pushed the mandate.**

**Fifth: Mandatory injury or illness reporting, tracking, and investigation with explicit timelines, with serious penalties for chains of command that neglect the required steps.**

**Sixth: Mandatory training for all commanding officers prior to assuming command. They should be able to review and test policy knowledge from the *National Defence Act* through all of the necessary policy, various administrative and health services instructions. They**

should have instruction on procedural fairness, they should have instruction on safety and risk management, and there should be a transparency of directions and commands.

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Back-channel orders shall be deemed to be unlawful. For example, accommodations were supposedly offered, but in reality, they were denying them all.

Seven: Review the *National Defence Act* and remove section 126. It's too vague and not used when it should be. It is bad law. Canadian Armed Forces members and Veterans should not have to sue to have bad law removed.

Eight: Revise the Chaplain Service. Chaplain Service badly failed members of faith. Each religion should answer to its own while respecting the long-standing duty to help all members as best they can be achieved under emergency or battlefield circumstances.

Nine: Implement a robust safety officer cadre at every level within the Canadian Armed Forces.

In conclusion, to paraphrase Robert Kennedy Jr., "Why do I choose to fight for those nobody else wants to?" Because that's who needs fighting for—the members and veterans of the Canadian Armed Forces who love what they did in service to Canada—deserve no less than to be heard. Thank you. This concludes my presentation. I'm now prepared to take questions.

**Leighton Grey**

Thank you, Ms. Christensen. That is a shocking and compelling and simultaneously heart-wrenching and heart-warming presentation. I thank you for providing that. I understand that you're prepared to have your presentation and the other exhibits entered in this proceeding?

**Catherine Christensen**

Yes.

**Leighton Grey**

Thank you for that. I have one arising question before I hand you over to the panel, I'm sure are eager to ask you some questions. I have the pleasure of representing many Canadians who, although not in the armed forces, were subjected to vaccine mandates through the operation of federal orders. And of course, they have this in common with the members whom you represent.

It was very clear in that case that there was a directing mind in Ottawa behind, for example, the Minister of Transport order, which required everyone who is in the public service in those industries to be vaccinated. You mentioned at the outset of your presentation this historical, and legal, and, indeed, constitutional line of distinction between the Prime Minister and his cabinet and direction of the Armed Forces. However, based upon what you've learned, based upon what we've seen in your presentation, do you have reason to believe, to suspect, or indeed to conclude that there is a political direct in mind? In other words, that this vaccine mandate is actually coming from the same source as, for example,

**the Ministry of Transport order or the other federal such orders directing other people in the public service, the Federal Public Service to be vaccinated?**

**Catherine Christensen**

**Yes, I do. I have no doubt in my mind that this came from the Prime Minister's office. Part of the evidence or the support to that belief is that we seem to have a real trend where General Vance was Chief of Defence Staff when vaccines first emerged. He didn't bring in a mandate, and as you recall, he was removed under the cloud of a sexual misconduct allegation.**

**Admiral McDonald then took his place. Within a few weeks, he was under a cloud of suspicion for sexual misconduct—because I've seen his briefing note, and it clearly states that he could not bring in a mandate.**

General Fortin was in charge of vaccine rollout in Canada. I suspect that he also said you couldn't bring out a mandate, which through the sworn testimony from the Peckford hearings, the Prime Minister's office was clear that this was coming from the Prime Minister, who was angry at being heckled and demanded that a mandate be brought in. That's sworn testimony from his Office. So then we get General Fortin accused of sexual misconduct.

We then have General Eyre come in as Acting CDS [Chief of Defence Staff] at the time. He is given a briefing note from General Cadieux that you can't do this, basically, and General Cadieux is then accused of sexual misconduct.

There's a real pattern there. And then he brings in the vaccine mandate; he goes from being Acting Chief of Defence Staff to full Chief of Defence Staff and gets a promotion that I see as a reward for being obedient to higher powers.

[00:40:00]

**Leighton Grey**

So that answer sort of flies in the face of what the Prime Minister said publicly yesterday, that he never forced anyone to be vaccinated.

**Catherine Christensen**

Yeah, well, then he shouldn't have had his office provide emails in sworn affidavits to Mr. Wilson, who represented Brian Peckford and parties in that lawsuit, because that is filed **evidence with the federal court that indeed, it was a direction from the Prime Minister's office, and then they were struggling to justify bringing in a mandate.**

**Leighton Grey**

**Thank you, before I hand you over to the panel, the last thing I'm going to do is I want to share a quotation that was part of your presentation to the panel from our late Majesty Queen Elizabeth II, who said that "No institution should expect to be free from the scrutiny of those who give it their loyalty and support, not to mention those who don't."**

**Thank you. So I'll hand you now over to the panel, I'm sure they have questions, who would like to go first? Go ahead.**

**Commissioner Massie**

Well, thank you for your testimony. And I must say I'm not very familiar with all of the administration of the army and so on. So I got a little confused about who's in charge in the end because you mentioned that it's not the Prime Minister— What I understand from the States is the President is the Chief of the Army, so he can call—

**Catherine Christensen**

Mm-hmm.

**Commissioner Massie**

He can send the order. In our system, it's not the Prime Minister, it's the Governor or the King or the Queen. But in reality, if I understand how it would work based on incentive, the army gets the budget from the government, right?

**Catherine Christensen**

Yes.

**Commissioner Massie**

So there is a potential at least to incentivize people in the chain-of-command to follow what the government seems to want.

**Catherine Christensen**

Correct. By the time you're getting to the level of that senior command where you've got Chief of Defence Staff, Commander of the Army, Commander of the Navy, and Commander of the Air Force, we're talking about politicians at that level. They may wear a uniform but they're politicians, and the Department of National Defence does have influence with the politicians that these officers are. And so I suspect that there are lots of meetings that go on between either the Assistant Deputy Minister or the Minister herself between these senior levels. And whether they comply or not is kind of up to them because the Commander in Chief of the Canadian Armed Forces ultimately is the King.

**Commissioner Massie**

So it's independent from the government to some extent.

**Catherine Christensen**

**Yes, and this is why public service mandates or any kind of public service policies are not applicable to the Canadian Armed Forces. Members of the Canadian Armed Forces do not actually have what we would understand to be a contract of employment with the government. They serve at the grace of His Majesty the King, which is why they are actually completely independent, and they have a completely different applicable legal system that applies to them as well as the general legal system for a Canadian citizen. So they've got two systems working from a legal perspective.**

**Commissioner Massie**

So are you aware of other situations in history where vaccines were mandated for the military forces?

**Catherine Christensen**

So they did bring in, when it was still, what they were told was voluntary— The only vaccine they were giving them was Moderna.

**Commissioner Massie**

I'm talking about previous vaccine.

**Catherine Christensen**

Previous vaccine? Yes. So under section 126 of the *National Defence Act*, they can indeed order the members to have a vaccine, the caveat being that if they do not take the vaccine and they have a reason not to take it, they would be charged under section 126. They would go to court martial and then an independent decision maker, a judge, would then decide if they had a reasonable excuse not to take the vaccine. This time, they didn't use section 126. I believe they didn't do it because I don't think that someone with a sincere religious belief that wanted an accommodation, I think they would have been successful challenging that in a courtroom, and they couldn't risk having success in a courtroom turning down their mandate. So instead they circumvented that whole court martial legal system of failing to— They quoted, chains the command have said to people "You're not following a lawful order."

[00:45:00]

But a directive is not an order. And how I best explain this is an order is "take that hill"; a directive is "this is how we're going to take the hill". So in a sense, they were never ordered to have a mandate, even though that's how the chain-of-command interpreted that directive, that this is an order, and you must follow. That's to be determined in a court.

**Commissioner Massie**

There was no coercion per se, only incentive?

**Catherine Christensen**

Well, I would like to say that there was no coercion, but there was coercion, definitely.

**Commissioner Massie**

My other question has to do— We've heard from other experts in the commission that it's very difficult to assess the actual level of vaccine injury in the population because the system doesn't seem to be able to do a proper monitoring. There's all kinds of obstacles. I guess that in the Armed Forces they must have had a reasonably good medical system in place that would track the health of the people. So they gathered data that would allow to follow untypical issues with the health that could actually eventually be linked to a vaccine injury.

**Catherine Christensen**

You would like to think that. First of all, the medical system is another system that needs revision in the Canadian Armed Forces. However, I have military doctors who provide sworn evidence that they were told not to report vaccine injuries, or if they asked how, they were told, "just be quiet." They were told to diagnose them as other things, such as Guillain-Barré syndrome. When young men were collapsing in the shower after injections: "Oh, you've got Guillain-Barré syndrome, we'll release you on a medical release," if they were vaccine-injured.

It would have been an ideal group, and I think they did not track them on purpose, because they would have very quickly shown what was happening to an eighteen to forty-five group that were the most affected by vaccine injuries. That showed up really quickly.

The official statistics right now being issued for vaccine injuries in the Canadian Armed Forces, I can tell you I have more people in my files with vaccine injuries than are officially listed as vaccine-injured. The other thing I can tell you is that the best comparison I can make is to the population of the United States military. They seem to have had more recording of vaccine injuries. There was a base surgeon in Alabama who completely grounded all of her pilots because they were dropping dead in the sky from being vaccinated.

**Commissioner Massie**

So are we aware of any instances in the Armed Forces where people were actually killed by the virus following vaccination?

**Catherine Christensen**

I'm waiting for some of that information. I know of healthy young men who died in their sleep, but they are not releasing the autopsy results.

**Commissioner Massie**

So is there a chance with the current level of data gathering that we could actually in the future investigate what happened and find out exactly what was the extent of the issues?

**Catherine Christensen**

I believe so. Only in the last few weeks have I gotten someone to have doctors confirm that they were even vaccine-injured and put that in writing, who is a member of the Armed Forces. That was the first time in three years.

**Commissioner Massie**

Do you think that the level of vaccine injury in the Armed Forces was similar to the general population, more, less?

**Catherine Christensen**

I think it was more because of the age group that we're dealing with, of Canadian Armed Forces, that the vaccine injuries are high in that age group.

**Commissioner Massie**

Thank you.

**Commissioner Drysdale**

Good morning and thank you for your testimony. Over the course of the committee hearings, one of the themes that I've been hearing over and over and over again is that the fundamental tenets, the fundamental beliefs of our society have been attacked, and I'll give you some examples from previous witnesses.

In the medical profession, we seem to have abandoned the tenet of informed consent. In other words, they didn't tell their patients prior to having them take an injection what the consequences might be. Also in the medical profession, the sanctity of the doctor-patient relationship has been attacked because the Government has stepped between the two,

[00:50:00]

and the doctors are no longer able to, or directed not to, report injuries, to discuss honestly with their patients what their side effects were.

We see the same thing in our justice system where the equality, in my understanding the very basic understanding in our justice system is that there's equality under the law. So in other words, whether you're Ken Drysdale or the government, you have equal standing before the courts, and they're supposed to rule equally.

Now what I think you've described here is also a basic attack on the fundamental footings of our military, and that is that the members must trust the commanding officers because if you have mistrust between the members and the commanding officers, why would they follow an order? Can you comment on that or other observations with regard to the fundamental tenets in our society that you may have seen?

**Catherine Christensen**

Yeah, I absolutely agree with you that once that trust is broken, you can't have a military. Because what I'm hearing from the ranks is that, "We don't trust them anymore. They weren't looking out for us, they didn't stand up for us when they should have."

And even the ones who tried to protect members as best they could, didn't in the end. And there was an encouragement to humiliate, abuse people who didn't necessarily want to comply. And then at the same time, we get Directive 3 comes out last fall. And anyone who didn't manage to be released under the first directives was told to come back to work. And **if I told you that they entered unfriendly territory by not having the vaccine but still being allowed to come back to work, there was a lot of resentment there.**

**Because there were so many members of the Canadian Armed Forces who opted to take the vaccine because they needed their job or they were close to a pension. Or they couldn't get promoted, they couldn't deploy. So now those people who complied have even less trust in the chain-of-command because why should they— "Now why should I follow an order? Because now they've allowed people to come back who you say didn't follow an order." It's a mess. When I say chaos, I mean there was chaos.**

On the informed consent issue, that is a near and dear issue to my heart, having been a registered nurse for 22 years before I went to law school. I have dealt with angry surgeons

being called out to redo teaching with a patient before they would sign a consent for surgery because the patient told me they didn't quite know what was going on. And when I went to law school, I did independent legal research in informed consent. So I can tell you that there is no such thing as informed consent in this entire COVID-19 episode. There is not a single definition, legal, medical, moral, otherwise, that said anybody truly had informed consent.

And I think the more and more documentation that's being revealed by the pharmaceutical companies reinforces that they knew things that they didn't tell people. The general consensus for me is, as a lawyer I was horrified by what happened during the COVID-19 years. I was always taught that bodily autonomy was sacrosanct—as was described this morning—that people had the right to say that they wouldn't do anything medically unless they wanted to, that they had a right to be fully informed of what was happening. And there was none of that. We did lose our rights.

And my own profession of law, which is supposed to be the ones that stand up and say, "Hold on a minute. We have a constitution. You cannot do this." I know when I tried for an injunction that I was beating my head against the wall, we were basically told, "Well go use the grievance process." Sure, we'll use the grievance process. And in 10 years, when the Chief of Defence Staff who made the order decides that he made a good order, then we can go to the court.

[00:55:00]

But the other thing was that the stories that I heard from members who approached me in October 2021 had actually gone to some other lawyers, a few of them. They were told, "Don't call my office again. Don't come near my office." They wanted nothing to do with them. And as a lawyer I can tell you that there are cases that I may not want to take. And there are diplomatic ways of saying you're not going to take the case: I don't practice that kind of law. My practice is too busy. You don't have to turn people away in a way that makes them sound like they're criminals or lesser citizens. So I was highly offended for my own profession that that was the response people were getting.

They were asking fair questions. They were asking for legal advice. Whether you gave them positive or negative advice isn't the point. The point is you won't even talk to these people. You won't even let them in your office. Yeah, so I was very disappointed in my own profession for turning people away who wanted to challenge it.

Our American friends are much better at challenging their government. They've had about 200 years more practice, and they just keep challenging. Even when things go wrong in the court, they just bring another case. And they just keep going.

**And I think Canadian lawyers need to wake up and start sticking up for this Constitution. I took constitutional law for a year. I never imagined I was going to have to use constitutional law in what I was doing. But thank goodness I did. And I had a great professor because all of a sudden, all those cases and the concepts of our Constitution are very, very important.**

**Commissioner Drysdale**

**If I understand you and your testimony earlier, you said that the Canadian Armed Forces brought in the mandates in October was it, of 2021?**

**Catherine Christensen**

Yes.

**Commissioner Drysdale**

**So that's two years ago. Do you have any idea how many members have either quit, been thrown out, retired early, or in any other way been removed from operational ranks?**

**Catherine Christensen**

**I can tell you my best guess, just from how many have talked to me or I've heard through the grapevine— There's a very good chain of communication in the Armed Forces and veterans community. I would estimate anywhere between three thousand and five thousand people were lost, and when you've got a military as small as ours, we're talking a huge hit. If you were a business and you lost ten to fifteen per cent of your people in one fell swoop, you'd be out of business and truthfully, in my opinion, the Canadian military right now is out of business. We couldn't mount a defence of our own country, let alone send people to NATO-involved [North Atlantic Treaty Organization] conflict right now.**

**Commissioner Drysdale**

Well, I want to try to put that in perspective from my own understanding. So you believe that the numbers were somewhere between three and four thousand members, which is about 10 per cent of the operational force. Do you have any idea how many people we lost out of operational readiness when we participated in the Afghanistan war for 20 years?

**Catherine Christensen**

I believe it was 53 deaths in Afghanistan.

**Commissioner Drysdale**

So let me understand that. So after 20 years or so of military operations in Afghanistan against an identified foreign enemy, we lost 60 or so, 57 people in 20 years. And then we self-inflicted three to four thousand essentially operational casualties to our military ourselves.

**Catherine Christensen**

Yes. Yeah, we decimated our military with this. We are already undermanned badly. We should have close to a 100 thousand regular force and reserve force people. That's about **the size of the military that Canada says that it needs. And from speaking to sources, we're down to about 40 thousand people right now.**

**Commissioner Drysdale**

**So our self-inflicted damage to our Canadian Armed Forces was more than Afghanistan.**

**Catherine Christensen**

**Way more: thousands more.**

**Commissioner Drysdale**

I can't imagine you know this answer: How far back in our military past do we have to go before we find a comparable hit on our Canadian Armed Forces operational personnel?

**Catherine Christensen**

At a guess, World War II.

[01:00:00]

**Commissioner Drysdale**

What civilian or judicial overview is there of these command decisions?

**Catherine Christensen**

Well, we can go into the Federal Court and challenge— Sometimes we can do what's called a judicial review, or we can actually bring a claim. Interestingly enough, I was in Federal Court in February, not on a matter related to the vaccine mandate, but I had the Crown stand up and say to the Justice, "In Military matters, the court has no jurisdiction over the Chief of Defence Staff." The look on the Justice's face was priceless to me because our rule of law, which you heard the Chief of Defence Staff saying he follows the rule of law, means no one is outside the law. Certainly, even our King is under rule of law, and for the Crown to have this position that anything the Chief of Defence Staff is—he doesn't have to answer to our courts for—is something that I look forward to challenging.

**Commissioner Drysdale**

Can you make a brief comment about the availability of justice to the regular Canadian when it comes to these organizations? And I want to talk a little bit about or I'm going to preface that with, I read a report recently that the RCMP [Royal Canadian Mounted Police] were involved in an action, I think it was over 10 years ago, and that the commission investigating it finally came out with recommendations and essentially, the RCMP said "nope" to all of the recommendations.

And when I look at the civil courts in Canada, for instance, if your employer forced a mandate on an individual, the ability for that individual to access justice is almost impossible given the financial realities and the time periods. Have you got any suggestions for us on that?

**Catherine Christensen**

Well, the access to justice issue is huge, and especially if you're going to take on the Government of Canada, because one of their favourite strategies is to run you out of money. Over the years, because my practice has been military and veteran, I have seen things that are very concerning about the Canadian Armed Forces, but usually it was one or two people. And when it's one or two people, it can be written off as bad apples or people with issues.

But when I had hundreds of people come to me in October 2021 with this going on that was like wait a minute, they've got to pay attention now. And I happened to have listened to an American lawyer who did constitutional and government challenges all the time. And I had written to him and said, "How do you fund this? Like how do you constantly take on the

government and being able to have the staff and the people that you need to do it?" And he said, "Non-profit."

**And this is why I created Valour Legal Action Centre, and we run on donations, and this is so that these people can bring these challenges forward because there's a long road to go.**

**Holding another commission, we've had a commission on the sexual misconduct issue. We've had a commission on the grievance system; it's four inches thick. I believe it was in my brief with four hundred and some pages Justice Fish did, said the grievance system is completely broken.**

**I honestly think that we need to use the American model of an Inspector General that goes outside of the chain-of-command and allows for more answers from people. And it would also allow challenges to some of these commands or some of these policies without requiring people to come up with half a million dollars to challenge the government.**

#### **Commissioner Drysdale**

My last question: There's a popular saying that an army runs on its stomach. I don't believe that.

#### **Catherine Christensen**

Well, this Army doesn't because apparently, they're not feeding their troops.

#### **Commissioner Drysdale**

Well, what I believe is that, in my experience, and I've had fairly extensive experience with the Canadian Armed Forces, the Canadian Armed Forces runs on honour. It runs on a belief in the higher purpose, and it runs on the trust in the chain-of-command. We've talked— You and I have talked together about the 3,000 to 4,000 essentially casualties from the Canadian Armed Forces due to these mandates. Can you talk a little bit about the effect that these mandates have had on these basic fundamentals of honour, higher purpose,

[01:05:00]

and trust in command?

#### **Catherine Christensen**

I agree with you on the honour, and this is why I did say that I would trust my life with any one of these people. I know I'm sitting here with a big green wall behind me of people who are so happy that we're able to talk about this.

**Without question, we lost the cream of the crop of the Canadian Armed Forces with this mandate. These were the people who are willing to stand up and say, "This is not a lawful order. You cannot do this and I'm not going to follow this order."**

**We used to have in the military what was called a strategic corporal, and Canada is well known and throughout the world for having the people on the ground who could think for themselves and think ways out of situations, and quite often with a good outcome. The Americans can tend to have a reputation for "shoot first and ask questions later." Our**

military did not have that reputation. They could be in a firefight with a group one minute and the next minute act as peacekeepers and move on.

There was a reason the people of Afghanistan didn't want the Canadians to leave: because the reputation of our troops. So I would say morale was already bad. I already knew from talking to so many people because I only do military, so I get lots of information from all kinds of sources all the time. I already knew morale was bad and then this happened, and it's pretty much destroyed.

It almost is to the point where we need to start over because people don't trust orders anymore. People see the command as being against them. Like, "If I step out of line, I'm going to be gone." And the fact that they chose to use what's called a 5F, I've referred to that. That's a release category that was only made honourable not so long ago. There were lots of people serving that remember 5F as a dishonourable discharge. It has implications. You can't have a job in the public service if you've been released 5F. If you decide you want to go back in you can't get in unless the Chief of Defence Staff allows you in if you've had a 5F.

What are the chances Wayne Eyre's going to let people who were 5F back in? It's not going to happen. So the fact that they chose that one, when they could have chosen a medical release, or didn't fit the requirements of service because you weren't vaccinated, completely different categories, completely different connotations to it. And there were people who "voluntarily" released to avoid that 5F stigma that was going to be handed down to them.

**Commissioner Drysdale**

Thank you very much.

**Catherine Christensen**

You're welcome.

**Commissioner Kaikkonen**

Good morning.

**Catherine Christensen**

Good morning.

**Commissioner Kaikkonen**

When you refer to the fairness among federal institutions, are you aware of any examples whereby a Veterans Affairs employee coming to the end of their career lost their personal pension because of a personal and autonomous decision to be vaxxed?

**Catherine Christensen**

So do I know of anyone, a veteran who lost—

**Commissioner Kaikkonen**  
A Veterans Affairs employee.

**Catherine Christensen**

No, I'm not aware of anyone in Veterans Affairs. In fact, it's looking like— Because Veterans Affairs is refusing to cover vaccine injury as a service-related injury, that has to then go through a system of the veteran applies, they're denied, it goes to an appeal, and if that's denied, then they can come to me. And within two years, we can bring it to the Federal Court for judicial review.

The reality is that the judicial reviews tend to go in the government's favour, but in my opinion, if they took Moderna as ordered, that's a service-related injury and there should be no question that they're covered for life, for any medical care that they need.

**Commissioner Kaikkonen**

And my second question, it is my understanding that both religious and medical accommodation are tenets of our democracy. So given your testimony and testimony of others prior to you, where do we stand now? Or is this just another example of the duty to accommodate being trampled by our federal government, in the Charter?

**Catherine Christensen**

I believe the duty to accommodate was trampled. Certainly, the case law coming out of the Supreme Court of Canada was completely ignored about accommodations.

[01:10:00]

There has been some suggestion that anyone with the rank of colonel and above was allowed an accommodation.

The public service employees had high percentages of accommodations granted. There are hardly any accommodations in the Canadian Armed Forces. In fact, it was rare, and it usually happened within those first few weeks of the mandate coming in, and then they were done.

I have lots of people who, in sworn affidavits, will say that their chaplains said, "Yes, their religion was sincere, they were sincere in their belief and should be accommodated," only to be turned down by the chain-of-command and said, "No, we're not going to accommodate you." That happened to a Catholic priest who was a chaplain. He was told his **belief wasn't sincere enough to get a religious accommodation. Now if a chaplain who is a priest who is in uniform isn't an example of someone with sincere religious belief, nobody was going to get an accommodation, in that case.**

**Commissioner Kaikkonen**

And my final question has to do with educating the public on the responsibilities and duties of the head of state. So as I understand it, the King, soon-to-be King, has the right to dissolve Parliament and to dismiss the PM [Prime Minister].

But how can this be done when the Governor General, for example, is appointed by the PM, albeit I believe through a nomination process, but ultimately the final decision rests with the PM? How do we change that?

**Catherine Christensen**

That's a good question. Honestly, our Governor General does need to become more politically independent because they are the last result of the legislative branch because laws don't become laws in Canada until the Governor General signs on behalf of the King.

To show how politicized that office has become: when one Governor General was dismissed rather quickly because she had abused her staff, the temporary Governor General they brought in was the Chief Justice of the Supreme Court. So for several months, Canada had the Chief Justice of the Supreme Court of Canada in charge of our judicial branch was also in charge of our legislative branch, and nobody said anything. And I'm going "What? This can't happen. How did this happen?" But it was a political appointment obviously.

So do I think our judicial branch also needs revamping? Yes. I do agree that we don't have a justice system. We have a legal system, and it does need to be held to account. I was very pleased to hear the justice of Manitoba saying that he was disappointed in his fellows of the judiciary that did not step up and say, "Hold on, we don't follow judicial notice just because the Government says it was true."

So that's a good question. How do we remove the Governor General's position from being political? Do we have a King that could do that? I don't know, because he has the power to refuse the recommendation for who's going to be Governor General and say, "No, that person cannot be Governor General, it's going to be this person." I mean, at one time, the monarch would usually have a son-in-law or a son would be appointed Governor General rather than a political suggestion.

**Commissioner Kaikkonen**

Thank you very much.

**Catherine Christensen**

You're welcome.

**Commissioner DiGregorio**

Good morning and thank you so much for being here today. I've heard both yourself and Mr. Grey earlier this morning, speak about this rule where service members are unable to criticize the chain-of-command or the armed services. And I'm just wondering, what's the source of that rule, what are your thoughts on that, and whether you have any recommendations on whether there need to be any particular exceptions to it or whether it is a good rule to have in place.

**Catherine Christensen**

Do I think it's a good rule? No, because I think it's been abused. This is where the suggestion came from to improve whistleblower legislation. I think that would help people feel protected to bring forward issues that should be brought forward. The problem is, if the issues brought forward is anyone going to do anything about it? Because that's a

**chronic problem and not just in the Military. But it is part of their Code of Service discipline, National Defence Act, where you cannot, as a serving member, speak out against the Government,**

**[01:15:00]**

**or the Canadian Armed Forces themselves.**

**I have had someone who is a client of mine, posted an interview that I did without comment, good or bad, on a social media site. And they threatened to charge him with a service offence for speaking negatively about the Canadian Armed Forces, even though the opinion was mine, and he didn't say good or bad about it.**

That's the vindictiveness that is in the chain-of-command right now to come after people. I'm sure they'll be watching to see if anyone posts my testimony today as part of that I would call a witch-hunt.

**Commissioner DiGregorio**

Is it applicable only when they are members of the service? What about after they've been discharged?

**Catherine Christensen**

When they're a veteran, they are allowed to speak out, and you're getting more and more veterans speaking out. Certainly, Veterans for Freedom is becoming more vocal since the Convoy and starting to voice opinions, so that's hopeful as well.

The challenge can be that if they don't know what's currently going on, if they happen to lose touch with people who are serving. But the other reality is that right now, the only chance they have of challenging anything is to hire lawyers, and lawyers are expensive. Trying to challenge something in a court is an expensive enterprise. Even if the lawyers do it pro bono there's still a lot of costs involved. If it wasn't policy that was closing their mouths, cost would be a factor as well.

**Commissioner DiGregorio**

Thank you.

**Leighton Grey**

**Listen, I want to thank you for your passionate advocacy on behalf of members of our Canadian military. As a colleague I have to say I share your lament about the lack of response from members of our profession, but I know they're very grateful, all of them who've heard this, not the least of whom is a very distinguished retired colonel who's here today, and he's going to testify later in this proceeding. Thank you very much for your testimony.**

**Catherine Christensen**

**Thank you for giving me the opportunity and thank you from the members and veterans that are silently all standing behind me.**

[01:17:45]

**Final Review and Approval:** Anna Cairns, August 30, 2023.

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*





## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 3: Daniel Bulford**

**Full Day 1 Timestamp: 03:36:35–04:46:17**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry in Red Deer. I'm pleased to announce our next witness who is going to be attending with us virtually, former RCMP [Royal Canadian Mounted Police] Corporal Danny Bulford. Danny, can you hear us? So I'll ask again Danny, if you can hear us, and we can't hear you yet, so we'll work out that technical difficulty.

**Daniel Bulford**

I can hear you perfectly. Can you hear me?

**Shawn Buckley**

We can hear you now, so we'll commence. I'll ask if you can start by stating your full name for the record spelling your first and last name.

**Daniel Bulford**

Daniel Joseph Bulford, D-A-N-I-E-L B-U-L-F-O-R-D.

**Shawn Buckley**

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

**Daniel Bulford**

I do.

**Shawn Buckley**

Now, I've already indicated that you are a former RCMP corporal. My understanding is that you worked for the RCMP for 15 years and that your last eight years of that was on Emergency Services Support Team protecting the Prime Minister of Canada.

**Daniel Bulford**

Yes, that's correct.

**Shawn Buckley**

Now, you're here today to share some of your experience as an RCMP officer and to voice some opinions that you have concerning the RCMP and the police, and so I'm just going to perhaps start by asking you whether your trust in that institution changed and if you can share your experience with us.

**Daniel Bulford**

Yeah, definitely. Throughout the course of my career, it was a progression: you know, very proud to receive my Red Serge and my badge, get out into the field, work on detachment as a general duty officer. You quickly learn, and it's common knowledge within the force, that you'll quite often hear the expression that you're just a number. Senior management doesn't really care about you.

But the colleagues, your brothers and sisters that you're going to calls with, and you're doing the job with, that's who's supposed to have your back, and that's who you go to work for, and that's, you know, for the public and for your fellow colleagues. And it's just kind of accepted that if you get into any kind of trouble, even if you do exactly what you were trained to do, if there's an opportunity for a political win for senior managers, they're happy to sacrifice a member, even if the member did nothing wrong.

And so over time, I lost a great deal of trust in our senior managers. I was fortunate to have some good leaders throughout my career. And then, of course, with the implementation of COVID mandates, and then my departure from the RCMP for opposing those mandates, and then what I saw during the Freedom Convoy, and COVID enforcement, and then the testimony from our commissioner for the Mass Shooting Commission in Nova Scotia, and then her testimony for the Public Order Emergency Commission regarding the *Emergencies Act*— Unfortunate to say that I have very little, if any, trust in the Royal Canadian Mounted Police.

I know there are good members that are still in the organization that joined for the right reasons, that want to be there to do good work, but at the senior management level I don't have any trust that they will apply the law equally to everyone in Canada.

**Shawn Buckley**

Okay now, just pulling you back. So early in 2021, so the vaccine is being rolled out. It's in short supply so different groups are being prioritized. My understanding is you were actually a little surprised when your unit became eligible for the vaccine. Now can you share with us what your thoughts were about the upcoming vaccine rollout and then kind of the journey you took and how your thoughts changed.

**Daniel Bulford**

Yeah, so for most of 2020 I wasn't really questioning anything. If I wasn't at work, I was spending my time on our own home construction project,

[00:05:00]

and I had stopped paying close attention to mainstream media years previous. I had my trusted sources regarding COVID information, a big one being the DarkHorse Podcast hosted by Dr. Bret Weinstein and his wife, Dr. Heather Heying. They're both evolutionary biologists in the United States, so they were kind of my go-to for credible information regarding COVID-19. My wife started to express some concerns to me about the new technology, specifically the mRNA [Messenger Ribonucleic Acid], and I hadn't given it a whole lot of thought.

But then early 2021, my team was organized for a mass group of police and other first responders to go and receive kind of like a mass group inoculation session, and we were expected to just show up and get it done. And so I asked my supervisor at the time if it was mandatory. And at that time, he said, "No, but maybe in the future. And so I just made the decision at that time, to pause and wait until I could find out more about it, based on some concerns I'd heard from Bret Weinstein and from my wife.

**Shawn Buckley**

And then you started into an investigation just to—

**Daniel Bulford**

I did and I was I was definitely surprised that my team, or our unit, was selected to kind of get priority access because we were not a high-risk category. By that time, we knew very well who was vulnerable and who wasn't. And we were probably one of the lowest risk categories next to young healthy children in my team. Because we're all strong, fit, healthy men in our 30s and 40s—very low risk—, and so I was surprised. I thought, "That's odd. Why would they prioritize us when, you know, we're supposed to be the people who are willing to take risks so that other people can be safe first?"

Some of the rationale was given that if we were providing protection to the Prime Minister and other VIPs [Very Important People], we wouldn't want to be a risk to them. I also thought that was strange because it had been public knowledge already that COVID-19 had gone through his household, and also in the role that I was performing I was never in tight close to him. I was either a few vehicles behind him in his motorcade or I was up on a rooftop somewhere working with one other person.

**But yeah, so essentially that was a little bit of a, not a major red flag, but a little bit of a twinge in my mind, like that doesn't make any sense to me. So then anyways after I made the decision to hold off, I started my own open-source investigation. I wanted to give it a fair, objective analysis, or as fair as I could.**

I went to the official government websites first, specifically Health Canada, and then I even tried to get whatever I could from the FDA [Food and Drug Administration] and from the CDC [Centers for Disease Control and Prevention]. I found that it was very lacking in any kind of specific information that would satisfy my questions about safety and efficacy. The only thing I could really find was like a product monograph which really, I wasn't able to decipher, it's outside of my wheelhouse.

But what I did notice was just the consistent themes of repeated talking points, like general vague statements like “safe and effective,” “benefits outweigh the risks,” and cartoonish graphics, which I kind of found a little bit insulting to an adult’s intelligence, but moving on. And then there was also the inappropriate analogies: like comparing it to helmets or seat belts or, in the police case, body armour.

So then after I was relatively unsatisfied with the government sources, I went looking at the pharmaceutical manufacturers themselves. There was no publicly available trial data at that time but I was able to find fact sheets for the big four: AstraZeneca, Johnson and Johnson, Pfizer, Moderna. And even on those fact sheets for the DNA-based [Deoxyribonucleic Acid] viruses, or pardon me, vaccine,

[00:10:00]

there was an acknowledgement of thrombosis-related or blood clotting-related adverse events. And then in the Pfizer / Moderna fact sheets, there was an acknowledgement of an observed increased risk of myo- and pericarditis.

Then I went to independent media sources, such as Dr. Weinstein, and he was expressing concerns about the new technology, and he was referencing a doctor by the name of Geert Vanden Bossche, who I believe is in Belgium or the Netherlands. And he is a vaccine specialist. He was trying to ring the alarm saying that, “You do not mass vaccinate into a pandemic, and especially with a product that is a non-sterilizing vaccine,” and he further explained some concerns of his about how the function of this technology—

**Shawn Buckley**

We’ll just wait a second Corporal Bulford. You’ve frozen for a second so we’re just going to see if the Zoom call will catch up with us or whether or not we’ll have to log back in.

So we are currently frozen so what I suggest we do is that we have Danny Bulford re-log in and in the interim we have a clip of some of what we experienced earlier in Alberta during the COVID issues. Now, can we do both of those at the same time? So yeah, so we’ll just wait for Danny Bulford to log back in and while we’re waiting for him, we’ll watch this clip.

[00:12:12–00:21:09: Several video clips of government officials, public health officials, and newscasters speaking on pandemic measures and vaccines were played while the hearings were paused for Mr. Bulford to regain his internet connection.]

**Shawn Buckley**

Okay, so we have Daniel Bulford back. Danny, can you hear me again?

**Daniel Bulford**

Thank you. Sorry about that. Frequent power outages here.

**Shawn Buckley**

We were talking about your journey and I was hoping that you would get to speak about your brother because you were kind of talking about kind of how your mind changed on COVID, or the vaccine.

**Daniel Bulford**

Yeah, so like I had said before, what I ended up discovering was not very much detailed information at all, just a lot of generic talking points like you just saw in the video, overwhelming evidence. Well, where's the overwhelming evidence? I have yet to see any of it.

**But I did find many medical science professionals all around the world, some who specifically design vaccine technology, including Dr. Byram Bridle here in Canada, raising concerns about the injection not staying at the shoulder and bio-distributing throughout the body and concerns about interference with the innate immune system.**

And then you had cardiology specialists like Dr. Peter McCullough, and now Dr. Aseem Malhotra in the U.K., expressing concerns about cardiac injuries. All of these things were starting to mount as we were approaching like spring, early summer of 2021, and then my older brother who is a member of the RCMP took two doses of Pfizer and experienced three weeks of intense stabbing chest pain after his second dose, any time he tried to do anything physical at all. And when I discussed this with him, I told him, I said, "You need to go to your doctor, you need to get checked out."

And he did, and he received no diagnosis regarding his heart and he ended up getting a prescription to help him sleep through the night. And so fortunately, with connections that I've made now through speaking out and becoming a little bit more public, we've helped him align with a doctor who was willing to take that issue seriously and help him. So by summer, I had made my decision that no, I'm not taking this, and I really hoped that very few members of my family will take it either.

**Shawn Buckley**

I'm sorry, when the mandates were announced, what actions did you take?

**Daniel Bulford**

Okay, well, so I'd just like to add one more element here. So in July of 2021, the Prime Minister himself, at an infrastructure announcement in New Brunswick, made the admission on camera—you can still find it on YouTube I'm sure—that even double vaccinated people can still get infected and transmit the virus. And then he kind of paused and caught himself and said, "But it is much worse for unvaccinated people." And that was a cue to me that like, okay, there's no way that this will be mandatory.

The following weeks, early August, it was either August 6th or 8th, the CDC director, **Rochelle Walensky, admitted to Wolf Blitzer on air that the COVID vaccines did not prevent infection or transmission, but they are still staying with the claim that it prevented serious illness and disease.**

**August 13th of 2021 it was announced publicly that the Government of Canada was seeking to make COVID-19 vaccination mandatory for federal employees, specifically including the RCMP.**

**Shawn Buckley**

**So this is after our Prime Minister admits on television**

[00:25:00]

**that vaccinated can still catch and transmit the virus, and this is after Rochelle Walensky, the CDC director, announces publicly that the vaccines don't prevent infection or transmission. It's after that that you were mandated as a federal employee to take the vaccine?**

**Daniel Bulford**

**It was after that that the intention to make mandates, or to implement mandates was announced, but then of course he ended up calling a snap election.**

Prior to that, I was having discussions with people at work. I specifically tried to get my one supervisor to listen to a podcast interview between a podcaster from the U.K. and a high-profile doctor in the United States who was expressing concerns about the COVID-19 vaccination safety and lack of efficacy. And specifically, I was trying to get this supervisor to listen to me because I knew that they were just about to authorize for the 12 to 17-year-olds. A lot of my coworkers had children in that age demographic that played competitive sports. And his response was, "Nope, I don't want to hear it. I don't want to hear anymore. I just want to move on with life."

And so that was kind of a first taste of being ignored. And then right after the official announcement was made that they were going to implement mandates on August 13th, I emailed my commanding officer who, at the time, was a highly experienced investigator who had managed the national security side of the RCMP for a long time—very switched on, capable, competent investigator, complex issues. And I pleaded with him to look at some of the information that I had concerns, about and I sent him a couple of links. I know they're very busy, so I wanted to keep it brief and concise. I included a bunch of the doctor's names for reference, and a couple of links for something that he could reference for information, pleading with him to investigate before any further harm or any mandates were to further potentially harm Canadians and his own employees. And I was ignored: no response.

So I joined Police on Guard. And then through Police on Guard, I learned about Mounties for Freedom and that's where I focused most of my attention. And through that, we came to a consensus, in speaking with other Mounties that were in my position, no one was listening to us, and no one was taking us seriously.

Our union didn't want to take up the fight for us because they had advocated for priority access to vaccine, and some people had even been told by their union rep that, "If you weren't double vaccinated, you wouldn't even be allowed near my child." And so that was **the kind of mindset that some people in the RCMP were dealing with at the time.**

**And I know other people who worked in higher profile units, like homicide investigation, that were made to feel like they were a conspiracy theorist, anti-vaxxer, like all the derogatory labels that you were seeing in the media. This was shocking to me, knowing that police know that the media lies about everything and that they twist and manipulate everything. Within my own unit, I was probably one of the least vocal people about the incompetence and ethical issues with our current federal government and so I couldn't believe—**

**Shawn Buckley**

Can I stop you for a sec because you're talking about, you know, basically serious crimes people and many of the people watching wouldn't appreciate that these really are the cream of the cream of investigators, like these are the people with incredibly, I guess, critical minds. These people are trained to be looking at the other side and to be considering all things and basically not to get into that tunnel vision where they ignore things. And you're telling us that that basically, to a person, you were running into it; you might as well have been talking to a brick wall?

**Daniel Bulford**

Well, there was basically three categories: people who didn't agree that anyone should be forced to take it, but they weren't going to say or do anything; people who thought that it was absolutely necessary and that anyone who didn't take it wasn't doing their civic duty,

[00:30:00]

even though there was already plenty of evidence out there that it did not prevent infection and transmission, and so it's basically a personal choice based on a personal risk assessment; and then there was people who just didn't want to hear it at all and just wanted to— "No, I'm done. I just want to move on with life."

And yeah, the investigators and serious crime or national security sections, they are the most highly qualified investigators in the mounted police.

**Shawn Buckley**

And they should have been the ones investigating this matter?

**Daniel Bulford**

Well, they're trained to look at evidence, and from my basic open-source investigation, I couldn't hardly find any evidence supporting the mandates, and there was loads of evidence, if you just barely scratched below the surface, to raise concerns about a lack of efficacy and safety concerns.

**Shawn Buckley**

Right. So my understanding is the Mounties for Freedom, on October 21, 2021, sent a letter to the RCMP Commissioner Brenda Lucki.

**Daniel Bulford**

That's correct. Yeah, because we decided that we had to apply public pressure, both with the open letter and myself volunteering to speak out on behalf of the group, to draw attention because internally, we were having no success. No one was even willing to entertain our concerns or listen to us in any way, and we certainly were not getting any success in trying to get any kind of investigation.

**Shawn Buckley**

Now, we've entered that letter as an exhibit for the commissioners and the public to view; it's Exhibit RE-4. Now, following that letter, the mandates were still imposed, and can you share with us basically what that caused you to do?

**Daniel Bulford**

Well, after I was interviewed, I had a series of interviews, but really after the first one or two interviews, as soon as that was public, I was contacted. I had to go to the office and turn in my building pass and my keys to the building, you know, thereby my security clearance was under review and eventually revoked. I knew that that was the end of the career for me, even if I wasn't terminated at the time, that my career would be completely sidelined, at best.

**Shawn Buckley**

Right, and I'll just step in so that people listening to your testimony understand when you say interview, you're talking about speaking publicly against the government narrative.

**Daniel Bulford**

Yeah, specifically against the mandates; so I was speaking against the vaccine mandates. But another major issue, which was the biggest red flag for me during my whole, let's call it investigative process, was while investigating concerns about the vaccination. I started to learn more and more and more about doctors and scientists who were being silenced about early treatment protocols that were being used very effectively all around the world to help prevent hospitalizations and death.

And that, to me, was the biggest red flag. That, to me, was the biggest criminal activity that our public health and government and media could have been contributing to—was if there is treatments that are safe, that have been around for a long time, and doctors all around the world are trying to raise the alarm—“Hey, we found something that works and it helps keep people out of the hospital, and it helps prevent people from dying.” And our officials and our media are actively trying to suppress that, that, to me, is at the low-end criminal negligence, criminal negligence causing death, possibly even more serious, possibly culpable homicide.

**Shawn Buckley**

Right, okay. My understanding is you ended up resigning?

**Daniel Bulford**

Yes, I made the decision to officially resign in December of 2021. My reasoning for that was when I was exploring my options about what was going to happen to me—whether I was terminated or placed on leave without pay or suspended—I found a clause in our pension act or superannuation act that said that if I was terminated for misconduct I would only be entitled to my contributions,

[00:35:00]

which would have cut that number drastically. And it was ultimately up to the discretion of the Treasury Board, the final amount that I would be paid out if I was terminated for misconduct, so I know how vindictive the RCMP can be.

The previous witness talked about the vindictiveness of the chain of command in the Canadian Armed Forces and the RCMP is no different. I had had almost zero communication from anyone within the RCMP professional standards units. Actually, I had zero communication from any of them. I had very brief communication from my direct supervisor from the time that I initially spoke out in October until the time that I actually resigned in December. And I spoke with my father about it who is a 38-year RCMP veteran, and we both agreed that they're strategically trying to determine how best to hammer you without creating a public relations problem. And so I figured that my time with the RCMP was done. I should just cut my losses and try and set my family up for a new start.

**Shawn Buckley**

Now, you were speaking earlier and you used the words culpable homicide in connection with some of the things that you had learned. Is it fair to say that you're not aware of a single RCMP investigation into criminal activity that would be connected to COVID-19 and government directions or actions of other people?

**Daniel Bulford**

I'm not aware of any such criminal investigation. I have seen videos of people presenting evidence packages to different detachments, but I don't believe that anything was actually investigated seriously because I'm fairly certain I would have heard about it.

**Shawn Buckley**

Now, we've heard in other contexts like, for example, medical doctors that seem to have been publicly disciplined so that other medical doctors would see them as an example of what happens if you speak out. Can you tell us about detective Helen Grus, who she was, and what her investigation was about, and what happened to her?

**Daniel Bulford**

Detective Helen Grus is a member of the Ottawa Police Service. She is currently facing disciplinary action from her police service. I think she's charged under the *Police Services Act* for discreditable conduct and for conducting unauthorized investigations into a spike in sudden infant death syndrome in the city of Ottawa. I think it's roughly a four-times increase of the annual sudden infant death that would be typical for the city of Ottawa.

**Detective Grus, from what I understand, was trying to determine whether there was a correlation with the vaccination status of the mothers and the increase in sudden infant death syndrome. And she worked in the SACA, I believe it's called, so Sexual Assault and Child Abuse Unit. She was suspended. I believe she's back to work now, but under strict restrictions about what she can and cannot do and can and cannot say.**

Her next disciplinary hearing is set for this coming Friday, April 28th in Ottawa, and there still has been no decision made. Actually, if you want to read all about a very quality chronicling of that entire saga with Detective Grus, DonaldBest.ca has done an excellent job, kind of independent media reporting on it. He's a former police officer himself, former Toronto police, I believe.

**Shawn Buckley**

Okay, so my understanding is she's in the Sexual Abuse and Child Abuse Unit and that unit actually has a responsibility in Ottawa that any time there is an increase in infant deaths, they actually have the responsibility to look into it. So she was basically doing her job, she was just looking into whether the vaccine was the cause for the increase that they were seeing?

**Daniel Bulford**

Yeah, she's being punished for being a good investigator for following potential leads.

**Shawn Buckley**

Right. Now I had asked you if you are aware of a single RCMP investigation into any matter related to COVID.

[00:40:00]

Are you aware of an investigation by any police agency other than this one that was stopped by the Ottawa Police Department with Helen Grus?

**Daniel Bulford**

No, I'm not. I'm not aware of any police investigation into anything regarding COVID restrictions and mandates.

**Shawn Buckley**

Right. Now, as a police officer or you became a former police officer, you watched the police protest— People that basically were protesting the mandates, and you watched them not ticket BLM [Black Lives Matter] protesters. Can you share your thoughts on that and what you think is going on there?

**Daniel Bulford**

Well, obviously it's completely hypocritical, but also, I think it's a sign of the culture that we've created where it's safe to discipline some— Socially it's acceptable to discipline some and not others and to champion some causes and not others.

You know, for example, by comparison, I was working the day of the BLM protest in Ottawa, in downtown Ottawa, where they marched down to the U.S. Embassy. I was in the **U.S. Embassy doing overwatch from an elevated position, watching over members on the ground. The crowds were there, they were loud, they were very aggressive towards the police officers on the ground. They were throwing items at them, specifically water bottles is what I really remember. There was no condemnation about that behavior and the Prime Minister even came out and knelt with them. And that was in the middle of one of our most restrictive lockdowns, if I recall correctly, in the city of Ottawa or in the province of Ontario.**

**And all the COVID restriction rules were cast aside for that specific protest, and even the police officers on the ground, the vast majority of them, took a knee when the protesters demanded that they take a knee. I can only remember one on the ground that I saw that didn't. And yet, if you contrast that with the actions of the police during the clearing of the**

**Freedom Convoy, there were protesters who did nothing more than just stand there and allow themselves to be pushed back, who ended up being assaulted by the police.**

**Shawn Buckley**

**Why do you think the police exhibited this behavior?**

**Daniel Bulford**

**In regards to the BLM protest or the Freedom Convoy clearing?**

**Shawn Buckley**

No, no. In the Freedom Convoy. I don't know if you're aware, but we watched a video of a decorated veteran at the war memorial. The veterans had told the police there that they were not going to be violent, they were not going to resist, but they were not leaving. This veteran was actually a wounded veteran, and we watched the police throw this decorated, wounded Canadian war veteran to the ground and then start kicking him.

This video was provided to us by Tom Marazzo. I think I can speak for most Canadians that in watching what happened, we were shocked. And we didn't understand how it would be that police officers in Canada could be engaging in that type of conduct, and I'm wondering if you can comment.

**Daniel Bulford**

Well, I'm aware of that video as well. It's Chris Deering in the video, and he testified at the Public Order Emergency Commission. There's two things that I think may have contributed to that, based on tactics that I saw during the clearing of the Freedom Convoy.

I suspect, somewhere in the briefing process, police officers on the ground were led to believe that protesters may be armed and violent even though that was clearly not the case. But, I mean, we saw a lot of that type of rhetoric being used in the lead-up to the clearing of the Freedom Convoy including from Interim Chief Steve Bell from the Ottawa Police Service at the time.

And then, coupled with the large amount of people that were at the Freedom Convoy protest when the police were taking action

[00:45:00]

**to clear the people and to clear the roads. I think there were probably some police there that were pretty scared at what might happen if the crowd had decided to turn, even though the crowd never really gave any indication that they were going to.**

**And so I think that kind of comes down quite often to a lack of, maybe a lack of training or a lack of experience, when they overreact based out of fear. We saw the leaked WhatsApp messages that were being circulated amongst RCMP officers who were staying at the Fairmont Hotel—talking about jack boots on the ground and wanting to practice their maneuvers with the horses after seeing the video of the person being trampled—so there's also likely some that probably enjoyed using that level of force against the Freedom Convoy protesters.**

**Shawn Buckley**

Right. Now, you and I had dialogue before your testimony, and you sent me an interesting paragraph that I'm going to read where you're defining what the problem is, and so I'm going to read this paragraph and then ask your thoughts on basically the way out of this. But you sent me a paragraph where you wrote, "The major concern for me, after a long period of reflection, isn't so much the disgust of what the government did to drive a wedge between people and dehumanize millions of Canadians for political gain, it's the fact that so many people went along with it, either actively cheering on the authoritarianism or keeping silently safe, even when they knew it was wrong." And I'm wondering if you can explain that to us, and if you have any suggestions on how we get out of this and do this better, we'd certainly appreciate them.

**Daniel Bulford**

Yeah, well, I think that's the biggest issue I'm trying to reconcile personally right now. My wife and I are trying to determine where we're going to make our next permanent home. We've left the Ottawa Valley, and, I'll be frank, I'm not sure if Canada feels like home anymore. There's a lot of people that have said things to me in private or when it's safe to do so like, "Oh, thanks for doing what you're doing," and "Thanks for standing up for us," but they remain silent. That's a hard pill to swallow for us because, you know, a few took a vocal stand and sacrificed everything, like their careers and their relationships and were completely ostracized by their communities, and even people who were supportive—the silent majority is what I refer to there.

There's a lot of people who know what happened was wrong, but they just went along with it. And that's exactly what has gone wrong throughout history when authoritarian systems of government have rose to power. It's because so few people refused to say or do anything, even when they knew it was morally unjust and it was wrong.

I guess my only real practical solutions that I can think of is: tell the truth. If something is wrong and you feel that it's wrong and you know that it's wrong, say it. Yes, it takes courage. Yes, it's hard to do because you're afraid of what might happen to your reputation. But when you don't, every time you actively suppress what you believe the truth to be, a little bit of you dies, and I think you feel like a coward. And I knew that's how I would feel if I just went along with this.

Make yourself as financially independent from government as you can, so that you're not so vulnerable to future restrictions and mandates and just, along with telling the truth, it's do not comply with something that you know is unjust, undemocratic.

I mean, the vitriol in the language that we saw directed at unvaccinated Canadians because **people were still operating under the false assumption that to take the vaccine was to protect other people.**

[00:50:00]

**It was false: admittedly false. That it didn't prevent infection, and it didn't prevent transmission. Yet people in our mainstream media and our government still kept pushing that agenda. And people went along with it, and no one said anything when people were forced out of their jobs, when people were arrested for not showing a vax passport at a hockey rink just because they wanted to watch their kid play hockey. No one said, or I shouldn't say no one, but very few people said or did anything. I guess all that to say people need to learn how to stand up for themselves; have some courage.**

**Shawn Buckley**

Thank you, Danny. Those are my questions. I'm going to turn you over to the commissioners and ask them if they have any questions for you, and they do.

**Commissioner Massie**

Thank you very much for your very courageous stand you took in this crisis and your testimony. Do you have any training in science or medical practices before you started to investigate this thing?

**Daniel Bulford**

No. No, I just, and I've said that many times, I'm not a doctor, I'm not a scientist, but I know what good quality evidence looks like compared to no evidence, and so that's how I made my assessment. You know, you need a certain quantity of evidence to support a decision and a quality of evidence and so when I was making my assessment from the official sources, I found nothing but general vague statements without any significant information to back up what they were saying to support their talking points.

And yet when I found these other doctors and scientists who were being censored, they would provide detailed, high-quality information. They were highly qualified and they would always, always source and reference the documentation or the studies that were supporting what they were saying.

**Commissioner Massie**

So how hard was it and how long does it take to educate yourself to a level that you feel comfortable to raise questions or at least try to communicate to your colleagues or authority that there was something that was unusual, let's put it this way?

**Daniel Bulford**

I would estimate I probably spent at least three months looking, for myself, before I started to kind of have debate-style conversations with colleagues.

**Commissioner Massie**

And given your background and education, do you think that what you've done is something that is also accessible to other people in the general population? Or do you have a special way of looking at a situation that gives you this ability to self-educate yourself on an area where it's completely outside your expertise?

**Daniel Bulford**

**No, there's nothing special about my abilities. It's just how I was trained, that when you investigate something, you are trained to look at both sides of the story. That's what I was taught right from the very most basic call I would respond to as a general duty officer: there's always two sides to a story. And so it's very accessible.**

Every time I spoke publicly, I always referenced my highest quality sources of information that were free for anyone in the public, anyone who listened, to go look at for themselves. I think it just came down to a willingness to look. It's not that I had any kind of special

investigator abilities; it was just a willingness to look and to actually try and read—have the patience and the determination to look and take the time to educate myself.

**Commissioner Massie**

Did you experience pushback from people surrounding you that you were talking about something you had no training or expertise to really raise questions about the issue?

**Daniel Bulford**

Some, yes, not in a malicious way, but there'd be conversations where it'd be like, "Well, my siblings are in healthcare and they say that we need to get this vaccine," or "the unvaccinated people are the most likely to produce variants,"

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which I believe a doctor like Byram Bridle could also refute.

And I mean, the problem was that the real debate amongst the qualified professionals wasn't being allowed to happen but I know I had other people say things to me like, "What, you think the FDA is lying?" And I said, "Yes." Specifically, regarding the suppression of the ability for ivermectin, for example, to be used as an early treatment drug.

**Commissioner Massie**

Do you think given the magnitude of this sort of information that was communicated to the population that people just couldn't believe that they could actually be deceived at such a large scale, and that's the reason why they were probably just folding back on their intention to ask questions or to question the authority because it was so big, and it was all over the world?

**Daniel Bulford**

Yeah, I will accept that that is likely a major factor, I'll say for the general public. I don't think that's acceptable for police officers; we are trained to look for evidence.

**Commissioner Massie**

Thank you very much.

**Commissioner Kaikkonen**

Thank you for your testimony. For those of us who rely on police security clearance and background checks for working with vulnerable populations and youth, for example, how would you reconcile that one's entire historical background and their life experiences can be eradicated by an authority figure's stroke of a pen or, as you alluded to, for speaking publicly?

**Daniel Bulford**

Well, it's had a major impact on my professional future. I'm pretty much essentially blacklisted for ever pursuing a similar career in Canada or even in the private sector abroad. Specifically, after the CBC [Canadian Broadcasting Corporation] published an

article claiming that an OPP [Ontario Provincial Police] report had documented information from the RCMP that it was believed that I had leaked the Prime Minister's schedule months before the Freedom Convoy, which is a complete lie.

But, now that it's out in the public sphere, they take your security clearance, that's a major strike against me if I was to try and pursue private sector employment in security and intelligence. And with that article—it's very damaging—I have to completely start over essentially, in a completely new field.

**Commissioner Kaikkonen**

And we've all heard commentary from different people, not just your colleagues, who allude to just moving on with our lives. Do they really believe that this is a move on from your life if you allow what has happened to stand without question?

**Daniel Bulford**

I think, for many, the desire to just stay in the comfort zone supersedes the desire to know the actual truth.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

Good morning. Thank you for your testimony this morning. I am trying to understand a little bit about what's going on in the RCMP. In your testimony, you talked about your father's, I think you said 38 years of service. Your brother is in the service, or was, in the service, and you had 15 years in the service. You also talked about a proud day that you had when you graduated, and I think you used the term Red Serge, and I could still feel that pride in you, believe it or not. Can you tell me, you know the military, the RCMP, a lot of what they do and a lot of what their culture is based on honor, it's based on tradition. Can you tell me who, as an RCMP officer when you graduated, who did you swear allegiance to? Was it the Canadian people?

**Daniel Bulford**

Our oath is three parts: the Oath of Office, the Oath of Allegiance, which is to the Crown,

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and the Oath of Secrecy. The Oath of Office includes the oath you're swearing to apply the law equally to every citizen without fear or favour. You don't specifically swear an oath to the Charter or to the Constitution like other police services do.

**Commissioner Drysdale**

The RCMP, one of their main focuses or one of their main duties is to investigate crime and report it, is it not?

**Daniel Bulford**

Yes.

**Commissioner Drysdale**

At what point are the RCMP compelled to investigate a crime? Let me help you out with that. The reason I'm asking that is because in your testimony, you talked about a number of things. You talked about whether something may be manslaughter or worse. So that made me think that if you're saying that, and we've heard a lot of testimony about it, we've heard testimony about breaches of ethics, we've heard testimony about people being coerced to do things, it's almost sounding like there was an organized crime committing in Canada. And yet you said the RCMP didn't act, or you don't believe that they've investigated, so my question is when are the RCMP compelled to act and launch an investigation?

**Daniel Bulford**

For something of this magnitude, and as sensitive as it is because it would involve investigating government, I don't know if I can provide a clear answer to that. But my impression is that an investigation will take place when the political will exists for one to take place.

**Commissioner Drysdale**

If the Canadian public can't turn to our federal police force, the RCMP, who can they turn to?

**Daniel Bulford**

I don't know. I've said before that if the police didn't go along with this, none of this would have happened. If the police didn't agree to enforce these restrictions, then none of these, the Freedom Convoy, none of this would have had to occur. I think I'm somewhat hopeful, you know, skeptical optimism, that maybe the Supreme Court will be the last stand.

**Commissioner Drysdale**

You used a terminology a couple of times that I just wanted to briefly talk to you about. You used the term open-source investigation.

**Daniel Bulford**

Mm-hmm.

**Commissioner Drysdale**

I've heard that terminology used in policing, and can you briefly tell me what open-source investigation might mean?

**Daniel Bulford**

It's just gathering intelligence or gathering evidence from sources that are publicly available. So quite often it's from media outlets or government websites, social media. You just basically mine information from what's available in the public sphere. So it's open source. It's not closed in. It's not protected information that's encrypted or anything like

that or that would be confined within a specific organization. It's all publicly available information if you just go looking for it.

**Commissioner Drysdale**

So it's information that's available in the public, if I'm hearing you correctly, for instance Facebook posts, those kinds of things. Can you comment on what kind of an effect it might have if the Canadian people believe that the RCMP is monitoring and data mining all of their social media; what kind of effect might that have on the people's perception of freedom of speech?

**Daniel Bulford**

Well, I think we fall into the same issue that we saw throughout the last three years. In that there are some people that will be very concerned and very outspoken about it, and there will be other people that choose to ignore it

[01:05:00]

because they don't feel it directly impacts them.

But my concern is we keep seeing these incremental steps of invasions of our privacy and our fundamental rights. If we continue to just concede and act like, "Well, it's no big deal, it's no big deal. It's just, I have nothing to hide." I've even been guilty of that myself in the past, "I have nothing to hide. I don't care if they monitor what I say." Eventually we'll get to a place where the authoritarianism will impact you.

**Commissioner Drysdale**

One of the reasons I asked that question is because I believe you made a comment with regard to how the upper management of the RCMP are very smart at targeting members and putting pressure on them; I'm sure I haven't got your words quite right, but that was the general gist of it. So in your opinion, is it not possible that these same people are using the intimidation of RCMP open source investigations into chilling the public discourse in our country?

**Daniel Bulford**

Well, yeah, I think that's definitely possible. People will self-censor themselves to avoid attracting attention.

**Commissioner Drysdale**

You know, that is one of the most chilling things that I've heard you say in your testimony, and I know I don't want to minimize what your family has gone through, but that our federal police force, potentially, is having a chilling effect on the exchange of freedoms and exchange of ideas in our country. And that citizens are thinking twice about what their police might be doing. Of course, they're not calling it investigations, they're calling it open-source investigations. To me that sounds very similar to a lot of other things we've heard renamed over the last two years, you know, relative versus absolute, and I have a list of them that I've asked other witnesses prior to you. In any case, that must be frightening for you and to all other Canadians. Can you comment on that just a little bit?

**Daniel Bulford**

Well, I know that's why we, as a family, are actively looking for a new home. I don't know— My job earlier in this was to try and raise awareness amongst police officers; that was my goal, was to raise the alarm. I worked with many people, I know many people within the RCMP and other police services. I was hopeful that if they saw me speaking out about my concerns and providing sources of information that they could go look for themselves to corroborate what I was saying for themselves, that it would rally enough police to take a stand against what was happening in Canada, and it didn't work.

**Commissioner Drysdale**

Is there a point where a police officer's inaction becomes a crime?

**Daniel Bulford**

Yeah. Yeah, there'd be a— Well, definitely, within the RCMP Code of Conduct you can be disciplined for neglect of duty.

**Commissioner Drysdale**

Has the RCMP neglected their duty?

**Daniel Bulford**

I believe they have. Yes.

**Commissioner Drysdale**

Thank you, sir.

**Shawn Buckley**

I believe that is all the questions that we have for you. Danny, on behalf of the National Citizens Inquiry we sincerely thank you for joining us today and giving us your testimony.

**Daniel Bulford**

Thank you very much for having me.

[01:09:42]

***Final Review and Approval: Anna Cairns, August 30, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

*For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>*



## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 4: Dr. Gregory Chan**

**Full Day 1 Timestamp: 05:31:52-06:39:35**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

**Shawn Buckley**

Welcome back to the National Citizens Inquiry as we continue with day one of our three days of hearings in Red Deer. I'm pleased to announce that our next witness is Dr. Greg Chan. Dr. Chan can you state your full name for the record, spelling your first and last name?

**Dr. Gregory Chan**

My name is Gregory Keen-Wai Chan. My first name is spelled G-R-E-G-O-R-Y and last name is Chan C-H-A-N.

**Shawn Buckley**

And Dr. Chan do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

**Dr. Gregory Chan**

I do.

**Shawn Buckley**

Now, you are a family doctor in Ponoka and you have submitted a bunch of adverse reaction reports?

**Dr. Gregory Chan**

That is correct.

**Shawn Buckley**

And you've been practicing family medicine in Ponoka for 13 years?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And you also regularly work in the emergency department in Ponoka?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

Now, you've sent me a CV [Curriculum Vitae]. We're not going to look at it, but I'll just advise we've entered it as Exhibit RE-1F. Now, I wanted to ask— My understanding is that as a doctor, sometimes when you're prescribing a drug, you need to know that the drug is contraindicated for a pre-existing condition, is that correct?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And basically, you know, we—meaning society—we learn that a drug is contraindicated for pre-existing conditions often by learning after it's on the market and adverse reports being filed?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So it's very important to learn with a new drug if any pre-existing conditions are reacting to a drug.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

Now, can you tell us about your experience with submitting adverse reaction reports?

**Dr. Gregory Chan**

Well, as the vaccine, or the injection, was being rolled out to the public— This is a new technology that hasn't been used in the general public, so I thought it would be important for physicians that are seeing patients in the emergency departments and family practice to be recording any adverse events that occur.

We only had a small amount of data from the product monograph, so I thought it would be important to ask patients whether they have had a vaccine or injection prior to their presentation to the emergency department or to my family practice. And, interestingly, it was difficult to actually get the information. You know, you go through your standard history and physical. You ask them if they've had anything new in the last three to four weeks, and the patient would say no, and you actually have to specifically ask whether they had the COVID injections or not. And then they would remember, yes, I had it within X number of days or weeks from the presentation in the emergency department or the clinic.

**Shawn Buckley**

So that's interesting, as you were expecting that they would volunteer that information, but it appears when you're doing the interview to see if they had actually been vaccinated, that it's not even in their point of consciousness to consider that their condition could be related to the vaccine?

**Dr. Gregory Chan**

That's correct. I would actually have to specifically ask about the COVID injections, and then I had to change my usual standard practice to incorporate that in my history taking.

**Shawn Buckley**

Right, the specific question; so you started asking people that were presenting at the emergency ward about their vaccination status and what followed after that?

**Dr. Gregory Chan**

Well, I actually had COVID in April 2021, so I was just coming back to work at that time. The emergency room was busy, but I started asking patients the question, whether they had an injection within four weeks of having presented with these new symptoms. And it was not clear on how to document or how to submit these adverse events in Alberta.

**Shawn Buckley**

And when you say it wasn't clear, what do you mean? Because, we're not doctors and my understanding is that doctors are actually under an obligation to submit adverse reaction reports in Alberta.

**Dr. Gregory Chan**

That's correct. With the rollout it wasn't clearly communicated how to submit adverse events. I initially thought that we were supposed to do it through the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System], through the Health Canada system. But when I was initially trying to submit the adverse events online, you'd click on the link and they would go back to another link and then it would return back to the link of the original page, and you would just go into this endless loop of trying to click

[00:05:00]

to find out how to submit the information. So eventually I just printed the forms and then filled them out by hand but that was a cumbersome job to do.

**Shawn Buckley**

I just want to make sure that people understand what you're saying. So you're a medical doctor, you have a degree in medicine?

**Dr. Gregory Chan**

Yes.

**Shawn Buckley**

And you likely have either a degree or some years of university prior to getting into medicine?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And so you're deliberately going to try and submit an adverse reaction report on these vaccines on the government site and basically, it's impossible. You aren't able to navigate the site so that you could fill in a form online and submit it online?

**Dr. Gregory Chan**

That's correct. It would take an inordinate amount of time to try and submit the information. And after clicking for 10 or 15 minutes and getting nowhere, I ended up printing a blank form and then filling it out by hand. But that's not feasible for a busy emergency department.

And you have to remember that this occurred in May, the vaccine had already rolled out since December of 2020, January 2021, so this is five months into the rollout, and at that point, the vaccine adverse event system was operating in this manner.

**Shawn Buckley**

Right, so and you've already indicated in your testimony this was a new technology. It hadn't been used on a wide scale in the human population before, and five months into using this technology you're reporting to us that basically, it was very difficult for doctors to report. And also, that doctors did not know how to report?

**Dr. Gregory Chan**

That's correct. Actually, through talking with my colleagues about looking for adverse events, one of my colleagues pointed me to the Alberta Adverse Event Following Immunization Program or AEFI for short. So that was an online form that was much easier to submit. So then my speed of entering adverse events increased after using this format.

**Shawn Buckley**

Okay, and my understanding is you ended up submitting 56 to the AEFI system?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And can you tell us— So first of all, like these would be 56 separate individuals that you as a medical doctor formed the opinion, that they were having a reaction that was in response to a vaccination for COVID-19?

**Dr. Gregory Chan**

That's correct. They have specific criteria on the AEFI website, so they have to have either a new symptom; it could be a pre-existing symptom, but it has to have changed either in intensity or frequency, and it has to occur within a certain time frame, within four weeks of receiving the injection.

**Shawn Buckley**

And actually, David, can you just pull up my screen and put it on. So Dr. Chan, I don't know how well you can see that screen, or I think it'll be on your computer in front of you, but you sent me a copy of the AHS [Alberta Health Services] website requirements. I believe this is what you're referring to, of what can be reported. So they're saying there it basically cannot be attributed to a pre-existing condition as basically the second one following immunization?

**Dr. Gregory Chan**

Correct. And then if you look further down, if they "require hospitalization or urgent medical attention," then that would qualify as an AEFI.

And I'll point your attention to the second last button where it says, "Has been previously identified, but has increased frequency." So I mean, you can see that there's already a contradiction in the statements, but I mean, you would think if a person had a rash and the rash got significantly worse after receiving this product, that that should count. So that's what I was going off of.

**Shawn Buckley**

Right, right, and it is interesting. I mean, when we had spoken earlier, I'd asked you that, I mean, basically the way we learn whether a drug is contraindicated for pre-existing conditions is by medical people reporting an adverse reaction to a pre-existing condition, but for the Alberta reporting form, they're basically excluding pre-existing conditions as a criteria. So what happened to these 56?

**Dr. Gregory Chan**

According to my statistics, about half of them were

[00:10:00]

not acknowledged as far as an adverse— And I didn't receive any feedback. And half of them I received feedback on whether it was accepted or rejected as an adverse event.

**Shawn Buckley**

Okay, so half of 56 would be 23, So, in half of the of the 56 there was feedback, whether it was accepted or rejected or even, you know, whether the fate was unclear you had some correspondence or dealings with AHS?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So what can you tell us about the half that you did have feedback on?

**Dr. Gregory Chan**

Of the half that I received feedback on, most were rejected.

**Shawn Buckley**

Okay, would I be correct in saying that six were accepted as adverse reactions of this 23?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And that eight were rejected for various reasons such as there was a pre-existing condition or otherwise didn't meet criteria?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

For nine of the 23 you have no idea what happened except that they did contact you so you know that there was some acknowledgment?

**Dr. Gregory Chan**

That's correct. They would send me feedback, but it wasn't clear whether the person should receive another dose or not.

**Shawn Buckley**

What do you mean?

**Dr. Gregory Chan**

They would just say that the submission was acknowledged, but there was no clear information as to whether the person should receive another dose. Often, they'd phone and

they'd want to speak to me when I'm busy seeing patients, so my medical office staff would take the message.

**Shawn Buckley**

So I just want to make it clear that I'm understanding what you're saying. So this group that receives these adverse reaction reports that you sent in, would be calling you on an adverse reaction report. So you're of the opinion that the vaccine caused an adverse reaction and they're calling you to, in some cases say, "Yes, but the patient should get a second dose?"

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

Do you have any idea how many times that happened?

**Dr. Gregory Chan**

Sixteen times they said that the patient should receive another dose of the COVID injection.

**Shawn Buckley**

And this would be in relation to the half, the 23, that they've had communications with you?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So with 16 of these 23, so all of these you're of the professional medical opinion, as the patient's physician, that they've had an adverse reaction of enough of a severity that you felt the need to send in an adverse reaction report. And yet for 16 you're specifically getting called to be told that in somebody else's opinion they should be vaccinated again?

**Dr. Gregory Chan**

That's correct, even though it was accepted as an adverse event they were told to get another shot.

**Shawn Buckley**

What was your professional opinion about whether any of these 16 should get another shot?

**Dr. Gregory Chan**

Well, looking at the wide range of adverse events, as I said at the beginning, I was just trying to document what sort of adverse events would occur after receiving this new product, and this is post-marketing analysis in my opinion. We saw a wide range of adverse

events from rashes to diarrhea to chest pain, shortness of breath, even a stillbirth, so these events are wide and varied.

With some of the ones that they told the patient to get another shot, in my professional opinion, I felt that that was inappropriate. I'll give one example of a young man who was playing hockey, and he was playing to the point where he was doing skating tryouts. I'm not sure what the right term is for that, but he was he was competing at a professional level. He ended up having COVID, and he recovered from it to the point where he was going to compete again. He was told to get his shot, and once he had his shot, within 24 to 48 hours, was unconscious at home. He was brought to the hospital in an ambulance, and he was told that he shouldn't have another dose of the injection. Yet, curiously,

[00:15:00]

the AEFI program told him that he should have another dose.

**Shawn Buckley**

My understanding is that this young boy had to see a cardiologist and is no longer able to play hockey?

**Dr. Gregory Chan**

That's correct. He stopped his hockey career and he's moved on to something else.

**Shawn Buckley**

And my understanding also is that basically he could not exercise for three months after the shot because he would get dizzy?

**Dr. Gregory Chan**

Well, yeah, he was visibly unwell. His physical reserve was very poor. He was pale. Anytime he tried to exert himself, he was short of breath, and he had chest pain. So I mean, clinically, that sounds like there's some adverse event or condition that he was having. He was a high-performance athlete previously, so I had to walk with this patient until he recovered to the point where he could do something.

**Shawn Buckley**

Right, and so you've got a patient, it sounds like you would be strongly of the opinion that **the last thing that this young man should do would be taking another dose?**

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And am I correct that whoever is phoning you has basically not seen this young boy to do a medical assessment before making the phone call that this person should be vaccinated?

**Dr. Gregory Chan**

With this particular case the person investigating from the AEFI team had got the details incorrect. They thought that this person was having problems with long COVID. But I specifically asked a detailed history to determine what was his exercise capacity from pre-COVID, after he had COVID and he was recovering. And then what his physical capabilities were after having the injection, and they seemed to get the details incorrect.

**Shawn Buckley**

Right, so did this young man get a second shot?

**Dr. Gregory Chan**

No.

**Shawn Buckley**

Now, you also told me one about a nurse that had numbness in her body. Can you share with us about her case?

**Dr. Gregory Chan**

Yes, this patient ended up having numbness to half of her body—from shortly after having the injection—it was very strange. Physically, there was not much to find, but she clearly stated that she had numbness to one half of her body after receiving the injection.

**Shawn Buckley**

And this persisted for months, am I correct about that?

**Dr. Gregory Chan**

That's correct. It persisted long enough that we could do investigations, and I referred her to see a neurologist and to have electromyographic studies done and eventually the symptoms faded.

**Shawn Buckley**

Right, but this is another one where you were phoned, and she was told to get a booster shot?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And my understanding is you also had one with an officer who, within a week, developed chest pain. Can you share that story with us?

**Dr. Gregory Chan**

Yes, it's very similar to the first case where this person was in a high-performance job. He had to be physically fit, took the injection, and then had chest pain shortly afterwards. And, to this day, it has not resolved. And he had the injection in late 2021, due to employment requirements.

**Shawn Buckley**

So we're about a year and a half on and his chest pain and shortness of breath is continuing?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And my understanding is that the AEFI group has taken the position that he could not be injured by the vaccine because the symptoms have gone on for a year and a half?

**Dr. Gregory Chan**

That's correct. They said it does not meet the criteria for myocarditis; I'm just reading the notes that my staff wrote when they took the phone call. All cardio tests were normal. They were asking that I review the criteria on the AHS website. They were basically telling me I should read their instructions again.

**Shawn Buckley**

Right, and these are just examples out of the 23 for which you received some feedback. Do you have any idea at all what happened to the other half, the 23 for which you did not receive feedback?

**Dr. Gregory Chan**

I don't have any knowledge about what happened afterwards.

**Shawn Buckley**

Do you have any confidence that there is fair reporting

[00:20:00]

of vaccine adverse reactions in the province of Alberta?

**Dr. Gregory Chan**

I have very low confidence that these are being documented appropriately. I even received a letter back from the AEFI program educating me that I had incorrectly submitted many submissions and that I needed to look at the criteria again to determine what is an appropriate AEFI.

**Shawn Buckley**

And just so you know, we've entered that as Exhibit RE-1E and the earlier thing that I pulled up from AEFI we entered as Exhibit RE-1A, and we've also entered your CV [Exhibit RE-1F] as an exhibit so those will be available for the Commissioners and the public to review. I'm wondering if you can tell us now, about a young man named Nathanael Spitzer?

**Dr. Gregory Chan**

Nathanael was a 14-year-old boy who— Maybe I'll just start with what happened in the news.

**Shawn Buckley**

Sure.

**Dr. Gregory Chan**

The medical officer of health had identified a 14-year-old boy as being the first child to pass away from COVID in Alberta.

This boy had terminal brain cancer and I was his family doctor. I was looking after him after he had his brain cancer; he had two surgeries for it and there was no more medical treatments that were available for him. I was doing home visits for this child, visiting the family, and it came to the point where the tumor had progressed to the point where he was very sick. He was vomiting and he was unable to be at home. He ended up losing consciousness and he had a seizure. The amount of pressure from this recurrent brain tumor had been to the point causing enough pressure that he lost use of half of his body, and he was blind, and he needed total care; so he had to be admitted to hospital.

**Shawn Buckley**

And just so that I can maybe emphasize some things for the commissioners is my understanding is he had undergone a couple of surgeries but the cancer persisted?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And that the tumor kept growing, and so that it was actually sticking out of Nathanael's head?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So and we were talking just about a very difficult and sad case of severe brain cancer?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And when he is admitted to the hospital, he is not being admitted to the hospital for treatment, he is being admitted to the hospital for palliative care?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So and palliative care is just basically keeping people comfortable until they die.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

So he's entered the hospital, you're his doctor, he's there strictly for palliative care and what happens?

**Dr. Gregory Chan**

Well, when patients were admitted at that period during the pandemic, patients have to be tested for COVID before they enter the hospital, so he tested negative, even though he was vomiting and having some B symptoms of COVID. He required total care, so he needed someone to help him with his, you know, basic daily living activities. He was fed. He faded in the course of week to week, so it wasn't a quick thing. He was admitted August 25th and he ended up passing away on October 7th.

So each week he was weaker and required more assistance, and needed pain control. And in the last few days prior to his death he ended up having a fever, and then he had diarrhea, and he was tested and tested positive for COVID.

So when he passed away, I thought it would be important to clarify with the Medical Examiner's office to determine what the cause of death was. I'm fairly confident that it's from his terminal brain cancer that had recurred,

[00:25:00]

and that would be the cause of death, but because he tested positive for COVID, I thought it would be important to verify with an external source whether I'm correct in filling out the death certificate.

**Shawn Buckley**

And, just for clarification, so the Medical Examiner's office in Calgary, these are pathologists. These are pathologists that do autopsies and their expertise is determining cause of death?

**Dr. Gregory Chan**

That's correct. The way the Medical Examiner office works is that there's a pathologist or pathologists that work in the office and they have medical investigators that take phone calls from outside the region and they also investigate local cases.

**Shawn Buckley**

And so what ended up being the cause of death on the death certificate?

**Dr. Gregory Chan**

Well, I explained the events leading up to his death, and they, specifically, told me to not write COVID on the death certificate.

**Shawn Buckley**

Right, so basically the cause of death is complications from the type of brain cancer that he had?

**Dr. Gregory Chan**

That's correct; complications from his glioblastoma.

**Shawn Buckley**

Okay, that's the medical term for the brain cancer that he had?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And is it even remotely possible, remotely possible that he died from COVID?

**Dr. Gregory Chan**

In my opinion, no.

**Shawn Buckley**

Okay, so now when you talked about the Chief Medical Officer, just to fill in the blanks you're talking about Dr. Deena Hinshaw?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And this was an announcement on October 12, 2021.

**Dr. Gregory Chan**  
That's correct.

**Shawn Buckley**  
And she's holding a press conference; it's on the news all across Alberta.

**Dr. Gregory Chan**  
That's correct.

**Shawn Buckley**  
And she's basically announcing, without using Nathanael's name, that a 14-year-old is the first child death by COVID in Alberta.

**Dr. Gregory Chan**  
That's correct.

**Shawn Buckley**  
And your impression of the news story was that it was deliberately calculated to generate fear?

**Dr. Gregory Chan**  
Well, it's quite curious as to why his death was announced. I know they were announcing deaths weekly, like I was following the news and listening to the reports, but it's curious that his death would have been announced, and I did not write COVID on the death certificate. I did not even mention COVID as part of the most responsible diagnosis on the discharge summary. So I followed the advice of the Medical Examiner's office to leave COVID out of the diagnosis. So then, lo and behold, within a week, his name and his case is announced on the news.

**Shawn Buckley**  
As Alberta's first COVID death for a young person?

**Dr. Gregory Chan**  
That's correct.

**Shawn Buckley**  
And the death certificate did not mention COVID?

**Dr. Gregory Chan**  
Correct.

**Shawn Buckley**

The discharge summary did not mention COVID?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

You were not interviewed?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And the family was not interviewed by Ms. Hinshaw?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

And when I said you weren't interviewed you weren't interviewed from anyone, let alone Dr. Hinshaw?

**Dr. Gregory Chan**

Correct.

**Shawn Buckley**

So how would you characterize then her news conference that Nathanael is the first case of a young person dying of COVID in Alberta?

**Dr. Gregory Chan**

Yeah, it's very curious as to how they got the information because the family were not interviewed, I was not interviewed, and none of the documentation points to COVID. So **how did they find out that COVID was part of his medical care in his time in Ponoka?**

**Shawn Buckley**

Right, okay, so your thoughts are: very curious?

**Dr. Gregory Chan**

Yeah, I mean it was upsetting. It was distressing that this information was somehow found out by the Chief Medical Officer of Alberta, that this information was used at the time when there was a Delta surge, and they were telling people to take the injections. And this was

just before they were going to release it for under 12-year-olds, so you know this type of information being released at that particular time, is very suspicious.

**Shawn Buckley**

And how did the family, how did Nathanael's family react to this?

**Dr. Gregory Chan**

Well, Nathanael's sister had posted on social media that he did not die from COVID.

[00:30:00]

**Shawn Buckley**

And did the family pressure eventually lead to any retractment from Dr. Hinshaw?

**Dr. Gregory Chan**

I believe Dr. Hinshaw had apologized for the hurt that she had caused, for announcing his death in this way; and that occurred too within days of the family putting out the truth on social media.

**Shawn Buckley**

Now, Dr. Chan, it's clear from the fact that you were apparently diligent in trying to report adverse reactions to the vaccine to AEFI. You did another investigation concerning the vaccine and that involved a stillborn child. Can you tell us about that investigation?

**Dr. Gregory Chan**

Well, I had a patient that was previously successful with having pregnancies. They had several children, and they had become pregnant in 2021. She had received both injections when she was pregnant, had a 20-week ultrasound that was normal. The anatomy was normal. All the usual tests and prenatal visits were unremarkable, and at approximately 24 or 25 weeks it was noted that there was no heartbeat at the prenatal visit. And an ultrasound confirmed that there was a stillbirth. The timing of the stillbirth was eight weeks approximately from the second dose.

**Shawn Buckley**

Now, this child was delivered at the hospital, and the hospital, at your direction I expect, retained a sample of the placenta?

**Dr. Gregory Chan**

Yes, this patient was already at a facility to do the ultrasound. So that facility had obstetrical services, I consulted the specialist and they helped the patient with the management and aftercare after having a stillbirth. I had spoken to the patient over the telephone asking her what she wanted to do next, whether she wanted to investigate any further whether there was a relationship between the injection and the stillbirth. She declined having the baby tested, but she agreed to having the placenta tested for the spike protein.

**Shawn Buckley**

And what happened after that?

**Dr. Gregory Chan**

Well, I made a request to the local lab and pathology department to have testing done on the placenta. That is a usual practice if there's a stillbirth, or if there's some unusual event that happens with the delivery that you can ask for the placenta to be tested. And there's general testing that can be done. They take the placenta; they do histopathology on, it they look at it under the microscope. That'd be a general term to describe that. So I asked specifically to test to see if there was the presence of the spike protein in the placenta, but after much communication back and forth and some unclarity as to what I was asking for, it turns out that it's not possible to do that testing in Alberta.

**Shawn Buckley**

So can I ask you, when is this happening? When did you send this placenta sample to the lab to be tested for spike protein?

**Dr. Gregory Chan**

It was somewhere around the end of September 2021.

**Shawn Buckley**

So we're in the middle of a global pandemic. We have rolled out a vaccine now nine months ago in Canada, which we are told has the body manufacture spike protein, and in September of 2021 it is not possible for a doctor in the province of Alberta to have a tissue sample analyzed for the presence of spike protein? Is that what you're telling us?

**Dr. Gregory Chan**

That's what I understand, yes. And I have a science background. I know that you can do histochemical testing for various proteins, and in my reading of papers up to this point, I mean I know that the spike protein can be tested for. They talk about it in published papers.

[00:35:00]

So we're trying to see if there is a link between receiving the vaccine and what happened with this terrible event. The pathologists were wondering whether I was looking for the presence of COVID in the placenta when I was asking for the spike protein, and I had to clarify: "No, I'm not looking for COVID in the placenta, I'm looking for the expression of the spike protein."

And if you just look at how the vaccine is designed, it's asking your own cells to make the spike protein. They tell us it should just be located in the arm where you do the injection but other information that's come out, has shown that it can move away from the site of injection.

So eventually, with the back-and-forth it turned out that I would have to either ask the University of Alberta or the University of Calgary to partner with a researcher to do this as a research project. I have no experience in doing that.

The second option was to send this placenta to the United States, but that would have to be done out of pocket, you'd have to pay for it privately, so that was the option that we went with.

**Shawn Buckley**

And my understanding is the hospital ended up sending it to a lab that could not do that test in the United States?

**Dr. Gregory Chan**

Yes, and I should clarify that I wanted to be very clear as to what we were asking for. So I asked the patient to sign a consent form asking for testing the placenta for the presence of the spike protein, and it was sent to a university in the United States that tested for the nucleocapsid protein.

If we know the COVID virus there are various proteins on the outside surface, and obviously with the COVID injections they should express the spike protein. If you take the vaccine you'll only develop antibodies against the spike protein. The spike protein is the only thing that's being produced if you were to receive COVID injections.

However, if you see the real thing, if you saw COVID, then you'd have antibodies against the nucleocapsid protein. So the nucleocapsid protein is a natural protein that's found on COVID. I don't understand why this university would have tested for the nucleocapsid protein. It's not even part of the vaccine.

**Shawn Buckley**

So you tried to get this done at the hospital in September of 2021. It is now April of 2023. Have you succeeded yet in having this placenta tested for spike protein?

**Dr. Gregory Chan**

No, I haven't.

**Shawn Buckley**

You're still working on it though, am I correct?

**Dr. Gregory Chan**

Yes, I've been encouraged to find my own lab that can do this testing, so I'm waiting for another lab in the United States to get back to me.

**Shawn Buckley**

And that would be Dr. Cole's lab?

**Dr. Gregory Chan**

Yes, under the advice of other colleagues, they've suggested that I reach out to a pathologist that works in the United States. His name is Dr. Ryan Cole, so I'm waiting for direction from his clinic.

**Shawn Buckley**

So and again, I think it's very important for the people of Alberta to understand. So you're a medical doctor, you're trying to find out the cause of a stillbirth, and we're in a situation, as you've made it very clear, where the population is being vaccinated with a vaccine that makes the body manufacture a spike protein. And you, as a medical doctor, in basically a year and a half, have been unable to get a tissue sample analyzed for spike protein so that you could determine whether the vaccine was a cause or contributing cause to the stillbirth?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

I feel like asking if we're in a first world country or a third world country. Now, my understanding is that this mother who had— She was a mother of three, so she had a good history prior to her vaccination of delivering. My understanding is that since this stillbirth she has had two additional miscarriages?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

What are your thoughts about having this vaccine given to pregnant women?

[00:40:00]

**Dr. Gregory Chan**

I think it's a new product, and it's unclear what the effects are on pregnancy and on the baby. Prior to COVID, it's almost as if pregnant women are protected. You're not supposed to test things on pregnant women because of the effects on mom and on baby. So these products, we still have a very short history with them, and I would be very concerned about providing these to pregnant women.

**Shawn Buckley**

Okay, and just so that we understand, so pre-COVID-19 vaccines the practice was actually to protect pregnant women from new drugs, to protect both the mother and the baby. So they were treated with caution?

**Dr. Gregory Chan**

That is my understanding.

**Shawn Buckley**

But that policy changed dramatically. In fact, it was a 180-degree reversal for the COVID-19 vaccines where basically there was a push to get pregnant mothers vaccinated.

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And is it also true that in the hospital system that doctors were being basically deliberately told that pregnant women were a higher risk for hospitalization and death from COVID than the general population?

**Dr. Gregory Chan**

That's correct.

**Shawn Buckley**

And you did research and basically this is not true in any meaningful way?

**Dr. Gregory Chan**

Yeah, that's correct. I mean, there is no usable data from Canada as to the risk of COVID to a pregnant woman or to her baby or compared to a woman who's not pregnant, compared to pre-COVID. There is no data available.

**Shawn Buckley**

And is it fair to say that the U.S. data does not support what you were told?

**Dr. Gregory Chan**

The U.S. data, and that's the best— When the COVID injections are being rolled out— I have a prenatal practice, so I'm trying to determine how do I counsel patients on what to do with these injections. They're being told that they must get it because they're at higher risk, and I wanted to give them real numbers to determine what is the actual risk of COVID to themselves and to their babies.

So the only place to get information easily was to look at the CDC and the United States data, and looking at the data, the risk of maternal mortality, that's the pregnant mom dying from COVID, was 0.11 per cent.

**Shawn Buckley**

Which is a very low risk?

**Dr. Gregory Chan**

That's correct, and comparing to pre-COVID numbers of maternal mortality, like from 2017, that risk is about 0.017 percent.

**Shawn Buckley**

Right. So on an absolute risk basis, you just had no concerns as a physician about your pregnant women patients dying of COVID?

**Dr. Gregory Chan**

Well, the way I would counsel my patients is that I would say, "Well, these are the numbers." I had actually had some numbers then to show patients and I'd say "Well, here are the numbers and you decide for yourself. I'm not going to tell you to get it or not to get it but here are some numbers that you can work with." And the patients had to decide themselves. I mean, there are some non-material things you'd give for advice. "We don't know what the long-term effects are of receiving these injections for you or for your baby but these are the risks of dying from COVID in your particular situation, then you'll have to decide." That's the route I took in advising my patients.

**Shawn Buckley**

Right, so you weren't trying to encourage or discourage, you just had to do your own research to actually be able to give these patients some semblance of informed consent.

**Dr. Gregory Chan**

That's correct. I mean, they're walking into my office asking me for my opinion. If my opinion was just telling them to go get the shots, then that's really not an opinion. That's me telling them what to do. And, you know, patients really have to look at the information and decide for themselves. I'm not here to tell them what to do. I have to present them with information and they need to decide for themselves.

**Shawn Buckley**

Right. Dr. Chan, I have no further questions for you, but the commissioners likely will.

**Commissioner DiGregorio**

Thank you, Dr. Chan, for coming today and giving us your testimony. Hopefully you can help me understand a little bit about the fact that there are two reporting systems, CAEFISS and AEFI.

[00:45:00]

Is that two parallel adverse event reporting systems?

**Dr. Gregory Chan**

That is my understanding.

**Commissioner DiGregorio**

Okay, and so CAEFISS is a federal government reporting system and AEFI is the one for the province of Alberta, is that right?

**Dr. Gregory Chan**

That's correct.

**Commissioner DiGregorio**

Okay, and do you know if other provinces have something similar to AEFI [Adverse Events Following Immunization]? Is this parallel system running across the country, or is that unique to Alberta?

**Dr. Gregory Chan**

My understanding is that each province has their own reporting system and my understanding is that these adverse events are supposed to be uploaded into the CAEFISS system. That was my impression when I was submitting these documents.

**Commissioner DiGregorio**

Okay, so the AEFI, you believe that that information then feeds into CAEFISS?

**Dr. Gregory Chan**

That was my understanding.

**Commissioner DiGregorio**

That's your understanding. Okay, but they have separate portals or entry points at which you would make a report? Is that right?

**Dr. Gregory Chan**

Yes, they are separate, so CAEFISS has their own system of entering information, and the AEFI program in Alberta has their own system of entering information.

**Commissioner DiGregorio**

On the screenshot that we showed earlier, sorry, I'm pointing at the screen, it's not there anymore, but it was the one you showed for the purpose of showing what were the criteria for meeting the AEFI. But I noticed a little bit of text up at the top that was kind of cut off that said, yeah, there it is now. Right up at the top there that says, the Public Health Act mandates that any healthcare practitioner who becomes aware of an adverse event following immunization must report the event to the AHS provincial AEFI team. So is that a mandate that you were aware of as part of your practice?

**Dr. Gregory Chan**

I was not aware of that until the COVID injections came out. Adverse events from immunizations were not very frequent prior to 2020, so I became aware of this AEFI program and then, reading that, I learned of this in 2021 that it was mandatory for me to submit these. So that also encouraged me to look and submit because it's our duty to do so.

**Commissioner DiGregorio**

Okay, so is it fair to say then that as part of your training to become a medical doctor, you were not made aware of that mandate?

**Dr. Gregory Chan**

I was not made aware of that mandate.

**Commissioner DiGregorio**

Okay, thank you. When it came to making an adverse event report did you need to form an opinion on there being causation between the vaccine and the adverse event or was it more just if there's an adverse event following injection that you would report it? Do you have any understanding of that?

**Dr. Gregory Chan**

I believe my role was to link whether there's any chronology between a vaccine and an event, and if there is then I'm to detail what those symptoms were that were new and to properly document that, and then submit that. So I'm not to make causation; I think causation would be very difficult to do, but I can at least say that there's a chronology. This person that didn't have these symptoms prior to the injection, they had the injection, and then now they have these new symptoms; so if those two fit then then I'm to submit and document as much information as I can.

**Commissioner DiGregorio**

Okay, and so when you make the report, I think you just said you don't have to put an opinion on causation in it, and it goes up for review with, I assume, somebody at Alberta Health, and there's a review there, and they form an opinion on causation, and they either accept or reject it as an adverse event?

**Dr. Gregory Chan**

That's what I believe.

**Commissioner DiGregorio**

Okay, and do you know what the process is that they go through when evaluating your report?

**Dr. Gregory Chan**

No.

**Commissioner DiGregorio**

No, you just get the call at the end of it.

**Dr. Gregory Chan**

No, and based on the letter that I received back from the AEFI program there appears to be a second set of criteria that they use to determine whether something is an adverse event or not. So I'm following the criteria on the website and I'm submitting the information as I see it, and then they have a separate set of criteria to say that that is an adverse event or it isn't, and I don't know what that criteria is; they just determine and I don't know how they determine that.

**Commissioner DiGregorio**

Do you know if they reach out to the patient personally or is it solely based on the report?

**Dr. Gregory Chan**

They reach out by phone call, so usually my patients are contacted.

**Commissioner DiGregorio**

Okay. And are you aware of the numbers of reports that are made, maybe the overall numbers, the accepted numbers? Are those published anywhere? Is that public information?

**Dr. Gregory Chan**

Are you referring to COVID; the COVID injections?

[00:50:00]

**Commissioner DiGregorio**

For the adverse events that are reported following an injection, yes.

**Dr. Gregory Chan**

That was, and I believe that still is, reported on the Alberta COVID webpage, that they talk about the number of adverse events.

**Commissioner DiGregorio**

But that would be the number that they've approved as adverse events?

**Dr. Gregory Chan**

I believe that they're the numbers after this second process.

**Commissioner DiGregorio**

Okay. Thank you. Those are my questions.

**Commissioner Massie**

Thank you very much, Dr. Chan. I had a question about the time at post-injection that is considered to be reasonable for assessing adverse events. I noticed that in other jurisdictions this time could be a little bit different. Are you aware of the medical or scientific basis to establish this four-week cut-off in Alberta?

**Dr. Gregory Chan**

I'm not aware of any scientific basis for that. I believe that's just the number that we're told fits the criteria. I think that there could be adverse events that occur later, but the four-week criteria, I believe, is just an arbitrary number.

**Commissioner Massie**

Could it be because with other types of vaccine in the past, this was a general observation? Are you aware of the reporting of adverse events for other types of vaccine?

**Dr. Gregory Chan**

That, I am not aware of. I think four weeks is probably a generous timeframe to say there is a chronological association between the treatment and then an adverse event, but that's all I know. I'm not sure of the history behind the timeframe.

**Commissioner Massie**

So given that with these new technologies, we now realize based on a number of studies that the spike protein can actually be found in tissues for—there are studies saying two months, there are other studies like almost a year. Would it be reasonable to expect that the expression or the presence of spike protein in different tissue could actually trigger adverse events way past these four weeks, in your opinion?

**Dr. Gregory Chan**

I believe it's possible and we won't know unless we look.

**Commissioner Massie**

I'm a little puzzled with this difficulty you've been through in terms of getting, I would say, a relatively simple histological assay for spike protein within the medical system in Alberta.

Is it something that you've experienced in the past for other types of assays, or although it's a new protein, histology is a pretty routine test that can normally be done in any medical system. Are you aware of that issue because of all kinds of, I don't know, administration, or other reason that happened in your experience of having difficulty to do a simple routine test like that?

**Dr. Gregory Chan**

I have not had difficulty previously. Previously, you would just phone and ask for a special test and then it would happen after the request was made. But you'd often have to phone and ask, but it wouldn't be difficult, it would be done.

**Commissioner Massie**

Thank you.

**Commissioner Kaikkonen**

I'm just following up to get some clarity on a question and a response that you made. In terms of pre-existing conditions, they're excluded on the AEFI form, and then the health authorities follow up with the patients with a phone call. I'm just wondering, do you believe that they're actually reviewing the patient's personal health files as well, in terms of collecting data and information for making their determination?

**Dr. Gregory Chan**

I believe so. In Alberta we have Alberta Netcare. So a lot of information can be found like tests, diagnostic imaging, the dates of when the vaccines occurred, or the injections were given. That information can be found on Netcare, so I believe that they are looking through chart information: if they presented to a hospital, if they had tests done. So I believe that they were accessing other information.

**Commissioner Kaikkonen**

So then my follow-up would be: Do you know if there are any protections for personal health care information in Alberta?

[00:55:00]

**Dr. Gregory Chan**

I believe on the AEFI document they do state that they will be looking through the chart and looking through additional information and that it would be part of the process. But I'm not sure about the security of that. It does say that they do follow the Health Information Act as far as collecting that information.

**Commissioner Kaikkonen**

Thank you.

**Commissioner Drysdale**

With regard to the form that you put up from Alberta Health, did I understand it correctly that if you were trying to evaluate an adverse event that you had to preclude the ones where there was a pre-existing condition as being an adverse event?

**Dr. Gregory Chan**

Yes, well partially. If you look at the form it says if it was a pre-existing condition it doesn't count, but then if you look on the form it says that if the condition has increased in frequency then it counts.

**Commissioner Drysdale**

I mean the reason I ask that is— Wasn't the vast majority of people who died from COVID, didn't they have pre-existing conditions?

**Dr. Gregory Chan**

That's correct.

**Commissioner Drysdale**

So a pre-existing condition with COVID equalled a death by COVID but a pre-existing condition with an adverse reaction from vaccine were maybe or maybe not counted because of the pre-existing condition?

**Dr. Gregory Chan**

That's correct. You're saying that they blame the pre-existing condition for an adverse event, but when they had a pre-existing thing like obesity or high blood pressure then they died of COVID? That's an interesting link.

**Commissioner Drysdale**

Well, I understood that I think it was 75 or 80 per cent of all deaths by COVID-19 had at least three or more pre-existing conditions.

**Dr. Gregory Chan**

That is my understanding as well.

**Commissioner Drysdale**

I also noticed when you were talking about the injections that often you said vaccine and then you corrected yourself and called it something else. Could you tell me why you did that?

**Dr. Gregory Chan**

So in my medical training I understand a vaccine to either be: a dead virus or infectious agent, or it's broken up parts of the infectious agent, or it's an attenuated version of that infectious agent. So that's a traditional vaccine. A traditional vaccine you get a standard dose of that antigen, so whatever that is, and it's deposited in your body, and then you develop a reaction to it.

This is not like that, so this is delivering messenger RNA to your body, and then the amount of spike protein that's being produced is not known. How long it's produced for is not known. So this does not fit the traditional definition of a vaccine.

A vaccine is giving you some protein or fingerprint of the infectious agent, and then you develop an immune response to it. This is a completely different delivery system, so it doesn't fit the traditional definition of vaccine.

And I know that the definition of vaccine has changed in the last three years, where the original definition was what I described, and the new definition is anything that generates an immune response. I'm paraphrasing, obviously.

**Commissioner Drysdale**

I also thought I noticed something else in your testimony. You talked about something that you called long COVID, and we heard from previous testimony that the real name for this was spike protein disease, I believe it was.

I'm just wondering why spike protein disease, which more effectively or more articulately says what the problem is, why the name would have been changed to long COVID disease when, to my mind, that's a little mis—and maybe perhaps I'm wrong with this—is that misleading? Do you want to talk a little bit about that?

**Dr. Gregory Chan**

Yeah, and I'm not well versed in long COVID and how they define it. I mean, before COVID, you would see, occasionally, patients that had some serious illness:

[01:00:00]

whether it's from a virus or other infectious agent, and they would have persistent fatigue for a long time. I mean, the most common one that I would encounter as a family doctor is Epstein-Barr virus. So a person who has infectious mononucleosis, they could have fatigue that would last for months. That's not always the case, but that has been observed. So I mean, this long COVID business, I'm not sure how they characterize that.

**Commissioner Drysdale**

And I'm curious about the process by which the screeners, if I can call them that, the people at AHS who would look at your reports of adverse reactions, considering your testimony that this was a new technology not used on humans before, how would they determine what an acceptable adverse reaction was or was not when they had no experience in the population with this particular injection?

**Dr. Gregory Chan**

That was my point with trying to submit all this data, is because we don't know what the effects are from these injections. We don't know if it's going to be mild like a rash or if a person's going to have chest pain and myocarditis or if they're going to have a stroke. We don't know. We just don't know.

The only way to know is to gather all the information and see what adverse events actually fit chronologically with taking these injections and then seeing which ones are more common. If you see that there are common side effects, then you can properly advise people going forward.

Let's say, for example, myocarditis is a common side effect, then you'd see a large number of myocarditis reports, and then you can say, well, then that's something we should be telling people now. Lo and behold, that is what happened through COVID. Before you couldn't get an exemption except for having anaphylaxis to the first shot. Now they've changed their tune saying that if you had myocarditis, well, now that qualifies as an exemption. They've recognized that that's something that's being observed.

Look at the Scandinavian countries in 2021. They observed this because they were paying attention to it. Another way to say this is that the adverse event program is a way to pay attention to what the side effects are from a new product. If we automatically throw out a whole bunch of adverse events because they didn't fit the criteria, how do we know what's actually happening, and we don't.

**Commissioner Drysdale**

Okay, I have two other shorter questions: With regard to the 14-year-old that was your patient and was admitted to hospital. I think I remember your testimony being that when he was admitted to the hospital, he was checked for COVID and it was negative, but some weeks later, after having been in the hospital all this time, he tested positive. Given my assumption that medical staff were wearing PPE [Personal Protective Equipment]—their

prescribed PPE—how did he contract COVID in the hospital when he was in this protected environment?

**Dr. Gregory Chan**

That's a very good question. I mean, he was in the palliative care room, which is in the far corner of our hospital. He never left the room. He was in the bed the whole time. We didn't have to use PPE to give him day-to-day care before he had COVID, so we were just going in and providing usual care. But most of the staff was vaccinated, and none of his family was symptomatic. I wasn't symptomatic. None of the nurses were symptomatic or sent off due to illness. So it's very curious how he had actually picked it up.

**Commissioner Drysdale**

Prior to 2019, was it common for doctors to make diagnoses of patients without ever having seen the patient? Was that ethical?

**Dr. Gregory Chan**

No.

**Commissioner Drysdale**

But if I understand properly, the people who were screening your reports of adverse reactions and then giving a recommendation that a patient take another injection, is that not diagnosing a patient without seeing the patient?

**Dr. Gregory Chan**

That's correct.

**Commissioner Drysdale**

Thank you

**Commissioner Massie**

I have a few additional short questions. The first one is in relation to the line that says that normally you are expected, as a doctor, to report an adverse event. So you seem to have been doing it quite thoroughly in your practice. What about your other colleagues? Do you know whether your colleagues were as thorough

[01:05:00]

in terms of reporting adverse events, in your hospital or in people that you know in the practice?

**Dr. Gregory Chan**

I believe some of my colleagues were submitting them, but we never had a discussion as far as how many they were submitting compared to what I was seeing.

**Commissioner Massie**

So my follow-up question on that is, what was the incentive from the system to the medical doctor to actually be proactive in reporting these adverse events?

**Dr. Gregory Chan**

There was no incentive to submitting these. There was no financial compensation. It takes time to submit these and to submit them properly. So it actually required an investment of time from the physician to submit these adverse events.

**Commissioner Massie**

Based on what we've heard from other witnesses and what you've presented here, it seems that to do a diligent reporting of adverse events seems to be an important element, especially when a new technology like the mRNA [Messenger Ribonucleic Acid] vaccines are being deployed on a large scale. What would you recommend from the health authority to do differently in order to improve the process?

**Dr. Gregory Chan**

My recommendation would be that an adverse event program would be set up before that product is rolled out so that those who would see people in the front, in hospital settings or in clinics, those who are providing the injections or vaccines or medical product, that they would be aware that there is a process and it is legally binding, that they must report information to the health authorities if there's an adverse event. It should be a program that's running very well, even before the product is released.

**Commissioner Massie**

Thank you.

**Shawn Buckley**

There being no further questions, Dr. Chan, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

[01:07:43]

***Final Review and Approval: Anna Cairns, August 30, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 5: Sünje Petersen**

**Full Day 1 Timestamp: 06:39:55–06:58:33**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

**Leighton Grey**

Leighton Grey, appearing as agent here at the National Citizens Inquiry. I'm going to have the pleasure of asking some questions of a witness named Sünje Petersen. Ms. Petersen, can you hear me?

**Sünje Petersen**

Yes, I can.

**Leighton Grey**

Welcome to the National Citizens Inquiry. Thank you for being here today virtually to give your testimony. I understand that you're prepared to swear an oath to tell the truth.

**Sünje Petersen**

Yes.

**Leighton Grey**

Alright. And could you please, for the record, state your full name and spell it.

**Sünje Petersen**

My full name is Sünje Petersen, and I was born in Germany, and I'm commonly called Sunny.

**Leighton Grey**

Hmm. [speaks a sentence in German]

**Sünje Petersen**  
[responds in German]

**Leighton Grey**  
Do you promise to tell the whole truth and nothing but the truth, so help you God?

**Sünje Petersen**  
Yes.

**Leighton Grey**  
I understand that you are joining us from Whitehorse, Yukon. Is that correct?

**Sünje Petersen**  
Yes, that's correct.

**Leighton Grey**  
In reviewing the notes of what you proposed to give as your testimony, you want to talk about how business closures and lockdown restrictions, or non-pharmaceutical interventions by another name, affected you and your family's business. Is that correct?

**Sünje Petersen**  
Yes.

**Leighton Grey**  
Okay. Do you want to talk about that? I understand that you have a tourism business that was impacted by COVID restrictions in the Northwest Territories [NWT].

**Sünje Petersen**  
Yes. So we live in Whitehorse, but our outfitting area or tourism operation is in the Northwest Territories. And mainly, our clientele comes from overseas, or at least from the United States, so 95 per cent of our clients are from outside the country. So with all the border closures, our business was zero. So not only could we not have our American clients, but because the NWT also closed its border to the rest of Canada, we weren't allowed to take Canadian clients, either.

**Leighton Grey**  
Ms. Petersen, would you mind turning your camera on for us?

**Sünje Petersen**  
Oh, let me see. I'm not really good at this stuff. Video, it is on, but it shows not "Start video."  
I don't think it will work.

**Leighton Grey**

All right.

**Sünje Petersen**

Yeah, I'm really sorry. It says everything is on, but it does have a slash through it, and it said, yeah, and I'm not good at this, and the husband isn't here.

**Leighton Grey**

Can you click the button with the slash?

**Sünje Petersen**

Yeah, but then it says, "Start video," but nothing happens. I have it. It's an external one. I have it in, Logitech webcam, then I open that. "Cannot start video; failed to start video camera. Please select another camera setting."

**Leighton Grey**

All right, we can hear you really clearly, so we'll just carry on. Okay?

**Sünje Petersen**

Yeah, I'm sorry, though.

**Leighton Grey**

No, there's no need for an apology. I understand that you lost about one and a half years of income in your business. Is that right?

**Sünje Petersen**

Yes, that's right, because the borders did not reopen until— So we lost the entire business year in 2020, and then we lost almost half our season in 2021 because the borders opened late. Our business usually starts in the middle of July. So we were set to start July 15th, but the border didn't open until August 9th, I believe, for Americans, and September 7th for the rest of the world.

**Leighton Grey**

And I understand even after you were able to reopen that, in fact, you had to apply for a special permit to fly into your remote fly-in camp and that this is very problematic for you. Is that right?

**Sünje Petersen**

Well, yeah, it's a very remote camp, and this is where all the silliness really comes in. So everybody wants it to re-open. But first of all, in 2020 nobody was allowed to go to the NWT. Our family had to apply for a special permit in order to go to our area. We fly in, I should really say that. So almost everybody who comes to our area comes in directly from Whitehorse, Yukon, so they don't even travel through the NWT. And so in 2020, we need a special permit for our family to go there and just check up on things.

And then in '21, everybody actually had to apply for a separate permit and had to state that they are self-isolating in camp.

[00:05:00]

And also, everybody was supposed to phone in every few days and state their COVID symptoms. I believe that was in 2020, maybe not so much in '21. But yeah, so it was a special permit for tourism operators to bring in their clients. And like I say, we're totally remote. Those people never touch ground in populated NWT.

### **Leighton Grey**

I also understand you brought your concerns to the attention of a health officer by way of a series of emails, but that the health officer was worried about some sort of possible cluster or superspreader event?

### **Sünje Petersen**

Yes. So I was writing back and forth with Dr. Kami Kandola, the Chief Public Health Officer of the NWT. I tried to state to her the following points: We are in a remote location. Our people don't go and meet anybody in NWT. They will not stay in base camp. It's one-on-one guiding, so one client with one guide. They are staying 14 days. And in case of emergency, we are set up for a direct flight back to Edmonton, or the Yukon if we had to. But everything— There was no touch with anybody. We couldn't infect anybody.

But Dr. Kandola got back to me. Her main concern supposedly was that there could be a cluster outbreak in a remote location. Now, I don't know how you get a cluster when you have two people. And her other thing is best-laid plans might not work out, and our healthcare system will be overwhelmed when your one client will use it, which we weren't intending to. And so I kept going back and forth with her on all these things. I said, "Why is there no testing? If you come in Frankfurt, Germany, there's a COVID test, and they are allowed in." Also, the Yukon, for example, allowed clients to come in if they went to a remote location. And Dr. Kandola didn't. We had only five Canadian clients booked for the 2020 season, and we really, really wanted to take those clients. It would have made a huge difference to us.

And so I asked her, "So what are your epidemiological reasons for not letting these people in? Five people, what is that? And they are coming one by one compared to a supermarket or a Walmart full of people in downtown Vancouver." I wanted to know a number. I said, "What would be the infection rate? What is your real problem? Why are you blocking me?" And I did not get an answer to that. I never got a proper answer to my questions. And **furthermore, there were 84 NWT doctors who actually wrote a letter to Dr. Kandola and said, "What you're doing, your lockdowns, it's killing people. It's causing huge disruptions in the communities. We can't do that." And she blocked that, too. So on the one hand, she was telling me, "Oh, I talked to other people, and this is our reasoning, and I talked to other doctors, and this is what we've come up with." But on the other hand, her own doctors in her own territory didn't agree with her. And she shut them down. So this is what happened.**

### **Leighton Grey**

Many small businesspeople in urban settings were frustrated by the circumstance whereby places like gyms and restaurants and retail outlets were shut down during COVID, while big box stores—I won't name them, we all know who they are—were left open. And many of

them actually had restaurant counters and things like that operating inside. You had a similar situation or a similar frustration in your case because at the same time that all these things were unfolding for you and these lockdowns were affecting your business, there were in fact, mining operations taking place in the southern part of where you live and camps that are much larger than yours. And yet those were all allowed to continue to operate. Is that right?

**Sünje Petersen**

Yes, that's correct because I wrote that to Doctor Kandola. I said, "There are workers who are going into mining camps. On top of that, there's also truckers coming and going; there were nurses coming and going." Like, there was all kinds of workers. But she said those were essential, and I was not.

**Leighton Grey**

So you spent a lifetime really over 20 years building up this business, right?

**Sünje Petersen**

Yes.

**Leighton Grey**

And it was only by being very resourceful and resilient that you were able to save your business from bankruptcy.

**Sünje Petersen**

Yes, if we wouldn't have been in business for almost 20 years,

[00:10:00]

and if we wouldn't have had savings, we would have gone bankrupt. Because we lost one and a half years of income. Just think about anybody out there, anybody listening here or even— that's what I said to Dr. Kandola, too, "How about we slash your income for one and a half years? When are you going to do that?" So this is our life. This is not just the job I go to, it's our lifestyle, it's our business.

And it goes further than that. It's our family that's impacted. But it's also our guides. It's the aviation companies that fly people in and out; it's hotels, restaurants. We make roughly 1.5 million dollars revenue every year and on top of that, that's all money that comes from overseas. So it's a good income for Canada. So we have 1.5 million revenue. We ourselves of that make maybe four to five hundred thousand for our family. Our kids work with us. So the rest of the million goes to other people within here, within Canada. All that is blocked; all that is shut down.

**Leighton Grey**

Well, all of that sounds incredibly stressful. I'm curious, though, how was your mental health impacted by this? Obviously, your civil liberties were suspended. But leaving aside the economic part of it that you've talked about, what about the personal side? Were you able to see family overseas? Or I understand that you had a family member actually who

passed away during this period; you were not able to attend for that family circumstance. Can you talk about how all this affected you and your family personally?

**Sünje Petersen**

Yeah, so when it first started, we were in complete uproar. I mean, they closed everything down in March. At first we were hoping they would open up, for our season to be normal. By the time May rolled around, we were like, "Oh my God, what are we going to do?" We have emails every day coming in: people like, "Are we going to be able to come hunting? When will the border open?" So our work impact was a lot larger than it usually would have been. There was the stress to deal with and then just thinking what— All our life basically fell apart. Okay. Like, this is what we do. That's what we live for. And none of that was happening.

Our oldest daughter was trained to be a downhill ski racer. She had to come home in tears because they shut the ski hills and sent her home. She wasn't allowed to run races. On top of it, the following year, she wasn't allowed to train because she couldn't go up Mount Norquay unless she was injected with a COVID-19— I don't want to call it vaccine because it doesn't immunize.

My stepfather got sick the day after his second shot. EMS [Emergency Medical Services] had to come and pick him up. He was in the hospital for two or three months. He wasn't able to make red blood cells anymore and he died, and I couldn't go home. My father died while the travel ban was still in place. So I couldn't go and be with my family then. My mother is in hospital now. Her liver is giving out on her, organ failure. Now I can go and visit. But I just want to put it in this order because that's three parents out of four, seeing as I have step-parents. All of them are injected with a COVID-19 vaccine. I mean, the thing that we didn't know when we would be able to operate anymore. The fact that we couldn't go on a vacation, that we couldn't go overseas, be with family when they needed us.

The fact that our children were really impacted because they are 21, 18, and 16 now, so they were a little bit younger. Our oldest, her dreams fell apart. She couldn't go to a university or any such a thing. She works for a company now where the COVID-19 injection is not required. It's a trucking company. Then our next daughter, we usually homeschool. But the next daughter, she went to school in Whitehorse for half a year. It was a special program. It's theatre, music, and dance. Her heart was hanging in there. She really wanted to do that. There were all kinds of problems there. They were not attending to that school properly. They didn't let the kids do their arts, music, dance, and drama. She went back. The next year, she had to wear a mask while everybody else didn't have to wear one anymore in the Yukon.

**In reality, it affects you on absolutely every single level. There wasn't one thing that was proper. I couldn't go to a restaurant because in the Yukon, they blocked everybody. My kids couldn't go sports. All the kids in the Yukon couldn't go unless they were injected for COVID-19. They weren't allowed to go and participate**

[00:15:00]

in sports and restaurants and social life. We weren't allowed to have company over because we weren't injected. What is this? I can't even invite my friends over? This is not right. It really hit me on every level, professional, personal, friendship.

**And then, on top of it, because I stood up within my community—I was in the Tagish Advisory Council—I stood up and I talked against this injection. Well, I don't want to go into it, but anyways, I'm not a doctor. You just heard everything from the other doctor. I tried to stand up within my community and warn people and say, "Look at it. This is a new technology. Maybe you want to check this out. This is wrong and this is wrong and this feels like Nazi Germany to me."**

**I'm sorry, I know it's an overused term, but this is what happened in East Germany. This is what happened in Germany in the 1930s. I could see the parallels. I was treated as a Jew here. I had to show my health passport, which I didn't have, so I couldn't do anything, right? There are people who don't talk to me anymore, friends, neighbours. That's fine, but it's not nice. Somebody even sent social services on me claiming I hit my child five years ago at the community hall. This is how evil people are when you don't do what they think.**

**Leighton Grey**

But the comparison you draw to Nazi Germany is striking. It's a little-known fact that actually the Nazis did require people to carry health passes during that time period in history, you probably know that.

Obviously, this has caused irreparable damage to your family. I hope that you've been able to restore your business to some level of profitability.

My last question for you is, if you could say something to the Government of Northwest Territories or the Government of Canada or to this panel, the people listening, about what you think could be done better, or could have been done better in terms of the response to the COVID-19 pandemic, what would you say about that?

**Sünje Petersen**

It's actually really simple. Don't lock up the world. Go and quarantine those people who are actually sick so that the rest can't get sick from them. But don't make the entire world into a hospital. This is not how it works.

**Leighton Grey**

Well, you've obviously read the Great Barrington Declaration, so bravo for that.

**Sünje Petersen**

I signed it.

**Leighton Grey**

**With that I'm going to turn you over to the panel for questions. Who would like to go first? No questions.**

**Is there anything else you'd like to tell us, Ms. Petersen?**

**Sünje Petersen**

**No, maybe just that this is just me talking here. But there are eight other outfitters in the NWT and there's a lot more in the Yukon: there's tons of tourism business. This was a big**

deal for a lot of people, and it has cost Canada and Canadians a lot of income. But an income is really what keeps you alive and keeps you moving. It's tanked the economy so bad. I don't think anybody actually knows how much.

**Leighton Grey**

Thank you, Ms. Petersen, for your testimony here today.

**Sünje Petersen**

No, thank you guys for doing this. I'm sorry you couldn't see me.

**Leighton Grey**

We're sorry, too.

**Sünje Petersen**

Thank you.

[00:18:38]



***Final Review and Approval: Anna Cairns, August 30, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 6: Tracy Walker**

**Full Day 1 Timestamp: 06:58:33–07:13:25**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

**Shawn Buckley**

Our next witness is Tracy Walker. Tracy, can you state your full name for the record, spelling your first name and last name?

**Tracy Walker**

Yes. Tracy Walker, T-R-A-C-Y. Walker, W-A-L-K-E-R.

**Shawn Buckley**

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

**Tracy Walker**

Yes, I do.

**Shawn Buckley**

Now, you are a hair stylist. You've been doing this for 36 years.

**Tracy Walker**

Yes.

**Shawn Buckley**

You're also a mother of two grown kids, and you have two grandchildren.

**Tracy Walker**

Yes.

**Shawn Buckley**

Now, you're here today to tell us about some economic things that happened to you with regards to the COVID lockdowns. My understanding is that you had a studio in your house in 2020 when the COVID pandemic hit.

**Tracy Walker**

Yes.

**Shawn Buckley**

Can you tell us what happened once the government locked us down in 2020?

**Tracy Walker**

Well, it's very obvious. If you're in a self-employed position where you're mandated that you cannot work—that and my husband, as well—it put a very huge impact in my life. I am a diabetic, so let's keep to work.

I work out of my home. I had a private entrance: a door locked from my household, its own bathroom. So, there was absolutely no one that would be in my household. So it was a private everything. I only was taking, at that point in time, one to two clients a day, depending if there was a family. So if there was a larger family, I would allow all of them to come. But generally, I would keep it pretty casual. But then when the lockdowns came in and I was not allowed to work, I really was at a loss. Both my husband and I were at a loss of what to do and how we were to maintain just the basics of our lifestyle, not necessarily our "lifestyle." Because we really didn't have much.

**Shawn Buckley**

Can I ask, was your husband able to continue working when the lockdown was imposed?

**Tracy Walker**

He was also shut down for a time being because well it was an office environment. And until they established that they brought all the equipment— He was able to work out of my home. Except for, I'll get to my next point, where we did not have a home for a time being. And I'm not too sure where you want me to go with that.

**Shawn Buckley**

Well, actually, tell that story because you obviously did have a home. You had a hairdressing suite in your basement.

**Tracy Walker**

A beautiful home. No, it was on the main floor.

**Shawn Buckley**

That was isolated from the rest of the house. What happened to that?

**Tracy Walker**

Well, I actually— At the exact same moment that we were in this, “What do we do?” Sheila Gunn Reid from Rebel News had put out [iwillopen.com](http://iwillopen.com). or [stayopen.com](http://stayopen.com). and said reach out to us if you are not going to stop working, and you’re going to try and work through this. So I reached out to her. Unbeknownst to me, I was the first one that did. So the next morning, I actually got a call. Instead of watching Sheila on my phone, she was in my house. And so we had an interview about that very thing, where— I had bylaw officers come to my house because of that, sadly. But not sadly because I got literally phone calls from across the world: France, Italy, all through Canada, all through Canada, for the support in this.

Now, I had reached out— This is when the government had offered the mortgage deferral program. And so, I reached out to my broker and said that, “Really, we’re at a loss of what we can do, and our options are nil and none. So, I’m going to have to apply for the mortgage deferral program.” And she said to me that, “I’m sorry, the government did not state anything about brokers. It only applies to banks and credit unions. So you are responsible for your payment at the first of the month.”

[00:05:00]

And I’m like, but I have no income. My husband has no income. There is no subsidy coming from anywhere. She told me that I would have to do whatever I could to get this payment. Otherwise, your house is going to be going into foreclosure.

We were not in any default. I think, maybe two years, we were late one payment, if I want to bring everything onto the table. But only by a couple of days. Like it was not even a long period. It was just a couple of days. So there was no real just cause for them to deny us grace of any sort. I explained this to her. She said that, “Simply, it’s not my problem.” She goes, “You see, I work for the company, the broker company, not for you. I am here to collect the money for them. It is your problem.” And I said, “Well, the last I checked, it was the world’s problem.” And she said, “No, it is your problem only.” And within a month and a half, we were served with foreclosure papers. In a month and a half. There was no recourse. There was nothing.

So in this time that they put our house up for sale, we had to find ourselves a new home. And I was there for 15 years. So it’s not like two or three years in this house. It was a long period of time: grandchildren growing up, as everybody knows that’s had a home for any length of time. So expecting it to be my retirement home, in my home that I was going to live for the rest of my life in.

Then, we could not find accommodations because I have two big dogs. We could not find accommodations, so we were actually homeless for almost two months. We lived in our trailer. And my husband got this special smart hub that we could use for that area that he could continue to work from his computer, and well, remotely. So, we were off grid for that length of time. And again, begging the broker company, if we could, please— We will pay to stay until we can find a home. They said, “No. You have to be out by a certain date.”

There is a lot more that goes with that. As I was working, I have my very best friend in the entire world. My mom and her mom were best friends, and they were pregnant with both my girlfriend and me. So we’re only a few months apart. But she’s a nurse. And she came in for her haircut. It was the day that I had the interview with Sheila. So it was exciting. I’ve never experienced anything like this. And I was explaining to her what I was about. And she basically told me that I was an anti-vaxxer, anti-masker, A-hole. And that I was the reason why this society is where they are. I have yet to ever speak to her again. So to lose a lifelong

friendship that's probably— Even though losing my house was very heartbreaking, but that was probably the most scarring in the entire world. And still to this day. And knowing what she must know now, she's a pediatrics' nurse. So I'm only going to assume that she must have heard something. But that I just wanted to add in there. I don't know if there's any more questions.

**Shawn Buckley**

There's a couple of things I wanted to ask you questions about. So you're living in the trailer. You're off grid. Obviously, you can't work anymore because your hair studio was in the house. And you told us you were a diabetic.

**Tracy Walker**

Yes.

**Shawn Buckley**

Am I right that you actually were in such financial straits that at times you guys couldn't eat and you had no insulin?

**Tracy Walker**

Yes, that is a fact. Yeah. So insulin is not covered, even when you have Blue Cross. And of course, when you're having no money and no means to work, our food was very minimal. But that's how you stay slim. No, just kidding. It's the worst way to get skinny.

[00:10:00]

It's the worst way. But yes, it affected both my husband and I. My husband lost 35 pounds over that time, and I lost about 15 to 20 pounds. But it could have been because I had to stretch my insulin, so that instead of the full amount, I would take portion amounts, which is so wrong to do. But it was the only thing that I could do to make it stretch till I could make enough money or my husband could make enough money to pay for some more insulin. So yeah, I was in dire straits for a while, and it did affect my health greatly.

**Shawn Buckley**

This would have been in Alberta, Canada likely in 2021?

**Tracy Walker**

That's correct.

**Shawn Buckley**

So you told us that after your interview— So you're still at your home, you haven't been foreclosed on yet, that you had visits from the bylaw officer. Can you share that with us?

**Tracy Walker**

So okay. Yes. So the foreclosure. On their end, it took a while for them to get the For Sale sign on my front lawn. But the bylaw officer that first came by— Of course, I was like, okay,

here we go. I'm going to jail. My client literally ran into the bathroom. And so he handed me a warning, not a ticket. It was a warning. But when I explained to him, and I said, "Sir, you have to understand that I have no other means to survive. I'm a diabetic, and I need— It's not that I'm doing this out of rebellion. I'm doing this out of pure survival. And I have no choice but to break the law." Or this mandate because it wasn't a law. And I clarified that with him that it was a mandate, not a law.

And I said, "Look at my studio. There is no way that I am more contagious or more at risking people than Walmart or Superstore." And he agreed. He nodded his head. He didn't say yes, but he nodded his head. And then, he had come back, probably three times since then. He was told that— He said, "Okay, so I have to hang this notice— 'Do not enter, forbidden territory,'" if you may, for lack of better words. And he said that, "I was supposed to nail this to your front door or to the door to your studio." Well, I have a glass door. So he looks at the glass door, and he looks back. And he says, "Apparently, that's not going to work." So he just said, "Here you go, I'm handing it to you. And just so you know, I'm going to be off for the Christmas months. And there will be another gentleman that's going to be stepping in. He's going to be driving in a black SUV. He'll be driving up and down your back alley and in your front yard watching for people to come and go."

Now, this is at Christmas time. As a hairdresser, that's the busiest money-making time. And all he told me, God bless his soul, he said, "Just keep your blinds closed and try and keep it as minimal congestion and all." And I don't have a lot of clients that come all at once, so it wasn't a big deal. So, I just carried on. And then I did get a call after Christmas from the same bylaw officer and said, "Thank you so much for abiding by the rules," which I didn't. And he said, "It was reported that they saw no reason for suspicion that you were doing anything wrong," and that he wanted to thank me for that. So I don't know if one talked to the other, and one said, just whatever. I don't know, but I had grace. And I'm very grateful for that.

**Shawn Buckley**

You were shown kindness.

**Tracy Walker**

I was shown kindness, I was.

**Shawn Buckley**

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

**There being no further questions, Tracy, on behalf of the National Citizens Inquiry, I sincerely thank you for your testimony today.**

**Tracy Walker**

Thank you for the opportunity.

[00:14:52]

**Final Review and Approval: Anna Cairns, August 30, 2023.**

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 7: Judy Soroka**

**Full Day 1 Timestamp: 07:13:25–07:22:04**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

**Shawn Buckley**

Our next witness today is Judy Soroka. Judy, can you state your full name for the record, spelling your first and last name.

**Judy Soroka**

My full name is Judy Soroka, S-O-R-O-K-A.

**Shawn Buckley**

Judy, do you promise to tell the truth, the whole truth, and nothing but the truth?

**Judy Soroka**

I do.

**Shawn Buckley**

Now, you are a retired nurse.

**Judy Soroka**

Yes.

**Shawn Buckley**

And in connection to your nursing practice, you sustained a back injury back in 1992, which is now chronic?

**Judy Soroka**

Correct.

**Shawn Buckley**

But that injury resolved and you were able to keep working as a nurse.

**Judy Soroka**

Correct.

**Shawn Buckley**

Now, over the years and into your retirement in 2017, you basically were able to keep things going and in check by doing things like having chiropractic, massage, physio, and other things. Can you tell us about that? Tell us what you were doing, and then tell us what changed once the lockdowns came.

**Judy Soroka**

After the injury resolved, I really didn't need any regular health practitioner services. I was able to exercise, maintain a healthy lifestyle with running and hiking and doing gardening. I love gardening, and the like. And then as, of course, aging happens, I was having some discomfort and went to my doctor, and she suggested I see a sports medicine therapist.

This was in 2009. And he recommended a prolotherapy, which is a different kind of therapy. It's not cortisone injections, but they use a 10-inch needle on a 10-millimetre syringe and inject a sugar solution in the back just to stimulate the healing of the back. And that worked very, very well. I was able to go back to do whatever I was doing. And then when the lockdowns came, I was able to go to the gym. I was lifting weights. I was probably the healthiest person, for a nurse. For a nurse, we always sustain injuries. I was doing pretty good. And then when the lockdowns happened, I could not go to the gym. I could not swim. And I began to have more pain. So I went back to my doctor and again referred me to the same sports medicine specialist. Fortunately, he was still around. He hadn't retired. And again, I had the same prolotherapy treatment in the other side.

And just so you know, those treatments are not covered by Alberta Health Care. They're about \$250 a shot and looked about— Usually about 10 injections into the site. That did not really resolve the problem. The first one was successful. This one was not quite successful. I finished the treatments in 2021. In conjunction with this therapy, I also was to go to a physiotherapy. There are special exercises to do to help with the healing and the strengthening and endurance. And I was not able to do that because of the lockdowns. Moreover, I chose not to get the gene therapy based on my research. And of course, there's repercussions from that. So when the lockdowns were lifted and we needed the vaccine passport, I was disallowed from participating in society as other people did. I was not given the privilege.

**Shawn Buckley**

And just so we're clear. So you weren't able to go swimming again. Which was necessary for you to keep your back problem in check?

**Judy Soroka**

Yes, and to go to the gym to do the exercises that I had to do. I was not able to do that. So consequently I still had more pain. I went back to my doctor, and I said, "I think I've got a new normal going on here." She says, though, "There's no new normal for you." And I've

been with her for over 30 years. And we did the x-rays, and the x-rays have shown that I have deteriorated in my spine. I've got a bit of a curvature and my spine is now twisted where it's impinging on my spinal cord. Surgery is not an option; risks outweigh the benefits. If I'm unable to maintain some sort of mobility I could end up in a wheelchair.

**Shawn Buckley**

Am I correct that if it twists any more, there's a danger of paralysis?

**Judy Soroka**

Yes, that's correct.

**Shawn Buckley**

You were telling us that you were very active prior to the lockdown. My understanding is,

[00:05:00]

and you mentioned garden, but basically you would also hike. You were a White Hat Volunteer at the Calgary Airport, so you'd be walking a couple of k [Kilometres] a volunteer shift. Basically, you were extremely active prior to the lockdowns.

**Judy Soroka**

That's correct.

**Shawn Buckley**

How are you now?

**Judy Soroka**

I've had to give up a lot of things, which is very, very hard for me. People accuse me of "the moss doesn't grow under my feet." My husband can attest to that. But I've had to give up gardening. I cannot go back to the airport at Calgary. I cannot walk long distances. I cannot sit for lengths of time. My height is actually shrunk two inches, and I am short and that doesn't help matters.

I've got beautiful grandchildren. I cannot play with them like I'd like to. It's not a day that goes by that I don't have pain. I have declined to go on strong painkillers, like narcotics or using cannabis or anything like that, because I could not function that way. So I live with pain pretty much every day. I bought a new mattress, three thousand dollars for a new mattress, to see if that would help. I've done everything I can. And in discussion with my doctor, she didn't really intimate that it was because of the lockdowns, but she has recognized there was a change in my physical status before and now.

**Shawn Buckley**

Now, how has this affected you socially, the lockdowns, and then also not being to attend in different places because you're not vaccinated?

**Judy Soroka**

There has been a huge division. I've lost, as a previous lady mentioned, I've lost long-term friends. They're afraid to be around me. My mother passed away in September of 2021. She was admitted to the Peter Lougheed Hospital, diagnosed with one condition, but she died with COVID. And there's an accusation that I gave her COVID because I was not jabbed, if I may say so. And that was really hard. The remarks were very, very cruel. And my mother had not been vaccinated, injected, until she was into the hospital, and she died within a few weeks. Socially, yes, I've lost long-term friends. I will be celebrating my 45 nursing-year reunion in June. And I cannot go to that because there have been comments made from my classmates—who I thought better of, as critical thinking nurses open to debate and dialogue—that the unvaccinated essentially should not be part of society, and it would be okay if they just died.

**Shawn Buckley**

And how do comments like that make you feel?

**Judy Soroka**

It's very hurtful, very cruel, and I do acknowledge that and I do mention that. But it just doesn't seem to sink in that those remarks are very cruel and very hurtful and that it's not true.

**Shawn Buckley**

Judy, I don't have any further questions. I'll ask if the commissioners have any questions for you. And there are no questions. Judy, on behalf of the National Citizens Inquiry, I sincerely thank you for your testimony today.

**Judy Soroka**

Thank you for your time.

[00:08:39]

***Final Review and Approval: Anna Cairns, August 30, 2023.***

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 8: Dean Beaudry**

**Full Day 1 Timestamp: 07:34:37–08:47:35**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

[No audio until 00:01:14]

**Dean Beaudry**

My name is Dean Beaudry, D-E-A-N B-E-A-U-D-R-Y.

**Leighton Grey**

Mr. Beaudry, do you promise to tell the truth, the whole truth, and nothing but the truth in this proceeding?

**Dean Beaudry**

I do.

**Leighton Grey**

All right. Sir, I've mentioned earlier your education and your background. I'd like to go into this a little bit more before we dive into your presentation. I understand that you spent about 30 years working for Syncrude in Fort McMurray, working on multibillion dollar projects in terms of managing risk assessment and mitigation methods. Is that right?

**Dean Beaudry**

That's correct.

**Leighton Grey**

You retired about seven years ago, and you now live in Cochrane?

**Dean Beaudry**

Right.

**Leighton Grey**

Okay. So I understand that you've developed a presentation called Quality Decisions in High-Stakes Situations. Before you delve into that, I wonder if you could just give us an idea of what caused you to create this presentation. What was your motivation? Inspiration? Your muse?

**Dean Beaudry**

Well, I was asked to present, so I had to find something to present. I volunteered to be part of this initiative, and someone picked up that I had background in risk management. So when I was asked to talk about it, I had to do a lot of homework. If I'm honest about this, I've been working pretty hard on this for about a month. I made many more slides than I'm actually going to present today, and I had to pare it down. So I'm going to not only talk about risk management but a little bit of management in general. And I'll also say that within my career—at least a dozen times—I've been the lead investigator in major incidents and had to produce reports for that. What I'm presenting is kind of like that work, that I'm quite familiar with.

**Leighton Grey**

I wonder if you wouldn't mind then going into your presentation [Exhibit RE-5-Beaudry-Presentation re NCI Red Deer-Final], and then I'll have a question or two afterwards once you've completed that.

**Dean Beaudry**

Sure. Okay, this is kind of like a movie where the movie gives you the end. You get to hear the end part of the movie first. I framed it this way because I think what I have to present will be more understandable in the context of this.

This diagram is a root cause analysis. When you have an event like we've had where Canadians have suffered, basically, you ask the question, "Why?" There's lots of detail in here you can look at as I'm talking; I'm not going to go into it in great detail. But what you'll see in the next two pages is I get these down to what we call in investigations "the root cause."

So just as an example. We'll start with, Canadians suffered severe social, emotional, educational, mental and physical health, and economic consequences as a result of federal and medical governance and COVID actions. So you ask, Why? Why did that occur? So on the left-hand side: The priority was higher for

[00:05:00]

COVID over equally important health and national issues. Well, why was the priority higher? And there's two roots below that. They are, procedures that balanced priorities were dismissed as well as international experts and Canadian stakeholders calling for balancing of priorities, were dismissed.

We'll go over to the right-hand side and look at another "why" Canadians suffered. Well, there was high levels of social isolation, division, and fear. Why did that occur? Well, the unvaccinated, unmasked, and dissenting opinions were vilified; COVID mitigations caused isolation; and fear was used to drive compliance. So I'm just going to leave it there. But I'm going to talk to the roots that are highlighted.

So one root was, scientific process was not followed. So when you follow a scientific process, ideally, you get to what's true and right. And then, on the right-hand side, there's a root there, "The vision and values that once defined us as Canadians has waned." We're not quite the same nation we used to be. If you have good vision and values, you have the conviction to do what's right. So in essence, you could stop there. If we know what's true and right and we do what's true and right, we don't have this fairly terrible outcome.

But there's other reasons. And another root that I end up on this page with is a "Broken consequence model," which we'll elaborate on further. And just to carry on and finish the root cause, one of the roots was "Unchecked and inadequate governance action." Well, why did that occur? Well, there was public trust. And why did public trust occur? Well, I think there was some naivete. And also you get down to "The government has a lot of influence on media."

I think, probably the biggest root for unchecked governance action was "Undue authority." And why did that happen? Well, there was a suspension of Charter rights and that provided the authority for general lowering of ethical and privacy standards, coercive vaccination requirements, vaccine passports, travel restrictions, lockdowns, all the bad things that happened. But also it eliminated the requirement for critical thinking and difficult decisions.

So I was a manager for 20 years. I had management peers, and the easy answer was always, "Give me more money. I got a problem. I need more money." Well, when you give a manager some more money, they just spend it rather than critically think. And so sometimes we have to have a pause to cause ourselves to think harder.

#### **Leighton Grey**

Sorry, did you say manager or cabinet minister? I didn't catch that.

#### **Dean Beaudry**

I was a manager. So when we do a decision, it's not that complicated. There's priority, information, alternatives. You do a deliberation, and you come up with a decision. In my experience, high-stake decisions always have tension. This isn't a new thing. Any business that has risk in it is doing this all the time. So we in Canada, we end up with a big risk. Those decisions have tension. And that tension can be good or bad. So to push it on the good side, there's some guideposts that we use. And the first one is around emotion.

Emotion has really no place in a high-stakes decision. We need to detach from emotion. I'll give you a personal example. So about 30 years ago my wife and I took a rock-climbing course, and I found myself 20 feet above the ground many times. But this one time, I had worked out really hard before I climbed up 20 feet. I got 20 feet up, and my muscles started failing. And my hands start shaking, and my legs are shaking. And then fear begins to grip me. I was paralyzed with fear. I had full fall protection. I could only fall six inches. But I was paralyzed with fear. So reality and my emotions were not connected at all.

[00:10:00]

And so, we have to disconnect from our emotions. You also have to disconnect from other people's emotions.

So there is a number of decisions that I've made in my career where I've actually had people right in my face telling me I was trying to kill them. And that's a pretty tough spot to be. We need to honour those emotions. And in circumstances that occurred like that, I would sit down with the individual and give them the background to the decision, all the data that was used in the input of the decision to help them get more comfortable for what we're going to do. In fact, on one occasion, I had an individual in my office making a declaration like that. I said, "What time are you doing the job?" "Why?" "Because I'm going to come out and stand beside you." And he said, "Okay. That's good enough." I didn't even have to give him an explanation. I'm willing to do what I'm asking you to do.

**The second emotional thing is cognitive dissonance. So we all develop our own opinions, and sometimes we get new data that conflicts with what we think. When we are dismissive of that data, that's called cognitive dissonance: where what we feel and the information actually are in conflict. So that's why emotion is a really bad thing to use in a difficult decision.**

The next guidepost is around authority. So authority needs to come from knowledge and sound judgment. People have positional authority. That's a bad place for decisions to come from. A person in a positional authority should be ensuring that knowledge and sound judgment is used versus just making the decision. I see that failure occurring too often. Another important guidepost is your character. So there's ethics and accountability. On the ethics side, if there's a conflict of interest you need to declare it and take yourself out of the decision. Or, at least, declare it so that people know what your bias is. And then accountability, which is people's ability to count on you. If you're not willing to put yourself in the position of someone who might suffer a negative consequence as a result of your decision, you are not accountable. If you're not willing to take negative consequences yourself when you make bad decisions, you are not accountable.

And then competence. It's funny that competence is the lowest one on the list; it's important, but it's not the most important. So you have to have the competence to ensure that you've got the right priority and the right information and the right alternatives. And typically, that doesn't exist in one or two people. Typically, you don't do well unless you have people with different biases involved.

So the strategy for minimizing failure points is to bring everybody on the same side, which can be really hard when you've got strong biases. In order to make that work, you need some ground rules—guiding principles or values—and you need a process. I'm a trained facilitator in situation appraisal, problem-solving and decision-making, risk assessment, and management. There's tools—they call them instruments—that help guide groups with dissenting opinions to a good answer. So if you've got ground rules and a process and a group facilitator, you've got a better chance of achieving a good result.

**Consensus is what you're trying to achieve. And that's not necessarily agreement, but the participants can live with and support the priority and the information, the alternatives, and the decisions. Once they support it, they're bound to support it publicly. So you can't be involved in this and agree in the group and then go outside and say, "I don't agree with what everybody said or did." You might not like it. But you understand, and you find it acceptable, and that's really what consensus is.**

**Applied science is a process. So we didn't do applied science: The only reason not to do this is when control is prioritized over doing what's right. And that's a values failure.**

So here's—from where I used to work—most of our guiding principles. I'll just read a couple of them to you. I think you might agree that it's easy to get agreement on these types of principles.

[00:15:00]

**“We have the courage and conviction to do what is right: we achieve our results with courage, wisdom, and integrity, being ethical in all of our endeavours, principled in our decisions, and accountable for our actions.**

**“We interact with care, honesty, and respect: we uphold the dignity and worth of our colleagues and everyone we interact with in our communities.”**

So really, these principles—I'm not going to read them all—but they answer things like priority. They answer things like stakeholder engagement, character. And then they answer where we get our authority to make a decision.

So now we're into the meat of things. This colourful table is called a risk matrix. When we do risk assessment—when we evaluate risk, when we evaluate mitigations—we use a risk matrix. Lots of people believe that risk is consequence: I'm going to suffer death. That's only half of the equation. We also need to put probability into that. So there's some tables on the right that show probabilities, and really, probability is just a number. We've got some word descriptions like “it's a ‘likely’ probability; it's an ‘unlikely’ probability, ‘rare.’” But those all translate to numbers, and the numbers are on the page there. And then consequence—we've talked about death as a consequence—that's also on the table, on the right.

So just to put this in context, I've got an example. In 2020, there were 15,000 accidents that were fatal in Canada. So the probability is grade four math; I'm an expert in grade four math: 15,000 over the population of Canada gives you a number, and that's a Probability 2. See over here. So a Probability 2. And it's a fatal accident, so it's a C4 [Consequence 4]. When we put it on the matrix, it looks like that [generalized Medium Risk 8].

When we've got a new risk coming up, we should be comparing it to a risk we're familiar with. Because new risks are— They get into your emotions if it's something really unfamiliar. So accidental death in Canada: it's a generalized Medium Risk. It's an everyday risk we're at peace with and we all tolerate. We apply diligence to it, but we're not stressed out. I drove from Cochrane today: I wasn't stressed out driving here; I could have been in an accident. So it turns out that the generalized COVID risk is exactly the same as accident risk. And I'll show you that a little bit later.

**What is risk mitigation? Risk mitigation is putting a barrier in front of the hazard. So ones we're familiar with are seat belts and airbags, and they address consequences. They aren't helpful if you're not in an accident. But if you're in an accident, they reduce the probability that you will be harmed more than you would if you didn't have those mitigations in place.**

**Probability mitigations are those actions that you take to reduce the probability of something happening. So attentive driving is a good example: if you're paying attention to your text, your cell phone, your probability of being in an accident gets higher.**

**Mitigation effectiveness assessment: In risk management, when you add a mitigation, you have to evaluate it. Does it cause a change to the risk position on the risk matrix? So if we go back [Risk Matrix Table]— If I'm going to mitigate, say, something up here, it should**

cause a change in position. It should be down and to the left. So that's what it means, that we need to change the position in the risk matrix.

Does it introduce new risks? Because, sometimes, mitigations do. And airbags are a good example of that. So airbags introduce a new risk to small children. That's why they had to add a mitigation on the mitigation. That's why when I've got my grand puppy in the seat beside me, the airbag is not deployed because the dog weighs less than what's safe for that airbag to deploy. And then, is there cost benefit?

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**And, again, if there's new risks, are they mitigated?**

So let's get into a little bit more detail. This table [COVID Risk Factors], the first column is age group. All the data that I will use relative to COVID comes from Government websites. So the first column is the age group. The third column is the number of deaths that occurred in Alberta in those age groups. The fourth column is the number of people in that age group. What we see is that the average age of COVID death is 79, and 99 per cent of deaths were over 40-years-old. And nine one-hundredths of one per cent [0.09 per cent] were in the under-20 age group.

So I heard a little discussion earlier about pre-existing conditions. I pulled this off of the Alberta website. You can't find it anymore. I just happened to get it before it was taken down. And we can summarize some things from this. The average number of pre-existing conditions of a COVID victim was 2.6 or more. You'll see this red part of the chart here; it says three or more. So that's why when I average it, I say 2.6 or more. Ninety-six per cent of COVID deaths had at least one pre-existing condition, and four per cent of COVID deaths had no pre-existing condition at all.

I also took another snapshot down. It is now disappeared, but it came from the Alberta Health website. In the four months leading up to early June 2022, there were 868 COVID deaths: 79 per cent of those were vaccinated; 21 were not vaccinated. At this time, Alberta's vaccine-unvaxxed ratio was 77-23. So vaccination didn't stop anything: infection, transmission, or death. I'm not saying vaccines didn't have some impact for some people. I'm just saying this is a factually correct statement.

So now let's put these age groups on that colourful risk matrix. If you look at this table over here [Probability vs Reference Risk], each of the age groups is labelled with a letter designation. If you look on the matrix, I've had to add boxes for D and E, so the people under 40 aren't even on the risk matrix. I want to make sure I'm clear: I've added those boxes; they aren't on the risk matrix. So if you're in a business and you are good at **managing risk, you do not put a mitigation in for something that's not on the risk matrix. It's illogical.**

**Now, there were 32-and-a-half million vaccinated Canadians: that's from the Canada Health website; that's people that had two jabs. There were 10,685 serious adverse events. We just do our grade four math, and we get a number [10,685/32.5 million = 0.00033]. So we're not talking about death here; we're talking about a serious— So we're in this column [C3, Significant] and this probability [P2, Unlikely].**

Okay, so what are these serious adverse events? This is again from the Canadian website: 427 deaths reported; 1,500 cardiac; 1,500 clotting; 87 spontaneous abortion; 468 paralysis and stroke. And we've got a safe vaccine. So if we look at just the deaths and we do 427

over 32-and-a-half million, we end up with 1 in 75,000, which is also off the risk matrix. So from the perspective of death as a result of the vaccine, it is an acceptable risk.

So this analysis is more like an autopsy; it's based on what's already happened. Health Canada statement says, "The benefits of all COVID-19 vaccines continue to outweigh the risks of the disease."

Well, what about the risk of vaccine injury? So for the under-20 age group, 670,000 people would have to be vaccinated to save one life, and that would probably result in a vaccine injury to 221 people,

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including nine deaths. So the harm far outweighs the benefit. So I don't know what risk matrix they're using, but the one I have 20 years of experience, or close to 30 years' experience in, wouldn't support some of the statements that they've made.

So when we talk about moving on the risk matrix, you'll see the people in age group A would move with the mitigation down and to the left, which is what we want. The people in group B would move to the left, which is what we want. The people in groups C, D, and E would all be moving into a worse position on the risk matrix.

This isn't new information. This was in the Great Barrington Declaration, which states, "We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza." So I looked at the influenza results for Alberta this year. There's been three influenza deaths in the 0-19 age category; that's higher than the annual rate of COVID.

So let's talk a little bit more vaccine risk benefit. I'll explain this table a little bit. The age group is in the first column. The number of people that have to be vaccinated depends on the efficacy of the vaccine. If you want to save one life in the under-five age group and the vaccine efficacy is 50 per cent, you have to vaccinate 1.5 million of these children. If the efficacy is 25 per cent, you have to vaccinate 3 million. But when you do that, if you apply the injury and death rate, you can see that anything that's in the red, you just don't want to do it. So Health Canada implies that vaccines are safe at one death per 75,000 vaccinated—two-jab people. Using the same criteria, you are safe from COVID in the red shaded area without vaccination. So we have this data available to us, and it would have been available within the first six months. They would have been able to see the stats rolling in. Perhaps we could have had a health care practitioner that could use tables like these to provide vaccination guidance to individuals or groups based on age, pre-existing conditions, risk tolerance, and vaccine efficacy.

It's interesting that 10 countries didn't have a pandemic. So Nigeria, Republic of Congo, Tanzania, Niger, and there's six other countries like that that have deaths in the 15 people per million population as a result of COVID. Of the 10 countries that had a population of 438 million and compared to G7 countries, they did between 1 and 200 times better. So I heard someone say earlier: "We're not a third world country." I kind of wish we were a third world country. For Canada, the results would have meant about 98 per cent reduction or 50,000 fewer deaths. So my question is, Wouldn't science or just due diligence want to know why 10 countries did not have a pandemic? And didn't we have the money to assess this? We built up half a trillion dollars in debt. Couldn't we have sent someone to

investigate this and understand it? Ironically, all 10 of those no-pandemic nations have endemic malaria, so they use anti-parasitics.

**Lockdown effectiveness.** So Sweden, they delegated down in their bureaucracy to the state epidemiologist who said, "The cost of locking down would be horrifyingly high." He's a prophet. So the Swedish population had a few restrictions, but most COVID measures were entirely voluntary. And this chart compares the U.K., or Britain, to Sweden. Britain had fairly severe lockdowns. Sweden had none. If you look at the two traces,

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**they're pretty close to on top of each other. And if you look at the data, when we had the data, you look at these first two bumps.** This line [green line] represents the end of 2020: at this point, you could write a master's thesis on this data and make decisions from it. So Sweden, without locking down, achieved better COVID results than other G7 nations, such as USA, Italy, U.K., France, who had some of the most stringent lockdowns. And the question, doesn't science have curiosity? Don't we want to understand how an alternative approach was working? Didn't we have the money to research this?

And then, one more little point: South Dakota was the only state in the USA that had zero lockdowns. Twenty-one lockdown states had higher COVID deaths. South Dakota was right in the middle of the states in terms of their COVID deaths. So just another mitigation effectiveness point.

Another point here is if we'd applied lockdowns when death rates were going up and taken them off when death rates came down—reapplied, took them off—we would have convinced ourselves that we were doing something of value. Very good correlation here. No causation whatsoever.

So Alberta ICU [Intensive Care Unit]: two weeks to flatten the curve. So the blue line here is ICU capacity; the pink shaded area down below here is how full is the ICU. So in 1100 days, the ICU was overfull for 17. And it got to about 10 per cent overfull. Again, you can see the blue arrows up and down related to lockdowns increasing or decreasing. And there's one more flag on here: This flag is, by the time we reached mid-July 2021, all the over-age-40 people or 99 per cent of the vulnerable people had been provided vaccine opportunities. I don't know the rate at which they were vaccinated, but they were all provided the opportunity. And the peak in ICUs came after that. We, again, added half a trillion dollars in debt, and we didn't build any more ICU capacity.

So masks, I just took one piece of information from the organization called Cochrane, and it's got nothing to do with where I live. Its reviews have been considered the gold standard. **And this is their statement: "There is just no evidence that masks make any difference. Full stop."**

**Now, let's talk about priorities. The legal priority of the Government is to uphold the Constitution, and within the Canadian Constitution is the *Charter of Rights*. The *Charter of Rights* protect freedom of association, expression, religion, et cetera. "In order to suspend these rights, section 1 requires that there must be evidence that either the state is in peril or the existence of the state is in peril." So that's words from Brian Peckford. And I was told also, to state that "Canadians are in peril." Okay. The onus of proof on section 1 is on the person seeking to justify that limit, which in this case was the Government.**

So here's the top 10 leading causes of death in 2020. When we do our probability math, we see there's actually two buckets on this page. Below the red line is Probability 1. Above the red line is Probability 2. And I also want to talk right now about what an emergency is. An emergency is an urgent, sudden, serious event or an unforeseen change in circumstances that necessitates immediate action to remedy harm or avert imminent danger to life, health, or property.

So if we go back to our accident example—on an individual basis when there's an accident—someone might be bleeding, they need emergency assistance: we need an EMT [Emergency Medical Technician] there, lights and sirens, et cetera.

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But when we're talking about national, we're not talking about that. We're talking about the national risk and the national harm.

So the national harm— And this is really cold and unemotional. People die from COVID; people die from accidents. That's really crappy. But we need to approach decisions like this without emotion. The national harm is death of four one-hundredths of one per cent [0.0004%] of the Canadian population each year. That's what accidents are. It's the same for COVID. And it continued to be the same for three years, and now it's declining. This year it looks like it'll be about 11,000. So it's going to fall below the red line this year.

Which is more peril? Accidents or COVID? Accidents pick on everyone: COVID picks on the aged and infirm. Accidents are normalized: COVID is fear-producing. Accidents and COVID produce about the same number of deaths. Accidents produce 225,000 injuries a year: long-COVID, I don't know. I couldn't find data on that. For accidents, the mitigations are harmless to individuals and harmless to society, and are subject to proper legislative process. The mitigations for COVID cause loss and suffering to individuals, cause loss and suffering to the nation, were subject to coercion through unjustified emergency powers and medical ethical violations. Accidents are easily characterized: COVID competes with 2.6-plus other potential causes and pre-existing conditions.

So they're the same. There is equal justification to suspend human rights to mitigate accidental deaths as COVID deaths. And I would say a mitigation that would be effective on accidents is to close highways to all but essential traffic. That sounds a bit absurd, doesn't it? So when you're looking at this, if you go back to the previous table [2020 Top 10 leading causes of death] and on the left-hand column, those were all labelled A, B, C, D, E, and you didn't know where COVID was, you wouldn't think it was an emergency because you got so much evidence that it's not.

**For a nation, the logical priority is to protect what underpins our needs. Same with a business. I worked where we had a goose that laid golden eggs, and business is the goose that lays the golden eggs: it pays for all basic needs of all individuals and is a source of all Government revenue and social security. And the hierarchy in business is production. Production underpins all business: the production of lumber, the production of wheat, the production of cattle, the production of minerals, the production of automobiles. That's what our economy is built on. And thriving business leads to affordable food, energy, and housing, and supports the tax base.**

So we've got legal priorities and we've got logical priorities. Let's put those mitigations on the matrix [Mitigation Results]. I'm not going to go through what vaccinations and the

mitigations did not do; I've already done that. But on the financial side, it didn't take much homework to see some really disturbing things.

So per taxpayer, we're going to be paying about \$3,300 in debt servicing compared to 2019. So a two-income family, that's \$6,500. If someone has a \$300,000 mortgage and they didn't have a fixed rate, they're going to be paying about \$8,300 more. Rents are \$2,000 a year or more. Food for a family of four—that's from Dalhousie University—is up \$4,000 since 2019. Heat and fuel is up \$2,000. And I want to be really conservative in this number, and so I picked a conservative number: there's 15.3 million households, works out to about \$170 billion a year extra that Canadian families are going to have to pay.

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And that's not including paying down the debt, which really is just deferred tax. So our mitigations moved our national risk—which was a medium risk—to extreme.

Accountability—This chart shows a business here in the light blue, and at the top of the chart is the C-suite: the CEO [Chief Executive Officer], the CFO [Chief Financial Officer], Chief Medical Officer. In a private and publicly owned business, that suite of people have legal and personal accountability. If they make very bad decisions, they can go to jail. If they make poor business decisions, they can lose compensation. It's what real accountability is about. Without consequences, there is no accountability. Immediate and certain consequences are strong; those can be as simple as a pat on the back or a boot print. Future and uncertain consequences are weak. I've probably done 2–300 performance appraisals in my career. And about 80 per cent of people really don't connect with those very much. They don't relate to them. It's only once a year, and they don't know what the outcome is going to be. So can you imagine if there's an election every four years? That's a really, really weak consequence.

So we have a broken consequence model [from slide].

Pfizer and Moderna had unprecedented revenue increases: Pfizer's up 70 billion a year for at least two years now; Moderna is up 19 billion a year for at least two years. Moderna's income was zero four years ago, and now they're making 19 billion a year. The federal government contractually transferred liability for vaccine injuries from Pfizer and Moderna products to the Canadian taxpayers, and those contracts are unavailable for taxpayer review.

The federal government bureaucrats received \$191 million in bonuses and raises throughout the pandemic. The MPs [Members of Parliament] received their automatic raises. The Canadian public received \$170 billion worth of cost-of-living increases, and **total deferred taxes went up by \$566 billion. And that's more than \$50,000 per Canadian. So if you're a family of four, that's more than \$200,000 in deferred tax that you will eventually have to pay.**

**The vaccine injured received pain, suffering, stigma, long waits, and claim scrutiny. Vaccine approvers and safety claims have not been publicly scrutinized.**

**Mainstream media news generally aligned with government narratives. CBC [Canadian Broadcasting Corporation] receives \$1.2 billion in tax funding and received \$85 million in raises and \$99 million in leader bonuses over three years. Other mainstream media received \$600 million in taxpayer-funded corporate welfare, while mainstream media shareholders received dividends.**

**Individual lawsuits aimed at holding the government to account have to secure independent legal financing. The government chooses the arbiters of these suits and uses taxpayer funding to defend its actions.**

**Medical governance has disciplined doctors for non-compliance to approved therapies. Have they disciplined doctors who advised further vaccination to the vaccine injured? (I don't know.)**

**There are laws to ensure accountability of officers of private and publicly traded businesses. There are laws that indemnify elected officials.**

Leadership—What we had was a reaction, and I would say an emotional reaction. What we want is vision. We want our basic needs met, and we don't want them met by the government. We want them met by a good economy. And vision looks like freedom and opportunity. What we had was bullying, gaslighting, and emotion. What we want is knowledge and capability, and that looks like seeking and acting on wise counsel. This nation is filled with wise people. What we had was lack of transparency and “cover your butt.” What we want is commitment and accountability:

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consequences commensurate with the result. What we had was division. What we want is unity and compassion, focusing on what brings us together. I took a cultural diversity course—I don't know—15 years ago. It was a three-day course, and I took away one thing: we're all 90 per cent the same. Why do we focus on a 10 per cent difference?

So I'll end with my prayers. God keep our land, glorious and free. You can look the other one up [II Chronicles 7:14]. Thanks.

### **Leighton Grey**

Thank you, Mr. Beaudry. I wonder if you could turn to, I believe it's the fourth slide in your presentation. It's the one that has a strategy for minimizing failure points at the top. It talks about applied science as a process. That's the one. I wonder if you could put in that little part at the bottom right-hand corner? Yes. [Graphic reads: “The only reason to not do this is when control is prioritized over doing what is right—a values failure.”]

I want to take what you said, and I want to put it in the form of what lawyers call “a hypothetical.” And when people hear the hypothetical, it's going to sound hauntingly familiar.

**So it turns out that what happened in this province, in Alberta, was that our government had no interest in a consensus process like you've described here. What we did instead is, under section 29 sub 4 of the *Public Health Act*, a Public Health Act dictator was set up. One person: Deena Hinshaw, Chief Medical Officer of Health. It seems to me that's the beginnings of where we went wrong. But you say there, in the bottom right-hand corner of that graphic, “The only reason to not do this is when control is prioritized over doing what is right.”**

**I want to present you with a little hypothetical, and then I want to get your opinion about this.**

Most people who have done any management training or taken an ethics course are familiar with something called the “dilemma of the trolley track.” It goes something like this. Trolley dilemma is an ethical thought experiment where there is a runaway trolley, a train, moving down railway tracks. In its path, there are five people tied up and unable to move, and the trolley is heading straight for them. People are told that they are standing some distance off in the train yard next to a lever. If they pull this lever, the trolley will switch to a different set of tracks but will kill only one person who is standing on the side track. People have the option to either do nothing, allow the trolley to kill the five people on the main track or pull the lever, diverting the trolley onto the side track, where it kills only one person. It seems that this has been presented many times all over the world. Results show that—over-ridingly—historically, people in Europe, Australia and the Americas (that’s us) were more willing than those in Eastern countries to switch the track or to sacrifice the man to save more lives. But in Eastern countries, such as China, Japan, and Korea, there were far lower rates of people likely to support this morally questionable view.

Let’s bring this closer to home. I actually put this trolley dilemma in some form to our Chief Medical Officer of Health when I had the opportunity to question her. I said to her, “Look, you knew that when you were imposing lockdown restrictions, you were suspending, violating the human rights, the civil liberties, you were destroying or upending their businesses, the economy, schools, all these things. You knew that. And you did it anyway.” Her answer was that, on balance, the lockdown restrictions and other public health measures were justified in the public good. So in her hierarchy of needs, in Alberta, we needed to preserve the healthcare system.

So my question to you is this: Seeing how our Chief Medical Officer of Health sorted out her own form of trolley dilemma,

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would you agree with me that that proves your conclusion? That the only reason to do what she did was in the hierarchy of needs to prioritize control over doing what was right? Would you agree with that?

**Dean Beaudry**

I think we put her in an awkward position when we didn’t put her with a team.

**Leighton Grey**

Right.

**Dean Beaudry**

So there’s a lot of things to protect, and this isn’t an unusual situation. You encounter this in high-stakes business all the time. There’s always things that need to be balanced. There’s a lot of things that I feel went wrong.

When you put in mitigations and you don’t assess their impact or where they land on the risk matrix, that’s a big problem. When you have dissenting opinions and they’re qualified people and you don’t bring them in, that’s wrong. There were so many things that went wrong: the level of competency is either really, really unbelievably low, or what’s going on is intentionally trying to mess up our economy. It’s hard to believe that the incompetency

could be that low. This isn't that hard, and there's lots of expertise: we have lots of expertise in Canada; we are a brilliant nation. I can explain how to do it right based on 30 years of experience. I can't explain how anyone can possibly do it this wrong. I have no explanation.

**Leighton Grey**

Thank you, sir.

**Dean Beaudry**

I would say, though, that when we get to be a nation that doesn't protect our children, it sickens me. It's just unbelievable.

**Leighton Grey**

Well, I'm sure on that point we can all agree.

Thank you for your presentation. I'd like to open up to the panel now. Who would like to go first?

**Commissioner Massie**

Well, thank you very much, Mr. Beaudry, for your excellent presentation. I'm kind of familiar with these kinds of matrix risks. We used to do that all the time for our research projects.

One of the challenges as you do that is the assessment of the risk level because some of that are not that precise in terms— I mean, there's a value judgment in all of these risk assessments. I understand that in order to come up with the best possible level of assessment, you need to probably get the opinion from different people. And what I've seen as we were doing that, typically, is that the opinion varies with the individual. But also a very important factor in this variation of opinion is the further away people are from the operation—people that are really high up and not doing the stuff very often—would have either completely low, low, low level of assessment or extremely high because they are not connected.

So what would you suggest in order to practise that in a more meaningful way? Because you know, health is a big thing; it's not that easy to define. But what would you suggest, within government health institutions, to really come up with the best practice to do that?

**Dean Beaudry**

Well, it's called stakeholder engagement.

I was in a business. I worked in 13 different roles; I worked in many different departments. And every department thought the other department was stupid. And that's almost like human nature. That's why you bring people together because once you bring them together, you realize they're not stupid. You realize that their opinion has a basis. And if you're unwilling to do that, you're not going to get the right answer.

[00:55:00]

**I had 20 years of people that really understood the vision and values and really understood delegation. And then the head of my organization was lopped off, and a whole new C-suite came in. And they were micromanagers; they thought they knew everything. And the performance of the company went down rapidly when that happened. So you need to engage the people that are closest to the front line. The frontline people— Like if in health care, all the doctors and nurses and everyone on the frontline had everything they needed, there would be no need for management. Period. If they're well-trained, they know how to do their jobs, there's no need for management. So management's job is to support them. And the way you support them is you get them involved in decisions that impact them.**

**So I don't know if that answers your question. But, yeah, it's stakeholder involvement. You need stakeholders involved. To be accountable, you have to be— you have to look the person in the eye that's having the negative consequence. When you're not doing that, you're just not an accountable person. And you shouldn't be in leadership.**

#### **Commissioner Massie**

My other question in that space is with respect to perception of risk. Because sometimes people will have a perception, for example, that flying a plane could be more dangerous than driving their car. Because when they fly a plane, there's a lot of things that are out of their control. And when they drive their car, they feel that they have it under their control. So that's one aspect that can actually distort a little bit the perception of risk, and it could actually have a major impact when people will come up with risk assessment.

And I'm wondering, in the beginning of the pandemic, there's been a lot of decision in government in the western country based on modelling, which actually were predicting a very, very terrible outcome if government was not doing something to mitigate the risk. Do you think that this has distorted the perception of the risk and created all kinds of other consequences in the decision-making process?

#### **Dean Beaudry**

There is no doubt that that distorted how people felt about it. But when you do modelling— Like, if you do any modelling, you do testing with reality. Within three months of people starting to die of the pandemic, you could have looked at what the trends were and compared it to the models, and you would have found that they were vastly different. I would say, probably somewhere between three and six months in, you could have predicted exactly what—well not exactly—but quite close to what actually rolled out. It was predictable. So the modelling is— Well, it turns out it wasn't very useful, and it created fear. So emotion, we talked about it quite a bit, emotion needs to be out of these decisions. And understandably, it's hard to do that. But it needs to happen. We need to detach from **our emotions. Lots of people have given testimony, and a lot of hurtful things have occurred as a result of emotion and not fact. And we've trended towards not listening to people who have experience in dealing with facts and information and data; we've trended towards opinion-based things.**

**At one point in my career, I was doing projects and just saw lots and lots of poor decisions coming out. I set up this criteria saying you need to write down the information that you're using to make the decision. You have to label it. You have to label it fact, opinion, or assumption. And that was transformative. Because once people realized that they were making decisions on basically hearsay or models or things that couldn't be proven as factual,**

[01:00:00]

my project teams actually got to work. They started understanding the whole— When you're making a decision, it has to be based on facts or well-corroborated opinions, and minimize the assumptions. I can't see any evidence of that having occurred.

**Commissioner Massie**

You also mentioned that the data was probably baked in three months, at the beginning of the pandemic; we should have already adjusted.

**Dean Beaudry**

Right.

**Commissioner Massie**

And we've heard from other people, other experts, that it was true also for other data that were coming in for efficiency of masks or vaccine, and so on and so forth. And it seems a current pattern in government that there is a big lag between acknowledging what are the real data and the decision.

So I'm wondering, why is there this kind of inability to recognize or to update the data? Because you mentioned something about cognitive dissonance, I'm just wondering whether this inability to acknowledge that what we have thought needs to be adjusted—and it lags long, and there's a very long process before it is acknowledged—could that be due to what I would call emotional dissonance? In the sense that the status that you get from associating with your opinion is threatened the moment reality show you that it doesn't jive anymore. And you will probably cling to it to avoid the consequences of having your status challenged because you were not right for a certain period of time, and you really lag to acknowledge it. So what do you think about this idea?

**Dean Beaudry**

That's part of the values crisis. It's really hard to admit when you're wrong. But it's also very freeing. And you know what we have to do is we have to just practise it. Because you practise it a couple of times, and you realize your reputation actually gets better when you're honest. So yeah, it's part of the values crisis, and I can't answer for people who have different values.

But I will say this. When you get people in a room and you say, "Do you believe in these values? Do you believe we have the courage and conviction to do what is right?" no one is going to argue with those values. If they do, they'll be shunned, I'm sure. When we're together, we have better values. No one's going to say I like lying as a value. Or I like not being transparent as a value. And so, as Canadians, as leaders, we need to ask ourselves what our values are. Do we believe in telling the truth? Do we believe in being accountable? Do we believe in talking to the people that are most impacted by our actions? This is what the pandemic is: it's a pandemic of loss of values.

**Commissioner Massie**

Maybe I'll ask two quick questions, I guess. In your model, you took the numbers straight from the government website in terms of assessing the number of COVID dead or adverse effects of the vaccines?

**Dean Beaudry**

Yes.

**Commissioner Massie**

So if we take these adverse effects from the vaccine, we've heard other experts mentioning that there's most likely an underreporting factor. You have not used that underreporting factor in assessing whether the vax, as a mitigation measure, would actually move even further towards higher risk than lower risk.

**Dean Beaudry**

Well, definitely. You know— Who knows? If someone dies, they can't report their side effect. Who knows how much is there? That's why I use the actual numbers on the website.

**Commissioner Massie**

And even with these numbers, you think that the mitigation measure was not doing what it was prepared to do?

[01:05:00]

**Dean Beaudry**

I'm saying the mitigation appears to have been helpful for one or maybe two age groups. That's what it appears.

Now, if there were much more adverse events, then maybe it was only helpful for one or possibly none. I don't know without validated facts. I did hear testimony today where only half of the adverse effects were even acknowledged, and half of those were cancelled, if you will. So yeah, the number is probably much higher, and the risk is probably much higher. But I don't have my finger on that pulse. That data appears to be carefully guarded.

**Commissioner Massie**

On the case of the COVID deaths, you took the number from the government. So you're assuming when you range it in the same level as car accidents that all of the COVID deaths that we get from the official number are really attributed to COVID as a primary cause or main cause of death?

**Dean Beaudry**

Yeah, I didn't challenge— I just used the data; I didn't challenge. So if a third of them— If there's four comorbidities and the person has COVID, wouldn't that mean that only 20 per cent of them died of COVID? Maybe the other four comorbidities or pre-existing conditions were the cause. Unless we do an autopsy, we don't really know. And it appears like there

was a lot of encouragement to label things COVID when it wasn't. A 14-year-old died of brain cancer, and they say it was COVID. I don't think so.

**Commissioner Massie**

But your analysis is based on the official number? No challenge to that number?

**Dean Beaudry**

The analysis is based on the official number. Yeah. You guys can look it up yourself at Canada Health and Alberta Health. Except for the things that I've told you have been taken down. But I said I would tell the truth, and the truth is I got that information from Alberta Health.

**Commissioner Massie**

Thank you very much.

**Commissioner Kaikkonen**

I would like to thank you for bringing forth II Chronicles 7:14. I think there's a spiritual component to the last three years that we have not discussed. So thank you.

My question has to do with very early in your presentation, you spoke about Canadians suffering severe social, emotional, educational, mental, and physical, and economic consequences of lockdowns and mandates. And I'm just wondering, just after that, you ask "Why?" But the question of asking why seems to be from a minority position, maybe. Or, also, the question of asking why is now.

Do you have any understanding as to why people did not ask why very early on when they were actually suffering these consequences?

**Dean Beaudry**

Well, I think the convoy was asking why. I think lots of people were asking why. And people with dissenting opinions were cancelled. If you look on YouTube policy, for example, it basically tells you, "Don't disagree."

And then you end up with— I had a family member when we were discussing this. This was someone who probably should not have been vaccinated and was getting vaccinated to protect my mother-in-law; and didn't I care about my mother-in-law? When you use **emotional blackmail, you get results. That occurred in my own family, and I'm sure it occurred in lots of families. And then when you take things away from people. Like, I got vaccinated: I'm retired. I want to travel.**

[01:10:00]

**I want to see my newborn granddaughter. I can't do that if I don't get vaccinated. So tell me the question again. I think I got off-track.**

**Commissioner Kaikkonen**

Maybe I'll move on a bit. Just from even today, the community standards of YouTube means that the National Citizens Inquiry can be put on suspension for seven days. So how do we get to the point where we ask, "Why?" or ask even more in-depth questions when, 2023, we still have to experience these kinds of things? When can ordinary Canadian citizens choose to ask questions?

**Dean Beaudry**

Well, this inquiry is the best thing since the convoy. When the convoy happened, I started to feel Canadian again. And this inquiry— I'm thankful to be here. It feels like I have an outlet for pent-up frustration. I feel like I'm among peers and friends and family, other Canadians that I love. I think this is the best thing we can do.

When you've got a person like Brian Peckford who's just such an amazing and honourable guy and mainstream media won't run his story— I don't know how you fix that. I just don't know. I've got family in mainstream media. One night, late at night, there was a conversation ended abruptly in order to maintain the relationship. And I understand. I understand people are in positions that basically require compromise in order for them to express themselves. Or maybe they can't even make that compromise without suffering some other consequence. The consequence model on all this is very, very broken. So I don't know the answer.

**Commissioner Kaikkonen**

Thank you very much.

**Dean Beaudry**

You're welcome.

**Leighton Grey**

It appears there are no further questions. Thank you so much, Mr. Beaudry, for your compelling evidence here today.

**Dean Beaudry**

Thank you.

[01:12:58]

***Final Review and Approval: Anna Cairns, August 30, 2023.***

*The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.*

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 9: Colin Murphy**

Full Day 1 Timestamp: 08:47:38–09:13:24

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

**Leighton Grey**

Welcome, Mr. Murphy. Our next witness is Colin Murphy. He is a proud Albertan. Calgarian. Welcome to the National Citizens Inquiry, Mr. Murphy.

**Colin Murphy**

Thanks for having me.

**Leighton Grey**

Firstly, I wonder if you wouldn't mind just stating your name and spelling it for the record.

**Colin Murphy**

My name is Colin Murphy, C-O-L-I-N M-U-R-P-H-Y.

**Leighton Grey**

Sir, are you prepared to tell the whole truth, nothing but the truth, so help you God.

**Colin Murphy**

I am.

**Leighton Grey**

Sir, I understand that, as I mentioned, you are from Calgary. You're a businessman.

**Colin Murphy**

Yup. In business for over 22 years.

**Leighton Grey**

You have kind of an interesting business in that you produce and run large-scale sporting events and music festivals, right?

**Colin Murphy**

That's correct. We're a service provider for those events.

**Leighton Grey**

And you are involved in this with your wife.

**Colin Murphy**

Yeah. She helps on the side. It's been a family business. My dad started it a long time ago, and so it took a long time to slowly build up the inventory, build up the reputation, and the client base that we have.

**Leighton Grey**

So I understand that when the pandemic was declared, this was hugely disruptive to your business.

**Colin Murphy**

It's interesting. In the event space, when you get to be well known, you almost have your year laid out, especially when you've been doing it for 20 years. So around December/January, when it was coming to light that COVID was coming around, you immediately start to go, "Where's it going to impact me in three months? Five months? Down the road," right?

But you already have your summer laid out in December. So it's more: When's it going to hit? And what's it going to do? And how as a business can I get through whatever they're going to do? But it's unprecedented. You don't know what they are or aren't going to do to you. But you see it coming for sure.

**Leighton Grey**

Is it fair to say your business is somewhat seasonal, or do you have these events going on year-round?

**Colin Murphy**

I would say 80 per cent of my revenue comes in the summer. Those are almost all annual clients that always occur. You might get a deviation of five, ten per cent, more or less, but you always have the same clients. You're doing the same events. It's a great time. You know what you're doing. You have the staff. Everything is allocated perfectly.

Then in the winter we were lucky enough. It gets thinner. It's quite competitive, but we had one or two really solid clients. It was a sporting event, and you traveled all around Canada, and it was a great, great contract. We really loved working with them and just seeing all around Canada.

**Leighton Grey**

I understand that just in the first year, bearing in mind that the pandemic was declared in March of 2020, just in that first year though, your business lost over a quarter of a million dollars. Is that correct?

**Colin Murphy**

Well, so COVID happens, and everyone starts getting really, really nervous about it. And no one knows what's going to happen. So they basically cut everything in March. We were not allowed to do any more events. So we go home, hang with our family, and ride this thing out to see what's going to happen.

I believe it was around April where I think Quebec was first. They basically cancelled the summer. They said, "No more events in the summer." And quite quickly, Jason Kenney completely followed suit and said, "We're not doing anything this summer."

So I've got three permanent staff, including myself, and four or five contractors. And basically, our revenue went from \$300,000 to zero. We had to lay everyone off, had to cancel everything, and basically shutter the business. Everyone had to go off of employment because we didn't have the means.

The problem was that one of the things that was established was that the government was going to cover 75 per cent of the wages. But if you have no revenue, you can't cover anything. So basically, what ended up happening was we shut down to ride the wave out. And again, I'm going to be sympathetic. No one at that time knew what was or wasn't happening. You could get some data, but to be sensitive, you basically grinned and bore it and said, "Let's wait and see what's going to happen." This is the first summer. So the whole thing was completely shut down.

**Leighton Grey**

Notwithstanding that really catastrophic situation in 2020, I understand that you were able to retain and maintain some of your customer base.

[00:05:00]

Those of us who lived in Alberta during that time remember the phrase "graduated reopening," which started to happen—did you just cringe?—started to happen in 2021, right? And I understand that there was sort of a "bubble" approach that permitted you to put on some limited events in 2021. Is that right?

**Colin Murphy**

So most events have to work eight months to six months out of their event date to get organized and actually get all the ducks in a row.

The problem was that they shut down the summer, but when September came along there was no guidance. There was no leadership. There was no— Everyone was chasing everyone else saying, “What do we do? What do we do?” I honestly don’t think— No one wants to take accountability, so they defer everything to the next person. Even my clients— I don’t blame anyone. But everyone’s looking for answers and deferring to the next person, deferring to the next person, so that when they’re wrong, they can actually say, “Oh, that wasn’t me who made a decision. I relied on them.”

But, basically, most of my clients could not get any planning or anything done going into the next winter. But I was very lucky because one of my clients was able to establish a bubble and through those means we were able to hire some people back on and get through that with the revenue.

However, we came back up to the summer, and there were no guarantees the summer was going to be open. Because the summer was closed before, everyone was still nervous. So everyone had to basically hold back on all their plans. So once the bubble was gone, then you still did not know what was going to happen in the summer until Jason Kenny, again spontaneously, said two weeks before the Stampede, “Hey, we’re open! Let’s go!”

**Leighton Grey**

Right. COVID-free forever. Who could forget?

**Colin Murphy**

Let’s rock it!

**Leighton Grey**

I understand, also, that through your business you run events, you produce events, outside of Alberta and that this posed a problem for you in terms of the differences in restrictions as between Alberta, Saskatchewan, Manitoba, and other provinces. Do you want to talk about that a little bit?

**Colin Murphy**

What’s interesting is people don’t really know how things flow.

So we’re going to get into vaccination time. The whole goal was that once everyone got vaccinated, everyone could return to normal; we could start doing events again.

Unfortunately, I’m not vaccinated for my business, and I’m looking at this— One of my main clients who did the bubble and they presented me with a scenario in August saying, “Great news, we’re open for business.” But it was going to be 90 days on the road.

Now I’m sending three to four crew on the road all around Canada. At that time, the quarantine rules were different in every province. And they were spending about 12 to 14 days in each location. So what was happening is that I’m looking at my chart here saying, “I’m going to send four people to St. John’s.” They get to St. John’s, and all of a sudden on day eight or day nine, it doesn’t matter what they’re doing, they get COVID. Well now, they have a 14-day period where they have to quarantine in St. John’s. But their plane leaves in five days, and the event’s all done. And they have to go to another event. So as a logistics manager, I’m a small company. I don’t make millions and millions of dollars. So I’m going, “Whoa, whoa, whoa, I can’t take this liability.”

**My client, they like my services. But I can't provide them the services because of the unknown because of all these weird regulations and where things were. And so because of that, one of my best clients— These are people who we've worked with for a long time. The volunteers at these events, we would see the same ones. It was such a community. And my workers, who I absolutely adored, they did such a good job. And for no reason of my own, all of it got wiped out. Just all gone.**

**You can't do anything about it. You can just go, "Oh, that was nice. That's a good memory, and let's move on from here."**

**Because there was no consistency across the board, it was impossible to schedule anything. So unfortunately, I had to get rid of that contract, which was my winter contract. And so then things got even thinner. And that was when things started kicking in and everything else was changed.**

**Leighton Grey**

I understand that you tried to bring your frustrations with the lockdown restrictions to your elected representatives but without much success.

**Colin Murphy**

I'm very fortunate because I have Jason Copping in my riding,

[00:10:00]

and we all know what a wonderful person he is. So when COVID was hitting in April, the very beginning, I had a long conversation with him on the phone. I basically was saying what I believed to be where this may be heading. Not that I was right or wrong but just "Hey, watch out for this."

Multiple times throughout this whole ordeal he does answer the phone. I've had several conversations with him. I've gone to his town halls. I've tried to present things to him to try to mitigate and, early on, try to open up earlier and/or provide alternatives to the way the course was being set for us. Every single time he would— He would basically just ignore you. He would just stare blankly at you and go, "Okay, Okay, Okay," and then nothing would get done.

If he wanted something from you, he would answer your calls. But if you sent a video to him or some statistics or anything to him, there was just no response. I'm not saying he should listen to me. I'm not a medical person or anything. But I was pleading to look at **those people who he should be listening to. People who are way more knowledgeable on the subject than me, and there's tons of resources, especially now. But they're still not doing it, and I have no idea why.**

**Leighton Grey**

I understand, sir, that despite all of this, you're still involved in your business, but not to the same level. Why is that?

**Colin Murphy**

Well, you can't. I don't trust the government anymore. I don't trust anything they're going to do. All the events are there to bid on. For me to actually go and say, "Okay I want to get this contract back, or I want to get this contract back." Then now, I have to hire people. Now I have to train them, and I trained guys for five or six years. Now I have to go through that labour of training people and trusting them on the road with my equipment and my reputation.

Once you've done all that, then you bid on the event. Now you're deep into money and deep into investing in personnel, and all of a sudden, the government will come along and change it. So I don't trust any of that, and because that trust is broken, I really can't do anything more.

We're doing well. I'm happy. I've got fantastic clients, and I'm back to when we were small. You grind it out. You do what you can. My dad's 78, and he's still joining me on the road. So you do what you can.

**Leighton Grey**

So you've got this great family Alberta business that employs yourself and your wife and your dad and all these other skilled people, has great potential. You had a dream that it would grow much bigger. You obviously have incredible expertise that's applicable.

But what's holding you back really is something emotional and psychological and, to some degree, rational. And that is your distrust in your government because you're afraid that if you do invest all that time and energy—and every business owner knows what this is like. I feel you, okay. To have a sense that a government, which is supposed to be there to support you, to help you grow your business, or at least not interfere with your ability to do that; you're worried that that's the very entity, the very force, that's going to come along and pull the rug out from under you.

**Colin Murphy**

Well, when you have a business, the right way to do the business is you believe in something. You put your house on the line. You buy equipment. You get a loan. Basically, you put everything on the line. So when the government shut down the summer, the first year, you lose all that money.

It didn't pay for your trucks, didn't pay for your trailers, didn't pay for your loans, didn't cover anything. Everyone is like, "Oh, the government's going to support you. Didn't the government give you something?" They didn't do anything. The federal government gave you a loan and, basically, said, "Hey, here's a little bit of money. Take all you want. Pay us back," and that's coming into fruition. It kicks in in December or something like that. Then the provincial government gave a little bit of money here and there. But again, we're talking about a lot of money, risking it all on the line, and I already went through all that.

That's the problem. I don't know how people nowadays— Look at all your small businesses. They all believe in something, and they pour it all into it. You own a restaurant. You own a gym. You own a hair salon. You're a trucker. You put all your money to buy a truck you want to drive across Canada and deliver product. And out of nowhere, the government can just change it. It's crazy, and there's no recourse. There's no recourse for their actions. They just go, "Oh yeah, well, we made a decision." Hey, pay for my grocery bill every year, thank you very much.

**Leighton Grey**

**And the problem is compounded by inflation**

[00:15:00]

**related to the pandemic, higher interest rates, debt, costs of things like gas and fuel, all these things. I expect you have to run equipment and machines, large-scale machines.**

**Colin Murphy**

**Yeah. The biggest problem is the supply chain right now. The supply chain is completely disrupted. You guys won't see it, but parts are very hard to get. If you want to get a power distro—it's this thing that converts power so you can run all these things—they say six weeks. But it's probably nine weeks to probably twelve weeks. Before, that was unheard of. The parts don't exist.**

And that's now. I don't know where the crunch is going to go. I'm not going to get on the line and foresee that. But there's been a massive change in how things are working right now. And the labour force in our industry is quite thin. In other words, people who you used to be able to— You used to be able to get crew. They're called crew, and they come in, and they help out. There used to be a good supply of crew. And I don't know where they are anymore. They're really not around.

**Leighton Grey**

So not to put too fine a point on it, comparing where you are now to where you were pre-pandemic, you have the wherewithal to run your business, but the landscape has changed completely.

**Colin Murphy**

Oh, yeah. And you don't know where it's going to go. You have no clue where it's going to go.

**Leighton Grey**

Predictability, of course. Thank you, sir. Is there anything that I didn't ask you about that you want to say to the Inquiry?

**Colin Murphy**

**The frustrating part that I have with this whole thing is a lot of people were vilified, but it seems that people don't talk anymore to each other. You can talk to friends and family members, and everyone has a little thing that's wrong. Everyone has a story. But they don't share the stories in one unit, one big group. And because they don't share in one big group, they can't connect the dots. Not saying there are any dots. Not trying to get in trouble here. But it would be nice if somewhere down the road, there is an event or there is a continuous event.**

I know it happens in Europe a lot. They go to the news agencies, and they post things on the walls there, or they have marches. In Canada, we've backed away from doing some of that. But we really need a national acknowledgement of the effects of what happened here.

I know that on April 28th is the WCB, Workers' Compensation Board— They have this actual day where they commemorate people who lost their lives on the job. I really think there has to be a really big push. And we have to hammer it through media, who don't listen to us. And we have to all get together. People have to see the effects of all of this. Because by having little chats here and there, they're not talking, by not talking— For my kids right now, I'm worried about the future. It's not just the consistency of labour; it's the consistency of life, the way of life. Because that's all changed. People get used to change, and I don't want some of the change. I don't think it's good change.

**Leighton Grey**

You don't want Deena Hinshaw's "new normal?"

**Colin Murphy**

I don't want passports. I don't want any of that stuff. It's just crazy.

**Leighton Grey**

Sir, thank you for that suggestion and for your testimony. I'm going to turn it over to the panel now and see if they have any questions.

**Commissioner Kaikkonen**

Thank you for your testimony. I'm sure there's a lot of Canadian businesspeople who could relate. My question is what changes need to happen for you to trust government again?

**Colin Murphy**

Well, I honestly don't know. Decentralized decision-making is key, I would say, with government. I would trust certain avenues.

Politicians have avenues of employment. How do I say this? Different jobs benefit from different political landscapes. So my political landscape benefits from certain ideologies. So it's biased for me to say what I think is going to help me because I really want more liberty and freedom to do what I want to do, less restrictions, and less saying, "You have to do everything this way and this way."

So I don't really know, but I say decentralized would really, really help. In other words, rules at least where, if there was a decision made in the federal level, it doesn't necessarily impact the provincial level because it might not agree with our certain values and beliefs **here. I think there has to be a distinction because it exists in other things across all the other provinces.**

**So maybe decentralization and talking—getting more input. I will say one thing.**

[00:20:00]

**My industry didn't speak up for itself. I think a lot of small businesses don't have a voice because they're all spread out, and they're everywhere. There's no real big centralized— The unions right now that are protesting, well, they're huge. But small business is the same size, if not bigger, but they don't come together and join that. So maybe some way of**

collectively bringing people together and having one voice. I'm sure that would help. But it's a lot of work and I don't know how much time we have to do that.

**Commissioner Kaikkonen**

Thank you very much.

**Commissioner Drysdale**

Good afternoon. We've heard from several witnesses previously about the impacts on their industry. I don't know a lot about your industry, but some of the things that we've been hearing is that the mandates seem to favour large companies and destroy small companies. In other words, they have more resources, they have more money at their disposal, and some of these companies, for instance, our mainstream media companies, got hundreds of millions of dollars to support them.

So what happened in your industry? Did it consolidate? Were the small people pushed out?

**Colin Murphy**

Specifically in Alberta, three companies became one. In the last three years most of them consolidated into quite large companies. If you look at the large conventions, the large sporting things, those things, they'll all get— There's no question that now that they're so large, they have the workforce.

Some of my old clients— I gave up a client last year I've had for 19 years. I didn't give them up because I didn't want to do their event, and I didn't have any malice to them. I physically could not get the workers and provide the level of service that I was comfortable with to do the job. And so I said, "I'm sorry I can't do your event anymore, and here's some companies that are larger." They were able to get through it because they have deep pockets and/or they have other revenue sources that helped get them through.

I'm not complaining about it. Everyone has their merits and such. It's just unfortunate that as you're getting bigger and bigger and you have this five-, ten-year plan, it doesn't take much—and everyone tells this to you—it doesn't take much, for one little thing to happen, and it just changes everything. Gone.

**Commissioner Drysdale**

Well, it seems to be a common theme of a lot of the business owners. We've been talking about the consolidation or in some instances, monopolization of their businesses.

**Can you comment a little bit on the ability of very large companies to address the needs of very small clients? I mean, Canada is a country of small companies, of small events. Are these large monopolies or consolidated companies able to properly service and are they interested in servicing those smaller events that you used to do?**

**Colin Murphy**

I think most of them will. Most large companies will only go for the large ones. If they go for a small one, they'll bid really high, and they'll basically say, "Hey, if I get it, then I get it and we'll go in there." They'll blow it out of the park; they'll do a great job, for sure. But what they're doing is they're taking that small sporting event only as a finite budget. And so

where they might have allocated a certain percentage, if that goes up 40 per cent that impacts the bottom line.

And most sporting events on the small scale, it's for the community. It's not some guy who's a promoter, who's just pocketing the money. It's actually a group of people who got together and said, "If we throw this event on and we make money then that can help with the arena or it can help over here, over there." So they're very important.

But I would say the problem with the landscape is that 30, 40 years ago, businesses supported events. Whereas nowadays, the government got rid of a lot of that, the write-offs. So now a lot of events are very dependent on government funding for the event. So the events themselves have to make sure that they toe the line.

**Commissioner Drysdale**

Well, that's a really interesting point. I want to make sure I understand that. So some time ago, it was common for businesses or communities to support these events, but now the government supports them and, therefore, has control over them. Is that what you're saying?

**Colin Murphy**

Well, I couldn't infer that. But I'm just saying they definitely got rid of the way that sponsorship was done. Sponsorship in the past was done with a different model, I believe. But now it's totally different.

I think the problem is that you have large companies— It's just a business cycle, and unfortunately, the business cycle

[00:25:00]

was interrupted by something larger, and I'm just a slight victim of it. I'm doing fine without it.

But there needs to be better preparations on how to mitigate the business cycle from being interrupted from external sources.

Because other areas did fine. I mean, Florida—that's the problem—is that Florida never closed. Florida stayed open. Sweden. So there were examples around the world where things were doing okay.

**Commissioner Drysdale**

Thank you.

**Leighton Grey**

Mr. Murphy, thank you for your testimony here today and for being part of the National Citizens Inquiry.

**Colin Murphy**

Thank you.

[00:25:45]

***Final Review and Approval: Anna Cairns, August 30, 2023.***

***The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.***

***For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>***





## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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**Witness 10: Kyrianna Reimer**

**Full Day 1 Timestamp: 09:13:48–09:36:43**

**Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>**

[00:00:00]

**Shawn Buckley**

So our next witness today is Kyrianna Reimer. Kyrianna, can you please state for us your full name, spelling your first and last name for the record?

**Kyrianna Reimer**

My name is Kyrianna Joy Reimer, K-Y-R-I-A-N-N-A, Reimer, R-E-I-M-E-R.

**Shawn Buckley**

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

**Kyrianna Reimer**

I do.

**Shawn Buckley**

Right now you work in financing. But when COVID hit you were a nursing student trying to work your way through to get a nursing degree. And my understanding is you'd like to go back. Can you share with us basically how the COVID experience for you unfolded as you were trying to get through the school of nursing?

**Kyrianna Reimer**

So in September 2021 I returned for fall semester, third year. We were told at that time that the vaccine was highly recommended. We didn't have a due date that we had to be vaccinated by, but this quickly changed. And throughout that semester, as AHS [Alberta Health Services] changed their policy, so the school changed theirs as well. As that came up, the date I remember the most was October 14th, we were supposed to have our first jab by.

**Shawn Buckley**

And my understanding is at that time you were actually seriously entertaining getting the shot, but your opinion changed. Can you speak to us about?

**Kyrianna Reimer**

Yeah, I'd considered getting it because I really believed that nursing was where I was supposed to be. That was something I'd spent a lot of time thinking and praying about, and it had led me to the conclusion that this was where I needed to be.

So I was going to get the vaccine so I could continue my studies. But as I reflected on years I'd spent in nursing, certain principles came up. One was the ethical morality surrounding the current code of ethics, which says that a patient may not be coerced into taking a medical directive. When a nurse is receiving a vaccine or a jab, whatever you want to call it, at that time, they're considered a patient. To be coerced into receiving it, it goes against the current code of ethics, undermining the ethical standards in addition to the scientific standards, as outlined in what we had studied during our microbiology course.

Generally, a vaccine takes five years minimum to be released to the public. This one shouldn't have been released so fast, obviously.

**Shawn Buckley**

Right. So the speed kind of spooked you. I'm trying to understand what you're saying about the code of ethics. So the nursing code of ethics requires that a patient have full consent for it to actually be ethical to then administer a treatment, such as a vaccine. But you found yourself in a situation where something was being imposed on you. And that, actually, violated the code of ethics that nurses are supposed to comply with. Did I kind of get that right?

**Kyrianna Reimer**

That is correct because it wasn't an optional thing. There was coercion to receive it or drop out of the program, which costs both financially and as far as time goes, whoever decides to stand up for their rights in that.

**Shawn Buckley**

Right. My understanding is you actually had a project where you had to write a letter on a topic, and you chose this ethics issue as your topic.

**Kyrianna Reimer**

Yeah. Um—

**Shawn Buckley**

And you smile. So it is a bit of a cute story. Can you tell us about that?

**Kyrianna Reimer**

The project was to write to a member of the government regarding an issue that was affecting the healthcare system. So I decided to write on this one.

**Shawn Buckley**

Okay. So it was a broad, broad assignment. Students were allowed to pick their own topic, so it wasn't meant to be topic-specific. You were able to pick your topic, but it was to write to a politician on a healthcare issue, and so likely it was to look at how you would address it.

[00:05:00]

**Was it an exercise in teaching nurses to be advocates on health issues? I'm just curious what the purpose was.**

**Kyrianna Reimer**

Yeah, that was the idea. It was to be an advocate for patients and be actively involved with the government to support moral health practices and good health practices at the governmental level.

**Shawn Buckley**

Okay, so you picked an obvious topic on advocating for patients because here you were actually experiencing that very issue yourself. So I imagine that the professor that graded your paper was very fascinated and pleased with the current topic.

**Kyrianna Reimer**

No. No, that was not what happened. I received a poor mark on that paper with a statement that said, "Please don't write about personal subjects."

When I asked my teacher later on and reviewed with her about it, she compared holding my opinion on the COVID vaccine with oral hygiene, stating that she said of herself, "If I decided I shouldn't brush my teeth, I couldn't go and tell my patients you can't brush your teeth. Because we have literature that supports that this is good for the health. And the governing bodies above us also dictate that this is good for our health. So that the governing bodies have dictated that this is a healthy procedure, we can't speak against them."

My prof was a nurse.

**Shawn Buckley**

**So in effect, you are being told that to advocate for a patient, you basically have to advocate for whatever the government line is, which seems to me, and you can comment, to totally undermine the purpose of writing to a politician. You're basically saying, I support the government's position. So okay.**

**Now there was something else that caught your attention and led you not to be vaccinated. I understand you were concerned about basically the treatment that was being meted out to other treatments.**

**Kyrianna Reimer**

Yeah, I took issue with the testing of the vaccine just because during our earlier courses we had been told that it takes five-plus years for a vaccine, or even regular medicine, to be released to the public in most cases. It seemed odd that we were accepting this one so blindly so early on in the testing process.

This went against the scientific standards that I thought nursing stood for. So both the ethical and scientific standards were lost, making nursing seem like a pretty pointless profession.

**Shawn Buckley**

Right. Now, you were making efforts to bring your position forward to the College of Nursing to see if they would grant you an exemption or change the mandate. How did that go?

**Kyrianna Reimer**

At first, there were a number of exchanges of emails. I asked them about their date because they were enforcing an earlier date than AHS originally. I pointed out that this was illegal because they were, in fact, enforcing their own rules, which went against my rights.

To this, as AHS changed their policy, they continued to move backwards and give me more and more time, so I was able to finish that semester. However, later on in January, I wrote to them because AHS had once again changed their standards. I had been held back for a class for that semester because I wasn't seen fit to enter the clinical placement.

When I realized this, I contacted them, and they told me that there wasn't anything that they could do about it because they would put the AHS mandates across the board for all of their clinical placements. At this time, I was in community placement, which we had several that were not AHS facilities.

[00:10:00]

But the College was enforcing the AHS requirements across the board. I served two of my teachers with notices of liability and received an answer in return.

**Shawn Buckley**

Okay, and so can you explain for us what a notice of liability is?

**Kyrianna Reimer**

The notice of liability was basically a statement saying that you're enforcing these medical directives that go against my rights as a Canadian citizen both on Charter rights and freedoms as well as ethical standards for healthcare practitioners and professionals. And so, I had two of those sent out to two of the nursing profs there.

**Shawn Buckley**

Okay, so basically you were trying to give them notice that the actions they were taking were violating what you thought were fundamental rights for Canadians at the time. My

understanding is that basically they took the opinion that what you were doing was misconduct.

**Kyrianna Reimer**

That's correct. I was given a letter of misconduct threatening that they would suspend me as a student at Red Deer College because of my actions.

**Shawn Buckley**

And Kyrianna, I'll just let you know that I did receive the copy of that, and we will make it an exhibit [Exhibits RE-8 and RE-8a] so that both the commissioners and the public can see how they responded. And we will also make that notice of liability an exhibit [exhibit number unavailable] so that that can be part of the record going forward.

**Kyrianna Reimer**

Thank you.

**Shawn Buckley**

So you basically— December 2021, found yourself removed from the nursing program.

**Kyrianna Reimer**

I was permitted to continue with an asynchronous online course, but my clinical placements were cancelled. This happened very suddenly, and I did everything I could to try and get back in, including contacting members of our local government and reaching out to some of the facilities in person.

**Shawn Buckley**

Right, and that didn't work very well, did it at first?

**Kyrianna Reimer**

Neither one worked.

**Shawn Buckley**

Okay. So how long was it before you were able to participate again?

**Kyrianna Reimer**

Well, the asynchronous course I was able to complete for the winter term, but I wasn't permitted to return to studies until the fall just because of the way the nursing courses are laid out. You have to follow a pretty strict schedule. It's not like a pretty regular one where you get to choose your classes each semester. So I was held back for a whole year.

**Shawn Buckley**

Right. Now I want to go to a couple of specific things that you experienced. My understanding is that during one of your practicums you had to take a COVID test for a person who had been admitted at night. Can you just share with us what was happening?

**Kyrianna Reimer**

Yeah, so we had a patient who was admitted the night before, and I was on the morning shift. When I came in, they told me that one of the things I needed to do was take a COVID test for this person, which I did. Once I completed the COVID tests, we were told that this person had to be moved from the room where they currently were.

So we moved them and their stuff into a separate room where they were isolated and removed all of the items that were disposable within the room and did a full sanitization of the room. There was another patient in the bed who had slept there all night. They were neither tested nor moved, and that didn't seem to be a problem.

**Shawn Buckley**

Okay, so that just seemed to be an example of a silly reaction. Obviously, this patient tested positive, but they don't test the other person in the room.

**Kyrianna Reimer**

The other patient, we hadn't even gotten the test back.

**Shawn Buckley**

Right. Now, there was some messaging about the hospital you were at being full capacity. Can you speak to us about this?

**Kyrianna Reimer**

Yeah, we were told that it was full capacity. In the wards where I was, a third to a half of the rooms had one bed removed. Usually it's a double capacity room, so you'd have two beds within each room. And we had stacks of beds in the back where there had been one removed from the rooms

[00:15:00]

so that they could isolate by themselves.

**Usually, this is unusual. If you have two people with the same suspected condition, they can share a room. So two people with COVID could share a room, but in this case, apparently, they needed to be alone.**

**Shawn Buckley**

Right. So in effect, they reduced the capacity of the hospital so that they could make the claim that the hospital was full.

**Kyrianna Reimer**  
It would seem that way.

**Shawn Buckley**  
Okay, now in witnessing some of these things, how did it make you feel?

**Kyrianna Reimer**  
It didn't make me particularly trust my profs and the nurses on the wards or the government. It also made me wary of what I could say around the other students, mostly because they all supported the lockdowns, the mandates, the testing.

**Shawn Buckley**  
Were you aware of any other student in your program that shared your views?

**Kyrianna Reimer**  
We didn't talk about it very much. To my knowledge, there wasn't. I remember several conversations that the students had had when I was around where they bashed some of the other methods of treatments, including ivermectin and people that would use it.

**Shawn Buckley**  
And when you say "bash," you mean speaking in a very negative fashion.

**Kyrianna Reimer**  
Speaking very negatively.

**Shawn Buckley**  
Right. So probably ridiculing.

**Kyrianna Reimer**  
Yes.

**Shawn Buckley**  
So how has this affected you mentally? I understand it's set you back in the nursing program now, I think two years.

**Kyrianna Reimer**  
Yeah, I had the option to return in Fall 2022. But when I went in to take a preliminary test that I required for going into clinical placement, I had horrible anxiety and no desire to return and be among my peers or the other nurses that I had worked with before because of the negative experiences there. So yeah, it has set me back a couple of years.

**Shawn Buckley**

Okay, and just when you were talking about that, it sounded like you were having some difficulty. Is it fair to say that you're still having some distress over what happened?

**Kyrianna Reimer**

I would say that there is some. I still don't trust nurses, generally—the ones that I worked with anyways. I don't trust most of the students. My experience since then, having attended a hospital since that time, has not been a positive experience.

**Shawn Buckley**

Can you tell us about that?

**Kyrianna Reimer**

I had a foot infection last fall, and I went to the ER for three nights. I had to take IV [Intravenous] antibiotics. The first nurse who was there, she didn't complete her proper testing. So generally when you enter the room before you get hooked up to the IV, they'll ask you your name; they'll check your wristband. They have to do full checks. Between when she brought the IV meds in, I was taken for x-rays. The IV meds hung in the room until I returned.

You're never allowed to leave medication unattended. When she came back to hook me up to the machine, she didn't do her checks, and I pointed out that it had been unattended. Her response was, "Are we really going to do this now?" She said, "Do you want me to give you these or not?" I let her administer them, and she informed me, too, that we do things differently here in the ER than you learned in your nursing classes.

**Shawn Buckley**

Okay. I want to move on to a different topic. I want to talk about the Trudeau hotel experience or the escape Trudeau hotel experience. Can you basically tell us what you experienced in May of 2021 or when you came back from Costa Rica?

**Kyrianna Reimer**

Yeah, I had travelled to Costa Rica to volunteer, get some nursing practice down there with an independent group because we had been held back during 2020 in some of our practicums. So I went to volunteer there.

**When I came back, I was rerouted into Toronto instead of flying into Calgary. When I landed, they told me I had to retest**

[00:20:00]

**because I was forced to test before I got on the plane. But I had to retest now and also quarantine in one of the hotels. I refused and the lady who was there told me that she highly recommended it. And when I said I wasn't willing to, she said it would be expensive tickets.**

As I had a plane in 20 minutes, I asked her to please write the tickets. And then I took those. They put a mark on my passport. It was a sticker to show that I wasn't allowed to leave. And then I went to my gate with the tickets.

**Shawn Buckley**

And what did the tickets total?

**Kyrianna Reimer**

\$7,000.

**Shawn Buckley**

And you have a trial coming up, actually this month for those tickets. They haven't been resolved yet.

**Kyrianna Reimer**

Yes, it'll be in two days from now.

**Shawn Buckley**

Now, when you returned then to Alberta, my understanding is that you were supposed to quarantine for 14 days. Did you have any visits?

**Kyrianna Reimer**

Yeah. After the period of quarantine, I had an RCMP [Royal Canadian Mounted Police] officer show up at my door to ensure I was still quarantined, even though the time had run out.

**Shawn Buckley**

Right, okay. And then my understanding is, though notwithstanding that the visit was a little late, you were getting notice after notice after notice through ArriveCan concerning your quarantine.

**Kyrianna Reimer**

Yeah, during the quarantine, I had been receiving those notices through the ArriveCan app **that I had to keep checking in and providing my information as was recommended and legally responsible.**

**Shawn Buckley**

And how did that experience make you feel?

**Kyrianna Reimer**

Watched, controlled, and minimized as if I couldn't be responsible for my own health. Yeah, it was overreach by the government and completely inappropriate.

**Shawn Buckley**

Thank you. Those are the questions I have for you. The commissioners might have some questions.

There are no questions from the commissioners. So Kyrianna, on behalf of the National Citizens Inquiry I sincerely thank you for coming and testifying today.

**Kyrianna Reimer**

Thank you.

[00:22:55]



*Final Review and Approval: Anna Cairns, August 30, 2023.*

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## NATIONAL CITIZENS INQUIRY

**Red Deer, AB**

**Day 1**

**April 26, 2023**

### EVIDENCE

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Witness 11: Leah Cottam

Full Day 1 Timestamp: 09:36:47–09:55:21

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

**Shawn Buckley**

And our next witness is Leah Cottam. Leah, can I get you to state your full name for the record, spelling your first and last name?

**Leah Cottam**

Okay my name is Leah Cottam. L-E-A-H C-O-T-T-A-M.

**Shawn Buckley**

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

**Leah Cottam**

I do.

**Shawn Buckley**

Now, I think it's fair to describe you as a farmer/rancher. Would that be a fair description?

**Leah Cottam**

Yeah, I live out in the country. I have 22 cows. They're in the process of calving and 25 grass heifers that go out in the summer.

**Shawn Buckley**

And you help some of your neighbors with calving and you've been having a pretty busy week as I understand it.

**Leah Cottam**

Yes, actually it's my cousin and she has 276 cow calves.

**Shawn Buckley**

Okay. And then you also have a job where you work as an administrator, and you've been at that task for about five years.

**Leah Cottam**

Correct.

**Shawn Buckley**

Now, you are vaccinated and my question to you is: What led you to the decision to get vaccinated with the COVID vaccine?

**Leah Cottam**

Okay. I've been looking after my aunt that is 84 years old. So with the pressure of everything, I watched the media. I watched COVID come across the country, jump across the pond. Everybody recommended that as soon as, in my age group—I'm 50 something plus—that I have the ability to go and get my vaccine. I got mine May 6th. So as soon as I was available that I could do it, I went and did it. I work for a company that over the year, it became mandatory to work for one of our contractors that you had to be vaccinated otherwise you could walk out the door.

**Shawn Buckley**

Now, my understanding is that when you got your first shot you had no adverse reaction to it.

**Leah Cottam**

Correct. And then I got a second shot.

**Shawn Buckley**

Okay. Tell us what happened.

**Leah Cottam**

Well, nothing really. My next one, July 6th. So nothing in 2021. Nothing happened to me that time either. My arm was a little sore but just like everybody else, I was fine.

**Shawn Buckley**

You were fine for about six months, and then what happened?

**Leah Cottam**

Then in November we had gone, we have some area just outside of Rocky Mountain House, and we were moving cows. So the cow and the calf go out to the pasture in the summer, and

then in the winter or in the fall, November, they get split between cows and calves. And then the calves go to market and the cows come home. So while we were working the whole day, which is basically normal, moving gates and everything like that, opening and closing. The next day my feet got sore. And then I could hardly walk and then— Can I just keep going?

**Shawn Buckley**

Yeah.

**Leah Cottam**

So this lasted for about a week. Then I went to a walk-in clinic in Red Deer, and the guy sent me for x-rays, the doctor, and told me that I had— I went back to visit him after the x-rays came back, and he said I had plantar fasciitis. And that there was basically nothing that you could do, footwear, and stuff to put support on your feet. And then, I don't know, it was in the balls of my feet, so it was at the front of my toes. When I did research, I just, plantar fasciitis really is on the heel of your— I'm not a doctor. I didn't know. I don't know. But it was very weird. So that was November. Can I just keep going?

**Shawn Buckley**

Yeah, no, no, I'll stop you if I want you to stop. I think you're getting to the lifting arms part.

**Leah Cottam**

Yeah, I am actually. So that's November and then my birthday is in December. I'm a Sagittarius.

[00:05:00]

I have to get a driver's license. So I need a physical every five years. I went to my family doctor, and I complained about my feet, still. And then, in the meantime, what had happened was I couldn't lift my arms, like this. Couldn't lift them up. I couldn't type. I couldn't type on my computer. I found it very troubling. Anyway, they did blood tests, came back, and said, "No there's nothing wrong with you." So this is in Calgary. I have a family doctor in Calgary.

Then I came back to Red Deer. And then come January, I start to swell up in my hands, and it moves from my left hand to my right hand to my feet. Inflammation all over my body. So I go to a walk-in clinic. They do more blood tests. I've got pages of blood tests. And they tell me that there's absolutely nothing wrong with me, nothing wrong with me. Then I go back to Calgary. I talked to my family doctor. Again, she says, "According to the bloodwork there's nothing wrong with you."

So I come back to Red Deer and finally my hands are so swollen I look like the Michelin Man. And I can't put my shoes— My feet in— I can't put my socks on. I can't put my shoes on.

**Shawn Buckley**

So your feet are so swollen you can't put your socks on.

**Leah Cottam**

Yeah, they didn't fit.

**Shawn Buckley**

Okay. Go on.

**Leah Cottam**

Yeah. So anyway, I went to a lady, another walk-in clinic in Red Deer. She was an English walk-in nurse. She took my blood work and said she was going back to England, so come back next week or something like that. But then what happened is—now I'm in April of 2022. So now I'm laying in bed on Friday night, and I can't move because my chest hurts so much. So I didn't know what to do. And then I just got up, and I went into the emergency in Red Deer. And he, all of a sudden, looked at the blood work that came from the English lady, the walk-in doctor, and my inflammation was off the charts. So he immediately put me on pills—two pills for pain, one for stomach—and then gave me a recommendation to go see a rheumatologist the following Wednesday.

**Shawn Buckley**

Now, you went there because of chest pain. Was there any diagnosis concerning the chest pain?

**Leah Cottam**

No, he offered to give me a— Oh he did a chest x-ray. Yes, he did. And then offered for me to go to a CT [computed tomography] scan or something like that. In the follow-up, I have also had another— well I've had a CT scan and two other chest x-rays. So the result of the chest x-ray is that my lungs are filling up with fluid and—not filling up, but there's fluid in the bottom of my lungs—and it's because of the inflammation in my system. I have a specialist in Calgary that has been monitoring me since the start of all of this.

**Shawn Buckley**

Now prior to the vaccinations, is it fair to describe you as a healthy individual?

**Leah Cottam**

Yes. I thought I was.

**Shawn Buckley**

So can you give us kind of a contrast because I think some of the people don't understand just how disabled you were. Like my understanding is some days you couldn't turn the keys in your car, or you couldn't pull your pants up, or put a bra on, or hold a glass of milk. Can you share some of these things?

**Leah Cottam**

Exactly like that. It wasn't just that. It was from my socks to my knees, to my arms that I couldn't move or lift above my shoulders. My hands were so swollen. I lost all the strength in my body completely.

[00:10:00]

And not only that. I've been trying to lose— I'm 50 plus years old. I've been trying to lose weight my whole life. It's just not in my genetics. I was 175 pounds. I now weigh 145 pounds. And I don't know why or what it was. It just dropped. And then, if I looked at it afterwards, it was every muscle that I had, I didn't have anymore. So like turning— like opening the door or even closing the door in my car, I struggled with it. Putting my seatbelt on. I couldn't get my seatbelt on. But then I couldn't get it— I couldn't undo it to get it out. I struggled turning. And it's just turning the key. I didn't have the strength to turn the key. And then my feet were sore. So then it was very hard for me to walk. And I think I kind of got a little depressed, and I ended up just sleeping because I was in pain all the time. And I think I missed the whole summer of 2022.

**Shawn Buckley**

Right, and how did you do mentally, going through this?

**Leah Cottam**

I got through. I was a single parent, so I always had to get up and get it done because there was nobody else to get it done. So I think I was depressed at: Why me? I'm sure everybody goes through that same kind of question. Why me? What's happening? What's wrong? What can I do? Why is this like this? Yeah, I resorted to sleep. I went to bed.

**Shawn Buckley**

Now, my understanding is that you're doing better than you were. But you still are fairly weak. So things like opening gates are difficult, and even still doing stairs and things like that are different than before. But you are better than you were in the summer of 2022.

**Leah Cottam**

Yes, I'm getting better. To carry a bucket of barley is— Last year I couldn't do it. This year I can do it. So my strength is coming back. But my hands are still swollen. Yeah, I'm getting better. I've quit losing weight. That was a little scary thing. I've plateaued at 145. That was very scary. So they put me on another— I went from taking zero drugs to taking 12 pills a day. And now I'm giving myself injections once a week, two different drugs.

**Shawn Buckley**

So how many drugs are you on today?

**Leah Cottam**

I take two different injections. They put me on a biological drug and methotrexate. And I've kind of weaned myself away from the painkillers. So now I'm taking vitamins and one other prescribed pill.

**Shawn Buckley**

Thank you. I have no further questions for you. Perhaps the commissioners have some questions. And they do.

**Commissioner Massie**

Thank you very much for your testimony. I'm curious about the blood testing that you've been through over a long period of time that couldn't detect anything. And then you had another test done by another doctor, and now you could detect it. So is it that it became apparent all of a sudden? Or was it because it was not really well detected previously? What's the situation there? Because you had clearly inflammation, right?

**Leah Cottam**

I did, but they never tested for it. And no matter when I went back, it would come, and it would go. So it wasn't something that was a constant thing. Like it would show, my hands would swell up for like a day and a half and then it would go down and then it would come up over here and then it would go to my feet. Like it would roam my whole entire body. And then the reason why the last lady did it is because I was inflamed. So I don't know why the medical system, or any other doctor didn't do the proper test that they were supposed to do, or whether it was— I don't know.

[00:15:00]

**Commissioner Massie**

So it seems that you are suffering from some sort of chronic inflammation that is treated by a number of drugs. You mentioned a biological drug that you inject. I'm curious to know what kind of a biologics are you taking? Do you know?

**Leah Cottam**

It's called Amjevita.

**Commissioner Massie**

Okay, it's an anti-TNF [anti Tumour Necrosis Factor], is it?

**Leah Cottam**

Yeah, I'm not sure. It's supposed to help the body—

**Commissioner Massie**

Dampen the inflammation response.

**Leah Cottam**

Yes.

**Commissioner Massie**

With that you've been making progress and recovering?

**Leah Cottam**

Yes, that just started in February. It took a long time for me to get the proper medication to where I am in January of this year, because I can still have flare-ups. So I would go see the

rheumatologist, and I would get steroid injections. It basically kept me going every three months. And then I just— She wanted to see me back. And then I'd go back, and I'd get another shot, so I could move, and I could function.

**Commissioner Massie**

Was there any diagnostic to explain your loss of muscle strength? Is it related to the inflammation process or is it something different?

**Leah Cottam**

I think it's part of what they said rheumatism, rheumatoid arthritis. So and if they can catch it. I didn't really, I didn't really ask a lot of those kind of questions. I just know that if I take the drugs, I feel better. If I get a steroid shot, I feel better. I find that if I look on the internet, I can look at so many different— I can look at the pills that I'm taking and each one of them has a side effect that I don't want to know anything about. And then I get another one that has a side effect that I don't really want to know anything about. So even with the two or three pills that I'm taking, I'm still developing, I would call them liver spots. And then they go away. They show up, and then they disappear. But then I talk to the doctor about it and that's not a side effect.

**Commissioner Massie**

So I'm curious about the time lapse between your last injection and the appearance of the side effect, which is fairly long. It would certainly not register within the, what is it, four weeks in Alberta. So was there an acknowledgment that this is a potential cause of your inflammation? Or was no link established between the vaccine and your chronic inflammation.

**Leah Cottam**

No. I did bring it up to a couple of doctors. But as soon as I brought it up, the subject was changed.

**Commissioner Massie**

Thank you.

**Leah Cottam**

You're welcome.

**Shawn Buckley**

There being no further questions, Leah, on behalf of the National Citizens Inquiry we sincerely thank you for attending and testifying today.

**Leah Cottam**

Thanks for having me.

[00:18:34]

**Final Review and Approval: Anna Cairns, August 30, 2023.**

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