Exhibit 598

National Citizens Inquiry (NCI)

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

Witness Transcripts

https://nationalcitizensinquiry.b-cdn.net/wp-content/uploads/2023/12/FINAL-REPORT-Volume-3-Inquiry-into-the-Appropriateness-and-Efficacy-of-the-COVID-19-Response-in-Canada-December-21-2023.pdf

NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 1**

April 26, 2023

EVIDENCE

Witness 12: Jacques Robert
Full Day 1 Timestamp: 09:55:42–10:22:04
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[00:00:00]

Leighton Grey
Next witness is Mr. Jacques Robert. Welcome, Mr. Robert, am I saying that correctly?

Jacques Robert
Yes, you are.

Leighton Grey
Okay. Welcome to the National Citizens Inquiry. Thank you for being here today.

Jacques Robert
Glad to be here.

Leighton Grey
Would you please start by stating your name and just spelling it for the record?

Jacques Robert
My name is Jacques Robert, spelled J-A-C-Q-U-E-S R-O-B-E-R-T.

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

Jacques Robert
I do.

Leighton Grey
Thank you. So Jacques, yours is a very troubling personal story of tragic loss. It's an important one to be told, but I understand that you lost your wife. Would you like to talk about that?

Jacques Robert
That's incorrect.

Leighton Grey
Oh sorry, I beg your pardon, different Jacques. You lost your job, beg your pardon.

Jacques Robert
That's it. Yes.

Leighton Grey
You were dismissed from your job after 15 years?

Jacques Robert
That is correct.

Leighton Grey
And that was because you chose not to comply with company policy for attestation for vaccination.

Jacques Robert
That is correct.

Leighton Grey
What type of work were you doing?

Jacques Robert
I was a manager of a technical services for a real estate services company. So property management was my field of engagement.

Leighton Grey
And you were engaged in that for over 15 years I understand.

Jacques Robert
Yes.

Leighton Grey
This dismissal, was it in the form of an actual firing where your employment was terminated, or were you put on what was called an involuntary unpaid leave of absence?

Jacques Robert
So the way it worked out, I'll sort of precursor this with the eventual date They put specific mandates to comply with their company policy and it was to take the shot. And there were a few stages to get to the end, and when it got to that end, they put me on an eight-week unpaid leave of absence. And I think their strategy was to think because it was an eight-week unpaid leave that they were real and certain about what their position was, and I knew what the outcome was going to be. So January 14th, 2022 was the last day of my employment following that eight weeks of unpaid leave. When it came to, I believe it was March 15th, maybe the 17th—isn't that funny that 2022 is a common day?—March 15th 2022 or 2020. I remember that day as well when everything shut down. They let me go. I still would not comply with their company policy, and really their company policy was to make you be vaccinated or have the shot. I was not willing to disclose my personal health information, although they knew what the case was, and that's when it all ended.

Leighton Grey
When did you first find out that this mandate was coming into effect?

Jacques Robert
I don't know specific dates, but it was in 2021, and it would have been around July, I believe is when the first wind of these mandates were going to occur. And it followed with a time in October.

And then, we knew they were always updating their policy and we knew that it was going to happen come January. So it was staged, and that's what caused, in my opinion, a whole lot of stress and angst even working, knowing that my demise or the certainty of my demise was coming. And I couldn't do anything about it. And how do you perform your job well under the knowing that it was going to end. That was a big challenge. And to work with your co-workers along the way, you know, was a challenge.

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Leighton Grey
Were you provided with any information from the HR [Human Resources] department or somebody else at the company about why they were imposing the mandate?

Jacques Robert
They were following health guidelines.

Leighton Grey
So it was coming from the Government of Alberta, they were just trying to basically move in lockstep with the Alberta Government's position.

Jacques Robert
So I worked in a regional office, and we had regional offices in all the major centres across Canada. So they were really following Canada health guidelines. But, of course, it trickled down to whatever Alberta Health Services was imposing as well.

Leighton Grey
Is it fair to say that you had office type work, that's what you did?

Jacques Robert
Yes.

Leighton Grey
It seems to me that that would have lent itself readily to some type of accommodation where you could work from home. Was that ever offered to you or anything like that?

Jacques Robert
It was, yeah. There was a certain time when they shut everything down and they were willing to work with us, and to maintain the services that we needed for the buildings. My position allowed me to work from home. There were others that weren't. The operation staff had to be in the office to keep the building running, even though there was almost zero occupancy. So I was able to work from home, five days a week. What they slowly, like they did with the mandates, brought in the opportunity to have the flexibility to work from home and then two days in the office. And we had to kind of schedule with our crew workers when we could be in the office.

Leighton Grey
Were you told why that situation couldn't continue? Or was it a situation where they just insisted that everybody had to be uniformly and universally vaccinated?

Jacques Robert
I would say that they knew that everybody was going to have to be vaccinated. They just sort of eased everybody back into the opportunity to have faith in the company that we would all get back to work and everything would go back to normal. And I still think to this day that they still have the flexibility of working from home and mandatory days in the office too. So hopefully that answers your question.

Leighton Grey
That accommodation, that is working from home, that was not offered to you after you refused to provide your private medical information?

Jacques Robert
No, it was not.

Leighton Grey
What about something like testing? Was that accommodation offered to you?

Jacques Robert
Yeah. There was a point in time, and again, I don't remember the specific dates, but we were forced to be tested, if we were to come back into the office. They told us that we were supposed to be tested. We were supposed to take the test, and they worked on the honour system that if you tested positive, you had to stay home. If you didn't, then you were able to come into the office for your selected work days.

Leighton Grey
But they did not offer you the option of testing as an alternative to vaccination. Do you understand what I mean?

Jacques Robert
Yes, I do. No, that was not part of the plan.

Leighton Grey
Were there any exemptions offered, like religious or—

Jacques Robert
None.

Leighton Grey
medical?

Jacques Robert
No exemptions.

Leighton Grey
Why did you refuse to provide your personal medical information to the company?

Jacques Robert
Primarily, it's because I felt it was a real hit on our own rights and freedoms and to have our bodily autonomy, and it's none of their business, really. That's why I didn't want to disclose it. I mean, the fact of what I was learning and getting myself exposed to, as it related to the shots and how that was rolled out, I was suspicious of it from the very beginning. And when both sides of the stories were coming out, I could say that I was open to both, but I was really pushing away what I felt to be propaganda and the false narrative against what I was able to find in real, credible, documented, and proper, believable sources of information to say that

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this vaccine or shot was ineffective. And I didn't want that in my body. I simply didn't want it, and that basically led me to fight against [sic] my charters of rights and freedoms and not have to disclose that information to anybody.

Leighton Grey
The loss of your employment must have been a significant financial stress to yourself and your family. Do you want to talk about that a little bit?

Jacques Robert
Sure, I mean I think they got— Just to support what I'm about to say, I'm the only one in the Calgary office who was let go because of my non-disclosure, my lack of attestation. There were others who were with me but they were coerced into complying. So because I was the only one, I can only speculate.

They did a pretty good job of looking after me. They gave me a pretty fair severance, but that doesn't last forever. So it was hard for me to go forward with the uncertainty of work, I guess. And yes, today I'm still bridging my finances, bridging my lifestyle and bridging my family support, with my life savings. So you know severance runs out and I still don't have any work and the uncertainty of the work I'm capable of doing is— How can I put it? I don't know if I can get a job there again because I feel they're still imposing those restrictions on the staff.

Leighton Grey
Have you tried to obtain other work in the same field?

Jacques Robert
Not in the same field, no. I choose not to because I think I know the answer. I feel like I know the answer. I probably won't be able to get in there. Because I'm not complying with their policy.

Leighton Grey
Are you concerned that this will sort of blackball you within your field, or that this will follow you around and prevent you from obtaining replacement employment?

Jacques Robert
Possibly because I have been vocal about my circumstances and my beliefs. So being open on social media and trying to share information, I feel as though I'm exposed, so the likelihood of that is possible.

Leighton Grey
Did you apply for employment insurance following your dismissal?

Jacques Robert
I did.

Leighton Grey
And what was the result of that, were you denied?

Jacques Robert
No, I was not denied. I think they gave me a shortened term of compensation. I'm still fighting for my eight-week unpaid leave time. They have a case against it. But yeah, I'm no longer collecting unemployment. I'm done.

Leighton Grey
Do you recall what your employer indicated on your record of employment as the reason for your dismissal?

Jacques Robert
Termination without cause.

Leighton Grey
I understand that this whole situation has also been a great deal of stress on your family. It has caused some family division and mental stress that you are unable to attend your grandchildren's recreational activities and other family events. Do you want to talk about that?

Jacques Robert
Yeah, for sure. Because we were never compliant with the mandates and the shots, I think it was the last year, or maybe over 2021 into 2022, we were unable to go watch our grandkids play in their indoor sports. So that in itself, I think, created some challenges within the construction of our family.

Families love each other, so we do have that love for each other, but there is still that piece that is hanging over the difference between our beliefs and what our kids' beliefs are. And so it did create a little bit of divisiveness within the family. You know, some challenging conversations were had, crucial conversations, but it never amounted to much because it was always, I don't want to talk about it. But I understand it, you know, I'm not against what they decided because they're adults,

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they can choose whatever they want. That's what this is all about: freedom of choice.

Leighton Grey
Did you consider filing a human rights complaint against the employer over the discrimination that you suffered?

Jacques Robert
I did at first. I did speak with someone to try to obtain some legal guidance on that. I was advised that it would have been a really tough battle, at that time, because there was no precedence to this kind of event; they didn't know where this was going to lead. But it's in

the back of my mind of still being able to do that. Because I have that history and I have everything documented as well, in regards to all the history and everything that unfolded through my loss of employment. So it's in the back of my mind. I just don't know where I'm going to go with that.

Leighton Grey
Do you anticipate that you'll be able to return to work at some point?

Jacques Robert
Yeah, I am able to work. I'm trying to do something as a self-employed individual and trying to build something that way. So it's working from home and taking control of my own destiny. But again, I can't tap into my life savings and my retirement savings now, which I'm doing. There's an end to that. I feel I will have to go back to work sometime very soon, if my online business or my vision of working from home and being self-sustaining is not as successful. I don't want to put that in my vision, but that's what I'm working towards.

Leighton Grey
Sir those are my questions, is there anything else that you want to share with the inquiry that I may not have asked you about?

Jacques Robert
Yeah, I'd like to be able to share some of the experiences that we had within the work environment. The coercive nature, I feel that the corporation had on us as staff was, as far as I'm concerned, unacceptable. Not only did it apply to those who were working for the company, but we have a lot of service providers that were working for the company.

You can name them: cleaning, mechanical, electrical, maintenance, architectural firms, you just name it, there was a whole list of service providers to which, they too were forced to be vaccinated if they were to enter the front doors and do work within the company. So you can imagine how that effect of following these restrictive measures mushroomed out to the community. So it wasn't just us, it was the entire family who lived and breathed within those buildings that were also affected. So I really felt that was important to share because I'm just one, but what they did, was to many.

And also sometimes the environment within the building itself, when we were able to go back to the office and work. I remember the ridiculousness. I have to state this because it seemed so ludicrous. They put markings on the floors where you can walk, and you have to go this way. And there was a one-way direction in our office: all the perimeter offices and then, there's an aisle. And you had to go this way to go to the washroom and God forbid if you stepped out of line there, you had to wear masks in your office. And I worked in a perimeter office with a closed door, and they still expected you to wear masks while you were in the office. Needless to say, I did not comply. And when they finally relaxed that, you were also mandated to wear a mask if you opened the door from your office to go to the washroom. And even though it was a skeleton crew, there were times where I'd be at the office and there was two other people. And we're taking a whole floor plate of a 12,000 square foot building. And he's over there or she's over there and I'm over here, and they're telling me that I have to wear a mask to go to the washroom. So there was some ridiculousness attached to that.

And also. when you walked into the elevator, they told you, this is on a sign, "Please don't face anybody, you're only allowed two in the elevator.

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And when you stand in the elevator, please stand facing the mirrored wall at the back." So it was like you had to stand looking away from the door and the other person had to stand at the kitty corner of the elevator car or a cab to make sure that you didn't share anything.

So those were kind of the stressors and the challenges of the environment and having to work in that, people complying with that and trying to have good conversations or open conversations with individuals about what ridiculousness that was going on in the office. So I felt it was important to be able to share some of that just to kind of add to the impact of the restrictive measures that it had on everybody. Those who complied and those who didn't and the divisiveness that it created, not only in the work environment but at home and everywhere else.

Leighton Grey
Just by way of follow-up, I've represented a lot of people who've suffered similar treatment by employers, in my practice. And in talking with them, I was always struck by the fact that although they were interested in the more practical things, like loss of money and things of that nature, there were two things that really came through with all of the people that I talked to who were put into this situation, as you were.

The first one is a deep sense of betrayal, and the second one is a sense of dehumanization. That they were no longer a human being of value. Because when you think of the employment relationship, most of the time it starts out somebody applies for a job, there's a competition and they're picked. They're picked for the team, which is always a good feeling, if anybody's had that feeling. And then you begin that journey with the company, you devote your life, you spend your time, you devote your expertise, and all your skill and worry. You help, whoever you're working for, make money or succeed in whatever endeavor that they're doing. And then one day, suddenly, none of that matters. You rise through the ranks, maybe you're a senior manager, well-paid, you've got a sense of belonging and then suddenly, all of a sudden, that just stops and the employer says, you know, take the shot or else or you're gone. Does that resonate with you?

Jacques Robert
It most certainly does, I felt human resources really was there to protect the company and not the individual. Because they're the ones that I felt had no compassion for what I was going through and what others were going through as well. And yeah, it really gave you the sense of, call it that corporate wheel, where everyone is dispensable. I did not feel indispensable. I felt, as things led to the end, that I was not being valued. And it even came across from some of my colleagues and some of the other employees who I interacted with. So yeah, dehumanizing? I could categorize it as that because it really felt as though my value that I had to give to the company, wasn't there, and it was ripped away, ripped away for sure. So thank you for asking that question.

Leighton Grey
Even if they offered you the same job again, you probably couldn't go back, could you? You couldn't go back as the person you were before they did this to you because that trust, that relationship, that sense of belonging, give and take, that's destroyed. It's severed, isn't it?

Jacques Robert
You're not the only one who's asked me that question, and yeah, I don't think I can go back to work there. I feel as though that relationship and that commitment to value that I could present and bring to the company, it wouldn't be there, that loss of commitment—it's gone. Gone.

Leighton Grey
When you multiply that, hundreds of thousands of times, you can get a sense of the incredible impact that has upon the Canadian economy, the Canadian workers.

Jacques Robert
Absolutely.

Leighton Grey
The Canadian workers are the bulwark of our economy, right?

[00:25:00]

Jacques Robert
Absolutely.

Leighton Grey
They're the people doing things, building things, making things, doing the risky, hard jobs.

Thank you, sir. Thank you for your testimony today.

Jacques Robert
Thank you.

Leighton Grey
I have nothing further, perhaps members of the panel do.

Commissioner Kaikkonen
I just have a quick question in terms of following up what the lawyer has just said here. Did either your employer or HR come to you and discuss the possible changes to your employment agreement at any point in this journey?

Jacques Robert
They didn't come to me personally. It was always communicated via the internet, their internal communications, as to what was unfolding and how the policies were going to be enforced.

Commissioner Kaikkonen
Thank you.

Jacques Robert
And if I could add to that, when I did try to go to them, all they would respond to is, that's company policy. That was it.

Leighton Grey
All right, sir, it appears that's all the questions from the panel, so thank you again for being part of the Inquiry.

Jacques Robert
Appreciate the time for everybody who's all here. Thank you.

[00:26:22]

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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

Red Deer, AB **Day 1**

April 26, 2023

EVIDENCE

Witness 13: Sherry Strong
Full Day 1 Timestamp: 10:22:05–10:47:15
Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html

[00:00:00]

Shawn Buckley
So our final witness today is Sherry Strong.

Sherry, if you want to come up and take the stand.

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

Sherry Strong
Sherry Strong, S-H-E-R-R-Y S-T-R-O-N-G.

Shawn Buckley
And Sherry, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Sherry Strong
I do.

Shawn Buckley
Now, my understanding is that you are currently the Alberta Director for Children's Health Defence.

Sherry Strong
Canada.

Shawn Buckley
Canada, yeah. Oh, sorry. Can you just very briefly tell us what that is?

Sherry Strong
It was an organization, the Canadian arm of the American organization that was formerly headed by Robert Kennedy Jr., now Mary Holland, and basically it is designed to address anything that is set up to harm our children, and to protect our children from all the different elements, environmentally, mentally, emotionally, spiritually, and physically, that are set up to harm our children.

Shawn Buckley
Now, before COVID came along, you were a professional author and public speaker.

Sherry Strong
I was.

Shawn Buckley
Oh, no, we'll actually describe that because some of us don't actually appreciate that that can be a career, that your primary source of income can be public speaking.

Sherry Strong
Yes, a lot of my family don't understand that either.

Shawn Buckley
Yes. Do you want to share with us you know what you spoke about and how that came about.

Sherry Strong
Yeah, I lived in Australia for 22 years. I was, what you would call at that time, a celebrity chef nutritionist, and I got involved in nutrition. I became the Victorian Chair of Nutrition Australia, the curator and co-founder of the World Wellness Project, a lot of other things. But one of the things that I did was, I sat on boards that consulted the Australian government on public health policy.

So when all the COVID nonsense began, I recognized right away that it was not what they were saying it was.

Shawn Buckley
Right. Now, where were you when COVID began we back? Were you back in Canada?

Sherry Strong
Yeah, I'd been back in Canada for 11 years and I had a well-established name and reputation in Australia, 22 years. So it was kind of crazy professionally to come back to Canada with none of that—no one knowing me here, apart from my family. So it took me 11 years, and I rebuilt, and I got back on the speaking circuit. So I was represented by bureaus, and I was being hired by clients around North America to speak at conferences on health and well-being, and beating sugar addiction, and a lot of things related to food and nutrition. I branded myself as a food philosopher, which again also confounded my family.

Shawn Buckley
Right. Now obviously being paid as a public speaker as a career depends on there being conferences and events. So tell us what happened to your business when COVID hit and our friendly government decided to lock us down.

Sherry Strong
Yeah, and I can honestly say I was blindsided. I never imagined that happening. And literally my income and career ended overnight, as I knew it. And then because I recognized what was going on, I couldn't help but speak out about it. And I was very aware that in the process of speaking out about what was actually going on and the truth of what was actually going on, that that was a killer for any future speaking work because it's very reputation-based and most of these places are very sensitive and politically correct.

Shawn Buckley
So I just want to make sure that we understand. So the type of clients that were hiring you to give lectures tend to be, I assume, bigger corporations and the like. And they buy into a specific message. And so when you started speaking out, you understood that this was basically going to end your business.

Sherry Strong
Absolutely. I was very aware of it. And even on social media, because I also promote a lot of my work by social media, not only was I very aware that my speaking out would—I have online courses that I sell and things like that—that it would impact that. And if I wrote honestly in my newsletters, it would impact sales from there, but also to the point where I had friendships, decades long, who were very afraid to actually like any of my posts or comment on anything or me to comment on their things because they know that association with me could kill their brand or the brand they represented.

Shawn Buckley
Okay. So pre-COVID, probably people would be liking your stuff all over,

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and just enjoying being a part of your social media presence. But post-COVID, basically because you were telling truth, you became somebody that was dangerous to associate with online.

Sherry Strong
Yes. Social pariah and all-around dangerous woman.

Shawn Buckley
And how did that make you feel?

Sherry Strong
Well, you know, people talk about being courageous. I never felt— It's one of those things when you're a person— And in my career as a nutritionist and, you know, celebrity chef, I lost a lot of work because I was a truth-teller and I wouldn't promote brands that sold horrible things even though they— To give you an example, I was offered $120,000 to shoot a commercial that was two days' work for a brand of milk that was targeted at children called Calcium, and I turned it down right away. So I didn't have a problem with that piece of the courage piece. I was afraid for humanity. I was really sad and went through a real dark night of the soul around, that humans couldn't see through this and what they were willing to do to one another to save their physical assets or their social reputation as opposed to be more concerned about their fellow man or their soul. That was hard.

Shawn Buckley
Yeah, that's kind of following up. I don't know if you were here when Danny Bulford was testifying earlier, but that's been a theme today.

And what are your thoughts on why humans can't see through this, or couldn't see through it? I guess they still can't—a large number.

Sherry Strong
Well, it's a very complex web that I believe is very well designed to get us addicted, not just to food that dumbs us down and makes us sick and makes great business for other businesses, but our social networks. So I have a friend who literally: by liking my stuff, and if she could actually see through the narrative, her marriage would end, her friends would disappear, her career, which is very high profile, would end. So I am incredibly concerned and worried that we have been manipulated from birth to like things, to become addicted to things, to have social constructs, to even social events, sporting events; I mean, how many people took something they didn't want to take to go travelling or to attend sporting events? The very fabric of our society: it was like they looked at all the things that we loved and depended on, and I think, were addicted to. And they really pressured us to do things that went against our body, our conscience, and our soul.

Shawn Buckley
I want to switch gears, because you weren't living in the beautiful province of Alberta before, and you moved here for your parents, and there's been a couple of experiences with them. Can you share that with us?

Sherry Strong
Yeah, so my mom about eight years ago took an antibiotic and almost died. She went to heart, kidney, and liver failure. It has a black box warning, and she survived; but she was disabled. My father had been looking after her for six years on his own, but approaching eighty he could no longer do that on his own. So in November 2020, my sister said, "Would you come to Alberta and take care of mom and dad?" I found a house and moved them in with me and was taking care of them, and about ten months later my mom got pneumonia and we took her to hospital even though we were really afraid of— Because of my work with Children's Health Defence I have interviewed over a hundred experts, witnesses, victims of the mandates, but I've heard many hundreds of more stories of people who

aren't willing to speak out or don't feel safe speaking out, those kinds of things. So I was afraid to take my mom to the hospital. On the first night we admitted—

Shawn Buckley
Can I just stop you?

Sherry Strong
Yes, of course.

Shawn Buckley
That's because your mother was not vaccinated. Am I right?

Sherry Strong
Well yes. Yes, not vaccinated and we as a family refused to test as well. And so we were afraid for her care. The night she was admitted, on New Year's Eve 2021, we had a great doctor. And when people say there's no good people left in the system, I will deny that because we have met beautiful, good-hearted people, trapped in a very broken system,

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who are trying to do their best; and for whatever reasons, I'm actually glad they're still good-hearted people there. So this doctor assured us that my mom would be fine, they wouldn't try and vaccinate her or test her or that kind of thing. And I went home at about midnight. I came in the next morning and my mother was absolutely terrified. She had been abused by a doctor. A doctor stood at the door and yelled at her for 15 minutes and abused her, yelling at her, and my mom said, "I can hear you, why are you yelling at me?" She said several times and the doctor continued to yell so everyone in the emergency ward could hear, and she said, "Why are you refusing testing? Why are you refusing treatment?" And my mom said, "I'm not refusing treatment, I'm choosing treatment."

We were very selective about things. We definitely didn't want a fluoroquinolone antibiotic. That had disabled her, so it would disable her further, things like that. We didn't want to test. My mom was actually willing to take a swab test as long as it wasn't one of the official COVID swabs. But they refused to do that. And this woman was so abusive to my mother that my mother, who's not religious, was reciting the Lord's Prayer as she left and as I came in because she felt she wasn't going to make it out of the hospital alive. And I've since told that story many times, and I've had many people tell me, "You're so lucky you took your mom out of the hospital that day because had you not she would have been dead." Because they've had family members under the exact same circumstances who had died, and there's a very important kind of afterward to this story that I think is absolutely significant.

It took me nine months to make a complaint. I went to patient services. I made a complaint with patient services. I went through the College of Physicians, made a complaint. And my intuition said to phone the chief administrator of the hospital. And so that morning I did, this is September 2nd, and I got through to this administrator, and I had a long conversation about the treatment because I said, "My mother's file will come across your desk but it won't have her picture and according to your policies it won't even have her name and I want you to know her story and what happened to her and how your doctors are treating people here who are choosing treatment, not refusing treatment." And she said

to me—she was actually really kind; she listened to me, she was reasonable—and she said, "You know, I'm on the opposite fence of you. I'm fully boosted." And I said, "Well I suspect you are, but," I said, "as the chief administrator of a hospital you should know that the number one cause of deaths in Alberta, September 2nd at that time, over 3,600, was unknown causes, and as someone who's administering this and enforcing this to every staff member you should actually know this."

Now, I don't know if she was— She felt earnest but it was like she didn't know. And the significance of this story is that a month later when I was talking to Patient Services, I was saying how lovely this woman is and how compassionate she was and the woman from patient services said, "Oh Sherry, I'm so sorry to tell you, she died unexpectedly and suddenly at work on September 8th." So she went in the prior week. She actually knew about it. Whether it registered in the incredible timing of it, that I chose that week to make the complaint and I chose to actually speak to her, the irony or the extraordinary nature of it was not lost on me.

Shawn Buckley
I think we'll just slow down a bit because for people that will be participating in watching your testimony that aren't from the province of Alberta, they may not understand exactly what you're saying. So what you're saying is that in the province of Alberta, the leading cause of death last year, and you can tell me if it was the year before because I think it was too, is actually unexplained cause. So that's where they're not attributing it to any cause, and yet there's no investigation. So here we are where the main cause of death is unexplained and there's no official explanation, and that's what you were referring to. Am I correct?

Sherry Strong
Correct. And the Chief Administrator of a hospital said she didn't know that.

Shawn Buckley
Which is quite amazing, isn't it?

Sherry Strong
Yeah, it is.

Shawn Buckley
Okay, and then something also happened with your father. Can you share that with us?

Sherry Strong
Yeah, so recently my father was admitted to hospital. We since found out that he has a tumour

[00:15:00]

which is blocking/obstructing his ability to eliminate. And we were again, based on my mother's experience, a little, well, we were a lot paranoid going into the hospital. But it was the right decision to take him in. So I stayed with him. I camped out on the floor kind of

thing, wanting to protect him. And I truly do believe that that also saved his life: not staying over, but being his patient advocate and digitally advocating for him.

When he left the emergency and went up to the second floor, as the nurse was putting him into the room, she said, "Do you know how much you're costing this hospital?" My father hadn't been to a hospital in 55 years and the cost that she was referring to was because he wouldn't test or be vaccinated, and so they had to put on the gear. They had to put on the gowns and the mask and the gloves. Their policy, which I explained, which, "We don't mind if you don't wear all those things. It's your policy not ours, so the cost is basically on you guys, and I'm quite certain my father saved you hundreds of thousands of dollars by not going to the hospital in 55 years."

The other thing that happened a few days later, and of course, I advocated for him. At one time when they brought a social worker in that said, "How are you doing?" like trying to treat me like I was a mental patient. So I said, "I'm fine how are you?" There was five people in the room and my dad was just overwhelmed. My dad, he's 80, he's emaciated, he's essentially only had liquids for weeks and he's seriously ill.

And they brought five people in to mediate the medical directive that I had legally filled out correctly, to basically say that it wasn't valid because I needed two doctors and a social worker to assess that my father wasn't of the mind to make me his personal medical advocate. Which is all incorrect, but when the five of them walked into the room, my dad was so overwhelmed he started crying.

We had another doctor who— She came in. They have doctors that are there for a week. So seven days and then a new doctor, and then a new doctor, so there's no continuity except what they read on their system, their multi-billion dollar system that was actually designed as an inventory system not a medical system. So they don't get all the information. And this one doctor came in, and fortunately, I had said, "Well if you're not going to respect the directive, at least get my father to call me and put me on speakerphone if you're going to speak to him when I'm not there because you're going to have two conversations if you don't do this: one with him at the time, and then one with me afterwards."

And this one doctor couldn't get a hold of me. My mum was on the phone and she had told my doctors, sorry, she told my dad and my mother that surgery wasn't even likely a possibility because the cancer was riddled throughout his entire system.

There was not one test that they did that could have given her that information. And when I spoke to her the next day she tried to say my dad didn't understand what she was saying. I said, "My mum is very lucid and she was shaken to the core by what you said as well." And I said, "What test were you referring to, to actually give my father that information?" And she tried to deny it and I said, "Because there's no test. They've identified there's a tumor. But we've not had a biopsy, we've not agreed to a biopsy. So there's no way you can even say that there's cancer in his body, let alone throughout his body." And when she came into his room to discuss this with me, I said, "Yesterday my father was hopeful about surgery. This morning he asked me about medically assisted death. You took away his hope."

And there are many instances. These are the ones that stand out of bias in care. I know from my own personal experience, from the stories that I've heard, that bias in care literally can kill people. So we have a very broken system. There are still good people in that system, but it's very scary to actually navigate that, and as you probably gather, I'm not a wallflower. I will stand up for my dad, and I will fight for my dad. And that poor nurse who

also suggested he get a COVID test and vaccine; a young new nurse bore my wrath, so that was another instance.

He went in and did all his things with my dad and then said,
[00:20:00]

"Well, why don't you get tested? Why don't you get a COVID vaccine. It's going to protect you. You'll be able to live longer," that kind of thing. My father was furious. So I know that bias of care actually does cost lives. And the elderly are treated differently. There's more of a disposable attitude towards the elderly in hospitals; I've witnessed it. And I have many other witnesses who will corroborate that.

Shawn Buckley
Right. Now, to end on a good foot, my understanding is, actually in your life some really positive things have happened since our COVID pandemic.

Sherry Strong
Yes, I was worried that you may not want to hear this because we want to basically say that the COVID response was wrong, and it was. It was absolutely wrong. But what I do know that in every tragedy there's the opportunity for humanity to rise up. What I have witnessed in my own life is: not a big fan of six months of winter a year—I definitely got weak and soft in Vancouver and Melbourne. But I've always said that cold cultures breed warm people. And coming to Alberta, specifically, what I have found is I lost a lot of friends that I shared interests with. I still have friends, even though I see things differently to them because we share values and we truly love each other, but what I've gained is a community of people.

Honestly, it feels like *It's a Wonderful Life*. That kind of community of people who are actually there for each other, salt of the earth people, who have common values, who will help one another out, who don't always agree on everything. don't see the things the exact same way, but they understand what's really important for us. As hard as it's been, I have a bank of memories with my parents, of caring for them, in a way that COVID wouldn't have brought the people in this room, the people that I'm meeting, I never would have met any of you had it not been for this, what we would all say is a terrible event.

Another like big surprise is: I did go on dating sites when I came here; it was really scary, and I had one person who actually wished me dead when he found out that I wouldn't get vaccinated or test and also said, "It's so good that you weren't able to reproduce" because I was not able to have children. It was a big thing in my life.

I met someone else on that site who said, "This might change things for you, but next week I'm taking custody of my one-month-old niece." And I said, "Can I help?" We never ended up dating, but she now calls me mama, and I get to see her and care for her and love her and have that experience of having a child that never would have happened if not for all of this. So yeah, the number one thing is for all the inhumanity that we've seen I think one of the best gifts of being within what we call the freedom movement—people who are truly interested in other humans—is there's a richness in life that I only thought was in Capra movies.

I probably think the last thing, too, is all of this is really deep in my faith, not just in aspects of humanity, but in our Creator, in God. I had kind of a superficial relationship and belief

beforehand. I would say I'm spiritual but not religious. Although I'm not religious, I have a greater faith in something, a Creator, and something way bigger than us, and a grander plan. That's the thing that through all the darkness and the dark nights of the soul that that keeps me realizing there's a phrase that I've used a mantra that I've used that's kept me going: Love wins, Good wins, God wins.

Shawn Buckley
So that's a beautiful ending. So I'll ask if the commissioners have any questions And they don't.

Sherry, on behalf of the National Citizens Inquiry I sincerely thank you for your testimony. And I have to say I'm particularly touched with the end of your testimony. It's beautiful.

Sherry Strong
Thank you.

[00:25:10]

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

Closing Statement: Shawn Buckley
Full Day 1 Timestamp: 10:47:15–10:48:48
Source URL: https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html

[00:00:00]

Shawn Buckley
So that is going to conclude our proceedings today. Please join us tomorrow at 9 a.m. Red Deer time, so that's Mountain Time as we continue with day two.

I think that Sherry has left us on a positive note. All of us, regardless of where you were in the COVID conversation, had some very dark nights of the soul, to use her terminology.

But I think we've also all experienced some real positives, and the friendships that we have developed through this experience are different. They are more rich, and I can say, you know, as being a volunteer with the NCI, I've just developed some profound friendships. And I'm very proud of the commissioners that we have and just the volunteers—that people would commit themselves, basically to give Canadians a permission to speak again. And people are saying that they have hope. And so I think we do have to understand that Good wins and God wins and Truth prevails. We've just, we just needed be patient.

But now it's our time and there are more of us than you think there are, and our numbers are growing. So on that note, we will conclude the first hearings of Red Deer National Citizens Inquiry hearings.

[00:01:33]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
RED DEER HEARINGS

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.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

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Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 00:53:07–01:22:04
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
We welcome you to the National Citizens Inquiry as we begin day two of our hearings in Red Deer, Alberta. Commissioners: for the record, my name is Buckley, Initial S. I'm attending as agent this morning for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to start, for those that are not aware of the National Citizens Inquiry, that we are a citizen-run and -funded— Excuse me. It's interesting how I always have a frog in my throat when I start these openings. But we're citizen-run and -funded, and we depend on you to make donations to keep this going. This costs us about $35,000 for each set of three hearings. We anticipate the Quebec City one is going to be much more expensive because we need real-time translators. And if we don't get volunteers— So I'm asking, if you're out there and you are a real-time translator that can attend in Quebec City in two weeks, to contact the National Citizens Inquiry. Our email addresses are on our site, and put in bold in the subject line, French translator.

We also need teachers. We want to have some discussions with teachers about what's been going on with kids, and we might want you to participate in an online event about that.

I can tell you that I'm frustrated, and I think a lot of people are frustrated that the **mainstream media isn't covering this. Any time in our known history, have citizens of any country banded together, appointed independent commissioners, and marched them across the country, let alone one as large as Canada, to inquire into a significant government action on an event that has changed all of our lives? That, in itself, should be a front news, a news story. It should be the leading story on TV, and yet it's really not a story at all.**

We try to get the message out on social media—YouTube keeps taking us down—and TikTok and the like. We're still getting censored, even on Twitter, apparently: there's something happening where when people are searching for us they can't find us—even though in theory, Twitter isn't banned.

What's frustrating is that we're all living in a country where we're still pretending that a reality that is false is true. We can't have a discussion with half of the country about what really happened. It's like the emperor is still out there, and the little boy hasn't pointed up to say, "Well, the emperor has no clothes." Because the emperor has no clothes and we want, we need to be the little boy. The NCI needs to be the little boy because the reality is, if you watch an entire day of the National Citizens Inquiry you will be changed, and we need to get people watching the National Citizens Inquiry.

I've asked everyone to use your social media to get us out there, but I'm asking you now to become creative because what you can do is figure out how to— Maybe you should run an extension cord out, put your TV out by the sidewalk on your lawn, and live stream us. When we're not running, we've got videos of the past ones so that anyone walking down your street has to know what's happening. We have to think outside of the box. You know if you've got one of those big screen TVs on a van, park it in a busy street and run our hearings and run the recorded ones. Somehow we have to get people watching.

We're just a small little group of volunteers that are scrambling just to be ready for the next hearing. We truly need you to do it. That's what a citizen initiative is; it's you getting involved in doing things. So that's my call-out today.

I want to move to my opening remarks and share with you a story that—well, it's not a story—it's something that happened to me and it changed my life. I'm not sure how many years ago, I'm going to guess 15, 16 because I recall that my kids were with us going up to Valemount, BC, in August. It's probably noon.

[00:05:00]

It's a sunny day, and this is a perfect day for a nice travel. We have got the family in the vehicle and going down the road. And for the first time in my life I ran into a daytime police roadblock—blocking both lanes of traffic—not checking just commercial vehicles, checking every single vehicle on the road. You had to stop; traffic was backed up; this is a major highway, the Yellowhead Highway, and they were making inquiries of every single vehicle.

I was fit to be tied because up until that moment, up until that moment, I was free to drive on a highway in Canada without encountering a police roadblock. I had been free till then, but that freedom had just been taken away from me. And they're still doing that in the interior of BC, and the worst offender is the Valemount RCMP detachment. But you see, I lost that freedom, and my kids lost that freedom that day, and that freedom can't be taken back unless we get enraged and force the police to back down. But we never get enraged, and we never force them to back down.

As I reflected on that or actually steamed and boiled about that, I remember thinking I'm glad my dad's not here. He's never been in trouble with the police, but he would have just gone ballistic. My dad was born in 1939, a few months before Germany invaded Poland and the official start of— The Second World War started on September 1. So he was raised in his generation. And each generation has a different idea of what's tolerable and what isn't, and in his generation, roadblock equals police state, full stop. Free societies do not have roadblocks for their citizens; free societies do not have identification papers, full stop. That's why I was glad he wasn't there because to him he might as well have been in Stalinist Russia.

But a precedent has been set, and you see, for my children, that's now normal. When we approach the holiday season, we have holiday check stops now. We all expect it because of

the danger of drunk drivers, and we can't challenge safety. So I was about to say, and I'm not minimizing the danger of drunk drivers because I've been conditioned, you can't argue about safety, and I'll talk about that a little later. But we've been conditioned to accept as normal that in the holiday season the police can set up roadblocks and check every single vehicle, which means those of us that aren't drinking are going to be stopped. Now, understand in my generation, by the time I was driving we had them, so to me that's normal, but the generation before me, they were free from that. They were free from that. In fact, the courts had to decide on issues like roadblocks for safety. "We're not a police state," the Crown argued to the court. "It's not like we're Nazi Germany and stopping people just for their identity papers. We're doing this to protect people. Do you know how dangerous drunk driving is? Do you know how many people die from drunk driving?" The court said, "Yeah, we'll accept this for safety."

It's always about safety. You're not supposed to use the words "always" and "never," but I literally can say that almost always the courts side on safety, and that's because in our society you can't argue against safety or you're a villain. But the irony is that there's nothing more dangerous, there is nothing more dangerous than granting the police and granting the state more power: nothing. Any historian can tell you the largest cause of death is Government, full stop. I see people in the audience, they know exactly what I'm talking about. The largest cause of death is Government. I mean just in our last century, well let's go back a little longer, but I mean we've got Nazi Germany, we have Stalinist Russia,

[00:10:00]

China. I mean examples that just pop to the tongue.

And here we are in Canada and— You know, it probably started as early as I can remember, I was fascinated with the Holocaust because I was so horrified. I couldn't get my head around how that could happen, and more so because Germany was a Western nation. They were educated; they were just like us. In university I took classes on it; I was just fascinated. And I wasn't mature enough to understand that a question I was asking myself just showed that I didn't understand, and the question I'd ask myself was, "How could the Germans do this?"

See, that shows that I totally don't understand because I was thinking that they were different than, let's say, Canadians. See, by even asking the question, "How could the Germans do that?" I'm implying that Canadians couldn't do that. I didn't understand that actually, we're all the same. There's no difference between Germans and Canadians. There's no difference at all. So I didn't understand that it could happen here and that it will happen here.

You know, I've spoken a couple of times during this COVID thing that I was hearing about putting unvaccinated people in camps—some people are nodding their heads. There was that dialogue we heard about putting unvaccinated people in camps—not by the government, they weren't saying that—but other people were saying that, and it was trending on social media and the like.

But you want to know what was scary, even though the government wasn't saying that? Did you see our prime minister or any member of our government stand up and denounce that talk? Because in a society that has responsible leadership, you do not allow the citizens to publicly have a discourse about putting a subgroup of citizens into detention camps without standing up and saying, "That is not appropriate; and that's not going to happen."

So why did not a single politician at any level that I am aware of—other than maybe Randy Hillier—stand up and challenge that dialogue?

You know I mentioned Randy Hillier. I watched a video and I'm sure it's online. He was a member of the provincial legislative assembly in Ontario during the COVID adventure that we just went through. I watched a video where he, as an opposition MLA [sic] [MPP: Member of Provincial Parliament] is asking the government, "Well, there are detention camps being built in Ontario" because there were detention camps being built across Canada by the federal government during COVID. Were you aware of that? So back to when I was naïve, I thought it couldn't happen here, but he was asking the government, "Okay, well we're building detention camps across Canada, we're building them in Ontario. Who are they for? Who are the camps for?" That's a good question. The camps are still there. Who are they for?

We're not different. We're not different at all. We are setting precedents here. You see, the police state can happen here. For my generation, holiday roadblocks are normal; for the next generation, daytime ones will be normal. Do you understand that for our young kids right now, for our children, right now masks are normal? For us, it's just this horrible affront, whether you supported the idea of wearing them or not. It's like, "Oh, my gosh, we're wearing masks." For our young children that's normal. For our young children watch their parents; being afraid of government is normal because we're now afraid of our government; the power balance has moved so far. But what's worse—and listen to this—because our children watched us, for our children being afraid of each other is now normal.

[00:15:00]

And I don't know how we come back from that.

Passports have become normal for our children. I've mentioned this on other openings, but it's so important to understand that passports are a police state ritual. So here we had this situation in Canada where for the vaccinated to access restaurants, and hockey games, and the like, they had to show their identity papers. That's a police state ritual. Let's just go back to the classic police state you know: So you're in Stalinist Russia or Nazi Germany or the interior British Columbia and you're at a police roadblock. No, it's not funny because we have roadblocks in the interior of British Columbia. Somebody here just laughed. It's not funny at all.

So you're at a traditional police state roadblock and you have to show your papers. So you're in a city, and a main intersection is blocked. The police state doesn't care where you're going. They know where you live; they know where you're going to sleep at night. That's secondary. So before— When you don't have a police state— And for us, let's just **talk about the vaccinated who participated in this ritual. Before this ritual they were free to go wherever they wanted—they didn't have to show identity papers. They were free. And even the idea of thinking you had to do something before you could go to a hockey game, or do something to access a restaurant, that would have been just crazy talk because you were free.**

But what the ritual does is, at a subconscious level, it teaches you you're not free. Because for you to go to that Oilers game you have to basically give your passport and the symbolism is you're not free to go there. You're no longer free: you have to go through this. You have to participate in this action dictated from your master, the government, before you can participate. And subconsciously every time you do this, you are reinforcing that the government is your master. And for you to access this privilege—because you can't go

there just on your own without this ritual, it's not a right—so to access this privilege you have to humiliate yourself and reinforce in your mind who is the master and who is the servant and it's a ritual. Our children watched this. Your children watched you in Canada give your identity papers—we call them vaccine passports—they watched you give identity papers for you to access services. And how do you redeem yourself from that? How do we come back from having our children watch us, in Canada, show identity papers to do things that we were free to do before?

This talk just came to me at about 7:30 this morning. I had no idea what I was going to open with and then I just started writing cursory notes. I hardly have anything on a piece of paper—just these thoughts. And the thought of Gandhi came to me.

I must have been a kid watching that Gandhi movie and after there were all these riots and Hindus are killing Muslims and Muslims are killing Hindus, and there's this scene where this one man comes to Gandhi. He's just torn. He is in absolute distress, and he tells Gandhi—I forget if he was a Muslim or a Hindu, but let's just say he was a Hindu—and he says, "I murdered a Muslim child. How do I get redemption?" Gandhi, in his peaceful way, answered, "You find a Hindu child whose parents have been murdered and you raise him to be a Hindu."

How do you come back from having your children watch you give identity papers to access services? And I ask you this: It's the most important question that anyone's going to ask you for the rest of your life. Will your children see you resist identity papers going forward? Will they? Will you redeem yourself?

[00:20:00]

Because digital passports are coming to Canada and even the word "passport"— Passport is something we don't use internally in a country. You use a passport to go to another country. And we've been conditioned to think, "Oh, we need this to get permission. "

How could we call this a vaccine passport? Do you think that was an accident? It wasn't an accident. People—that, you know, a pay grade well above mine, and a large number of them—would have come up with that term as the best term to condition us to accept identification papers. So even the word "passport" should be alarming you and the government is using that term for the digital ID [Identification]. We also hear "digital passports." It should be alarming us. The government is talking about this.

The stores are already putting turnstiles in. One of the stores that I go to, if I have time—and right now I don't— But if I have time when I go grocery shopping, I go to Superstore first, and then I go to my small little organic place. Not long ago, Superstore put in turnstiles. They're the type that just push open as you go through, they're not locked or anything. But it's new and it's deliberate, and other stores are putting them in. And this is to condition us for our digital passports. They don't hinder our access, but you're going to have to ask the question, "Why?" Why is the Superstore putting in these little turnstiles that I have to go through when I enter the store? They weren't there before. The store has been there as long as I've lived in St Albert. So it's been there for at least seven years. Why are they there?

I mean they don't require a digital passport. They don't even lock. They're clearly not there to scan my ID, but they're conditioning me to know that they're there, so that when the locking ones are put in, where I do have to give my digital ID for it to unlock, it would be

less of a change for me. That's why they're there now: to condition me so that I can accept them.

When the digital IDs come out, they will be sold for our safety—it's always about our safety. They'll be tied to our health records, and somehow, this will all be for our safety. Probably, you know, to fight organized crime. Who knows what the reasons will be, but I just promise you they will be for our safety because we give up freedom for safety and you can't argue about safety.

I remember years ago, the first Harper Government introduced Bill C-51 against the *Food and Drugs Act*, and the natural health community went ballistic because it was basically a transition away from using the courts to discipline people. What has been happening in our legislation, both federally and provincially, is that it used to be if you violated some act or regulation, you'd get charged and go to court. But the problem is that sometimes courts are reasonable.

I take that back: You know a judge on a regulatory matter, he or she is just going to do their job and the system works. But that's very inconvenient for the state. Why not just allow big administrative penalties that can destroy people and have an internal appeal process despite the conflict of interest? They were moving that way.

I got involved in the Bill C-51 fight, but they introduced a similar bill: Bill C-52, the *Consumer Product Safety Act*. You probably all heard about that in the news. It was, "we're going to make baby cribs safer" and all of this. And I didn't fight that one the first time around. I fought Bill C-51 and there was a tremendous movement and then an election is called and they don't reintroduce Bill C-51 but they reintroduce the *Consumer Product Safety Act*, and I wasn't going to fight that one because I was into protecting natural health products.

And I remember getting a call from the CEO of a very large baby toy and crib and carriage manufacturer. And the CEO was saying "Are you going to do anything?" And it's no, even though, word for word, all those provisions were the same as the as the other one that I had fought. I said, "No I'm not, but why aren't you?" And he said,

[00:25:00]

He said, "You can't. It would be a public disaster nightmare for any in the industry." Because everyone knew this was just going police state, full on—it had nothing to do with safety. In fact, ironically, the more tougher the legislation on safety, the less safe we become in things like baby toys and the like. But he says, "No one in the industry can stand up against this because the media will slaughter us." So you understand, you can't fight safety or you are a villain. So they were asking me to pick up the fight. And it just shook me to the core. So here, a whole industry that is going to be pummeled and be moved out of the rule of law can't stand up and protest because they know that they'll be slaughtered in the media as villains for going against safety.

So understand safety is a trap. Safety is a weapon. Safety is the most dangerous word in the English dictionary when uttered by a government. Safety literally equals death, and we are experiencing that.

We just went through a situation where a large number of Canadians became vaccinated for safety. And we are seeing witness after witness here—the historians will probably write and call this a pandemic of the vaccinated. The numbers haven't peaked. We're going to be

calling Ed Dowd as a witness in Vancouver who is an expert on crunching actuarial data. One thing that is the most alarming is the number of working age population—our most healthy people—who are becoming disabled. I live in the province of Alberta and last year the largest cause of death was "unknown." That wasn't even a category that they could use a couple of years ago. Well, it's not unknown, it's caused by the vaccine, but we can't admit it yet; and because we can't admit it, we can't solve the problem and stop the damage.

But this was done for our safety, and it's just an example of how dangerous that is. It's an example. And the world sees Canada as a police state. Do you understand that? The world sees Canada as a police state and that's because we are a police state. And with things like the digital passport coming, 15-minute cities coming, restrictions on our agriculture and the whole thing: it's just coming down. The cell door is closing. The cell door is closing. And you may—and I use the word may—you may be able to still get out of the cell. There might still be enough room between the edge of the cell door and the wall that you may be able to get out. But I can't tell you that you will because we are so far down that road that it's just almost impossible for us to tell.

So you have to start sharing the testimony of the National Citizens Inquiry with everyone that you can. You literally have to put the TV out on the street. We have to stop this. We have to get people understanding what the truth is. People will watch this forum because it is controlled; it is under oath; it is managed by independent commissioners, and so it's safe.

And so I'm calling on all of you to put your foot between the cell door and the wall because we don't have much time.

[00:28:57]

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 2**

April 27, 2023

EVIDENCE

Witness 1: David Redman (Parts I and II)
Full Day 2 Timestamp: 01:22:04–03:08:01/10:38:30–11:05:40
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

PART I

[00:00:00]

Shawn Buckley
And I'd like now to call our first witness of the day. I'm very pleased to announce Mr. David Redman.

And I should inform you that David was a lieutenant colonel before he retired from the armed forces. And David, can I ask you to state your full name for the record, spelling your first and last name?

David Redman
My name is David Norman Redman, D-A-V-I-D R-E-D-M-A-N, Redman.

Shawn Buckley
And, David, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

David Redman
I solemnly affirm.

Shawn Buckley
You solemnly affirm. Now, you were an officer for the Canadian Army for 27 years?

David Redman
Yes sir, I was.

Shawn Buckley
And you used the operational planning process handling major emergencies throughout your career?

David Redman
Yes sir, I did.

Shawn Buckley
You were then in Emergency Management Alberta [Alberta Emergency Management Agency / AEMA / EMA], retiring as the head of that agency responsible for Alberta provincial response to major emergencies and disasters?

David Redman
Yes sir, I was.

Shawn Buckley
You led the team that wrote the revised pandemic response plan for Alberta that was ignored during this pandemic?

David Redman
Yes sir, I did.

Shawn Buckley
And you have acted as a senior advisor for eight years in Canada and the USA in emergency management?

David Redman
Yes sir, I have.

Shawn Buckley
Now, you have come here today to present both on the pandemic plan and what happened, and I'm going to invite you to just launch right in.

David Redman
Thank you very much. Commissioners, members of the Inquiry, thank you for having me today. What I'm going to do in the next hour is walk you through a three-part presentation, but if I can just go back to my history very, very briefly.

Twenty-seven years in the army I spent learning how to handle major problems. As an officer in the army first I was taught, it was called task procedure, then it was battle procedure, then it became the estimate of the situation, and then it became the operational planning process. So as problems and challenges got bigger so did the process, but the process was identical—all the pieces of it as you worked your way up. The aim of the process was to bring all of the experts together, needed for the task you were given.

People have this vision of the army that there's a colonel at the top and everybody just does what they're told. Nothing can be further from the truth. The colonel has a whole team of experts who are always part of the planning process and yes, the colonel wears it if it goes wrong, but all those people help build that plan through this dedicated process.

When I left the army, I became part of Emergency Management Alberta and in each of the provinces and territories of Canada, there is an EMO [Emergency Medical Office] and they follow an almost identical process. Now it's been civilianized, so you take the word "enemy" out and you put "hazard" in, but it's the same process. And as we worked in EMA, one of the things I got to know was how the municipal government works. And every province and territory in Canada, the municipal government is different because they're a product of the Province. They belong to the Province and they're defined differently, so it's important to recognize differences between provinces.

Every Province has an EMO and they're staffed and trained and fully equipped. The [federal] government has an EMO, it's called Public Safety Canada, again staffed and trained. And one of the things that that agency does is identifies that which is most critical in their jurisdiction. So, for instance, within a province there's an actual secret classified list of all the things that are most critical—and that's going to be important later in my presentation—and it's maintained on an annual basis. But what that EMO also does is it manages fires, floods, tornadoes, terrorism, and should have managed the pandemic.

Can you make my slides visible to everyone [Exhibit RE-2d-Redman-2023-04-27 Presentation – Canada's Deadly Response to COVID-19]?

Shawn Buckley
They're up now, David.

David Redman
OK. This cartoon was given to me by a 15-year-old girl in the middle of the second wave. And I think it perfectly describes what was happening in our country, province by province. And what you see very proudly standing in the middle of the picture is the Medical Officer of Health for that province, stating very clearly, they're defending the medical system. The Premier hiding behind them and using them as overhead cover, making sure that they didn't get any of the splatter while we defended the medical system.

And the great glowing

[00:05:00]

rays coming out from our health care system. But surrounding it, at the top, you see the body bags of all the seniors that we allowed to die because we didn't do targeted protection for them.

And as you work your way around, on the left-hand side, you see the absolute destruction of our children's education and socialization. You see all the body bags for all of the people who died of cancer, diabetes, and all the other serious health care concerns that we simply ignored because only COVID counted. You see the destruction of our societal health and integrity. Our societal health— We've seen a massive increase in spousal abuse, child abuse, but we've also seen that you can't even travel internally in your own province, let

alone between provinces, so our societal order has been destroyed, all in the name of protecting the health care system.

And on the far side, right-hand side, you see the destruction of our economy. And everyone said, "Well, it's not a problem, we're saving lives." But the people that work in every one of those businesses, its citizens of this country and their lives were destroyed. And if we don't think that taking the national debt, sorry, the debt of our country from $750 billion to $1.3 trillion in one year will not affect our children as they pay taxes to pay that debt off for the rest of their lives, then you don't understand how an economy in our country works. All in one cartoon.

So my presentation is going to be in three parts. First, I'm going to explain to you what emergency management is because most people don't even know it exists. It's been existing since the 1950s. It used to be called civil defence, and it's gone through many iterations, but it's now called emergency management. And I'm going to give you a very quick overview of what it is; so you know how badly we misused the systems or abused or ignored our systems. Then I'm going to walk you through the example of this pandemic using the emergency management response and comparing it to what we actually saw. And then I'm going to sum up with perspective and concluding remarks.

So let's start with emergency management doctrine. Every day, every one of us manages risks or hazards in our life. Walking out the front door of your house is a decision, climbing in your car is the decision. So there's five different dimensions when you're talking about emergency management. If you miss any one of them, you do so at your peril. If you do all of them, and you do them all well, you can link them all together with a process that I'll describe.

So let's start at the top with the hazards. In Canada, we follow an all-hazards approach. What does that mean? That means every EMO, whether it's at the municipal order of government, the provincial order of government, or the federal order of government, assesses for their jurisdiction which of those hazards are most prevalent within their community. And they're looking to see what would be the impact of natural hazards and human-induced hazards. And there's a difference at the bottom. You can see "Safety" and "Security," and I don't consider them evil words. I consider them good words if they're done by the citizens.

So down one side, you see I've put an arrow head towards biological human. But it's just one of the hazards that are considered routinely and are monitored daily, weekly, monthly, and annually with reports going to the elected officials, the mayors or the reeves. So they understand in their community which of those are required to be looked at. The important thing to note is one hazard can of course impact all the other hazards. So you need to be looking at them collectively, not singularly.

Within emergency management, there are three types of agencies: subject matter agencies, coordinating agencies, and supporting agencies. The subject matter agencies are normally defined by law. So when you look at something like rail transportation, in the *Rail Transportation Act*, there is a certain organization assigned to be the regulator to ensure that those hazards are constantly reviewed, updated, and in the legislation there are specific tasks for the subject matter agencies.

At the bottom are supporting logistics agencies. And in almost every emergency or disaster, all the other organizations become supporting agencies when that one other hazard pops

to the top for that period of time. And they all help that one subject matter agency get through the emergency.

But common in the middle is called the coordinating agency, and those are the EMOs. And they exist at the municipal order of government, the provincial order of government, and the federal order of Government. And there can only be one per organization of government.

[00:10:00]

So there's one in Calgary. There is only one agency for the Province of Alberta: the Emergency Management Agency. There is only one for the Government of Canada: Public Safety Canada. There's not multiple. So you don't have to train huge quantities of staff and emergency management in every single hazard. You only need one coordinating agency that works across all of those hazards.

So let me give you a graphic that describes that. These are the tubes that make up our economy. And it's known as the tube chart. I've given it so many times on both sides of the border, everybody calls it Dave's tube chart. Clearly, there's many more tubes that make up our economy. That's all that fits nicely on this graphic, and it also tends to relate very clearly to a pandemic for the reasons that you'll see abundantly later. Every one of those tubes is filled up with Canadian citizens. Some of those tubes are predominantly private sector. Some of them are predominantly public sector.

Private sector, a good example, energy. Whether you're talking about the power grid, whether you're talking about the production of natural gas, or your gas stations on the corner, upstream, downstream, middle stream. But they're made up of citizens. The regulators tend to be government agencies, but the private sector makes up most of them. And one of the things that we learned following September 11th 85 per cent of all critical infrastructure in our country is owned and operated by the private sector. So if you don't link private sector and government together, you can't respond in times of emergency or disaster. The health care sector is predominantly public sector in most of our systems here in Canada, but there are private sector partners in it, and again, a regulatory system.

And it all works fine in every one of those tubes until they're impacted by a major emergency or a disaster. Then we expect citizens to be able to care for themselves for 72-hours. And if you go onto the website for the EMO, for every province and territory in Canada, you'll find your 72-hour kit and what you as a citizen are supposed to do to be able to take care of yourself. Now, as Canadians, we just used to call that personal responsibility, but things have evolved such that we have to actually teach people that they need 72 hours of water and that they need enough fuel to be able to run whatever they need to run and to care for themselves in terms of their medications.

So the citizens are supposed to look after themselves, and then we have first responders, and we have brilliant first responders in our country—fire, police and EMS [Emergency Medical Services]—that rush to those who have been directly impacted by the specific hazard we're talking about. And right above them is the municipal order of government that they work for. And that municipal order of government has an emergency operations centre and trained staff when it gets past the capabilities of their first responders to respond. They have written plans, general, for a response to emergencies, but they also have hazard-specific, in most cases, annexes. And every municipality, for instance, in Alberta, had an annex for the pandemic that was never opened.

When it gets past one community, then the provincial order of government steps in, opens their operations centre and brings all those other supporting agencies to support those municipalities that are at risk and coordinates across every one of those tubes to bring the assets of every one of those tubes to that emergency. Our order of government is then on top to drive support. We call it mutual aid between provinces and territories for those that are smaller and have less resources. We have the ability to bring all of them together and to work between provinces and help each other.

So what you see on the left-hand side is government leadership, and I want to really emphasize this right now. For the provincial order of government, the Premier is the responsible person, period. All the other people that come to support the Premier are supporting agencies or members of the task force, but the elected officials in a democracy are always in charge, not a bureaucrat like a medical officer of health. Never, ever. And who supports that government leadership? The EMO. They're trained, they're ready, they're disciplined, and we'll talk about their training in a second, but they're ready to go. And they are always standing by with the hazard assessment, watching it evolve and ready to pull the plans off the shelf and use them.

But on the other side, you see the private sector, and the EMO works constantly across all of the critical infrastructure and every industry group within the province. They know them by first name. I certainly did. I knew who was in charge of the Cattlemen's Association, who was in charge of the Alberta Electric System Operator. I knew who was responsible for the production of honey. Really.

There are four functions that make up emergency management:

[00:15:00]

Mitigation, preparedness, response, and recovery. Mitigation is either removing the target from the hazard or the hazard from the target. That's the simplest way to define it. You'll see lots of pretty words there. But in your mind, just think about the risk is coming for you. How do we stop it getting to you, or how do I get you out of the way? Right? One of the two.

Preparedness involves walking through with all of the experts required to prepare plans to be ready to respond to any one of those hazards that's a major emergency or disaster potential in your jurisdiction: municipal, provincial, or federal. And having those plans trained and exercised constantly. You don't just write the plan and put it on a shelf. You bring together everyone who's actually going to respond in that emergency, and you run them through exercises. You watch them perform the tasks, and you train people up if they were delinquent or unable to complete their tasks.

The response then takes those plans off the shelf, spells them off, and makes them specific for the actual emergency that you're looking at. And there's a full-trained staff that knows how to run response. And there's operation centres with desks for every one of the subject matter agencies, the lead subject, the subject expert agency. We always used to call it the big kids' table, and that's where the hazard-specific person, the subject matter expert would sit, and everyone else was in rows, all looking towards the charts so we could run, support the subject matter agency with whatever they needed while taking care of the entire rest of the economy in the jurisdiction.

But the minute you start a response, the minute you take another team aside and you make them responsible for writing the recovery plan. Have you seen a single recovery plan in our country announced by any provincial government for this pandemic? The minute you start

response, you set aside a separate team to write recovery and have that plan ready to go the minute you know the pandemic went to endemic.

There are 10 activities that make up all of life. It doesn't matter if you're a soldier, sailor, airman, or whether you're a civilian in any industry, those are the 10 activities that you use to run your home. Governance at the top: operations, plans, logistics. But when you're working in a provincial agency, those are specific activities that require specific training. So you have people in the operations group that are trained to run operations. In the plans group, you have people that—the process I'm about to tell you—can teach that process and run that process for anyone in government. The ones shown in blue are formal courses that we train all first responders in every province and territory in Canada in, and it's called the Incident Command System. You see in the bottom in the blue. So those are specific training.

Every one of our first responders follows it, and it's not about doing their trade, i.e. being a paramedic or being a police officer; it's how they come together when a site gets too big and they have to work together. This is an actual activity and courses they must qualify in to move up in rank to run the Incident Command System for an event on the ground. But you need all of the boxes by the time you get to the provincial order of government. Most municipalities have separate, large municipalities have specific groups for every one of those boxes.

So how do you link all five together? With the last. So what you see here is a table, and there's hazards all the way down. You need an actual thoughtful process that leads you through every one of the boxes on that chart. And using the provincial order of government because health is a provincial responsibility, and that's where we're going in this discussion into a pandemic. You need to apply all ten activities to your mitigation plans, to your preparedness plans, to your response plans, and then to your recovery plans. You need to do each one of those boxes for all ten activities that make up all of life, and you need to resource them with the seven resources that make up every activity. There's nothing missing. If you miss any portion of this, either the seven resources, the ten activities, a specific hazard, any kind of grouping or organization, you have missed something at your peril. But there's experts that do this, and it's not hard for them. It might seem confusing for you the first time you step into it, but people live their whole lives doing this for you.

And those are the things for the commissioners that many people see and think need to be changed or corrected, and I put it to you, they are. There's some specific things we need to fix after this pandemic in terms of legislation, regulation standards, standard operating procedures, and how we move forward.

So that's the five dimensions.

[00:20:00]

How do you link them all together? What does the process look like? This is the emergency management process. It's identical to the army process, but it's also identical to the risk management process. Those of you that were here yesterday and watched the presentation on risk management, that's how civilians would use these words. But in government, this is how we talk about it in terms of municipal and provincial order of government.

Hazards are out there every day, and all of a sudden, one of them pops up. So situational awareness for our elected officials happens all the time. There's constant briefings on a monthly basis going to the Premier. It's wildfire season here in Alberta. It's just starting. So there's a briefing note on the Premier's desk saying it's wildfire season, here's the status of

your Sustainable Resource Development firefighting teams. We can draw on our surrounding neighbours, the adjacent provinces, the wildfire operations agreement, mutual aid agreement is in place for all of Canada, blah, blah, blah, blah—just getting the Premier ready.

So it pops. Something happens. And what you see in the orange boxes is elected official engagement. That's where they're briefed, that's where they make the decisions. Okay? And they're part of the supervising and monitoring. So all those orange boxes— The black bullets are all what's being done by staff to support the elected officials. This is a democracy. Elected officials are always in charge. Never the subject matter agency, always the elected officials, whether a mayor or a reeve or whether they're a premier. And every one of those black bullets, and we're going to walk through them in an example, but every one of those black bullets is a staffing function and there's oodles of paper that get produced in order to do each one of those. So just defining the aim in an emergency, there is gobs of paper developing different types of aims for the Premier to select, which is the aim for that jurisdiction.

So when in a court case, for instance, where I was testifying against the Medical Officer of Health of Alberta, I brought stacks of evidence showing what had obviously been overlooked. They were unable to bring any piece of paper and simply said they had done the process. You have to be able to prove you've done the process. There's stacks of paper for every one of those black bullets that they were unable and are still unable to produce.

But what's happening while you're doing and managing that emergency? The hazard is evolving. As well, remember that all hazards list? Other hazards are popping up. So in the middle of pandemic, wildfires just didn't say, "Okay, we'll give you a break for two years, but we won't have any fires, okay? We won't have any train derailments. We won't have any toxic spills. There won't be any other problems. We can only deal with one hazard at a time." That's just ridiculous. But that EMO has all the pre-prepared plans for all the other hazards, and in the same emergency operations centre, you can switch between who's the subject matter agency, because today the fire just got too hot, and we can just set the pandemic aside for 24 hours while we evacuate Wood Buffalo, okay?

So let me move to the second part of the presentation. Now you understand what emergency management is, and that every province and territory has it, and in almost every province and territory, the municipal order of government has been ordered to have it by that province and territory, keeping the elected officials in charge.

Let's start with the aim. If you get the aim wrong in a military mission, you kill thousands and thousands of soldiers. If you get the aim wrong in a provincial response, you can kill your entire jurisdiction. Okay?

So the first thing you have to do is get the aim right. In our predefined pandemic plans— and there are predefined and provincial pandemic plans in all 13 provinces and territories in Canada. Every single one of them had a written pandemic plan: every one of them. If you don't believe me you can go to pandemicalternative.org, a group in Ontario built a huge research storage website for me back in December 2020, and we went to every government website, and we got them and stored them in case they decided to wipe them away and hide them. So on pandemicalternative.org, which is a Canadian-focused pandemic website, it's only talking, and it's called "alternative," because we were trying to get the message across that there was an alternative way of doing what we were doing in December 2020. And they found me because of the 12 letters I had sent to every Premier in this country, starting in April of 2020, saying:

[00:25:00]

"Stop, drop, please phone me. I don't want a job. I just need two hours of your time. I want to give you this presentation." Okay?

That's the real aim. To minimize the impact of the virus on all of society. You heard within days it switched to be to minimize the impact on the healthcare system or the medical system. Absolutely wrong aim. The result is what you've lived through for three years. You get the aim wrong: everything that follows is wrong.

Let's talk about the overarching principles of emergency management. Number one, pandemics happen continuously. This wasn't our first. In my lifetime, there have been five pandemics. I was born in 1954, and so Asian flu back in the 1956-57 era. We have huge documentation from five previous pandemics, and we've made massive lessons learned, both in emergency management and in public health, all thrown away. But more importantly, there is going to be another pandemic. I hope to see two more. Why? Am I a sucker for punishment? No, it just means I'm still alive for crying out loud. I want to live through two more pandemics, but I never want to live through another pandemic that is managed the way this one was.

Emergency management—these are principles—is the foundation on how we respond to every type of hazard, every emergency over and over and over. And these staff are trained, they're competent, they're capable, but they have some fundamental principles. And the very first one: you control fear. You never, ever, ever use fear.

I wrote my fifth letter to the premiers in August of 2000 [sic], warning them that they were using fear and that it would have unintended consequences that would last for 60 years until the children who have been affected by our response to this pandemic die. It was a very specific letter. I tried different approaches, and every letter I wrote, none of them worked. So I'm a failure. Confidence in government: You never use fear, you use the opposite. And everyone says the opposite of fear is bravery. It's not, it's confidence.

Confidence that you can get through something. Confidence that you can get through something together is the opposite of fear: fear of each other, fear that you can't work together, fear that everyone is a hazard to you. I've been in some really awful places in the world in my 27 years in the Army—always with a rifle to defend myself. I was one of the lucky ones. But I watched populations that were raped, burned, and destroyed because their governments used fear. Use confidence in emergency management. You never, ever use fear. Your job is to suppress fear, and you suppress fear not by lying to the population. You don't try and diminish what's coming at you. You tell them how you're going to handle it, and that you've got a plan, and that we can get through this together, and here's how we're going to do it. Okay?

Surge capacity is a real thing. It's not done by taking stuff from someone else. New surge capacity is developed in every emergency. When we have a flood, and we need to dike a river all the way from the BC border to Saskatchewan to give them the water for free, we don't re-roll things. We build new capacity. We get our citizens to come out and help build dikes, and it's a new capacity. It's not a re-rolled capacity.

Mutual assistance used to be a cornerstone of emergency management. Moving a patient from Calgary to Edmonton is called mutual assistance. It suddenly became evil. It was as if you had completely failed because your hospital couldn't take every patient. We're in the

middle of a pandemic. Of course, there will be ups and downs in every community. Communities help each other. They don't block the movement between each other. Constant feedback and evaluation of evidence. These are basic principles that were completely ignored in this pandemic.

My bottom line in terms of principles is pandemics are always public emergencies because they affect all the public. They are never public health emergencies. It's absolutely ridiculous to call a pandemic a public health emergency, and public health should never have been in charge of all of society. They are responsible for the healthcare system. Point final.

Let's move on to governance. The Premier in a province and pandemics:

[00:30:00]

healthcare is a provincial responsibility, so the premiers are in charge. Period. There is no discussion. The Prime Minister is in support of the premiers. He is not the person in charge of the pandemic. Never should be: never could be. He does not run the healthcare systems.

The Prime Minister should only have sent support that premiers ask for. He shouldn't have forced them into responses by making edicts and handing out $500 billion to get his design for a pandemic implemented.

There should have been a task force in every province that was on all of society to respond to the pandemic, and what should that have looked like? It should have included people from every one of those supporting agencies, governmental and private sector. It should have included a huge team of the biggest brains in the province, and their knowledge in terms of all of the impacts on every one of those blue tubes should have been brought together. What did we do instead?

We put the Medical Officer of Health in charge, who gathered a group of doctors—nobody from the power grid, nobody from water supply, nobody from municipal order of government, nobody from all the other supporting agencies—and they made, designed a response to protect themselves. Public health is supposed to protect the citizens. Citizens aren't supposed to protect public health. The coordinating agency then would have supported that task force. The coordinating agency would have then run the full provincial response. They never did.

Hazard assessment. Let's go back to what we actually knew in February of 2020. How did I get this top-secret information? I used this [cellular phone]. Every one of you could have done this. The key is: the information was readily available. These charts coming out of China, you simply picked up your phone, you typed coronavirus, remember it wasn't called COVID back then, coronavirus, death by age, and then you typed in Italy, Spain, China, whatever, and you would get these.

This is in February 2020. We knew what was coming. Look at the people who are dying. Over the age of 70, what are they dying with? Severe multiple comorbidities. This was February 2020, readily available, updated routinely. I did a snapshot then, and this is in the document I originally sent to the premiers to try and say, "Hey, what are you doing? You need to be doing target focused protection," and we'll get to that, but we knew then, was that just a random sample?

Every single week, starting the first week of March, the World Health Organization produced these tables. Every single week, you can still get them, they're still available, and they're available worldwide. Who's dying? Really old people. In fact, the average age of death in Canada is 82 years old with three or more multiple comorbidities, severe multiple comorbidities. Nothing has changed.

This was known the first week of March, the second week of March, the third week of March, and what did our medical officers of health do? They tried to convince us that everybody was at equal risk. Absolutely untrue. One of the comorbidities that's missing from this chart, and which is an extremely important comorbidity, but we don't talk about it in North America because it's considered fat-shaming, is obesity. Eighty-three per cent of the people who have died in Canada and the United States, in fact, it's 87 per cent in the United States, died obese. That means their BMI [Body Mass Index] was over 30. So what did we do?

We closed all the gyms. We told them they couldn't go outside and use the walking trails, and we gave them absolutely no feedback on how to make themselves healthier in terms of diet and exercise. We did exactly the opposite. We knew what the comorbidities were and that we needed to really look at those comorbidities and build surge capacity for them while we were building surge capacity for COVID because they were going to be impacted.

We did exactly the opposite. People saw the terrible pictures coming out of Italy. The people dying in the streets. Who were they? There's from May 2020, okay? But we knew this in February. We knew this in March. It's really old people with severe multiple comorbidities. Did that actually change? Here's the same chart from May 2022. No, it never changed,

[00:35:00]

and yet the narrative coming out of our MOH [Minister of Health] never changed either.

This is a slide you've seen in other presentations. It's now been taken down, and every one of my slides, every piece of information and data, you'll see I put the website right on it, so you can go get it yourself. But this is no longer available. It shows that people without comorbidities simply aren't at the same level of risk. In fact, it's minuscule risk.

This is the latest—and I've stopped updating this chart. This is at the end of three years, so this is March of this year, and what you see is Canada's data, as a country. But what's really interesting on this, if you look over here on the right-hand side, you will see that it says that, as at the end of March, there was 52,000 Canadians died of COVID, and that's the number that Theresa Tam still uses to scare the hell out of you every day that this is a horrible disease. But quietly behind the scenes, every province and territory in Canada has been amending their data. If you see the number on the other side, circled in red, this is from exactly the same day off of exactly the same website from the Government of Canada, you'll see that it's 36,000 died, not 52,000. Why is that? Because they're very carefully, now, removing all the people that died with COVID not from COVID. Okay, so they're cleaning up their act before we come looking for them.

So let's move on to mission analysis. Now, this is the meat of the process. Whether you're attacking an enemy or the enemy is COVID, mission analysis is where you break apart all your tasks given and your tasks implied. Just the "what." Never the "how." And you do this with the smartest people in your province. Okay, this is where the task force, and I did this for counter-terrorism with what I call "26 of the smartest people in Alberta" on September

the 12th, 2001. The following day I was made the director of counter-terrorism for Alberta, which I ran, implementing the plan that we wrote in the first two months over the next two years. But I led them through mission analysis.

What does it look like?
You sit there and you are first given, with your task given. These are the four tasks given that were written right into the Alberta, and every province and territory in Canada had a plan just like this, with the task given in preparation for the next pandemic.

Control the spread, try and reduce morbidity, but "appropriate" prevention measures is the keyword there and I highlighted it with "appropriate" underlying quotation marks. We'll talk about that.

Mitigation of societal disruption through the continuity of critical services, not the closure, the continuity. People are going to get sick with this new virus. How do you make sure you can continue every activity in every business while people get sick?

The critical infrastructure, you have to make sure you have backups and backups, so you need surge capacity in every piece of your critical infrastructure, the people piece, because some are going to get sick. You're not going to close them down. You're not going to send healthy people home. You might in fact order sick people to come to work while you sort of isolate them because you don't have enough people. Exactly the opposite.

Minimizing the adverse economic impact. I almost laugh every time I read that one. And making sure there's effective and efficient use of resources. We failed at four out of four. Those were the tasks given in the pre-written pandemic plan in Alberta and are similar in every other province.

So you now have to rip those four tasks out into the detail required. So what's that goal number one turn into? And this, you see the et cetera, this is one person's brain. Imagine if you had 26 of the smartest people in that province's brains to pull from. This is just my brain.

Number one, how are we going to care for those most at risk? We knew exactly who they were. How are we going to develop over here on the other side, a risk analysis for the population so that our family practitioners can— Our family practitioners know— We know that most of our seniors that died were in long-term care homes. So right away we should have been developing plans in bullet one for long-term care homes with the people that run the long-term care homes. Right?

Public, public for profit, private for profit, private for non-profit. Three [sic] [Colonel **Redman cites four groups] groups: bring them all together, bring the unions in, bring all the best experts in, and build a plan to get us through the first wave. Then we'll figure out the second wave, right? But over here, what about all the seniors that were living in multi-generational homes that were living at large on their own, in their own houses still? Family practitioners knew exactly who they were and where they were.**

[00:40:00]

They were their doctors. We should have been developing for our family practitioners, good advice, common sense things, and trying to figure out ways to help them.

But down here, on the very bottom on the left-hand side, the development of treatment. You're going to hear from a whole bunch of doctors and talk about a whole bunch of possible treatments, but one of the things that no province or territory in our country did was peer-reviewed analysis of potential treatments worldwide.

We should have had an intelligence agency watching for every country in the world and how they were managing COVID, and whatever treatment options they were finding, like ivermectin, the terrible "I" word, but all the other ones. And we should have done peer-reviewed studies to see which ones worked. And even if they only did 3 per cent, just like in AIDS, when you add five 3 per cent options together, you get a really effective treatment option. And other countries in the world figured this out, but we never did. We did exactly the opposite. Our medical officers of health never did this task, implied matrix, and never developed teams to go and study how.

I'll go through the next ones quickly, but no one ever contacted the electric system operator in Alberta or any other province in our country to make sure they'd have enough people to get through the pandemic. Good thing they did. If our power grid had collapsed, it would have been awful. But even more importantly, water supply is a municipal responsibility, and our municipal order of government was excluded from the entire planning and execution process. Most water treatment facilities and most municipalities have two or three experts that run them. Emergency Management Alberta knew them by name. They were never included in the process.

How do you make sure you do not close business? Continuity is the word, not closure. And I mean for every business, but there will be some like tourism what other people, other countries do would have affected our tourism industry, and we should have only supported those industries that had to close because they simply couldn't exist with the clients that were going to show up at their door. Okay? But we should have ensured continuity of every other business, and we needed to make a list of them in the tasks given and implied.

And how do we manage critical resources? Well, we watched ourselves fail completely on that repeatedly. But the second portion is, after you've done your tasks given, you have to do the tasks implied that aren't in those first four.

And this is a standard template of tasks implied for every emergency, every single emergency. Okay? And Emergency Management has this list and always does it and sits down with the task force that's assigned and walks them through it and says, okay, these are the what's, can you think of any more? And then we build groups to go away and bring back options to do this.

The most important are protection of rights and freedoms and suppression of fear. Both completely never even considered.

I was the director of counter-terrorism for two years in the Province of Alberta and worked on both sides of the border, personally briefed Senate and Congress in the U.S. on what we were doing in Alberta to sustain our oil and gas. I personally briefed the American ambassador. It was always made very, very clear to me that security trumps trade. But on top of that, all that time in two years, what's the most important thing in counter-terrorism? You never deny a Charter right or freedom because if you do, the terrorists have won. That's what they were trying to do. They were trying to destroy our rights and freedoms and destroy our faith in democracy because they don't like it. We handed the response to this pandemic to our medical officers of health and what did they do? They

immediately destroyed our rights and freedoms worse than any terrorist attack ever could have done.

The next thing you do is develop options. You take all of those teams that you break out of that huge list of to-dos, you put them into groups, you bring the smartest minds for each one of those red-bulleted tasks, and you send them away for a week, and they have to come back with a costed plan. But that plan is including multiple options. There's always more than one way to skin a cat. For every option, you have to do a full cost–benefit analysis so the Premier can say, "Okay, this is what we're going to do for long-term care homes. And this is how we're going to manage critical infrastructure."

But they pick the option that they think will best protect all of society. Remember the mission statement? So your elected officials are given the options and in the box below in decision, it is the elected officials that decide which option for each of the groupings of tasks.

[00:45:00]

But the cost–benefit analysis is how they make their decision.

So we had pre-written plans before this pandemic that told us all of this information and put it together and had done part of the cost–benefit analysis for us, built on the really, really, really hard lessons learned from those previous five pandemics. Those plans, in fact, highlighted the use of a word that you now call lockdowns, but which I have always called non-pharmaceutical interventions. Okay? They had been studied inside and out for 20 years.

The document you see on the left was last updated and issued worldwide in September 2019. The 15 NPIs [Non-Pharmaceutical Measures] that you see listed on the right-hand side of the chart are showing green for ones we should have used in this pandemic, orange, which are partially applicable—and I'll talk to one in specific—and red never should have been used for this pandemic. That document on the left is 60 pages long and it discussed each one of those 15 separately, in detail. You can get the document for yourself and it says things like, for workplace closures: closures should be a last step only considered in extraordinarily severe pandemics. We did it as a first step with absolutely no cost–benefit analysis.

Let's talk about face masks because everybody likes to talk about face masks. In the first two years, I never mentioned face masks because then everybody just thought I was a conspiracy theorist. Face masks have no effect for a virus of this type. They have an effect for other viruses, but not for this virus, and we knew that from this document. This is a highly transmissible virus that they aren't applicable for. Face masks, in orange,—because in a hospital setting, worn by healthcare practitioners—of the right type of mask, for a limited duration, put on by assistance, taken off by assistance, and disposed of immediately—made sense. The document clearly said "should never have been used in the general public" because they cause massive societal impacts and damage and have no noticeable gain in stopping transmission. Okay, sorry, got to go back just for a second.

What was the worst thing we did? We destroyed our children. That's why I circled that one. The socialization and the development in elementary school, junior high, and senior high, and what we've done to our children will damage them for the rest of your life. There are many studies that show that one-year loss of education causes a five to 15-year decrease in economic ability, earning ability for that individual, and a three to five-year decrease in

lifespan. So until our children die, unless we do something to correct what we have done, this impact will exist on them. And we didn't do it for one year. We did it for two, and in some cases, three years, in our own country.

But we knew that from the study of the NPIs that all of those NPIs would have a very insignificant effect on transmission of a virus of the type of COVID. So we knew that in September 2019, we should never have used them.

But after the first wave, study after study after study compared non-lockdown to lockdown countries and showed exactly the same thing. And you've heard from Dr. J. Bhattacharya previously. This is him, but this was after the first wave, but folks, there was, this is another 35, wave after wave after wave, proving that lockdown to non-lockdown countries, and I'm sure you've all been told there was no non-lockdown countries in the world, but that's simply a lie.

Many countries in the world didn't use any of the non-pharmaceutical interventions and came out exactly the same in terms of transmission. But what we know now and what we knew in September 2019, in a 60-page document, was that non-pharmaceutical interventions cause massive collateral damage. And I'm not going to go into it. You're hearing testimony from all the others. Well, all I'm going to do is say to you that I put them into these five bins, and you can collect all of the damage.

The mental health damage that we'd done and we knew would happen. And so to me, that's individual. That's each person. The fear you have of your neighbours, the fear you have of each other, the fear you have that we're going to do this again to you.
Societal fabric: the tearing apart of our society and our democracy;

[00:50:00]

the people who had other severe health conditions that we ignored and who missed diagnosis and treatment; our children's development, important—their academic development, but far more important—their social development; and our economic well-being as individuals, businesses, and as a nation.

And I come back to the fact that we doubled our national debt. Don't think that won't have a forever impact for at least the next 60 years. And this isn't one or two or a few witnesses. There are hundreds and hundreds and hundreds of studies all been collated for us that our mainstream media continues to ignore.

I end this portion with: there should have been a written plan issued through the mainstream media to every citizen in every province saying how the Premier was going to lead the response to the pandemic and inviting feedback from the citizens. "This is what we're going to do for the first phase. We know there's going to be a second phase and probably a third phase. But in the first phase, this is what we're planning to do. This is how we're going to try and walk our way through the first wave till we know more, and we invite your feedback."

It should have been in every inbox in every citizen in each province and territory. You've never seen a written plan by any province or territory. Therefore, you've never known what the government was going to do. You just knew that it was not going to be in your best interest.

So let's go to the third part and I'm going to go through this quickly. First of all, I want to give you perspective because you've heard this from many people, but I like to collate things for people so they understand modelling. Everybody talked about modelling for the first two years and how we were all going to die.

The Imperial College of London model had been completely debunked. It had been shown to be wrong in every major emergency in the past ten years. The model outputs always predicted horrible, horrible situations. That model should never have been used. We knew it was completely flawed, and yet it was used by every province and territory in Canada, by the medical sub-officers of health, to tell you we're all going to die.

Number one, you never use fear in a pandemic, you do exactly the opposite. I'm an engineer, okay? We use modelling all the time. A model, not that one, should have been used to predict the surge capacity that was going to be required. You didn't care. It should have been invisible. Getting more hospital beds, getting more this, but the Premier could have said, "You know, we're developing real new surge capacity," and that's confidence. But you never use a model and release it to the public to terrify them. The evidence constantly proved the model wrong. Mainstream media, the medical officers of health, and the elected officials ignored the evidence every single wave and reused that model. How dare they?

The infection fatality rate was known for people under 65. The infection fatality rate of COVID was known to be less than seasonal influenza. For people over 65, it went up but never became much worse than seasonal influenza, and yet we did nothing to protect them. We never did target, focused, treatment options for our seniors.

The daily death count was used as nothing more than a terror weapon and was never put in perspective to other causes of death. Non-lockdown results from countries like Sweden, places like Florida were intentionally ignored and never talked about by your medical officers of health or your premiers.

And saving our medical system was the contra mantra, and I can do this for every province; but Doug Ford is such a perfect example. He was standing in front of the camera crying, telling people in Ontario they weren't locking down long enough, hard enough, and deep enough and that they had 1,750 people in acute care beds. He never once mentioned that there's 22,357 acute care beds in Ontario. When you ignore perspective, you can create terror. But if you were told that there's 2,000 beds used out of 22,000 beds and you're still saving the medical system, it would have caused you to question the response. Perspective was intentionally denied.

This is a cartoon that circulated all through Europe. It didn't circulate in North America. I have friends that helped me for the last three years all over the world. This was sent to me. And you see Boris Johnson, back in the first wave, trying to decide to lock down or not lock down,

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but really, he only has two options—lockdown or option B is lockdown. And the elephant in the room is Sweden. The elephant's got the little Swedish flag there because they never locked down, right? That's the elephant in the room.

So what did happen in Sweden? They decided in 2022 the pandemic was over in Sweden, so they don't report anymore. Look at the number of young people that died, look at the number of old people that died. They never wore masks. They never did school closures

other than the senior high schools for two weeks in the first wave. They never did any ordered workplace closures. They never did social distancing. He recommended Dr. Tegnell who ran the response.

And the response he ran was exactly what the Alberta and every provincial plan said we were going to do. He followed his plan. We threw ours away. They don't have an increase in mental health issues (like we do), increased suicides, increased overdoses, increased spousal abuse, increased child abuse. They don't have that because they didn't do that. And they came out of this economically better than all of their neighbours in Europe.

Let's do a fast comparison to Alberta. If you normalize the population between Alberta and Sweden, Sweden had less COVID deaths. If you actually believe the case count numbers that we have in Alberta and for Canada, I can do the same thing for Canada. Alberta came out worse than Sweden in straight COVID deaths. Forget about collateral damage. Yes, they have a much older population than us and they did not do targeted protection. Dr. Tegnell has personally and publicly apologized for the lack of targeted protection in the first two waves which caused many of their seniors to die needlessly. But how did they do overall? This is cumulative excess deaths. Look at Sweden and look at Canada. I let you make your own decisions. This is from 2022.

You saw India, you saw bodies floating down the Ganges and the terror that our mainstream media and our medical officers of health using India as a terrible example. India had three times less COVID deaths per capita than we did. Three times less with 36 times the population in one third of the geography. You don't hear them talking about that. Perspective has never been allowed. Why did they do so much better? They only had 2.8 per cent vaccination rate when Delta hit India. They did treatment. They did massive treatment, population-wide, and we denied the ability to do that in Canada. Our MOH [Ministry of Health] and our College of Physicians and Surgeons fired doctors if they did it.

Fast comparison to other things. Traffic accidents, top left—heart disease, the other side. Even if you are between the age of zero and 60, you were three times more likely to be a traffic vehicle fatality than you were to die of COVID. But we didn't see our government—Shawn's opening this morning—our government didn't ban cars. You were three times more likely to die in your car. They should have taken our driver's licences away.

And let's do one last comparison to pneumonia. Pneumonia worldwide. 2.5 million people die every year of pneumonia. COVID was less than pneumonia. And yet the World Health Organization, as we speak, is getting sovereign countries to sign a new WHO [World Health Organization] agreement that they will give up their sovereignty and allow WHO to run the next pandemic based on this extremely successful model of the use of NPIs worldwide: sooner, longer, and deeper. Canada is about to sign that agreement. We didn't close the world for pneumonia. Why not?

My final slide, conclusions. We discarded emergency management, and it has cost us dearly. The aim right from the very start was obviously flawed, and yet no one challenged it. Except for—I say no one—a few of us challenged it. Most of you sitting in this room didn't believe it. But our citizens did, as a group. The hazard assessment, we should have protected our seniors immediately, and I'm prepared to talk about what I mean by that in questions if you're interested.

But remember, I'm the guy who said you never deny a Charter right or freedom unless the individuals agree. The Oakes test is the minimum standard. It has been thrown out. Every single Charter right before it's denied must pass the Oakes test.

[01:00:00]

There has never been a single Oakes test for a single Charter right or freedom that was denied. Not one.

Lessons learned, we threw away every lesson we'd learned, and there's no point in running the lessons learned after this pandemic. Because the only lessons we'll learn if we let our governments do it now is exactly the wrong lessons. The use of NPIs were known not to stop transmission but to have massive, massive collateral damage. To use them over and over, in my opinion, is criminal negligence causing death, and we need to hold accountable those who did it. Our Prime Minister, our premiers, and MOH are those responsible people, and they need to be held accountable. If we do not immediately and vigorously remove the belief in lockdowns, we will redo this, and not just for a pandemic. We will redo it over and over and over, and our citizens will be compliant.

The presentation I've just given you is based primarily on a paper I wrote July 1st, 2021 [Exhibit RE-2e], and sent to all the premiers in the mainstream media, Canada's Deadly Response. It's 130 pages. You can get it at that link that you see. It's been used in court cases against MOH and premiers across our country, and the others are supporting documents. I stand ready to answer your questions.

Commissioners, I would point out that I've never talked about vaccines once, because in emergency management, you never count on a vaccine. A vaccine takes five to ten years to develop if you're using proven technology. They take ten years plus if you're using new technology, and a pandemic is long over before you ever get a vaccine. You may wish to have a vaccine if the virus is not a constantly shifting and changing virus. The chief medical of the vaccine program in Great Britain said in August—before our Prime Minister called certain people in our public, racist, misogynist people with unacceptable views—the medical officer of health in Great Britain said, "The coronavirus is now the sixth form of the common cold. We need to learn to live with it, there never will be a vaccine. We've never had a vaccine for the cold."

But I've never talked about vaccines because emergency managers know they come too late. You have to deal with the development of herd immunity long before you ever will get a safe and effective vaccine. Ladies and gentlemen, your questions please.

Shawn Buckley
Well, I get to go at you first, David. One thing that struck me is you showed data there that just the regular pneumonia that we live with for our entire life is responsible for more **deaths during this pandemic than COVID. Is that correct?**

David Redman
Pneumonia worldwide has always been a larger threat than COVID. In Canada, we had a more successful rate because of our— For one strain of pneumonia, there is a very good vaccine. And so we've had an ability to reduce pneumonia deaths in Canada. But worldwide, COVID was less of a risk than pneumonia.

Shawn Buckley
Now, in every year we have, I think you called it, the seasonal influenza. We have, I call it low vitamin D season, but other people call it flu season. But basically, we have a season where we have influenza and we have a number of deaths in Canada. Did I hear your evidence right that for our regular seasonal influenza for persons under the age of 65 that COVID was more of a risk to those under 65, all right, less of a risk, than seasonal influenza. That was too long. So I'm just going to rephrase that question so—

David Redman
I can answer the question. In previous presentations which many of you have seen—that I have given for the past two years before I stopped doing public presentations in February 2022—I always had a graph which showed the seasonal influenza curve from the past five years and I overlaid it with the COVID curves. And so in terms of transmission of the virus (and it's in my position paper), there's no distance between the lines. COVID went up and down no matter in Canada, no matter how hard we locked down, no matter how soon we locked down, the virus transmitted itself exactly the same. And people always ask me the question: Well, why was Taiwan and why was Australia and New Zealand able to do better in terms of sealing off the disease?

Number one, Canada is not an island.

[01:05:00]

We had 20,000 truck drivers crossing the Canada-U.S. border every day throughout the entire pandemic. Why? Because we have a just-in-time food supply system, and we would have starved to death if we hadn't done that. So the spread of the disease just happened naturally and it suddenly became a crime to get sick. You were held in disdain by your friends and neighbours if you caught COVID because you obviously did something wrong, but they never cared if you caught the flu the year before.

Shawn Buckley
And for those under 65 the flu was more dangerous.

David Redman
And for those under 65, the flu had a higher infection fatality rate than COVID through the entire pandemic to this day and now significantly less.

Shawn Buckley
Now you had mentioned at the beginning of the pandemic, you know you have said you lived through four of them and I think you mentioned the Asian flu in the 50s, but didn't we have one called the Hong Kong flu in the 60s? Like we've had bad influenza seasons before, and I mean bad, they far exceeded the seasonal influenza.

David Redman
Absolutely correct and if you go to the position paper, there's a grading system for pandemics. It's been known worldwide. CDC put together a graphing and charting system that's been used for every pandemic dating all the way back to the Spanish flu. And so what you have to consider is both the transmissibility and the deadliness of the disease and it's

on two axes. If you place this pandemic, it is, at worst, a moderate pandemic. Most people would consider that it actually slides down into a low-level pandemic based on the CDC modelling. So this entire pandemic we've been told that it's an extraordinary event, the worst pandemic since the Spanish flu. The facts don't bear that out and the model system used by CDC—and they're part of the perpetrators of the fact that they say it's a terrible—they didn't even use their own models.

Shawn Buckley
So I wonder if the media hadn't been hyping this, would this even have been a situation where emergency plans would have even been engaged?

David Redman
We have been destroyed by our independent media, and censorship has been obvious and apparent. I'm sure everyone in this room knows it, but for most Canadians they think the mainstream media has been doing a great job simply giving them the information that the MOH and the premiers have been giving them every day. What the mainstream media forgot is that their job is to hold government accountable, and in so doing they could have used one of these (holding up cellular phone) just like I did and known that the people who are most at risk were our seniors.

Let me give you the example, just one example: Theresa Tam said in the summer of 2022 that it's a national embarrassment, us [Canada] placing last in the OECD [Organisation for Economic Co-operation and Development] in protection of our seniors through this pandemic—73 per cent of all deaths in this pandemic in Canada happened in long-term care homes; 73 per cent died in long-term care homes, not in the general public. They were our seniors with severe comorbidities. Theresa Tam personally admitted that it was a national embarrassment to place last in the OECD of countries with similar public health care systems. The mainstream covered it for one day, and you will be very hard-pressed to find that statement. I have it; it's right here, and it's in my paper.

Shawn Buckley
David, actually wasn't going at the censorship thing. I was just actually wondering, would this in the normal course of events been a situation where emergency plans would even be invoked?

David Redman
I would have put it to you that in February— Okay, let me answer your question specifically **and then give you an aside. In February 2020, if I was the head of AEMA, I would have taken the pandemic influenza plan as written; I would have asked for a briefing session with the Premier; I would have asked the Premier to form a task force; and I would have prepared as if it was going to be a horrendous pandemic. Because you always go big and then ramp down. By the middle of March, I would have recommended to the Premier that for the first wave we consider options for protections of our long-term care homes and nothing else.**

Shawn Buckley
And would it be fair to say that—so Alberta had a plan—basically every province in Canada and pretty well the entire world, and the World Health Organization would have had plans similar to the Alberta plan?

David Redman
Absolutely correct.

Shawn Buckley
Because basically everyone could look at the past data and draw the same conclusions.

[01:10:00]

David Redman
Everybody was using the same lessons learned and had rewritten and rewritten their plans. If I can take you back in time, I retired from Emergency Management Alberta in December 2005.

This document, the WHO document, first came out with the comprehensive study of all 15 NPIs in the summer of 2005. So the Deputy Minister of Health at the time asked me to co-chair with her the mission analysis session where we would completely redesign the Alberta plan because NPIs had not been studied in depth before, and clearly the Alberta plan was inappropriately based on using a number of NPIs. So that's why in 2005, we re-wrote the Alberta plan. It was published in 2006 after my retirement, and it was upgraded because all-hazards specific plans are rewritten every 10 years by every province and territory in Canada. The one in Alberta was republished in 2014 after another comprehensive review, basically looking like the one from 2005.

So yes, every province and territory in Canada had plans. They had pandemic plans that look very similar to the Alberta one. All 13 of 13 are available on pandemicalternative.org because we collected them; and the Government of Canada plan looked very similar to being a supporting plan for the 13 provincial plans, a supporting plan not the leading plan.

Shawn Buckley
And not a single government in Canada follows their pre-existing plan.

David Redman
In my opinion, they burnt them all.

Shawn Buckley
Thank you. Those are my questions. I am confident that the commissioners will have questions.

Commissioner Massie
Thank you very much, Mr. Redman, for this very thorough presentation. I have a couple of questions. I don't want to take all the time. I want to leave my colleagues also to ask some questions.

So my first question has to do with the planning of an emergency plan. I mean, I was working in the government, and we're always looking at these preparedness plans from a

microbiology, immunology, virology standpoint, which is one aspect, of course, and you have to work it out properly.

But to my surprise, I saw looking at the internet, as you pointed out, on cell phone or computer, there was a kind of a plan at a very high level called Event 201. That if I summarize what I've read from there is that in order to get the best possible response to this kind of global emergency, you need a global plan that will actually be prepared at high level by real experts and then will be deployed, really top-down, using all kinds of interesting communication tools.

For example, we've learned from some document in U.K. that they have this nudging unit that would actually lead people to really adopt the behavior that would be aligned with this global plan. So how would you qualify that kind of plan or planning for emergency of pandemic with respect to the most current, I would say, state-of-the-art knowledge that have been practiced for all of pandemics of the past decade?

David Redman
I would suggest you that Event 201, led by Bill Gates, was a well-intended but totally misguided group of individuals who had an industrial background, with a few doctors who had a particular bent, and the bent was, they loved NPIs. And they produced results that made absolutely no sense, in my opinion, and yet it was almost a complete carbon copy of what we did in Canada.

But I would point out to you that many countries in the world didn't believe in Event 201, didn't follow Event 201. Sweden being the classic example, and people like Ron DeSantis, Governor of Florida, who just went, "No, this is wrong." And the reason is they recognized the collateral damage, and Event 201 is based on basically locking down the entire world until another vaccine can be prepared.

And Commissioners, I would hasten to point for the Canadian public that within the next week, if it hasn't already happened,

[01:15:00]

Canada will be a signatory to the WHO agreement that models Event 201 response for all time in the future. And that the countries that sign the agreement agree they will give up their sovereignty and follow the direction from the World Health Organization, which is based on the rapid and continuous use of NPIs.

Commissioner Massie
My other question has to do with the definition of a pandemic. Professor Didier Raoult in Marseille has always presented the notion that these infectious diseases spreading in population cannot be global because it depends on the population, it depends on the environment, the weather will play a role, the interaction between people, and therefore it has to be analyzed at a reasonably local level.

We've learned during the pandemic, for example, that there's been a gazillion of variants that we've learned about in this particularly evolving virus because we started to sequence it like we've never done before. Had we done something similar for other influenza or other types of infection, we would probably have seen similar profiles, but in this particular instance we learned a lot about the emergence of these variants that eventually became

variants of concern because they came in some area and then they were going to spread all over the world and so on.

But the reality is that the variants come and go and they sometimes remain very local, sometimes they can spread a little bit more. So this whole notion that you could come up with a plan that will be kind of a one-size-fits-all is a little bit difficult to reconcile with the notion that there's going to be a large, many factors, local factors that will influence.

And you've named, for example, the comorbidity in people that are more vulnerable, that's one element. But it could be also other elements that play in the environment that will play with the spreading and so on. So this whole notion of having a global plan for pandemic management with not much recognition for local management— Because circumstances will be very different depending on countries and so on. So how can we actually find a better way to communicate that this old grandiose plan is half-baked in the sense that, yes, you could have high-level recommendation, but what about the local implementation of the measure?

David Redman
I totally agree with both the professor and yourself. Emergencies are always bottom-up, but there's a reason for that. And in a pandemic, as you say, there are so many conditions. So let's just address a few.

Remember the all-hazards. Each jurisdiction, every municipality, every province has to make their own assessment of what it is for them. Whether environment plays such a huge role in every possible hazard, just like it does for a disease. When I do my comparisons, I never compare Florida to us. The climate in Florida is not the Canadian climate. And how a disease evolves and spreads in Florida is totally different than Canada.

But Sweden is a very good collateral model because their urban versus rural densities are like Canada. Their climate is very similar to parts of Canada, at least significant parts of Canada. So if you're going to compare apples and oranges, if you're going to build like-minded responses, you have to look for all of the impacting factors, and the best way to do it is not try and compare yourself to anybody other than to look and see what works somewhere might work here and test it.

So when you build a plan for Alberta, it's going to be different than the plan for Nunavut. Totally different because of population density, because of numbers of people, because of geography, because of climate, all with the same virus. And yes, the virus mutates— And I almost screamed at the television. I did scream. My poor wife is right there. She knows. I would get so mad when I would hear people say ridiculous things about— How could our Medical Officer of Health— Remember the 10 activities make up all of life, one of them is intelligence?

How could we not have built a medical intelligence section that was trying to find all the variants that were happening in Canada, that were not happening worldwide,

[01:20:00]

and to see if there was a possibility for the transportation, and what would that mean?

It seemed like every wave and every variant became a surprise, but the response was always lock down. So we didn't even learn that there was going to be new variants until they almost arrived in our country. So yes, everything is local.

The way the disease evolves is local. So the idea that a World Health Organization would make a one-size-fits-all massive lockdown approach— Look at Africa, folks, sub-Saharan Africa, with absolutely no lockdowns. And it wasn't because the virus is more or worse or everything else. Its climate, its geography, it's a whole bunch of things in a very hot, dry climate versus a hot, wet climate. Look at COVID worldwide, you'll see the variations.

So it makes absolutely no sense to make a single worldwide plan to be driven out of a bureaucrat, non-elected World Health Organization to give up national sovereignty. It makes no sense.

Commissioner Massie
My last question would have to do with— You've made specific recommendations in terms of how can we do it better? As I was listening to you, it occurs to me that there's the knowledge, the expertise from the people that will support the ultimate decision by the Premier in every province. Do you know whether there is a mandatory training for this Premier, in risk management?

David Redman
There is no mandatory training for any elected official and it's something that we've long discussed because one of my ministers when I was running EMA had been a florist for 20 years. His arrival to suddenly be my boss meant he needed to learn that he was responsible for the response to major emergencies and disasters in the province. He was a very willing student. The one before him was not.

The Premier, I was blessed with having the same premier for all five years in EMA, Ralph Klein, and that man was one of the most empathetic people I had ever met. Every election— What happens in every province and territory before a premier becomes a premier, there's a briefing book and every significant function within the province prepares a one-page briefing note and premiers can invite the preparers of that note to come and give a talk and to learn more, but it's a voluntary system on their part.

But every premier in this country knows they have an EMO, it's in their briefing book, it's there the day they become premier. Should there be a mandatory training session? I would put it to you that every elected official, every elected official, local, municipal, provincial, should have a minimum of a one-week indoctrination training period where they understand, get to understand what their role is as an elected official. It sounds great, you know, "I'm going to represent the people of Kohlberg," but what does that mean? How do you do that? How does the parliament work? How does the system work?

There should be a training for that. But the minute you become a minister—go up the next step in your elected lifestyle—you should have a specific one-week session for the ministry you're now accountable for. Because unlike the United States where Congress and Senators are there simply to represent their people and do not actually run departments, ministers in our government in Canada, in the provincial order of Government and the federal order of Government, run departments.

They become the CEO [Chief Executive Officer] of a huge bureaucracy that works for them and for the people of that province. And to understand what those people do, every time they change ministries, there should be a compulsory one-week period, and it shouldn't be voluntary. It should be a requirement, in my opinion, and for the Premier, one week even more for the most critical functions that a premier is responsible for. And there isn't one bigger than responding to major emergencies and disasters for the people of their province.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio
Thank you so much for coming this morning and giving us your testimony. I will also try to limit my questions, although I have many. I noticed in your presentation you spoke about the non-pharmaceutical interventions being something that are not resorted to as a first resort, but that actually seemed to be what our government did in this case in terms of implementing lockdowns in fairly short order when COVID showed up. I'm just wondering what could possibly be the goal or the justification for implementing lockdowns so early.

[01:25:00]

Is it the hope that the virus will go away? Is it that we're waiting for another intervention like a vaccine? I'm just struggling to understand how that could have been justified.

David Redman
So let's start with "the mission was wrong." If your mission is to protect the healthcare system, NPIs [Non-pharmaceutical Interventions] make a lot of sense because you actually believe that you can get all of the population to protect you, but they can't. They don't. It was well known. They wouldn't. But if you put the wrong person in charge, you end up with the wrong result, if you declare the wrong mission first. So I use three words, and I've done this with lots of people in lots of venues. And I try to be as kind as I can because the three words I use, I'll give them first and then we'll go through them. I use incompetence, hubris, and self-gain.

So at the start of the pandemic— Even in my paper, I give the benefit of the doubt for the first wave. I only call it gross negligence, which you can be held culpable for. But after that, I call it criminal negligence. And the incompetence started right at the very beginning. First on the behalf of every premier in Canada for not being in charge and not doing leadership and not doing their own personal exploration of evidence. Then they chose to put the wrong person in charge. The person in charge was them. But they chose the medical officers of health, and the medical officers of health are not trained to run major emergencies or disasters. They simply are not.

So the incompetence portion led us to putting people in charge who watched what happened in China and went, "Hey, maybe that'll work." Absolutely fear-based totalitarian response in our democracy? I don't think so. But that's what they did, so incompetence.

You put the wrong people in charge. The Medical Officer of Health was incompetent in not saying, "I can't do this alone. I need a governance task force to reflect all of society." They made the flip in the mission statement to being to protect the medical system, and the

Premier allowed them. But they should have immediately said, "This isn't how our plans are written. This isn't what I believe should happen. I believe this should be an all-of-society response." So why did they go to using NPIs?

You have to ask them, and I've asked them in court case— Leighton Gray and I were part of a case against Deena Henshaw. They have no proof to show they did a cost–benefit analysis to justify the use. I have no idea why.

Hubris, second word. Once you make a decision, you never admit a mistake. And so wave after wave after wave, they did the same thing, even though the evidence told them, "Stop, you're doing the wrong thing." Hubris makes it really hard to say you're wrong. It's not impossible. Ron DeSantis did it in Florida. After the first wave in May, he went, "I think we're doing something wrong." And he invited Dr. Jay Bhattacharya. After two days, he walked to a microphone, and his first words were, "I got it wrong."

Admit your mistake, the public's willing to accept that. Now tell them what you're going to do, but tell them why it was wrong. Hubris, the second roadblock.

And then why did they want to use them and keep doing them? Self-gain. And self-gain is in so many ways, it doesn't just mean you're going to get monetary input. In fact, I'm not saying that at all. What I'm saying is, "I'm on the TV every night. My job is secure if I keep doing lockdowns. Everybody seems to like this. The public's demanding more."

Instead of telling the public why you're not going to do it, it's just so much easier, and you win the next election. Look at Doug Ford. He won a landslide. Legault won a landslide. Self-gain comes in many forms.

So why did they use it fast and never bend? Incompetence, hubris, self-gain. It's my only possible conclusion.

Commissioner DiGregorio
Thank you, thank you. You actually answered my second question at the same time as the first, which was why you were emphasizing that elected leaders needed to make the decisions as opposed to bureaucrats, so those tied together very nicely.

My third question relates to— I didn't see in your framework where the media fit, and I'm wondering if you can comment on how that should go, and even whether or not it goes too far to maybe list them as a one of the potential hazards that need to be dealt with.

David Redman
Okay, so let me answer the second part first,

[01:30:00]

just in case it doesn't come up. Remember I said there has to be a recovery plan and it should have been started to be written the day after response began. I've written a paper on what recovery should look like. It is exactly the same operational process, and it needs to include everything that we need to do.

We have been completely failed by our legislative system. We've been completely failed by the institution of our medical system. We have been completely failed by our independent journalists and we have been completely failed by our court system.

So when you build your recovery plan, the first thing has to be an admission that what we did was wrong, or we cannot correct any of those faults. And then there needs to be a written recovery plan issued to every citizen of the jurisdiction, every province and territory in Canada, saying how we're going to fix the terrible collateral damage we've done, and how we will run a proper "lessons learned" to make sure we never do this again this way. So to me, the whole thing backs up to the failure of our institutions.

So let's talk specifically about the media, which was your question. From the beginning of this pandemic, the mainstream media—so let me be specific, CBC [Canadian Broadcasting Corporation], CTV [CTV Television Network], and Global in my opinion—became the Ministry of Propaganda for the Government of Canada and for the premiers of Canada. They stopped becoming, in any way, investigative journalists. They could have seen the same numbers I presented on slide after slide; and I don't just mean at the start of the pandemic, I mean every wave, what was happening worldwide and the things that were going on in Sweden versus the things that were going on in Canada: they chose intentionally never to do that.

I will tell you that I was approached in February 2021 after becoming known because of Danielle Smith's talk show and *C2C Journal* in December of 2020. I was approached by a mainstream investigative reporter. He came to my house and he came to Dr. Ari Joffe's house and he did two two-hour interviews with each of us. There was massive footage, massive material. He then ghosted us for four months, and I kept sending documents to him that I thought might help in his documentary.

Finally, I received in my mailbox a handwritten letter, no email, no telephone call, nothing—a handwritten letter—because he'd come to my house, he knew my address, dropped in my mailbox said, "Please never mention my name, please never admit that I did this interview with you." Terror in his handwriting and in his words that people were shutting him up. He had tried to market the documentary and had been threatened in many ways.

I will give you one more example of what I know to be censorship. You all know "W5." Molly Thomas called me personally in April of 2021, and Dr. Ari Joffe, and did online interviews with us both. Have you ever seen that session? Molly Thomas has ghosted me to this day, and Dr. Ari Joffe. Censorship in the media is real. It happened. You've heard some really good testimony.

I've watched previous testimony from other far more experienced people in the media than me. The media should have been an ally with emergency managers distributing a written plan from every premier to the people of its jurisdiction. The media became partners with the government, but on the wrong side of the propaganda curve, and to this day, mainstream media. If you want to see any of the things I've done, you can get it through alternative media. It's out there, but 60 per cent of our population still believe lockdowns work, and vaccines were the only way out of this pandemic, and that's because of the mainstream media.

Commissioner DiGregorio
Thank you.

Commissioner Kaikkonen
Thank you for your testimony. I'd like to speak to the mobility challenges across this country, and I'm going to speak from my own personal experiences. I believe it was at Christmas, so December, beginning of January 2021, and I could be held accountable on those dates being wrong, but I believe that was the year.

I have family across this country,

[01:35:00]

so I drove east first. I went to New Brunswick, where I had to apply for— Within 24 hours of arriving in New Brunswick, I had to apply for papers that I could give to the RCMP roadblock when I got to New Brunswick border that would allow me to drive through the province, only stopping for gas. When I got to Nova Scotia—similar situation—I had to apply in advance for paperwork that would allow me to travel within the province, giving the destination of where I would be, and my COVID recovery plan if I had COVID, or my plan for arriving in that province. When I got to Prince Edward Island, like I say, I have family all over. When I got to Prince Edward Island [PEI], it was a great big barricade at the border had been erected, and we all had to be subjected to COVID testing. It was quite significant. There was a number of cars lined up, and only PEI residents were allowed to bypass that process.

Going the other way, in northern Ontario, coming out to Alberta to see family here, this is in the same four-week period, I had signs in northern Ontario that said that there would be COVID testing at the Ontario-Manitoba border. That never happened. And I travelled freely to Alberta without any restrictions or mobility challenges. I'm just wondering, in that same four-week period, how COVID could differ depending on which part of the country you were in.

David Redman
Clearly it couldn't. Remember the cartoon drawn by that 15-year-old girl that she sent to me and gave to me—that in fact ended up being a protest button in the Yukon. Societal health damage is a real thing. COVID had nothing to do with that. The actual virus had nothing to do with how our government responded because if it did we would have done targeted protection for our seniors and everybody else would have moved normally.

So the damage that the fear and the intentional growth of fear caused to our population almost made the public want those type of movement restrictions. They felt that somehow someone from Manitoba was unclean if they tried to come to Saskatchewan.

Why? Because being sick and getting sick became a crime. Just being sick. It didn't matter if it was the flu, it might look like COVID. Being sick became a crime, and the damage to our society by the constant never-ending use of fear, which is exactly the opposite of what emergency managers say you should do, caused massive societal disruption. And those barricades and those roadblocks were an expression of fear.

Worse than that, people took action into their own hands. Wonderful Canadian citizens, who I never would— When I was in the former Republic of Yugoslavia during the middle of the '95 Civil War, I watched atrocities on a daily basis. I believed that would never happen

in my country. If you drove a car with Alberta plates into British Columbia, you knew your tires were likely going to be slashed and the windows broken by rocks.

That's private citizens expressing the fear that their elected officials, that their MOH, and that their media had driven into their head. Worse, our courts backed the use of fear. So even if you said, "I don't want to do that," you saw the court cases constantly supporting the government's use of fear.

So no, the virus of course never should have ever been used for a reason to stop movement restrictions within our country. It was on the list of red things, the one that said internal movement restrictions that was shown in red. That applies directly to your question. Internal movement of the 15 NPIs, one of them is internal movement restrictions, "No, makes no sense. "

The virus— It's almost like we thought the virus had a brain, and that the virus knew where the Manitoba-Saskatchewan border was, and personally wouldn't cross it unless you carried it because the virus knew the border was there so it wouldn't do it on its own. Absolutely ridiculous.

Commissioner Kaikkonen
Thank you. My second question may be a little outside of your scope, but I'm going to ask it anyway. When it comes to posturing, and the provinces are responsible for two high-end budgets, and that's the health and the education. Education closed down. They basically locked our students out of schools

[01:40:00]

and took a back seat to health. So I'm just wondering, in terms of posturing the two, is it possible that education will be pushed aside and health will take the forefront in terms of budgeting and that education just will be totally lost, not just on our students, but as a bureaucracy or as a ministry in the provinces?

David Redman
If that happens, we have destroyed our country permanently. I put the circle around education and the social and academic development of our children as the number one thing on that slide of things to continue.

The cost for medical care is a real concern. The OECD—the Organization of Economic Cooperation and Development, 36 countries—for countries similar to Canada with a public health care system, we pay the second most of all of the OECD for our health care. We have the second worst outcomes. That's in terms of wait times, that's in terms of numbers of acute care beds, ICU [Intensive Care Unit] beds, but the actual delivery of medicine in terms of wait times for hip replacement, for heart disease, for all of it. We rate second worst in the OECD of 36 countries and we pay the second most. Clearly, that's not sustainable.

We need to figure out a way to make our public health care system better. And I don't just mean better, I mean we need to make it magnificent, but we need to do it through using bright minds. And people always say we need to think outside the box. I hate that term. I've made officers never use that term in my presence in the Army. It was one of Colonel Redman's no-nos. Because no one can think outside their box. Everybody has a box and that's your box. It's based on your entire life experience, the knowledge you've learned, and

the skill that you have in applying it. Nobody thinks outside their box. So how do you fix problems? You use that process.

Why? Because you bring all the brightest boxes in the world, that all think differently, together and you run them through a process and you suck everything out of their brains and put it down. And then you develop options on how to use all that knowledge. You weigh them on a cost–benefit analysis. You make a plan and you execute the plan. You don't just write the plan; you execute the plan. So in my mind, the entire point of what we've done is that we just discarded all the boxes and only took one.

And so I don't believe that we've ever intentionally tried to fix our healthcare system in a meaningful way, bottom-up and top-down at the same time. Okay? It's always the top- down. I understand top-down. I was an officer. But bottom-up and top-down together and fix our healthcare system.

At the same time, that recovery plan I talked to you about, the very top bullet after removal of fear is, fix our children.

What we've done to our children for three years will last them their whole lives. My son-in-law teaches in elementary school. My youngest daughter teaches in a junior high. And all my grandchildren are either in college, working, or are in senior high. So I have personally been able to watch the impact of this three years on children in elementary schools, children in junior high, and children in senior high. It's atrocious. Children in junior high, when the hormones hit, go off like time bombs. They'll be sitting in a classroom, and they'll just start screaming. No reason.

If we don't understand what we've done to our children, then as a nation we don't deserve to be a nation. We should just let someone take us over, call it a day, and send our children to camps where they can be re-educated.

We need to fix the social damage we have done to babies through to 18-year-olds, so that they can take over a country and understand what a democracy is and be ready to run it after we're gone. That doesn't happen by simply saying the pandemic is over. Isn't that wonderful? Pandemic's over.

No! You have to have a recovery plan to fix the collateral damage we've done in every box. But the most important box is children because they are damaged goods, not just academically, but especially in social development.

[01:45:00]

So education has to take a front seat compared to health care, in my opinion. And more than that, we need to take it past just out of the schools.

The mental health issues we've created have to be dealt with by a proactive, not reactive, mental health care system.

Shawn Buckley
David and Commissioners, I'm just wondering: we've got an issue with the counsel that has to leave at two, that has four witnesses to run. Are you available David to take further questions from the commissioners after we—

David Redman
I'll be here until noon tomorrow.

Shawn Buckley
Okay. So Commissioners with your leave, just because we've got some other constraints today, I would suggest that we take a 10-minute break, and then march through four witnesses to lunch. And just take a late lunch and then have Mr. Redman come back after that for questions. So we will adjourn for 10 minutes.

[01:45:57]

PART II

[00:00:00]

Shawn Buckley
And Commissioners, the only person we have left is, you still had questions for retired Lieutenant Colonel David Redman. So we'll ask David if he could come back to the stand. Oh, and it's been a long day, so I appreciate that you'll have to go back in your notes.

So while the commissioners are looking at their notes, and in all fairness, they didn't know I was going to bring David back at this particular juncture. I'm going to invite everyone to come back, who are watching online and present here, tomorrow. I often said that you can't watch a day of the National Citizens Inquiry and not be changed. And I just think of, you know, Drue Taylor, who was a power yoga instructor, and just the suffering. That, you remember, she moved her camera briefly and we saw her walker that she can use in her home. But to go to a store, she has to be in a wheelchair. And if she makes the decision to walk around her house, that she's going to pay a physical price and have to lay down. And then when we see Regina here speaking about the experiences she had in Poland and how she's seen basically the same thing here, it's just very difficult.

So I'll just ask the commissioners—

David Redman
Shawn, can I just make a comment about Regina?

Shawn Buckley
Absolutely.

David Redman
A strange coincidence, in my career, in 1981, I was posted in Germany as part of 4 Mechanized Canadian Brigade Group, part of NATO [North Atlantic Treaty Organization]. And when solidarity broke— People don't understand that the Cold War was a real thing, especially for the people in Europe, and people where those two great nations decided to duke it out in the rest of the world.

But in Germany, you remember Germany was divided, and the inter-German-Czech border, the inter-German-German border, there was a— All the tactical plans said that if the Russians moved 10 divisions, and a division is 11,000 soldiers, so if they moved 10 divisions into the border areas, which included East Germany, Czechoslovakia, around Poland, that was the trigger. That's all they needed in order to take all of Europe. They would be able to roll straight through at the Fulda Gap and other areas, and they would march right to the sea.

So when Regina was taking her heroic actions, and solidarity stood up in the middle of December, on the other side of that border, every NATO soldier stood too, three times in the month of December, and the final stand too, we rolled with all our weapons, all our equipment, all our ammunition, and we stood on the East German and the Czechoslovakian border, and we were there for the month of December.

And it was because we thought the Soviets might come for us, but the real intent we knew at the time was to crush Solidarity. They chose not to, but the impact of that on all those nations and the heroic actions that they took meant that, by 1989, only eight years later, the wall came down. I was lucky enough to be on my second tour in Germany when the wall came down. The very night it came down, we were on a Canadian tour with the German Panzer Division at the Fulda Gap, and we saw it happen on the TV. And we rolled to that border and watched the people from East Germany roll in their Trabants across the border, completely shocked, and within hours, terrified, drove back.

But the actions of a person like Regina can never be underestimated. The wall came down because of what happened in Poland in the month of December 1981. The lessons she gave in her testimony today can never be overlooked. We are at a point of peril, and she's trying to warn you.

Shawn Buckley
David, thank you so much for sharing that and I believe the commissioners are now ready for their questions.

[00:05:00]

Commissioner Drysdale
Lieutenant Colonel Redman, I appreciate you brought that up because I was thinking about when, in your presentation, you talked about emergency planning, and how many years you've been involved in it.

You know, 40 years ago, I was involved in it too, and we were planning for a nuclear war. And just to show how far back that goes and how real that was, and I mentioned that for a couple of reasons: one, in regards to what your statement is just now, but secondly, since you were over there and because you're a lieutenant colonel, you've seen people in all kinds of situations, high-pressure situations, real situations. Is that correct?

David Redman
Absolutely sir, in particular in operations in Egypt after the '73 war and in Bosnia during the '95 war.

Commissioner Drysdale
Well, my question comes to the— And this is a similar question I've asked of the police, the judiciary, all levels of government, and industry that we've seen. You know, the emergency planning groups in Canada are long established, going back decades, very highly trained, very respected, very dedicated people. They're not in it to make a lot of money. They're in it to serve the country: highly trained, highly organized, tested and proven.

How did this happen? How did they get pushed aside, and maybe I'm wrong about this, but I didn't hear a peep from them. How did they get pushed aside by the politicians who then pushed aside their own responsibilities and gave them to bureaucrats? How did that happen?

David Redman
I have to tell you that you need to ask every premier in Canada that exact question. And I know you've called them and they've refused to come. I can tell you what happened in Alberta because it's my stomping ground, and because I still know people all through the Government of Alberta. So let's—

When a premier decided that instead of assigning a full task force to protect all of society and turned to the MOH, that was the first piece of incompetence. Once done, the MOH grabbed control, and I mean grabbed, and there was a power struggle. In my very first letter, I wrote only to the Premier of Alberta. All subsequent letters went to every premier in Canada, and I subsequently forwarded the first letter to the other premiers. I know they received them. I got automatic replies for them all, and there was a Freedom of Information request on the premier of Prince Edward Island, and before they could release everything I had sent to him, they had to ask me. And so I got a complete return of everything that I had sent to all the premiers. So I know they got it. It was all in the Premier's office.

So what happened was the MOH, at least in Alberta, and I'm sure exactly the same thing happened, was delighted that they could enact all of the things in the *Public Health Act*.

There had been a great discussion and I don't want to be too long, but there was a great discussion back after September 11th, 2001, that there should never be conflicting powers in any legislation. The *Public Health A*ct and the *Emergency Management Act* were the only two acts in a very detailed two-year review of legislation, which I was part of working with the Minister of Justice because I was the director of counterterrorism, to go and get rid of all conflicting powers. And the only place where conflicting powers continued to exist after September 11th was in those two acts, the *Emergency Management Act* and the *Public Health A*ct. And the powers, the extraordinary powers in the *Public Health A*ct exactly **mirror the extraordinary powers in the *Emergency Management Act*. The difference is a bureaucrat holds the powers in the *Public Health A*ct and the governor general in council, which is the elected government, holds them in the *Emergency Management Act*.**

So when the Premier handed the responsibility to coordinate the response to the Medical Officer of Health, they abrogated their responsibility to actually declare a state of emergency instead of a state of public health emergency, two completely different declarations.

If it was a state of emergency, it had to be reported to Parliament and had to be updated every 30 days and justified. That is not a requirement under the *Public Health A*ct. So

clearly, the lesson that we had learned in 2003 when we did that review, that those conflicting powers needed to be removed, never happened.

And it was because the Public Health Agency at the time

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guaranteed they would only be used for localized events, i.e., one municipality or smaller, and for a very short duration of time: clearly that became a lie.

So once you've handed that over, the Emergency Management Agency in Alberta was sidelined completely. And I can tell you, it's in my court testimony, just how badly it was sidelined, because the head of the Emergency Management Agency of Alberta was allowed, during the first wave, to apply for a lateral transfer to parks, to become an ADM [Assistant Deputy Minister] in parks.

So clearly, the Government of Alberta did not value their Emergency Management Agency and let the leader of it— In the middle of the worst disaster in the history of the province of Alberta (in their terms, I don't believe that, but in their terms), they let the head of their Emergency Management Agency wander away on a lateral transfer. They didn't even bother trying to rehire to the position until December 2020, and the position was ultimately filled in 2021. And, of course, the new individual didn't have the same background, hadn't worked all across with the private sector in the province.

So once you've made that decision, once you've decided, then that agency was removed. I was contacted by people both in the provincial agencies all across Canada, and in the municipal agencies, particularly in Alberta, and many of them simply walked away. They retired, if they could, they found other employment, because they were told, and I have emails from their supervisors, that if they spoke out one more time in terms of the fact that the provincial plan and the municipal plans were being ignored, they would have been fired. So the emergency management people weren't just sidelined, they were treated like everyone else.

The rules that were applied to them, long before the vaccine passports were applied to them, to keep their mouths shut or leave. So you have to realize that starting— Once I started to get those letters out, and people started to read them, I presented to political groups all across the country, both federal and provincial in many, many provinces and the Government. I presented to groups of media that were interested in listening and then became ghosted. I talked to doctors' groups all across Canada who knew what that was being done was wrong, and totally agreed with the presentation, and they were silenced or censored. To me, I can't get into the courts because I'm still involved in court cases, but I believe that our four major institutions have been compromised. And emergency management—really well-trained—were being used for fires and floods, but completely ignored for the pandemic. And, in fact, suppressed.

Commissioner Drysdale
You know, we talked to a witness earlier about the military, and they talked about how many people the military lost—3,000, 4,000, something like that. They testified that loss was probably the largest loss that our military has seen since World War II. What kind of loss has our emergency planning groups experienced, and are they ready now for something new, or have they been devastated like the military has, both from a morale standpoint and a personnel standpoint?

David Redman
I can't tell you in terms of numbers. I simply don't know. There's 13 of them. They're spread all across Canada and they're varying sizes, so I simply don't know. I certainly know that their morale has been devastated from the ones that I still talk to and those that left aren't ever going to come back. They believe that the profession is in severe jeopardy.

But this isn't new. I presented, two sides— I presented to the Senate Standing Committee in 2008 after I had retired from EMA. I was asked by the heads of emergency management all across Canada. The organization is called SOREM, the Senior Officials Responsible for Emergency Management, and it's the heads of each of the agencies from each of the provinces and territories. And emergency management needed to be taken seriously after September 11th, and I was asked to be their spokesperson because I couldn't be fired; I'd already retired. And so I presented a response to the Standing Committee on emergency preparedness in Canada, the Senate Standing Committee, and their report was scathing that we weren't taking the management of emergencies in our country seriously, and they listed a series of things and I came back and agreed but gave solutions. That committee was never listened to and ultimately was stood down.

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And then most recently, last October, I was asked to testify in front of the Standing Committee on National Defence because the Prime Minister of Canada had asked that committee, the committee Standing Committee on National Defence, to review whether or not portions or all of the Canadian Armed Forces should be rerolled for emergency management for disasters and emergencies in Canada. My testimony was extremely pointed. I said that the Armed Forces of Canada was to defend the national sovereignty of our country, period.

And then I put my emergency management hat on and said, "You already have an emergency management agency in every province and territory in Canada, why would you reroll the military to do it unless you have another agenda? You know you have EMOs in every province and territory and Public Safety Canada exists; why would you reroll the Military?"

So it was an hour of testimony, and we went back and forth. I have no idea what that will do, but our Armed Forces are in such a terrible state in terms of numbers, equipment, supplies, and I made that very clear in my testimony. And that the mere concept of taking a portion of that completely depleted organization— I would put it to the Canadian Army is under 17,000, the New York City Police Department has 35,000 police officers in uniform. So your army is less than half the size of the New York City Police Department.

So how and what's the status of emergency management in Canada? I think we need to take a real focus, and check its status and rebuild it, and give it back the role it should have had in this pandemic. Because we can never do this again, and those professionals are the one that will help us ensure it never is done this way again.

Commissioner Drysdale
Thank you, sir.

Commissioner Massie
I have two quick questions. First one is, I've seen the plan that you've elaborated and the rules that should be followed and everything, and I guess that, as you pointed out, people would look at that and agree in principle we should be doing it. But the reason why that we failed to do it; and it doesn't seem to be, at least in the short term, consequences for that. What would be the plan mid-term in order to make sure that these rules, that seems to be very reasonable, are actually being deployed when we need them?

David Redman
So for the past three years, I've been telling the public, I need one premier, and I'll explain that why. It takes one leader to break through the iceberg, and I don't want to believe in heroes. I don't believe that one person can solve it all because it takes a whole group, as I showed you, in order to manage any emergency.

But to walk this back, because health is a provincial jurisdiction, you need a premier who has the courage to say, "What we did was wrong," and then actually use that process to write that recovery plan, and to bring all the experts together, not to rewrite the pandemic plan, that's part of it, but to rewrite the plan on how we're going to overcome the massive damage we've done.

And in so doing, make the public aware, step by step, we should never have closed schools, and why. We should never have closed business, and why. We should never have closed movement and dedicated size of meetings. You could only have the people of one household.

Every one of those is in those NPIs, and the "why" is very clear. But it's going to take one Premier, very brave, to say "I'm going to do a complete investigation of what we did in this province," and that then will shine the light for the citizens of that province to maybe open up their eyes to every other province and territory in Canada.

I had given up on the premiers after the first year and thought maybe I could solve the problem in the courts, and that's why I wrote that position paper, which has now been used in many court cases, and the courts have abandoned us.

So I go back to what Jeff Rath said earlier today. We now have to change the legislation so they can't do it again, but we still need that one province to say "we did it wrong," because the public today still believes lockdowns work and vaccines were the only way out. And both those are lies.

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Commissioner Massie
My last question is about all of the expertise that people have in this space, would it be for risk management or science or whatnot that you need in order to bring to bear, to come up with a plan in this given situation. One of the issues that I've seen is that a lot of people that are knowledgeable could actually very often find themselves with an institution which would put them in some sort of conflict of interest in order to speak up, fearing for their position, their grants or other type of pressure.

But there is a number of "senior" people that you would hope have some wisdom that could be available to set up some sort of a panel or commission of wise people that have no link,

no conflict of interest, and the only interest they would have is to bring to the table what's the best possible solution based on their recognized expertise that they've gathered over their long career.

So would there be a way to establish a panel like that as an advisory body that would not be as susceptible to all kinds of influence?

David Redman
Absolutely. In the other, one hour presentation I have that's on recovery, in my final conclusions I say that it is useless to hold a government-led inquiry until all the current leadership is gone. So we're talking five years because they'll never hold themselves accountable.

An independent agency, my only concern would be: Who do they report to and what is their power? Because if you can't enforce the findings of a commission, there is no need for a commission. It's an exercise in futility unless, like your commission, it's for public awareness.

And so public awareness is an admirable attribute. But to actually then take a group to rewrite the plans, first of all they need to be provincially based because a pandemic is a provincial government, and which province is going to host it and lead it? And that's why I have come all the way back in my circle after three years to saying, "Without a premier that panel will have no power."

If a premier appoints a panel like that that covers all areas of society, is prepared to admit what was done was wrong, they can then actually enact legislation like we've heard. And in my opinion, that's one of the key components is getting the legislation right. But legislation is only as good as the people that implement it.

And so you have to make sure that you separate the powers so that only the elected officials can hold the power because we can hold them responsible every election. Where bureaucrats can— And remember, I was a civil servant for my whole life, first in your army and secondly in a government institution. I understand the good that civil servants do, the ones who believe they are servants of the people, and there's many, many, many of them— but what we've seen is what happens when civil servants take their personal interests instead of those of the public. So yes, we can establish that type of a commission, but it has to have teeth, and it has to be able to actually implement the changes to show the people, number one why, and number two that there's a better outcome.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
We have heard testimony over the journey across this country about the military going door to door, and seeing who was inside if they were vaccinated, and also going into nursing homes. Do you have any thoughts on that?

David Redman
Number one, I don't believe the military did that. The police might have, but the military, to the best of my knowledge, was never used in that role.

The military's role is either aid to the civil power or aid to the civil authority in most, in two ways. For them to have done that, there would have had to been a request from the province, from their Attorney General to the Chief of the Defence Staff [CDS], to have aid to the civil power, authorities granted for the military to take a role like that. I am unaware of any request from any provincial Attorney General to the Chief of the Defence Staff, and I am unaware of the Chief of Defence Staff authorizing any aid to the civil power.

What was requested that we're well aware of is what happened in Quebec, an aid to the civil authority, which was made by Premier Legault, in order to get the medical staff to go into the long-term care facilities. A completely different task, aid to the civil authority for that type of use,

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and we see that used for fires, floods, tornadoes, bagging sandbags on the Red River, that's a normal sort of role.

But an aid to the civil power is very specific, has to be made by an Attorney General directly to the Chief of the Defence Staff. It's very public approval. It does not go through the Prime Minister. It goes directly from the Province to the CDS [Chief of Defence Staff], and only the CDS can approve it. And the CDS can only approve it if he has the resources to meet that commitment while still meeting NORAD [North American Aerospace Defense Command] and NATO commitments. So I'm unaware that that ever happened.

I certainly know that on the internet there were many, many claims of the military building things and doing things. And I still have pretty good connections in the military—testified to the Standing Committee on Defence, as I've said—I am unaware of any request for an aid to the civil authority during the entire pandemic.

Commissioner Kaikkonen
Perhaps it was just more media propaganda. Thank you.

David Redman
I absolutely would believe that's possible. When I was the head of Emergency Management in Alberta, an aid for assistance during times of floods and fires and the rest of that went through EMA. But for civil authority, it went the other way through the Attorney General. And they're very rare: normally for prison riots.

Shawn Buckley
Lieutenant Colonel Redman, thank you for staying so that we could, at this late hour, ask you further questions. And on behalf of the National Citizens Inquiry, I sincerely, sincerely, thank you for coming and sharing. You've opened some eyes today and shared some very important information and thank you.

David Redman
Thank you.

[00:27:10]

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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

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 2: Dr. Justin Chin (Parts I and II)
Full Day 2 Timestamp: 03:21:09–04:40:51/05:22:06–05:41:13
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

PART I

[00:00:00]

Allison Pejovic
I'd like to welcome everyone back to the National Citizens Inquiry. My name is Allison Pejovic, last name P-E-J-O-V-I-C. I am a lawyer called to the bar of Alberta, and I'll be asking questions of our witnesses today.

My first witness today is Dr. Justin Chin. Could you state and spell your name for the record, sir?

Dr. Justin Chin
That's Justin Chin, J-U-S-T-I-N C-H-I-N.

Allison Pejovic
And do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Justin Chin
I do.

Allison Pejovic
Thank you. Now, Dr. Chin, I believe you have something that you wanted to say before you begin in terms of disclosure?

Dr. Justin Chin
Yeah, I would just like to disclose that what I'm saying is my personal opinion. It doesn't necessarily reflect any opinions of the institutions that I represent or I am affiliated with. As you go through my speech, you'll see why I've been asked to make that clear.

Allison Pejovic
Thank you. And very briefly, Doctor, could you please provide us today with a brief overview of your qualifications?

Dr. Justin Chin
Sure. I'm a specialist emergency physician. I have a bachelor's degree in science, followed by a medical degree, and then a five-year specialty with the Royal College of Physicians and Surgeons of Canada in emergency medicine. And then I've been practicing full-time as an emergency physician, since 2013, so for almost a decade now.

In addition to that, I have disaster medicine training. I have my master's degree in that field, as well as field experience. I was a response coordinator for an NGO [Non-Government Organization], a disaster relief organization that deployed to multiple places. I helped coordinate a response to Nepal after the earthquakes. I was also the chair of that organization for a term and deployed myself to Haiti three times after the disaster there, as well as to Pakistan after floods. And in addition to that to the Philippines after Typhoon Haiyan.

I work as a full-time physician, as I mentioned, including an additional role as a trauma team lead for major traumas in our accredited trauma program. And even during the pandemic, there were shifts where I helped out and took evening coverage in the hospital, in the COVID ICU [Intensive Care Unit]. So I have experience in varied fields. That would sort of summarize my training and experience, though I know I'm listed as an expert witness. I myself don't like that term for various reasons, so I like to tell people to take that with a grain of salt, but we move on.

Allison Pejovic
Thank you and just for the commissioner's benefit, his CV [Curriculum Vitae] was provided to you as Exhibit RE-10.

Now to begin, Dr. Chin, I'd like to talk about your early role in the COVID pandemic. Can you provide us with an overview of early disaster response preparations that you were involved with during the COVID pandemic?

Dr. Justin Chin
I think it's very interesting that I'm following Lieutenant Colonel Redmond who spoke at length about this. And I'm someone who likes to keep informed on many different aspects of the world, from health to fitness to economics to finance to medicine, obviously. So I was aware of what was going on from various channels and all the reporting that was going on about this new emerging pathogen sort of in late 2019 and coming into early 2020. Thinking about it, and following along closely, I was wondering about preparations and starting to make them myself and in that way sort of felt myself a little bit ahead of the curve.

And so I began, obviously, making various preparations for myself, my family, as well as speaking to people in the hospital saying, you know, there seems to be something going on around the world, and if this escalates, then we should be prepared, and I have some training in this, and so I'd be a resource to help out.

And I must say that a part of that, when I think about it looking back, I almost feel a bit ashamed because I too was captured by some of that fear and some of the propaganda that was being disseminated out. It was even to the point where, you know, very early on, I think it was early February of 2020, I went to the Home Depot with a mask on and got some funny looks because this is well before anybody was even wearing masks.

But I was preparing quite ahead of time. It is even to the point where before we even had these lockdown restrictions, I had this zone director of emergency medicine at my dinner table, a friend of mine, because we'd prepared in the past,

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our hospital, for different things. And we've had in services on how to put on the protective equipment for Ebola and where to separate patients and so on. But what seemed to be coming down the pipeline here was much worse than that, and it was portrayed as being something that would be, you know, massive numbers of patients. So how are we going to cope, and how are we going to manage that? And, so we were drawing up plans to help assist with things.

So I mention these things just to show that, like, I'm not someone who was reckless about health or didn't take risk seriously from the beginning. I was actually someone who— When we didn't know, we were trying to augment everything to the biggest capacity. And now, looking back, it seems a little bit foolish that, you know, I advocated for some measures in the name of safety because we obviously didn't consider the long-term harms if these measures were implemented, especially for a prolonged period of time. So I had this interesting role where I was preparing for the pandemic.

And just to give you a quick story here, I was the physician who was involved in caring for one of the first patients who came to the emergency department, before we had community spread. So we were being told by authorities that we were only having patients who were known connected to travelers, or travelers. And the patient that was triaged that came into the hospital, came in with the cardiac potential condition. So he got put in a room, and I examined this patient and was in there. And it was only later that it seemed more apparent that he was having breathing difficulties. And I was exposed to this patient. I wasn't wearing any protective equipment at the time. And you know, the next day, because we have access to all the records and different alerts from our emergency medicine systems, I got the notification that his test had come back positive for COVID.

And at the time, this was quite frightening. You know, being captured by that fear, there were reports and stories out of different parts of the world where young physicians were dying and were put on ventilators. And this was seemingly a big deal because we were talking about it all around the world and there seemed to be some rise in the curve in different places like Iran and in Italy and in Washington state.

And so, you know, it seems kind of a crazy memory to have now, but I remember that evening in the middle of the night saying well, if this is community spread—because this person that I spoke to, he reported to me that he had not travelled anywhere and was not in contact with anybody that was travelling—that this was a big deal. We should probably

have to get everybody that he's been in contact with, notified—everybody certainly in the hospital that I was working with, that are taking care of this patient—because now he was in the hospital and brought to the ICU, so all of them need to know sort of right away. And I got on the phone, and I actually woke up many people in the middle of the night that night: the medical officer of health, ICU doctors, the infectious disease doctor. I let them know that, "Listen, I was exposed to this patient and his test had just come back positive, just came along the way, and we should be starting to get things going."

And in the middle of it, I hung up the phone and I looked at my wife and I said, "Well, I've been exposed. Now it's been over a day since I saw this patient, and from what we're hearing, this could be devastating. It could be that the virus is already replicating in my oropharynx, or in me and my respiratory tract. And so, you know, I need to isolate myself instantly. So I will lock myself up in the third floor—the bedroom floor of our house— and there's a bathroom up there. But I won't kind of get close to you right now to give you a hug goodbye, and I won't say bye to the kids—I had a newborn as well as a three-year-old. I won't say bye to them either because as devastating as it might be, maybe in two weeks from now I'm going to be admitted to ICU, and I might pass away. But I chose this and the last thing I would want is me saying goodbye to them for even a minute here, then two weeks later you're dealing with, you know, our children being sick."

So I say this just to point out that, you know, I too was captured by this fear and I took things seriously. There were risks that were perceived. And I think it's some context of background that whenever the information comes in, you should evaluate it, and then see if it matches. And then over time my position changed. And so yeah, that's my background from that.

Allison Pejovic
Thank you. I wanted to ask you about

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was there a difference between what you were hearing in the media in respect of the types of people who were being hospitalized and dying of COVID and the types of people that you were seeing firsthand. And what I mean by that are, Were the people that were being hospitalized and dying of COVID otherwise healthy people in your professional opinion? Could you describe for us that, some of their characteristics?

Dr. Justin Chin
Yeah, I sort of alluded to that my position changed over time because, you know, what I was seeing in the emergency department myself—and obviously I'm a single physician, not representative of everybody—, but it wasn't as severe as what was being reported in the media. And so that to me was kind of a first thing that maybe started me to become skeptical of, you know, how much fear was being driven.

Even some specific cases. Like I was the physician who cared for a patient who was young who ended up getting quite sick and passing away. And it was reported that this was a mostly healthy individual who had died from COVID, and now even young people are dying that are healthy. But in reality, that wasn't the case. The media didn't get that right. They were inaccurate in that this patient had a very low injection fraction, which means he had pre-existing severe cardiac disease, and he also wasn't on his medications for type 1 diabetes, which are necessary.

So his presentation was not consistent, quite, with COVID itself. It might have contributed to his presentation, and maybe even exacerbated, made it worse. But this patient himself— It was reported one way, but clearly, I won't give specific details of the patient more than that, but it wasn't accurate. And so the media reporting in my mind wasn't quite what we were seeing in the front lines. And even the numbers: We were seeing COVID patients, but it wasn't to the extent that it was being portrayed in the media.

You know, it was a time when my overall thinking on this changed. I was seeing other patients, too. So I recall vividly then seeing patients who appeared to be suffering from more mental illness, overdoses, things that I was wondering whether or not these could be attributed to the lockdown restrictions or non-pharmaceutical interventions, as Colonel Redmond puts it.

And I recall this one patient, he was in his late 30s, you know, very fit looking gentleman, and he came into the hospital with thoughts of wanting to end his life. And looking at this gentleman, I spoke to him, and I was wondering: What led to this? And he outlined to me that he used to work in the trades for about two years before the pandemic and had decided at one point that he no longer wanted to have that sort of a life. He was pretty much healthy, but thought he wanted to settle down, build a family, meet someone. So he moved to Edmonton. And he had made some money before that, so he had some savings, but he decided to stop his job, get his personal trainer certificate, and go from there. So that's what he did. He had moved to the city and started to work as a personal trainer. But very shortly, it was only a few weeks after he had just started working in that field that the lockdown restrictions had come down, and he was no longer allowed to work.

And so this patient, he outlined to me how he wasn't somebody who really— He did drink alcohol, but not a lot. And he told me that when he had nothing to do and nowhere to go, he couldn't make a living. He had no meaning in his life anymore. He was basically in tears and telling me that all he wanted to do was make a life for himself, and he was being restricted from doing that. He told me that he had tried to beat alcohol addiction and alcohol use disorder a couple of times through detoxification programs and rehabilitation and that it failed. And now he said to me, "You know, what is there left to live for? I can't work. I can't do anything." And he asked, you know, he was hopeless. He told me he wanted to end his life.

These were the type of patients I was seeing, and he asked me some directed questions. He said to me, "How does it make sense that people can go and there can be hundreds of people in Costco, but I can't go to a gym to teach people how to exercise?" And then he said, "How does it make sense that people can walk into the front of a restaurant wearing a mask, sit down and talk for two hours and eat dinner together? And you know, I can't socialize in other settings?" I didn't really have a good answer for him because, you know, things weren't matching what I was seeing.

At the same time, I was having these discussions with other physicians in the back office. And I had an environmental service worker come in

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and interrupt us and apologize and said to the doctors—and we were discussing the absurdity of some of the mask restrictions—and she said, "Oh, I, you know, I didn't know that the doctors felt this way. I thought you were all on the same page that we had to do everything, and mask all the time, and fully abide by all these restrictions." And I said, "Well, yeah, but everything should be questioned and debated, and we should look for

evidence towards it." And she said, "Well, I just wanted to bring that up because my daughter,"—and I still get sad when I hear this—she said that her daughter used to come home from school every day crying and upset and didn't want to go anymore. And we questioned her, "What was that all about?" And she said, "Well, she can't play with her friends at recess. She can't socialize. She's told that during lunch hours, she has to sit straight forward at her desk and eat, but not—Pull the mask down, take a bite, and pull the mask back up. One day she turned over to talk to a friend while it was happening and she got yelled at by her teacher."

And I was just thinking how devastating that was, that she mentioned that her child was an only child. And I have children of my own, and I was doing the best to ensure that they could still socialize. Thankfully they have siblings at home that they can interact with, but this child was an only child, and I couldn't imagine that she couldn't do her extracurricular activities. She couldn't do so many different things. So I was seeing things and effects of the restrictions that were causing harm. And then I was seeing the fear that was being pushed on the other way, and I started to ask quite a few questions about what was going on, and really started to look more closely into whether or not we were causing more harm than good.

Allison Pejovic
So earlier you talked about a shift in your own thinking about COVID and the dangers of COVID, and you started to see— You just talked about potential harms. Is there anything further that you wanted to discuss in terms of what you saw could be potential harms of carrying down this path, towards citizens and society?

Dr. Justin Chin
Yeah, I mean, I think there's numerous examples that I can provide. I think going into the details of each single one isn't sort of necessary. But when people say that there is, you know, developmental deficits and damage to society from many different aspects from— I mean, people will say that, well it's just the economy or just a business, but I mean that's more than that. Businesses are people's livelihoods; it's how they provide for their families.

So I took this as something that— I took an oath in medicine to do no harm. And if we were doing things that were causing harm, I really thought that we needed to ask questions about things. I thought, as a scientist and as somebody— I don't like the term when people say, "Well, trust the science" because clearly people quite understand that science isn't something to be just trusted blindly as authority. It's a process. It's a method by which we evaluate the world. It's a method by which people look at data and come up with the best actions to go forward. It's a process. And so you know, in that way my opinion is that robust debate about the things that we were doing and evaluating: Both the benefits and the harms are necessary.

So I mean, that sort of leads into something that I really wanted to point out today is that, you know, I took to different venues to try to— I guess I was now differing from what was common narrative, but I was saying, "Well, we should question, we should ask these different things." I spoke to colleagues over the course of the last couple of years. I've written letters to elected officials. And just like everybody else, I could see the messages being shared by other physicians, other people on what we should do for restrictions. And I was putting on posts on my social media mostly just questioning what was going on and asking some legitimate, I thought scientific, questions and generating hypotheses of whether or not these could cause harms.

I have a list of things here that I've printed off that I can share that are interesting because the next thing that happened was, because of those posts came a coordinated attack, what seemed to be a coordinated attack, against me from another activist physician in Alberta. It was one where it rapidly escalated, where that came on, and then there was a subsequent unfavourable piece in the CBC [Canadian Broadcasting Corporation] about me.

A CBC reporter emailed me one day, while I was on shift, and asked me

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if I wanted to respond to a piece he was doing on misinformation. And I actually emailed it back within a couple of minutes and said, "Absolutely." I was kind of questioning whether or not he was thinking I was spreading some misinformation, and I don't believe I ever was. But he then asked. I said, "Well, absolutely, I'm happy to respond. If there's something specific you'd like me to comment on, please send me, you know, what comments I can make," and then he responded, "No, we won't be doing that. We just want to get a comment on why you've been spreading misinformation."

So he clearly wasn't looking out for the truth or for unbiased reporting. He basically said, "Well, you're guilty of this crime, and we don't really want you to speak to any of the things we're accusing you of. We just want you to comment on why you're guilty." So it was quite amusing to me, and that escalated very shortly. I received an email a couple of days later from the chair of my department, the Dean at the University of Alberta, that I was being terminated.

So right away, it took me aback to think, wow, I'm a part of a sort of respected academic institution that's supposed to search for truth, ask questions, generate hypotheses, yet what I was doing in good faith with that violated their code of conduct.

And it's interesting because they write these codes of conduct, and they're not legal frameworks, they're just what they say, and they're very vague: how to be respectful or professional or maintain certain levels of conduct. But then after that, I guess they get to be the judge, jury, and executioner as well because when they first presented to me, I just got this email saying I was terminated. I didn't have a chance to defend myself. I wasn't even told which pieces of post they were concerned about. You know, there was no trial, there was no hearing, it was just, you're terminated.

And so it hit quite hard, because it was something that I didn't think would happen, clearly. And it speaks to the censorship of physicians because, I mean, I'll put it a couple of ways: One is that as soon as I get that, it makes me a bit more hesitant to continue to speak out because I lost one portion of my ability to work. Now, I hadn't lost yet the ability to work in Alberta Health Services as a practicing physician. So when I hadn't lost that ability to work yet I could still pay my mortgage and feed my children and earn an income. But if another institution, if the College or somebody else came after me for their same vague code of conduct violations, then 20 years of education and training would be gone, like I would no longer be allowed to work.

So that puts a bit of a hesitation on me to continue to spread truth, and my concerns with what we were doing. But it also makes other people hesitant too because my colleagues who know that happened to me might also say, "Well, if this could happen to Dr. Chin, then I won't speak either because I don't want to risk that same type of loss." Now thankfully, I didn't have a massive academic appointment, as some people do with research portfolios and everything else, but if it happened to them, it could be a huge loss.

And it was quite interesting that I was—for the social media posts that were very benign, or asking questions, really—that I was attacked for this in that way. When I asked my chair directly, I said "What was the specific post that you were concerned about, or what was it?" and he said "Well I—" He couldn't tell me, first of all, and he said he had no choice. He said he had no choice but to sign off on this. So his superior told him that he had no choice but to terminate me.

So if you think about how that works in a hierarchical system, it just means that if he's responsible for all of the academic emergency physicians, and he's been told by one person. Well, that same person can tell the chair of medicine or the chair of surgery or the chair of any other department, and they can silence people, you know, in a systematic format and stop people from speaking because then they'll be self-censored.

So it was quite devastating to me and disappointing that the academic institution would take this route. And it was quite comical too because at the same time because of this, I was getting threats on social media. Some were calling for, you know, violent assaults of me and attacks, and some of these threats were from other health care providers.

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And one of them called for me to be, if I would be seen on the street to be, let's just say, injured or murdered.

And the person who commented on that same post said, who's in support of that said that, I think if the words were actually, "I support this," was another emergency physician, not in my hospital but in the same zone. So he would have been under the same academic umbrella as the chair. And to my knowledge, and I could be wrong on this, I don't think that he suffered any consequences or had his academic appointment abruptly terminated for code of conduct violations. So the double standard is interesting, that somebody can wish harm on another person on social media and that's all fair and games, but if I ask questions, then somehow I should be injured or hurt.

So you know these attacks, they certainly prevent other physicians from speaking out. And I know of other people who've asked, "Well, are you sure you want to attend this testimony and testify, and what risks will you have upon you?" and I said, "Well, I know people who've declined and not been interviewed, given their testimony. And it's fully understandable because threats of harm can come to them, or even just the risk of loss of their employment or academic appointments." That risk was definitely present.

Allison Pejovic
Thanks, Dr. Chin. Would we be able to get more of a specific idea of what was it that you said that you considered truth and it was deemed misinformation that was so bad that it got you fired and threats were made against your life? What did those posts say?

Dr. Justin Chin
I have a few of them here, so I can read them. One of them was, "Strong social connections improve health." I said that, "I'm against the restrictions. There are scientific reasons why they are likely to make health outcomes worse." I said, "Taking a calculated risk in the present includes the comparison with the future potential risk." I mean, these are apparently very egregious. The next one was, "COVID is real," so I wanted to make that clear. And then I said, "But there are serious questions with regards to the restriction

policies which need to be explored. Restrictions should be evaluated as an intervention considering potential harms and potential benefits."

I mean, I have lots here, but some of them link to articles that people had said, so I would basically say something. There was one that I just said, "Time will tell," and it would link to an article that was written that said, "Decision to lock down caused 228 times loss of years of life, as reported."

Now, again, it's just questioning. I wasn't saying that necessarily I agree with everything in every article, but I had questions. And I thought that as a scientist or a health advocate or somebody who's taken an oath to helping people, that these questions should be addressed, and we should have the freedom to speak about them.

Allison Pejovic
And was your academic appointment reinstated?

Dr. Justin Chin
Yeah, so there was an appeals process, and that's how I eventually was able to obtain which posts they were concerned about. It's kind of funny because when you look at the digital tracking of those, they all came from maybe two or three—it doesn't seem like very many, however—people who would have complained. Because it said screenshot 834, screenshot 835, screenshot 836. So essentially, the same person went and screenshotted everything and sent them off. But it doesn't matter. A mob, I guess in this sense, came after me and complained and then, yeah, I was promptly terminated.

Allison Pejovic
And now that we know more about COVID than we did before, and since your reinstatement, have you received an apology from those health care workers who you say threatened you physically?

Dr. Justin Chin
Uh, no. I have not. I know we know a lot more. It's most of the things that I stated at the time are now quite well known, or at least we're asking more questions about it, and it's acceptable to, I guess, ask these questions. And no, nobody has apologized to me. I mean, I still have good relationships with the people I work with, and I've had discussions with them, and some of them have apologized about the way things went. But I haven't received apologies from the people who put out threats of harm online.

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No.

Allison Pejovic
Okay. So I'd like to move into a different area. Now we've had other experts at this inquiry testify about adverse events resulting from the COVID-19 vaccines. Have you personally encountered or treated anyone who you believe was suffering an adverse event from a COVID-19 vaccine?

Dr. Justin Chin
Yes, I have. I think as a part of this testimony, I want to help provide, you know, fill in some of the pieces of different areas. I think many people have talked to different level data of what vaccine adverse events numbers might look like and how they might be quite a bit higher than what's being reported, or how the reporting systems are flawed in different ways. And I would fully agree with that.

And I think it's important from the front lines for me to relay exactly some specific examples again of how these adverse event reporting, or even acknowledgment, might be biased or even unrecognized. And the reason I say that is because I believe many physicians—and not intentionally, maybe just because of subconscious bias—are not aware of it. And maybe, and even patients may not even be aware that they're suffering from a vaccine adverse event because of how difficult it is to recognize them in some ways.

So the first is that, you know, I think there are very plausible mechanisms that we need to consider for why a vaccine adverse event may take longer than a few minutes or a few days to manifest in a patient, right? So if there's an ongoing antigen production or spike protein production that causes immune complexes, or if there's some way that different systems in the body have been altered, then that may not manifest in the first day or two days as like anaphylaxis would necessarily, or instantly, or it might manifest over time. So a patient might start to develop something a few weeks, two weeks after, for example, getting an injection, and then they're feeling something but don't realize it—don't tie it back—especially if they're being told over and over again that this is safe.

So you have to imagine what it's like to be a physician in the position where you're in an emergency room, and if you think about 2021, the early months, we had patients coming in just like they always did. So we have now patients that are coming into the hospital with maybe a new headache, and it's very severe. And maybe somebody comes in with palpitations, and you check and their blood pressure is a bit higher. And so you know, during those months that I'm referring to, you can have about 50 per cent, almost half, or maybe even more that would have had the injection in the recent preceding week, two weeks, four weeks, five weeks, because there was a massive uptake at that point in time.

So what do you do as an emergency physician when somebody comes in, you've worked them up, they don't have something that's very dangerous: You're going to send them home. Do you then go and report every headache that comes in? Every vague, arm weakness or neurologic complaint? Well, it's hard. It's hard to know. So that's why surveillance data afterwards doesn't capture nearly everything that we need to. But even if you think about severe diseases, so let's talk about something that's more pathological, more of a serious condition. And I'll give you a specific example.

So I had a patient who came in, in his fifties, who had some high blood pressure before. He was a smoker and had diabetes. So he wasn't in great health; he had some comorbidities, and he had gotten the injection a few days before. And so he comes in with chest pain and ends up having a heart attack and gets admitted. Well, I certainly would report that. But, you know, when I see my colleagues or I see other people look at that case, some of them don't even look back to see if he had a vaccine recently. And even if they did, they say, "Well, you know, this patient has a long-standing smoking history. You know, they probably would have gotten an MI [Myocardial Infarction] or a heart attack anyway. So how do we know if it's, you know, the vaccine caused it?" But the important point is that the surveillance isn't supposed to check for causation. It's supposed to look for correlation in a temporal relationship. So those ones don't get reported, or may not get reported.

And I had patients who I saw with sudden cardiac death soon after the vaccination.

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You know, the bias that I'm trying to point out here, I'll give you another story of a patient that I saw. And it was quite interesting because this patient came in with—was in their sixties, a female who had symptoms of a stroke—so the patient couldn't move one side of their body and their face was drooping. When you come to the emergency department where I work, you have a team that comes. So the paramedic reports to the nursing staff and the physician staff and there's an emergency team as well as a stroke team. So we're a very coordinated system that works together to rapidly assess this patient for what's going on. And this patient did have comorbidities. This patient had diabetes and had abnormal lipids. And so came in, and the paramedic is reporting to the nurses that the symptoms started at two hours ago, and the family noticed they couldn't move the one side and rushed in and reports all of the comorbidities to us. And funny enough, the paramedic says to the nurse as she's reporting, "Oh, but great news. The patient just got their third booster four days ago." And the nurse goes, "Oh, how awesome."

Like it was, when you don't even think that somebody with pre-existing vascular disease, and now gets an injection, that may exacerbate that in some way—and there are definitely mechanisms by which this could happen—that you're actually just cheering on that this injection is almost going to save us from the pandemic. You're not thinking that this patient might have contributed. In fact, that's the first thing I was thinking was, "Just had this a few days before?" This should be something that makes you stop and question and ask.

But those type of cases don't get reported because— I had certainly reported that one, but I don't believe that all physicians would do that. Because in that case, actually, what I did was I stood by and I listened to the stroke resident speak to the stroke staff who was admitting the patient and I listened in, I listened in as they were reporting the case, and the plan was to admit the patient for ongoing treatment in the hospital. And then as I listened in I was very careful to make sure it was told. And the stroke resident didn't report to the attending physician that they had a recent injection.

So I interrupted and I said, "You know, I see you guys are finished here, but uh, did you notice that the patient had this injection very recently?" "Oh, oh, no. Yeah, we didn't notice that," was the response I got. And I said, "Well, yeah, so you know, don't you think we should be reporting this as a possible, uh, you know adverse event, you know it's a quite serious condition. It's a debilitating stroke very soon after." And the stroke neurologist said to me "Well, no," and he made excuses. He said, "This patient does have abnormal lipids and high blood pressure and their age in their 60s, so this patient could have had a stroke anyway." But you know, that's not the point. The point is that at that level, you're not **supposed to make subjective decisions on this.**

I had a young patient in their 30s who had known high blood pressure and came in because he also was paralyzed. But not from the same clot in his brain; this patient had a bleed in his brain, and his blood pressure was very high. And on a CT [Computed Tomography] scan, the characteristic area where a high blood pressure bleed would occur, that's what we diagnosed. And when I got all the consultant reports back, none of the consultant reports mentioned that this patient had a recent vaccination.

Now, I'm not saying that that was the only factor in his permanent paralysis from a brain bleed. But because, again, I can only even look to correlation as well. The point is that if this patient maybe didn't have as high blood pressure, or his pressure brought up by a recent

injection, which could have happened. And maybe for the vast majority of healthy people who take an injection, their blood pressure goes up transiently for a week or two, and so they get some palpitations, and it goes away, and there's no problems. But for this patient with pre-existing high blood pressure, that was enough to push him up higher. But the consultant reports didn't mention that at all. They just said that this is a high blood pressure bleed and that's where the blame should lay, and that it doesn't get recorded.

So you know, taking adverse event reporting, as much as there's some great testimony beforehand about how the difficulties are, with even once you report it, to get it counted, we have to remember that this is not the way to look for events. There's people ask well, how do we tell? Well, you know, retrospective data or looking back and surveillance, it'll always be flawed. Because the question will always be there:

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Was there some other contributing factor that caused this? Maybe the lockdowns caused the person to be more stressed and his high blood pressure went up.

So you know, there's too many things. The only way you could really do that—well, there's a few ways—but more accurate ways of determining the cause would be tissue level, things like from a pathologist point of view which people have testified to how difficult that is. But then in science we use randomized control trials.

So when randomized control trials, you look beforehand and you say, okay, if we group certain patients and we control for other medications, we're blinded. What happens if we give 50 people an intervention, 50 people we don't? How many people on one get any sort of side effect, or not. And we look at the data.

Now, unfortunately, we're in a situation where even some of those trials are, you know, there's some flaws, but they're biased by who's running them, if it's run by the pharmaceutical company. But even with that, we don't have trials that are continuing to go into long term. The groups that were intervention versus placebo, the intervention group was unblinded, and we've lost that control group. So it is very difficult.

Allison Pejovic
Thank you and next question. How did your first-hand experience with possible vaccine adverse events that you saw in some patients shape your own opinion on the COVID vaccine?

Dr. Justin Chin
Well, certainly I had evidence first-hand of how I did not believe that safe and effective narrative because I could see with my own eyes deficiencies in safety, right? And as far as efficacy is concerned there is bias reporting when you use different tricks like reporting relative risk reduction and not absolute risk reduction. Other people have testified to that as well. So when I was seeing this, you know, I had my concerns.

Now, I'm not one that is in a position to recommend or dissuade anybody individually from vaccination because I'm not a primary care physician, I'm an emergency physician. But for myself, I had to make a decision. And so I had to come up with looking at all of the different potential benefits and the possible risks. And from a benefit point of view, I had to look at multiple factors.

So what was my risk of the disease? It was very, very low from the data at my age, but probably magnitudes lower than that because I had a complete absence of comorbidities. I was fit and healthy. You know, there's evidence that people didn't go to the ICU at the same proportions, depending on their vitamin D levels. And I had an optimal vitamin D level. So again, magnitudes lower risk of the disease. So the benefit is going to be much lower for me too.

And in addition to that, I checked my antibodies. So I had, at some point, had a small illness that must have been COVID. It wasn't that severe. And I knew that I was protected. So I guess I had natural immunity, lots of factors, and proof of concept, because now I know my body system could beat it. And then there were other treatments that were available, so I was willing to take them if I needed to. So the benefit was marginal. Any claims that this was going to prevent transmission or cause me to harm other people by not getting it, those were unfounded and weren't borne out in the data.

So then I had to take into account the risks. So I took into account the risks for myself, known ones. Younger males tend to have increased adverse events in myocarditis. I was fit and healthy and still performed active sports and competitive sports. And there's even long-term unknown risks. So I made the choice, my personal choice, to exercise my medical autonomy, and after becoming informed, I chose not to get vaccinated.

This led to quite a bit of absurdity in my perspective, because there was a time when I wasn't allowed to work. I was restricted from working in the hospital because of that choice at a time when supposedly we needed all hands on deck in an ongoing fashion. And up until that point, I was caring for a variety of patients, including COVID patients that I had intubated, including elderly, and all sorts of the variety that we see in the emergency department.

And, you know, when that happened, it was something that, it became absurd because, yeah, I was allowed to— Sorry, I'll correct myself here.

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I wasn't allowed for a certain period of time, but then I was allowed back. So just to be clear, thankfully, our provincial authorities, I guess, received enough pressure from various places to let people who were exercising their medical autonomy back to work. Other places still don't, which is shocking to me.

But we were allowed back. And so here I was going in to work daily, helping people with their illnesses, caring for people. And at the same time, I was being restricted, and I wasn't allowed to go to restaurants or some hotels. And when I tried to travel the country, I wasn't allowed to get on a plane to visit people. I wasn't allowed to do certain sports, and it wasn't just me. There were millions of other Canadians who were being restricted on certain aspects of their lives.

This included my children, who suffered from this too. Because you know people say, well, they missed one sports competition, or one dance competition, or this. These things, I coached and volunteered for youth sports and childhood sports, and missing one is maybe not a big deal, but missing a number of events over two, three years, these are developmental and very integral parts of children's lives to train for something like a dance competition or a national championships. This was stolen from them, and some of them weren't allowed to because of their informed personal choices.

And it was worse than that because the language that was used against us, it was hateful. We were marginalized, right? We were being portrayed as this small fringe group. Fringe. What does fringe mean—on the margins? We were being marginalized. The language that was being used towards myself and millions of other Canadians was that we were an enemy, right? They used language like, we were putting others at risk, we were dangerous, it was said that we were part of an angry mob, that we're lashing out.

These are words designed to divide, to make somebody seem like an enemy, right? That we were putting other children at risk, which we clearly weren't because of the characteristics of the inoculation, you know, didn't stop transmission. But we were labelled in this way. I was labelled as a racist or a misogynist. And these terms, I mean, it was appalling to me because I was going in to work every day helping people, and I wasn't allowed to do certain things. If I had a family member in the part of the country who got sick, I wasn't allowed to go visit them and help them.

I've lived in Canada for my whole life. I'm of a visible minority and a son of immigrant children—a son of, sorry, immigrant parents—a child of an immigrant. And, when this happened, I reflected upon what it meant to be Canadian, how I had never really faced that. I had never faced discrimination or anything here. I actually think that, and I'll defend that this country is probably one of the least racist countries. I mean, certainly there are flaws, and I don't want to take away from anybody else's personal experience that they have. But when I reflected upon, you know, decades of living in Canada, I thought maybe there's one or two times I've been in a new city and I go somewhere and somebody looks at you funny and you wonder, well, are they looking at you because you're different? Well, it's probably because they haven't seen you before. But I've never really had any overt discrimination against me my whole life.

Yet all of a sudden—and it wasn't just a person looking sideways at you or being rude to you—it was our elected officials who were supposed to represent us, putting in place policies and mandates that were preventing me from living, from freely engaging in activities. I mean, they say, well, it's a personal choice and there are consequences, but you know it wasn't right because of the characteristics of what they were proposing—you know, we violate our medical autonomy.

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I mean, the policies are in place that you need to show a certain card or something to get into a restaurant, or you stop showing up to work the day the mandates come in. It becomes quite obvious to the people around you that the reason you're not there is because you've chosen something. So you become an identifiable group. So an identifiable group was now being discriminated against. And we were— Hateful rhetoric was thrown at us.

So you know, to think that I could— I've represented my country on a small-scale stage and sports competitions internationally with the Canada flag proudly on my back. And I've had disaster relief missions where I had the Canada flag on my backpack as I went to Haiti and as a part of a charitable organization and volunteered to help other countries, representing our country. And I was proud of that. And then I had people who were elected to represent me imply that I was taking up space, and that questioned whether I and millions of other Canadians should be tolerated.

Allison Pejovic
And Dr. Chin, thank you for that explanation of what happened to you in a very factual way. Are you able to just go in a little bit more detail about how did that treatment affect you, if at all, mentally?

Dr. Justin Chin
I mean I have a strong support system, I have good family. It wasn't pleasant to face attacks in various ways as I had mentioned today, but you— It wasn't pleasant. I like to think of myself as a very resilient person, I like to stand up for my principles. And I knew that every night that what I was doing was because I was standing for my principles. And so as much as the attacks came, I think I was able to withstand them quite well. But again, I'm not going to speak for everybody on this. I'm sure some people had worse attacks, or also because of it, the impact that hit them could have been much, much worse as well.

Allison Pejovic
And do you believe that a false consensus amongst the medical community was obtained in respect of this response to COVID?

Dr. Justin Chin
Yeah, I think that, you know, I alluded to before that how when you censor or attack groups, or you vilify them, that a false sense of consensus might be obtained because you're not going to hear from the physicians that want to speak out, right? And so when you think about how that happens, those attacks, they serve a very deep psychological purpose, right? Like in our whole evolutionary history of humans, we have a lot of things that are very nice for us: running water and everything that's built up the infrastructure that we have. But for large parts of our evolution, being a part of a tribe and the safety of that tribe was very important. And if you were ostracized and kicked out of the tribe, I mean, that could mean starvation and the cold and dying. So in some ways it's a threat that can impact you very— Let's say it's very impactful.

And you know, those type of things certainly tell people, "Let's not speak out." So you know, it's interesting because people ask me this question every once in a while and they say, "Well, if all this data is true, that, you know, there are more adverse events, why aren't we hearing physicians speak out about it more, or why didn't we hear physicians speak out about it or other people say things?" And I say, "Well, obviously—," and I pointed to the ways where a physician might be biased and not even think to report something or not even understand that it might come up. But physicians, we're trained in medicine and evidence-based medicine in various ways. And so we like to think that we live in an ideal world where the evidence is great. The studies show this and we can follow our practice. But in reality, it's an applied science, and there's always new data coming in.

And so what the vast majority of physicians will do—and this heuristic is one that's understandable, right?

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So if you have a certain disease that you want a treatment for, and you have accumulated mountains of studies over many, many years that show that this treatment is the one you should use—treatment A is the one you should use—so what happens then is that so many studies accumulate that people start to write consensus statements, and different bodies

the urologic society might say that we should use this medication for it. So they put up their consensus statement.

And then so what do many of the physicians do? Well, they don't necessarily have the time to go through and look at all of the papers that made up that consensus statement. And they don't sit us down in a room and say, well, here's 50 papers on COVID and the harms of lockdowns or this, or the harms of this medication and the benefits of it. Spend five hours, come out, and see what you think. Well, no, physicians don't have time for that. We're working hard every day to see a variety of things. You have obstetricians going to deliver babies, you have pediatricians treating kids, you have surgeons operating. And so the heuristic is that you can follow that consensus statement. And it may be imperfect, but it works. What else do you have?

So and yes, some people do dig into the data more deeply and look at these things. But it's a good heuristic to follow because if you've worked all day long as a physician in your family medicine practice or your obstetrics practice or whatever, you want to come home and maybe see your family and enjoy the rest of the day. You don't want to go digging into tons of papers of the latest emerging evidence on COVID. So you just follow what is coming down from you from medical officers of health or from the Public Health Agency of Canada. It's not, you know, as ideal as we would think about how evidence-based medicine comes out.

Now you have to think of in COVID, the problem with COVID is that all of this evidence didn't have years to accumulate. It was a small amount. So following the consensus statement in this case, especially if there's political aspects that bias people from publishing or reporting or disseminating information, that is when the heuristic fails. And so you know, for many of the physicians out there, I don't necessarily blame them. I think that they were a little bit too naive and should be a little bit more skeptical to trust, sort of, just top-down authority in certain ways. And so that's how, I think, another way false consensus can be achieved because people are following these failed, these flawed heuristics.

And you know, then there's the other group of people that were skeptical, physicians who testified, physicians who were much more brave than I was, who spoke out in various different ways. And you know, I applaud those physicians because I hold them to the highest esteem. They risked a lot to speak out and try to inform the public about what they were concerned about. I mean, that's two of the groups: the people who were just kind of not skeptical enough, the people who were skeptical, and they spoke out even despite the attacks because being a martyr certainly or choosing that path is not easy.

You know, then there's a third group of people out there that I would really hope could have some self-reflection and maybe listen to all the testimony that they've heard, and **some of the things that they may not be aware of about how the world isn't as ideal as they think that they can maybe just trust authority or trust experts. Because there was a third group that went out of their way to attack the people who were asking questions. They slandered us; they mischaracterized us. Even if they had the best of intentions, they were censoring us and doing things. And they were part of the process that when they took those actions, they caused people not to be informed fully about what was going on.**

And when they took those actions, they contributed to the harms of prolonged non-pharmaceutical interventions or lockdowns. They contributed to the harms of people who are now suffering from vaccine adverse events, particularly for those who were coerced into taking a test they didn't want, or not informed fully—especially if for that individual patient the risk-benefit ratio was not in their favor and now they're suffering from the

consequences of it. For the people who were attacking us, I think they should take some self-reflection about how they contributed to harming others.

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And it disappoints me that it even still exists out there that I can see people being falsely mislabeled or mischaracterized when they're actually out there trying to help people and protect people.

Allison Pejovic
Thank you, Dr. Chin. Those are my questions today. I'm wondering if the commissioners have any questions.

Commissioner Massie
Good afternoon, Dr. Chin. I first want to acknowledge your courage in coming forward with this. We all know that we've had witnesses still talk about consequences to this day that are being hurled at them. So I just wanted to mention that first.

My first question is, and you mentioned that late in 2019, early 2020, you became aware of this COVID-19, or a potential pandemic. And my question to you is, at what time did you become aware, or what time were you trained in the pre-existing pandemic plan that was in place for the health sector in Alberta or in Canada?

Dr. Justin Chin
Yeah, so even though I had a disaster medicine masters and had worked in other areas with the charitable organization, I was not formally a part of our own disaster preparedness framework in Alberta. I knew we had one and I had seen it briefly, but I wasn't completely versed in that. So I knew it existed and I guess that's where, you know, I apologize too that by being captured by the fear and pushing some of the early interventions that the Lieutenant Colonel Redmond spoke about here. Because yes, a complete task force that encompassed all aspects of the pandemic should have been made up. Now obviously when you're in your silo from the medical aspect you're going to push for everything, and so well, we want more of this and more beds, and we need to augment it in these sort of ways. So but then you hope that there's a framework in place that restrains that and takes into account everything else.

Commissioner Massie
Well, I wasn't particularly speaking about the overall disaster plan. What I was speaking about is the influenza pandemic plan that existed in Canada overall, and it was authored by Theresa Tam. And I believe there was one in Alberta, as there were in many other provinces, which were specifically focused on what the health care sector should do in the case of a new influenza pandemic. So again, my question was, were you given training in that? Did your employer make that available to you?

Dr. Justin Chin
No, in general we have so many different aspects of our jobs that we're responsible for, but I wasn't and most physicians aren't.

Commissioner Massie
Okay, my second follow-up on that then is we were told that we were in an unprecedented pandemic and it was gripping the world and there were tremendous deaths going on. And you were trained as not just an emergency doctor, but I think you have training and experience in disasters. How often did your hospital scrum, or make meetings, or get the staff together to talk about what was going on, what they were experiencing, what they expected from the staff directly about the pandemic?

Dr. Justin Chin
There were meetings, and there were people that got together in various groups that reported to the zone structure, and it just seemed very disorganized. It wasn't one that met sort of a good and proper framework. And so early on I was asked to help in certain groups. "So can you make a recommendation on what we should do, how do we double the number of beds, or how do we put patients in this?" You know, as time went on and I started to ask questions about, "Do we still— Does it really make sense to have these plexiglass barriers, and is it really helping, or is it reducing the ventilation?" When you spoke on something that appeared to be looking at a more complex or more nuanced look at the intervention, but the other side might say, "Well, it's for— It's just for safety." I mean, somebody who spoke with that wasn't listening to—

Commissioner Massie
You know, that's an interesting answer because we had a witness testify in Saskatoon,

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and he owned a manufacturing facility; they manufactured tillage equipment. And every week, according to his testimony, he would bring out a newsletter, and he would have meetings with staff to describe to them what was going on, what were the reasons for it, what they were planning to do in the future. And he was manufacturing farm equipment. And if I understand properly, that same kind of thing, at least in your experience, wasn't going on in our hospital.

Dr. Justin Chin
Well, I want to state that it was going on, but not in a very clear and organized way. So we were getting briefings and memos from all different sorts of places, so to make sense of it all was challenging and almost nearly impossible. But to say it say didn't happen is not quite characterizing. We were getting: "We're going to do with this today." and "These groups have decided," "Well, we're going to put a new triage process," "This is the route **people are going to go."**

But, most of it was all driven by, "Well, what is the maximal thing we can do more to this," and not, "Okay, well, if this is the intervention we're going to be proposing, do we really have good evidence for the benefits, and do we really have evidence for the harms?"

And sometimes there was. Sometimes there was a few studies or something cited. Well, the evidence for doing this is a theoretical paper on transmission, or some study that showed that COVID spread this way in a bus somewhere—a very small study. And so it was either limited evidence or poor evidence, and any evidence to the contrary would say, "Well, that might make things— We might as well be safe than sorry." It's that, sort of, pushing the safety-ism window farther.

Commissioner Massie
One of the things that I've been told over and over again by witnesses, particularly professional. No, not particularly, [inaudible] constantly professional witnesses. We had a retired judge on, and we had doctors and retired doctors, and we've had retired police officers. And I always ask the question, "How did this happen, and what kind of pressures were they under?" And each one of them has always said to me, "Well, you know, we judges and we doctors are part of the community, part of the society, so we feel those societal pressures."

So my question to you is this: You are a medical doctor—and I think I heard you say at one point that you had 20 years of training that were potentially going to be thrown away if you lost your position. So you're a trained doctor means you're a trained scientist to some degree. And yet, at the beginning of the pandemic, listening to the reports, with your training as a medical doctor—I don't know if you categorize it this way—but I think I heard you say that you were somewhat terrorized by this. And so my question is, with your significant training and experience, how do you think the general public were affected by the same things that you were hearing, despite the fact that you had this potential buffer of many, many years of training as a doctor?

Dr. Justin Chin
Yeah, so yeah, physicians or experts or whatever field, we're human. And I too can be captured by fear of death or disability, or death or disability of my loved ones. So obviously, it could happen to not just anyone, it could happen to everyone. And that's exactly why it's important to let people know exactly what I might have been seeing that might differ from the narrative. Because you frame that correctly in that, of course, they're going to have a much worse time, when behind the doors of the emergency department their impression might be that we're intubating every second patient that's coming in, and sending them to ICU, and body bags are rolling out. And if they had that impression, then the fear is going to be much worse in them. It can even happen to me, it can happen to everybody, and it's important to be able to speak freely about what you're seeing so that if accurate and valid information can come out, then it can alleviate those fears.

Commissioner Massie
You know, you talked a little bit about when you were in the emergency room, and you overheard some discussions, and you questioned about the possibility— Or sorry, you volunteered information to some other doctors that this patient had just recently received the injection. And they had dismissed the possibility that

[01:10:00]

the injection may have contributed to or caused the issue on the basis that the patient was elderly or had these comorbidities.

And my question is: It doesn't sound like—could you comment on this for me—but to me it doesn't sound like they had the same reflectiveness when they were counting COVID deaths. In other words, I've heard statistics from witnesses that whatever the number is, 80 or 85 or whatever per cent of the people that deaths that were attributed to COVID had three or more comorbidities, and we had testimony I think yesterday, 90-some per cent had at least one comorbidity. So it almost sounds to me like there's a difference in the way they evaluated the two instances.

Dr. Justin Chin
The discrepancy that you're mentioning here, it's quite interesting because on the one hand you're under counting because of the biases of the vaccine adverse events, right?

And the reasons for undercounting I'll just say, you know, if you're in such fear, or you really want to get out of this pandemic, and you believe, or you've been sold the idea that it's safe and effective, then, you know, you're going to push this, and you're going to continue to believe that. And so it's a self-fulfilling prophecy, right? Like, so you don't see it because you're not looking. And then you don't think that anybody has strokes with it, so you just continue to ignore it over and over again.

But the other side is, what you're saying is that people will be overcounted the other way. Because there's a subjective decision that's required to determine if you're going to recognize it, I guess, or report it if it's correlated. But there's not a subjective decision necessarily for a PCR [Polymerase Chain Reaction] test—and there are many reasons to talk about how it's flawed. But so yes, that patient who comes in with comorbidities and has an event. They have a heart attack and they say, "Well, you know, COVID is a pathogen that actually affects the vascular system too," and we swab them and the test was positive, so they get counted for sure.

So it'll be automatically counted that COVID is in there. Because you have a binary there; you have a one or a zero: COVID test positive or COVID test negative. If it's a positive, it's like, "Oh." And if they end up progressing to death within that time, they go, "Somebody who tested positive for COVID on day one, on day seven they died," because it pushed their comorbidities or their pre-existing health to this new place of damage, and they passed away.

So a specific example is, I had a patient who came in and they had a known blood disorder, and they were in their 60s or 50s—I can't remember, I think it was 50s—and this patient, because of their blood disorder, their platelets had gone down, and they had a devastating catastrophic internal brain bleed, okay? And their platelets had gone down only a few days after they had gotten the injection, right? So it's another one where I questioned, and I looked at the reports, and the thinking here from the doctors is, "Well, a patient with this type of blood disorder, it's very common for them to suddenly drop their platelets. And so it was their underlying disorder that caused the platelets to go down, and then just suffer and die."

Now again, I don't know that the injection— Maybe that would have happened. Maybe the patient would have had their platelets drop and this devastating outcome would have happened. So I'm not saying that the injection definitely caused it. I'm saying it's temporally correlated to it. But I can tell you this: is that what would have happened if that same **patient had come in a few months prior and they had had a bit of a sore throat, or maybe even no symptoms, but they were swabbed and the test was positive, and their platelets had dropped. And if he noticed their platelets had dropped and their brain was bleeding, we would have said that this patient is suffering from one of the other vascular complications or other problems with this very variable pathogen, COVID. It caused them to drop their platelets, and then they ended up having a devastating outcome. So we'll count that in the count box of COVID. But they're not going to be counted on the other side because it takes this objective decision to report them.**

So you have this imbalance. And you know what, for many people they may not even notice it. The patient might not even know because if they're admitted to the hospital or the patient's family asks multiple times, "Well, what happened?" "Oh, you know, this is what

happens during your known blood disorder, is your platelets go down; this is an unfortunate and sad known complication." And the family might not even know, the patient might not know, the doctors don't even know, and there's biases that humans, we're not perfect.

Commissioner Massie
Of course, I mean, if I understand part of what you were talking about, then, in your answer and previously, the reporting system is not intended to report absolute numbers. It's intended to report trends.

[01:15:00]

In other words, if you see something, you report it, and it goes into the system. And then later on when you evaluate the system, you might see a number of reports of such-and-such, but if it's not an unusual raise in the numbers, then it's not an indicator of a problem. But if you don't report it, you can never get those indicators, those warning messages.

Dr. Justin Chin
Yeah, and I thought about this for a long time, and I mentioned it when I was saying earlier, is that even then, it will always be undercounted, subject to bias, and flawed by the retrospective nature of the study. So that's why you need prospective, properly done science, randomized controlled trials that can evaluate this in a proper fashion. We just don't have those.

Commissioner Massie
My last question, before the other commissioners pull me off the stage, is if you're dealing with a highly infectious patient—I don't know, HIV [Human Immunodeficiency Virus], something like that—and you give that person a needle, you inject them with something, what do you do with the syringe afterwards? Do you put it on the countertop? Do you hand it over to somebody?

Dr. Justin Chin
Yeah, so the proper procedure would be to place any sort of sharps in a specific sharp container so that nobody else can be injured by that, and any biohazard material needs to be placed in an appropriate biohazard container.

Commissioner Massie
So would that count for, let's say you've got an infectious patient and you use gauze and you wipe the infection, and is that a biohazardous material as well that would be disposed of in some way?

Dr. Justin Chin
Yeah, the proper procedure would be that if you had a bodily fluid or any sort of vector of transmission, or potential vector of transmission, that that should be placed in the appropriate biohazard container.

Commissioner Massie
Then, given that—and I've been thinking about this for a while, and my apologies for putting you on the spot on this—but we were told that COVID-19 was deadly. We were told it was incredibly contagious, and we were told to wear cloth or paper masks. But I'm not aware of any instructions about those masks becoming biohazardous material and being disposed of in a way that wouldn't reinfect the person's hands, or the person touching the garbage can or whatever else. Is that an inconsistency, do you think?

Dr. Justin Chin
Well, it's hard to explain inconsistencies at that level because, overall, there were many levels of inconsistency with regards to the characteristics of a novel, what appears to be aerosol-spread virus that doesn't tend to infect from a contact drop—like from a direct contact of it—but needs to be exposed to certain mucous membranes of your respiratory oropharynx, you know, the certain ocular exposure.

So it's hard for me to give a quick, simple answer to that, other than to say that there are glaring inconsistencies in our attempted management of these through non-pharmaceutical interventions that, I believe, in some ways people who pushed for them had the best—Let's say, many people probably had the best intentions and may have been captured by fear or so on as well but don't realize the true nature of their intervention, or they may not have had any effect on preventing transmission or decreasing anybody from getting infected. And in addition to that, I would say that they almost certainly didn't calculate the second and third order harms of what those interventions might be.

Commissioner Massie
I appreciate your diplomacy and—

Dr. Justin Chin
And it's interesting, but I do think that many people did have good intentions. I don't necessarily want to attribute malice when you just don't know. But I think that the road to hell can be paved with good intentions in some ways.

Commissioner Massie
I appreciate that and—

Shawn Buckley
Can I break in and it's just I'm going to ask the doctor are you available later for questions? It's just the kitchen closes in half an hour. So if we're going to eat at all, then we have to take a break.

Dr. Justin Chin
I can take quick questions right after lunch. I have to work at an emergency shift this evening, but yeah, I'm available for that, yeah.

Shawn Buckley
Okay, so we will if it's okay with commissioners, because it's just there's a whole group that needs to eat and that will be impossible because the kitchen staff's already agreed to stay a little later for us. So we're going to adjourn for half an hour.

[01:19:42]

PART II

[00:00:00]

Allison Pejovic
Welcome back to the National Citizens Inquiry. We're still speaking with Dr. Justin Chin and he's going to take some follow-up questions from the commissioners.

Commissioner DiGregorio
Dr. Chin, thank you for staying to answer our questions. I just had one question. You spoke a little bit in your presentation today about concerns with using the adverse events reporting system to detect issues that may happen during the vaccine rollout. And we heard a similar concern from a doctor actually in some testimony in Truro, Nova Scotia. And whereas you've talked about really randomized control trials being the best way to get the data that's necessary, he spoke about the possibility of population-level studies following up and looking at population rates of things such as strokes, cardiac events. And is this the best thing that we can do in the absence of randomized control trials, which I've understood from other testimony that we don't have the ability to do anymore?

Dr. Justin Chin
Yeah, I think that as far as the process is going to be concerned regarding a scientific evaluation of what's going on, we should take into account all different types of evidence. From evidence that is, you know, specific patient level—an adverse event—and we can dig in deeply into that. We can take, I guess, pathology level data too where tissue samples can be evaluated under a microscope. We should take in levels of data that are retrospective that look back. We should take in levels of data that look at, you know, other metrics that might pop up and suggest things. And people are doing that in insurance data and in population level data.

Now, with each level of scientific evaluation, it'll have different potential limitations to it. So with a trial that looks at the population level, I alluded to you before, is you don't know if there was some other factor that changed in the population or over that time period that wasn't just, you know, an injection, right? It could be an effective and new environmental thing that we don't really know about, or it could be some other thing that confounded. That's why you need the prospective trials.

But, to answer your question, in a specific way, yes, we should be looking at everything. We should take into account the data at multiple different ways, understand their limitations, but still try to figure out the best way to move forward, and actionable items that we can do and make the best recommendations that we can as human beings trying to navigate this

world because it's challenging. The best process that I know of is the scientific process and method.

So clearly, I'm not anti-science. I advocate for doing these, but I think we need to be rigorous about the methodology of what we do. We also need to be skeptical of different things and ensure that we know that different things can confound studies and bias them in different directions. And those can be incentives from different ways, from how they get published or who has the funding to do a large study or what incentives that the intervention might bring profit to companies. And so we need to be aware of all of the different things that can influence what we're looking into.

Commissioner DiGregorio
Thank you.

Commissioner Kaikkonen
My question has to do with disclaimer that you offered at the beginning of your testimony and the code of conduct. Codes of conduct traditionally are just words on a page, and I don't think there's a whole lot of legal basis for having codes of conduct, but it seems that more workplaces do have them: organizations, health sector, education sector. So I'm just wondering, it's often used, the codes of conduct seem to be increasingly used—maybe that's a better way to put it—for discipline, suspension, you know, acts of contrary opinions, as in your case. And I'm just actually wondering, when did— So I understand why you use the disclaimer, I understand that totally. I'm just wondering, when did the academic and health care sectors move to this place where legitimate questioning, investigative thought processes, critical thinking, where do we move from this place, and when did it become a societal and workplace norm to the point where we are no longer able to ask the questions that just contribute to conversations across this country?

Dr. Justin Chin
I can comment on it.

[00:05:00]

I can't speak to, you know, a specific timeline when certain codes of conduct might have been introduced in different levels of institutions or academia. But you're certainly correct in that I see that it is used as a tool for enforcement or compliance. I mean, I think that it's challenging because, as an institution, you need to safeguard those institutions against certain things, right? Or you believe you need to. Like, you believe you, as an institution, as a university, that if somebody does something that's, you know, going to bring the institution into, or shed a bad light on it, or do something that's egregious and is going to reflect badly on them, that perhaps they need to find a way to have something in place where they can distance themselves from that. And they create these policies or codes such that, "Well, we have these in place so that, you know, if such an event occurs, then that person can face consequences."

Now, the thing about it is that in a proper, just society, you could probably not require that at every single given level. You could probably say that, well, we have an overarching legal system that is predicated on principles. And I'm not a lawyer here, but that they would tell you that it requires that evidence be presented. That a person has their right to defend themselves, that they're innocent until proven guilty, that there's due process involved,

right? And so that's the system under which people should be evaluated for their conduct. And we live in a society, so we need some sort of guiding principles by which we behave and we treat each other and we don't harm each other. So I can see the— I can give some, you know, understanding to why institutions might develop these.

But the problem is when they become vague and when they reach a point where they're used as a tool and the effects are unintended, I would assume, that stifles debate or diminishes progress, or in the worst cases, prevents accurate information from coming out. And that accurate information, had it come out, might have prevented people from being harmed for various reasons that I spoke to.

So how do we stop that? I think we have to, I think— I think it's a job for the lawyers. But the lawyers in Canada have to start going towards these institutions and saying, "Yes, you've disciplined or done something to this person in the name of your code and conduct. But your code of conduct does not really have any legal basis, or it is not following the due process. And therefore, we have to strike down this action that you took because—" Well, I mean, in the proper process too, like through a hearing or with the judge saying that, "Yeah, you can write whatever you want on a code of conduct that your employees have to do x, y, and z, but great that you put it down, but that's not valid legally. You can't force them to do this. You can't prevent them from speaking. You can't just subjectively decide that what they're saying is harmful, or unbecoming, or it's unprofessional because those terms are just too vague and you need more strict guidelines or how you're going to enforce this."

Because enforcement of these types of codes of conduct come with real action. So you enforce something because of a subjective interpretation, and the real action is somebody loses their job or they lose their ability to earn a living or provide for their family or the years of their training are now being, negated.

So it's a form of— I guess, it's a way of writing cancel culture on a piece of paper, and the words should be meaningless because they should be evaluated within the system of the proper, legal framework of the jurisdiction that you're in.

Commissioner Kaikkonen
Thank you very much for your testimony.

Commissioner Drysdale
Thank you very much, Dr. Chin, for your very courageous testimony. I have a couple of questions. I'd like to come back to the question about the side effects. Because you mentioned frequently during your testimony that when faced with some side effect, one way to examine whether it could actually be related to the vaccine was to examine other pre-existing conditions. And if so then you say, "Well, maybe it's not linked to the vaccine because there are some other conditions that could explain that." But what I'm thinking is that is it fair to say that in the population—people—don't display the same level, say, of propensity to have autoimmune disease?

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Is it something that is widely distributed equally, or is it some people that are much more prone to that than others?

Dr. Justin Chin
Yeah, so I mean the answer is that it is very complex. And, you know, we try to generalize from studies or from report data, and so on, what certain effects might mean. But that's very different from at the individual level. At the individual level, one person might have a severe autoimmune reaction, but 999 of people don't, so it's a one in a thousand. It doesn't mean that there's only a small autoimmune reaction in a thousand people. It means that the one person is suffering severely, or one person already has some pre-existing condition and some new antigen in the body now causes an immune response. Or causes some other effect that tips them to the point where they experience something more severely. Whereas even that little extra injury or insult to a different person, they might have felt nothing.

So it is completely variable. And that's why, as I was stating before in the previous a couple of questions ago, is that population level data can give you one piece of the puzzle. Individual level that I can give you another piece of the puzzle. Pathologic data give you— All these pieces of puzzles need to be looked at and evaluated, and we can learn a lot from different levels of evidence.

Commissioner Drysdale
But given that it was very challenging, as we've heard from many people that had vaccine injury, to get medical exemption for a number of reasons, it was very often dismissed. Isn't that reasonable to expect that these people that had a condition that might then make them more susceptible to adverse event. If you refuse a medical exemption and after that they'll get vaxxed, and they will probably get the side effect that otherwise they would not have gotten because they knew that they were more prone to get it in the first place.

Dr. Justin Chin
Yeah, there are so many unknowns, and how do you guard against that? And how do you figure out the best plan of action for any new therapeutic? And there are some suggestions that I can make is that obviously you don't rush things. You evaluate things with proper randomized controlled trials. But some trials might not include every patient. They might have excluded people at the beginning because they had comorbidities. And so then there's no side effects. And then you rolled it out, this intervention, to people who did have comorbidities or were in different age demographics.

So you do as much evaluation of the data as you can and you try to generalize it; you might not be able to. You also try to do as many different studies and different populations and with different doses and you evaluate them in the proper methodologic fashion. At the end of the day, all of this will always lead to some unknown because that's life. We live in this world and there are tons of unknowns. So what do you need to do. You need to step back and say, "Okay, well what are the guiding principles."

The guiding principles are that as a physician, when you have an intervention, you don't as an authority tell them what to do. What you do is you say, "To the best of what we have available, there's this intervention or drug. And it looks like the benefit could be this, and the risk without getting it could be some certain thing that we think, based on these studies, and the side effects could be these. And some of the side effects we don't know, and we're going to give you the best data. And this study actually didn't really include you because you are older, and they didn't put people at your age in that study." Or, "You have these medical conditions, and they didn't put those people in the studies. But this is the best we have. I'm sorry, this is— Medicine can only— Humans can't be perfect." But that's as far as we go.

And then we say, "Now that we've given you all the proper information, I can maybe suggest what I think what I would do if I was you. But at the end of the day, I've tried my best to inform you fully."

And that's the principle of informed consent, right? We've given you all the information, and now you have the choice without coercion to make a decision. Do you grant the consent for this? Or do you withdraw your consent? And if you do that, then you leave it up to the individual to make the decision with imperfect data and some unknowns. But you leave, at the level of the individual, you have them decide what to do.

And that to me was a principle of medicine that I was taught, and that I truly believe in, and I follow. And even if a patient with malignant cancer tells me

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that they don't want chemotherapy, and I think, well, at your age you might actually benefit from it, that's still not my position to impose my values or my choices onto that patient. It's for that patient to decide after I can inform them fully of what the risks, benefits, treatment of everything might be. And their values can help direct them, and their decision must be made without coercion or influence that is unbecoming.

Commissioner Drysdale
Maybe one last question about the bias you mentioned that you have seen from people that are very busy and may or may not have the time to do the in-depth research on every topic.

Is it fair to say that in the medical profession, and even for the public in general, vaccines are seen as a process, or a technology, that has really helped to improve the general health of people in many conditions, with several examples showing that these vaccines have contributed to improve the health? This is taught in medical school. Is it fair to say that?

Dr. Justin Chin
Yeah, I think that we have a history of other— I mean, you can't always compare things that have studies for many, many years to new things now. You know, the evidence that you have to go back and look towards, you need to always know that there could be flaws in everything. But to answer your question, like, I've been vaccinated for many things now, and I based that decision off the evidence I knew at the time. And when you come to something new, you have to say, "Well, it's not the exact same thing. Or is it similar enough?" But you can make your decision. And I think people just need to be educated about that. And you have to ultimately leave it to them to decide.

Commissioner Drysdale
Is it fair to say that based on that, I would say the benefit of the doubt would be given to the practice of vaccine. And even with the new technology, anybody who'd want to exercise some sort of questioning or critical thinking would have a very big case to put in order to raise the awareness and say, "Are you sure that in this particular case, this approach is the appropriate approach?"

Dr. Justin Chin
Yeah, how to comment on that is I think that there is a status quo, and if you have to challenge that in any way, in any field, it becomes difficult, and it becomes challenging. But the best way to do that is to have people express their opinions, present their data or their claims. So science is about falsifiable claims, right? So somebody makes a claim that's falsifiable. And it holds true until such time as somebody else can come along and falsify that in a way and say, "No, I've got evidence, and it's this." And if they're wrong and it's not actually falsifying it, then you discard it and you keep going on. But if something else comes along, it's different. Like, if you lived thousands of years ago and you thought that you had a different model of the way the solar system worked, but then somebody comes in and provides some other evidence, you change your mind, right? You can't just say, "Well, the status quo is everybody believes in this, so we're just going to exclude people from continuing." It's not the way to advance progress in my opinion.

Commissioner Drysdale
Thank you very much.

Allison Pejovic
I believe we're finished. Thank you very much, Dr. Chin, for attending today and telling us your professional opinions and views. And thank you very much.

[00:19:07]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 3: Scott Crawford
Full Day 2 Timestamp: 05:41:13–06:19:15
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Allison Pejovic
So our next witness this afternoon is Mr. Scott Crawford.

Good afternoon. Can you please state your name for the record and spell it?

Scott Crawford
Certainly. It's Scott Marshall Crawford S-C-O-T-T C-R-A-W-F-O-R-D.

Allison Pejovic
Thank you. Today, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Scott Crawford
I do.

Allison Pejovic
And I understand, Mr. Crawford, that you would like to say something in advance of your testimony today?

Scott Crawford
Yes, please. I'd like to preface my testimony with the understanding that the testimony I'm about to give is my personal account, my personal experience and observations, and I'm not representing any other individuals or agencies.

Allison Pejovic
Thank you. I understand that you are a paramedic with 30 years of experience. Can you briefly just go through where you work and a little bit about your background?

Scott Crawford
Certainly. I started in EMS [Emergency Medical Services] in 1990, started working on the ambulance with a small service just south of Calgary, a couple of small services, and went to school. I worked part-time and casual and became an advanced care paramedic in 1994. And so, at the advanced care level, I've been a paramedic now for 29 years. Started with the City of Calgary in 1998, and then in 2009 Alberta Health Services took over a number of the EMS services in Alberta and including Calgary.

Allison Pejovic
Thank you, and for the commissioners' benefit, we have provided Mr. Crawford's CV [Curriculum Vitae], which is entered as Exhibit RE-9D. So I'd like to take you back to the year 2020, and let's talk about what you saw in terms of people who were sick with COVID symptoms. Did you notice an increase in emergency calls in 2020 than what you had experienced years prior?

Scott Crawford
At the very beginning of COVID, we actually noticed the call volume seemed to dip. With a lot of the information that was coming out through the media and through health authorities, our call volume curiously diminished. It seemed that folks were perhaps a little hesitant to call.

Allison Pejovic
And in terms of the people who were needing emergency care, what were you seeing and what symptoms did they have?

Scott Crawford
Generally, most folks appeared to have flu-like symptoms: nausea, headaches, general malaise. Most of the folks that we typically encountered were healthy, and aside from feeling unwell, most actually didn't require transport. We would arrive at the scene, work through a pre-screening matrix, and most folks, we were actually able to assure them, give them some tips on what they could do to best manage their system at home, and so from that regard, it wasn't unlike any other flu-like symptoms or flu-like season that we might encounter.

Allison Pejovic
And did you encounter people who were very ill?

Scott Crawford
Yes, there was a small subset, typically folks that already had pre-existing medical conditions that— COVID virus seemed to exacerbate those.

Allison Pejovic
And were you, yourself, afraid of COVID when it first arrived in Canada?

Scott Crawford
Yes, we were watching, obviously, the information coming out from the origins of the COVID virus. Watching seemingly healthy people suddenly become very ill and realizing that we were going to be on the front lines dealing with that. So I became quite concerned and also concerned for my family and wanted to make sure that my family was provided for, so I actually made the decision to retire long enough just to commute my pension so that if anything happened to myself, that my family would be provided for. I was sidelined for about two weeks; long enough to satisfy my employer and LAPP [Local Authorities Pension Plan], and I went right back to work on a casual, albeit full-time, basis.

Allison Pejovic
Okay, so let's move forward to early 2021 which was when the vaccines were first being rolled out in Canada. At that time did you see a difference in the kinds of injuries or symptoms that you had with patients, as opposed to what you had seen during the early COVID days, people that you were transporting?

[00:05:00]

Scott Crawford
Yes, on a growing subset. Now, one thing, I guess, I need to make clear is that when I commuted my pension and retired and went back casually, I moved from the urban environment from the city of Calgary out to some of the local surrounding communities that were south of Calgary, so the population was somewhat different.

But one of the things that I noticed with a handful of patients was them experiencing very unexpected injuries and I'll give one example. I picked up an elderly lady and transporting her to hospital, and this is based on what she was telling me, that literally a few days after getting the vaccine, she got this terrible severe pain in her elbow, and she was convinced that it was the vaccine that had caused this and was just so full of regret. I remember her saying to me that "You know, I didn't feel right about this vaccine. I talked to my doctor about it, he said it was going to be fine. I took the vaccine and literally a few days later, I have this, this horrible pain and I've been to see my doctor. My doctor doesn't know what it is. They haven't been able to give me anything to help with this pain." The transport time was very short, literally a minute or two to the hospital, and certainly that was one concern that we had.

Allison Pejovic
And so, just in general, you said that you noticed an uptick in calls. Can you just compare the difference? You had said that early on you were seeing people with flu-like symptoms with COVID. Were you still seeing those kinds of symptoms in the same numbers in early 2021, or were the presenting symptoms different, and if so, how?

Scott Crawford
Yeah, a couple interesting, initially, with the first COVID variant, the symptoms seemed to be much more severe. But that said, typically, when folks first got sick— Usually, the crux

was, in my experience, between day 8–11 of the onset of symptoms and usually if something untoward was going to happen it would happen in that 8–11 day span. Once people got past that day 11, day 12, day 13, typically their symptoms would resolve.

And with the subsequent variants, in and throughout 2011, we noticed that more people seemed to be experiencing symptoms. It was as if the transmissibility, the infectiousness, increased but the symptoms were much more mild. The other thing, there were a number of instances that caught my attention when folks would suddenly have a very rapid and unexpected sequela.

I had occasion to transport one gentleman from a rural area that was previously healthy, had no medical issues, lived on an acreage, on a farm, and had a catastrophic stroke literally the day after he got the vaccine. I believe it was a second vaccine. STARS [Shock Trauma Air Rescue Service] was not available, so we transported this gentleman to Foothills Hospital. It was about an hour transport time, and when we brought that gentleman in, and we called ahead, they were expecting us, we went right back to the trauma room.

And while I was delivering the report to the physician, I mentioned at the very end, I said "Just so that you're aware, this patient was vaccinated yesterday." I was quite taken aback that the physician snapped at me and said, "Just a minute here, do you think this has anything to do with the vaccine?" and he asked me, "What vaccine did the patient get?" I mentioned it was the Moderna and he said "You know, it's a perfectly fine vaccine. You know what, you can go now."

And I think anyone within earshot, certainly, if anyone else had had concerns perhaps with another patient, I can understand where they would probably be a little bit reluctant to share that information. So that was another experience that I wanted to share with the commission.

Allison Pejovic
Were there any other instances where you responded to an emergency call, and you learned that the individual had a COVID vaccine within a day or two?

Scott Crawford
I can't specifically think of any offhand right now. As I say, I moved from the urban to a suburban rural environment, so the dynamic was a little bit different. I can certainly speak to some anecdotal reports, but yeah. That's—

[00:10:00]

Allison Pejovic
Okay, and so, let's talk about AHS [Alberta Health Services] having a mandatory vaccine policy. Did AHS have a mandatory vaccination policy for you and your employment?

Scott Crawford
Yes, they did.

Allison Pejovic
And how did that policy affect you at your job?

Scott Crawford
Well, obviously, seeing some of these vaccine injuries, I was quite concerned that I myself might experience an untoward sequela, as a result. So I also—a long-time church attender—my family, we prayed and looked to God for direction. And I distinctly felt led not to get this vaccine, and so yeah, I made the decision not to get vaccinated.

Allison Pejovic
And as a result of that decision, was there ever a time when you were treated poorly by anyone that you worked with or in the community?

Scott Crawford
Yes. There was, a number of weeks before the vaccine, the initial vaccine mandate was rolled out, there was one particular individual, with a handful of others, that started an online campaign of bullying, harassment, and shaming. If any of us took a view that wasn't in line with the prevailing narrative, we were shamed and bullied online.

Allison Pejovic
And did you know that person, personally?

Scott Crawford
I did. The individual worked as a fellow practitioner. Not someone that I knew really well, but just enough to nod at one another when we were passing in the hallways.

Allison Pejovic
And can you loosely describe the online bullying?

Scott Crawford
Yeah, some of it was on Facebook and a couple of different platforms, Twitter. Some of the statements that were made: "If you aren't willing to get vaccinated, you don't deserve the privilege of caring for others. We don't want you. We don't need you. "If you're a health care worker that's joined an anti-vax group, this will stick with you with the rest of your career. It's worse than crossing a picket line. You're affecting the safety of patients and hurting the credibility of health care workers that actually care and follow the science. We're embarrassed to be associated with you." And see another one here: "It's very simple, if you work in health care, it's your duty to protect the vulnerable, If you're going to embarrass this profession by going to a rally or joining an anti-vax group, I'm going to publicly and personally shame you for the rest of your career."

At one point, I did appear at the *Western Standard* to express some concerns. Again, my screenshot was sent out online—my picture—and I was referenced specifically, and the individual said that he was disgusted by me, and that I embarrassed my profession, and this individual hated me for it.

Allison Pejovic
And what effect did this behavior that you experienced online have on you personally and upon your mental health?

Scott Crawford
Well, certainly, you feel very isolated and targeted. My kids, I've got two children, and typically when they were out and about and they'd see other paramedics in uniform, they would walk over and say "Hey, do you know my dad?" And it was always great to hear the words of positive exchange that would go on following that.

However, after this and the workplace turning quite toxic and hostile, I was concerned for my family and I had to caution my children that, "Listen, if you see somebody else in uniform, don't let them know that I'm your dad." I didn't want them to get caught with any hateful vitriol. And certainly, God forbid, if they ever needed to call the ambulance, I didn't want their care biased.

Allison Pejovic
And as a result of this bullying that you experienced within your own professional community, did you take any action?

Scott Crawford
Yes, on September 14th, just hours before AHS announced their vaccine mandate, I sent a 36- or 37-page notice of objection to my immediate supervisor, his supervisor, and all the way up the totem pole, to include AHS CEO [Chief Executive Officer], Dr. Verna Yiu. I also included the premier,

[00:15:00]

health minister, a number of other individuals that I thought should be aware of this. And in that, I described my concerns with the vaccine mandate. I asked them for the information that they were relying upon to make this decision.

I also provided some information that I had looked at, and seemed to counter the prevailing narrative and asked for some clarification on that. I also described the bullying and harassment that was going on, that moving forward with these mandates was causing a tremendously polarizing event within the rank and file.

I also touched on natural immunity. I was quite interested to know— It seemed the **prevailing narrative was that natural immunity actually seemed to offer much more, better protection against the vaccine.**

Allison Pejovic
And are you a member of a union?

Scott Crawford
I am, yes. I'm with the Health Sciences Association of Alberta [HSAA].

Allison Pejovic
And did your union respond or provide support in respect of your notice of objection and bullying complaint?

Scott Crawford
Unfortunately, they did not. I did not get any response back from the union. Not only did I copy the union president and one or two other like labour relation officers, much of that online vitriol that I expressed before, our union president and a number of our union executive endorsed some of this online vitriol with either thumbs up or heart signs.

I mentioned that in my notice of objection and obviously had concerns of— You know our union is supposed to be protecting us and here, it appears that they're endorsing some of this vitriol. And further to that, Alberta Health Services ignored the concerns that I had, that this bullying and harassment was going on. I find that particularly troublesome, especially as I raised concerns about my safety and my family's safety. Extremely disappointed that HSAA and AHS didn't take that more seriously.

Allison Pejovic
So what happened after you submitted that notice of objection, was there an investigation? What was the end result of it?

Scott Crawford
Eventually—I never did hear back from AHS. Eventually, I did get through putting in repeated complaints, and whatnot, in to my LRO [Labour Relations Officer] that was handling my case. On November 22nd, HSAA finally did acknowledge and accept my complaint. HSAA hired two investigators. Actually, one investigator to investigate the president and the other investigator, to interview or look at the actions of some of the union executive.

And not entirely surprising, the verdict came back that they both recommended that my complaint be dismissed. Some of the rationale for that included that these individuals were making the endorsements with some of this hateful vitriol, that they were doing it to just support or encourage folks to get the vaccine and not necessarily, the hateful aspects of it; and also that they were making these endorsements personally and not as with the union position.

Allison Pejovic
I wish to advise the commissioners that Mr. Crawford's notice of objection and its dismissal are entered as exhibit numbers 9, 9A, 9C and 9E [RE-9-Crawford-Decision Final – Ltr fr VP-IC; RE-9a-Crawford-HSAA Investigation Report Jan 12 2022-Jamie Dunn Final-IC; RE-9b-Crawford-Final Decision Ltr-Complain-4 Mbrs-Ltr fr VP-Jan 2022-IC-IC; RE-9c-Crawford-R Farmer Report to HSAA – Final Report – January 19 2022-IC; RE-9d-Crawford-CV-IC RE-9e-Crawford-AHS HSAA Ltr of Objection (Mandatory Vaccine) and Harassments Bullying Complaint[100]-IC].

And Mr. Crawford, at any time, did you ask AHS whether you could be tested for natural immunity?

Scott Crawford
What I did in the course of being in the hospitals and while this was going on, I had occasion to speak to a physician. With the vaccine mandate approaching, I was quite curious to know if I had natural immunity. And so, I asked this physician, I said "Hey, what would be involved with me, just getting a requisition so I could be tested?" And he advised me that they were not permitted to put that requisition in to be tested for COVID antibodies. And he also stated, furthermore, lab services are not permitted to test for that.

Allison Pejovic
Did he give you a reason why?

Scott Crawford
No, he didn't. I thought it was rather curious, but I learned more information down the road that I think will tie into this.

[00:20:00]

Allison Pejovic
At any time did you ask for a religious exemption to the vaccine requirement?

Scott Crawford
Yes, I did. We were advised, when this vaccine mandate was rolling out, that AHS would entertain medical and religious exemptions. I applied for a religious exemption, and subsequently, that was denied.

Allison Pejovic
And did they tell you the exact basis of that rejection?

Scott Crawford
They did. When they reviewed my application, they advised that they felt that these were personal reasons, and that precluded me. It's the one thing that I would state to that, you know, attending church for 40 years, family attend, or my wife and youngest daughter, attend Glenmore Christian Academy. We are very religiously ardent, and I was directed—divine direction—to not get vaccined [sic]. And as God as my personal Savior, I align, naturally, I would align my personal beliefs in that that manner as well. So it just seemed to be a very convenient catch-22 that, because my personal beliefs align with the divine direction that I was getting, that my religious exemption would be precluded.

Allison Pejovic
And I understand, Mr. Crawford, that during COVID, a family member of yours had a serious medical emergency.

Scott Crawford
Yes, mid-October, I was working on the ambulance and transporting somebody to Children's Hospital, and I got a cell phone call from Life Alert. I learned that my mom was

having a medical emergency of her own, and it turns out that she had had an aortic aneurysm and required immediate surgery. So Mom went in and had the surgery, and although she survived the cardiac surgery, she'd had a catastrophic stroke while she was on the operating table.

A day later, once they were weaning her off the sedatives, we discovered that Mom had had this stroke. The doctors, their care, was exemplary. Very thankful to have the team working with Mom. And after a week's time, it became apparent that Mom was not going to recover. She was in a comatose, in a vegetative state, so we made the very difficult decision, my brother and I and extended family, as well as the health care team, to remove mom off life support. And in preparing for that, one of the things that the cardiac care unit asked is, they asked me if I'd had any close contacts.

Now, I work as a paramedic, so the reality is, is I do. In the regular commission of my duties, I have a number of close contacts on a very regular basis. It also just so happened that my youngest daughter had just tested positive for COVID, mildly symptomatic, and had isolated in her room. When I let, just in the interest of openness and transparency, when I let them know that, the response was very immediate and they said, "Well you can't be up here for 14 days now."

And suffice to say, this was the anvil that broke the camel's back. You know, we've had a very difficult two years here. You know, some of the hateful situations, the very difficult work environment that we're working, and you know I myself— It looks like I'm not going to be able to spend my mom's last day, you know, be with Mom as she transitions and joins my father who predeceased her five years ago.

In the exchange, they asked me if I was vaccinated, and I said "No, I'm not." And when I reviewed, I had gone and got a negative COVID test, I was asymptomatic, I got a negative COVID test. And I was looking at their compassionate exemption testation and there was no mention of any requirement to be vaxxed. And here's the real kicker: AHS, didn't matter if I had a close contact or not, as long as I was asymptomatic, I was still expected to report to work. Conceivably, I could have transferred another patient in and out of that unit, I could have transferred my mom in and out of that unit, but because I wasn't vaxxed, I was not going to be permitted to be with my mom when she transitioned.

Allison Pejovic
So just to confirm, you were not allowed to be with your mother the day that she passed away?

[00:25:00]

Scott Crawford
Well, I was, and I ended up sending a letter. They were not going to permit me to join my mom when she passed away, so I ended up writing a letter to the patient concerns folks and then I also cc'd [carbon copied] AHS CEO, Dr. Verna Yiu, the Chief Medical Officer, Dr. Deena Hinshaw, and the Health Minister and expressed my concern and angst and, I'm going to be quite honest, contempt for this decision. To AHS's credit, and I thank you very much for this, they came back and, "Oh, there's been a misunderstanding," and they allowed me to be with my mom. So I am thankful for that, but I don't think, had I not pushed back— Yeah, I wouldn't have been with her when she passed away.

Allison Pejovic
Okay, I'd like to move into one last area here. I'm going to call it, "EMS in Crisis." During the time of the COVID vaccine mandates, how well was the EMS system functioning?

Scott Crawford
EMS was already in a state of crisis. Days leading up to the vaccine mandate eventually being rolled out, I think it was December 12th, was the last day for us that were unvaxxed.

Then December 10th or 11th, Calgary, the HSAA were posting some of the stats and red alerts that EMS was in, and on the one, literally days before the vaccine was to take place, Calgary and Edmonton were both posting that Edmonton and Calgary were in a red alert There were no ambulances available.

Sometime during the pandemic, it was made known that Alberta Health Services had 47 per cent of their staff on medical leave so we just didn't have the manpower. And then, in so far as myself, I was supposed to work a shift in Priddis on December 13th and 14th, but I was placed on unpaid leave, suspended, and the ambulance had to be shut down both on the 13th and the 14th.

Allison Pejovic
Sorry to interrupt, is this 2021?

Scott Crawford
This is 2021. Yup, December 13th and 14th, 2021. And there were a number of other dates that I was supposed to— I would have, otherwise, been working in the ambulance in High River, and the ambulance had to be shut down on a number of dates there, as well. One of them, they did manage to find another primary care paramedic that was able to operate at a basic life support level. But there can be no doubt that the introduction of this vaccine mandate diminished the amount of emergency care available to Albertans. And I find that very curious.

Allison Pejovic
And at that time, were the paramedics able to respond to all emergency calls or what would you say was the ability of EMS to respond; was it 50 per cent of the time, most of the time?

Scott Crawford
That is a very good question. I wouldn't be able— They would, technically, be able to respond to all of the calls; it would just be a delay until the next available ambulance. But just to give you an idea after the vaccine mandate, I think was December 27th, the union, HSAA, put on another graphic or a notice on Facebook that on December 27th, Calgary was in a deep red alert and for 20 of the surrounding communities, had no ambulances available. They call it, like, revolving red alert. So a very large swath where there were no ambulances available to respond.

Allison Pejovic
So just to be clear, were you suspended from your job because of your refusal to receive the COVID vaccines?

Scott Crawford
Yes.

Allison Pejovic
And for how long?

Scott Crawford
For three and a half months. My last shift was on December 12th, and I think I was back on beginning, first week of April, I believe. So three and a half months, roughly.

Allison Pejovic
And can you comment on how you feel your suspension affected emergency service delivery to Albertans?

Scott Crawford
Well, just with me not being available, they had to shut my truck down in a number of instances. So Priddis had to be shut down on two occasions, and my truck in High River had to be shut down on at least half a dozen times, because I was not there.

Allison Pejovic
And while you were suspended, did you apply for EI [Employment Insurance] benefits?

Scott Crawford
I did. I applied for EI. However, my suspension was coded as misconduct, and not going to lie, that was a— You know after two years in the trenches,

[00:30:00]

that was quite a hit. And consequently, I was not entitled to any EI despite having paid into that for well over 30 years. I did get it, and subsequent appeals were also unsuccessful.

Allison Pejovic
Thank you, and my last question to you today will be just to explain for the Inquiry the overall impact of everything that you've been through. Whether it's what happened with your mom, the online bullying, and everything you've seen in terms of what you think might be going on with some of the vaccine's potential injury to people. How has that affected you and impacted your life and you mentally?

Scott Crawford
Oh yeah, certainly. I mean, obviously, as you can appreciate, those were incredibly difficult times to have the dissension among the ranks, the bullying and harassment and seeing our union endorsing that behavior. You know, the expectation is that the union is going to be there to protect our rights and to support those. And with AHS ignoring— I sent a number of complaints into AHS and never received a response back.

I think it's inconceivable that in the midst of a pandemic that you would treat your staff like that, and that you would place your staff on unpaid leave when it reduces the capability of the healthcare system responding to that. I guess I'm also concerned, too, that in the face of information that was contrary to the prevailing narrative, that those concerns were not addressed or even acknowledged, for that matter. So that's also of concern.

And the way that it affected my family was with the situation with my mother, with my children. It was very unfair and yeah, I'm very disappointed. It's left me with a large measure of contempt with the way that things were handled.

Allison Pejovic
Thank you, Mr. Crawford. I'm going to turn it over to the commissioners for any questions.

Commissioner Massie
Thank you very much for your testimony. We've heard from a previous expert that during the pandemic, it seems that the aims shift from protecting people and society to protecting the medical system. Do you think that the vax mandate for people, in working as a paramedic, did actually contribute to protect the medical system?

Scott Crawford
I would say that there's an argument that pushing forward with this mandate actually diminished the capability of Alberta Health Services to provide care. That's my personal opinion.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
Prior to COVID, did you have anybody, on your performance reviews, say that you negatively affected the safety of patients?

Scott Crawford
No, never.

Commissioner Kaikkonen
And when it comes to your— You were given guidance to ask for a religious exemption, but you were denied. After they reviewed the application, they thought it was for personal reasons, and yet in your testimony you refer to your personal Saviour. It's obvious to everybody listening that you had deeply held convictions and beliefs, and that you were acting according to your conscience. So I'm just wondering, at any point did the employer or the union provide any assistance of how the religious exemption could be worded differently so that your religious exemption could be accepted?

Scott Crawford
No.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
Good afternoon. Were you provided with any specialized training, when the COVID pandemic was announced, with regard to how to deal with the COVID patients, that kind of thing?

Scott Crawford
Yes, we did receive some training with regard to wearing PPE [Personal Protective Equipment] masks, how best to manage these patients with a pre-screening tool that if patients met certain criteria, we could leave them at home and give them some tips on how to manage their situation.

Commissioner Drysdale
Was there regular planning meetings or strategy meetings as the pandemic progressed, updating you on procedures and methods?

[00:35:00]

Scott Crawford
There was. With the emails that we were getting. Most of the other extraneous emails stopped, and most of the information that we were getting had to do with COVID. So we were getting information from the higher-ups via email, and then occasionally, there'd be the odd discussion if you bumped into your supervisor as well.

Commissioner Drysdale
We've heard testimony in other places in Canada, from paramedics like yourself who were suspended or released or terminated, whatever the terminology is these days. Are you aware of the number of people in the paramedic service where you worked that were affected by this?

Scott Crawford
I know there was a number of us. I couldn't accurately state in terms of EMS. Yeah, I can't give an accurate number with that. I do know that when AHS was in the newspaper, that when staff were coming back, there was only 750 folks that were coming back but I believe there was much more that went off on leave with the vaccine mandate.

Commissioner Drysdale
Did you say that there were 750 coming back?

Scott Crawford
That was one of the newspaper's articles that I was reading. Yeah, there was 750 staff, I believe, returning, that were expected back here in early April of 2022.

Commissioner Drysdale
Have you got any idea how many people are in the service to begin with?

Scott Crawford
Well, I believe there's over—and I guess I just need to be careful here because I'm not entirely familiar with the stats—I know that there's some staff that were casual staff. There could be different subsets that were included and not included here. But AHS as a whole has over 100,000 staff.

Commissioner Drysdale
How many, sir?

Scott Crawford
Over 100,000.

Commissioner Drysdale
Okay. Thank you.

Commissioner DiGregorio
Just the last couple of questions for me. Do paramedics receive training in recognizing adverse effects from vaccines?

Scott Crawford
No, we did not.

Commissioner DiGregorio
And would paramedics participate in the reporting of adverse events?

Scott Crawford
We typically didn't. We weren't aware of the tools or the reporting platforms. And I suspect if other paramedics had similar encounters at the hospital as I did, that they may be reluctant to report those. And if they did, I'd be skeptical if they did get reported.

Commissioner DiGregorio
Thank you.

Allison Pejovic
Looks like that's it. Thanks very much for your participation today, Mr. Crawford.

Scott Crawford
Great. Thank you.

[00:38:17]

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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

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 4: Michelle Ellert
Full Day 2 Timestamp: 06:19:33–06:41:35
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is attending online, Michelle Ellert.

Michelle, can you hear me?

Michelle Ellert
Yes, I can hear you.

Shawn Buckley
Okay and we can hear you, so let me start by asking you to state your full name for the record, spelling your first and last name.

Michelle Ellert
Yes, my name is Michelle Ellert, and it's spelled M-I-C-H-E-L-L-E. My last name is spelled E-L-L-E-R-T.

Shawn Buckley
And Michelle, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Michelle Ellert
Yes, I do.

Shawn Buckley
Now, I'm going to introduce you without saying what you do or mentioning who your employer is because my understanding is you don't want there to be any repercussions for your testimony today.

Michelle Ellert
Yes, that's correct.

Shawn Buckley
Okay, but your employer mandated vaccination.

Michelle Ellert
Yes, they did.

Shawn Buckley
Can you can you tell us about that? My understanding is that that came about in 2021. So can you share with us basically what happened?

Michelle Ellert
Yes, there was numerous communications that I received through email from my employer, and I was notified that I would need to be fully vaccinated to work in my workplace as of November 1st, 2021. So the mandate stated that if we were not fully vaccinated, it would be an unpaid leave or potentially termination of my employment. So the deadline for the first dose was September 21st, 2021.

Shawn Buckley
Now, were you apprehensive or hesitant about getting vaccinated?

Michelle Ellert
Yes. Absolutely.

Shawn Buckley
And can you share with us why?

Michelle Ellert
There's a few reasons why I did not want to take the vaccine. First of all, my mother, she's an elderly lady and lives in a care home. So they were mandated as well to take the vaccination or receive the vaccination. Pardon my words: they're maybe not mandated, but it was very encouraged. Since she did get her first vaccine and I noticed after that there was a lot of falls, and she was continually taking trips to the hospital for these falls. And then her blood pressure was quite out of whack after these shots.

So we're very similar: she's allergic to amoxicillin, so am I. She's allergic to sulfa drugs, so am I. So I was very concerned that if she was having any reactions to it, I might be in line for that as well. Secondly—

Shawn Buckley
Can I just, can I just stop? So had your mom ever been falling before the vaccine?

Michelle Ellert
No.

Shawn Buckley
What was she like before the vaccine? She was able to walk around and—?

Michelle Ellert
Yes, she was able to walk around and talk normally. And as times kind of progressed, she can't talk anymore, and she's no longer able to walk anymore. She's in a wheelchair at this point.

Shawn Buckley
Okay, sorry to hear that. I'm sorry, I interrupted you. You were giving another reason why you were hesitant.

Michelle Ellert
Yes, number two reason for not wanting it was just the timeline of things. I remember being in the hospital with my dad, who had passed away in December 2020, and I was watching the news and they came out with this brand-new novel Corona virus. The world's never seen this virus before. It was brand new. So then to think in a year and a half, and I'm not a logistics expert or anything like that, but how a new virus could be researched and developed a vaccine, and then tested and then produced and then distributed out to the world in a year and a half? It just seemed like a really short timeline, and I didn't feel comfortable with, Was there enough time for testing? Do they know what happens to people in five years from now after taking this vaccine?

Shawn Buckley
Right okay. So kind of your own research you were apprehensive, and yet you did eventually decide to take it. So what was it that overcame your hesitancy?

Michelle Ellert
Ultimately, I could live without going to a restaurant or a concert or any extracurricular activities, but when it came to threatening my employment of not being able to bring home a pay cheque to provide for my daughter and for my family. To be able to pay the mortgage and pay for food. I really didn't want it.

[00:05:00]

So I was looking at other jobs online, but the majority of those jobs were requiring the vaccination as well, so I kind of felt if I didn't do it, I didn't know what was going to happen. My employment was going to be threatened, and we have a house to pay for. How are we going to do that?

Shawn Buckley
So it was it was really economic necessity that led you to do it.

Michelle Ellert
Absolutely. Yes.

Shawn Buckley
Now, my understanding is that then you and your husband and your daughter, on September 24th, 2021, then all went together to get the first shot.

Michelle Ellert
Yes. That's correct.

Shawn Buckley
Okay, and can you tell us how you reacted to the shot?

Michelle Ellert
Well, they told me that I'd probably feel like flu-like symptoms and maybe not very well for a couple of days after the shot, which I did experience some of those symptoms. But I thought well, this is probably just what happens. I noticed that a few days after the shot when I used the bathroom, it was hard to urinate and I'm— I've never have this problem before. And I was like, what? What is happening here? So it wasn't burning. There wasn't any blood or anything like that. It was just kind of an odd feeling. Like, I couldn't use the bathroom like I usually did.

So days went by, October 5th came and it was the same kind of experience in the morning using the bathroom. But by the time 4:30 in the afternoon hit, I went to use the bathroom is like, wow, it feels normal again. Like things are moving here a little more freely. But by the time I hit the end of that, it was burning like fire. It was burning and then there was blood on the paper. So I thought, wow, this has to be like a bladder infection. This is the only kind of thing I could kind of relate this to.

So at that point, I needed to go get a rapid test done in order to continue on carrying on with my work, because I wasn't fully vaccinated at that point. And I went to the drug store where I was getting the rapid test. And here where I live, there's like 40,000 people who don't have a family doctor. So it's very hard to get in to see your family doctor. And being a urine infection, you're supposed to deal with those quite quickly. So I asked this pharmacist if she would be able to prescribe me some ciprofloxacin, because this is a drug that's normally prescribed for bladder infections for me due to being allergic to amoxicillin and sulfa drugs. So I went home. I took one of the ciprofloxacin and then by 6:30, I use the bathroom and now there was blood clots and my urine was bright red, blood red. It was something I'd never seen before.

So at that point, I went to the emergency department. They took some blood and they took urine samples and I was basically told at the end of that visit that, "Well, it was just a bladder infection. Just go home and keep taking the cipro." I've had a few bladder infections in my life, so I know that the drug does work, and by two days later, I'm like, "Why? I don't feel well. I just— things don't feel right. I don't feel good."

So I phoned my family doctor. Pardon me, not my family doctor, my kid's doctor. My family doctor was retiring at the time and they would not book an appointment to go in and have an appointment with her. So I begged and I pleaded with my kid's doctor, "Please, can somebody see me? There's blood in my urine and I'm not feeling well after taking this medication."

So at that point, I went to see the family doctor and he told me, "Well, I don't believe that the ciprofloxacin is working for you, so let's try a different drug. But if miraculously, you start to feel better by the end of the day, then just carry on with cipro."

So I went home from the appointment and I noticed like, I didn't really feel any worse. I didn't really feel any better, and I was quite confident that the drug I was taking would work for this bladder infection, I thought. So I didn't switch to the nitrofurantoin, and I kept taking the ciprofloxacin, and then it came to the end of my prescription. There was no more pills left and I still wasn't feeling well.

So I went to the emergency department again, and at that point, the doctor there in the emergency wouldn't allow me to explain what had happened to me in the last five days. I wasn't allowed to talk about anything prior to why I was in the hospital at that moment. And I said, "Well, it's my heart. My heart is like pounding out of my chest. It's running away from me." And so they did some heart tests, and he came back and he said: "Well, you have anxiety. You're fine. Just go home."

Shawn Buckley
Now my understanding, your blood pressure was really, really high.

Michelle Ellert
Yes, yes, it was. It was like 190 over 130 that day I believe. I have some notes here written about that. So yeah, it was quite high.

Shawn Buckley
So when they're telling you it's anxiety, this is anxiety with blood pressure through the roof.

[00:10:00]

Michelle Ellert
Yes, and he also informed me at that time that the urine sample I provided a few days before didn't grow a culture of a bladder infection. And he said, "Well, you don't have a bladder infection." And at that moment in time, being kind of overwhelmed with what was happening with my heart and the awkward feeling of being in the hospital, I didn't think about, "Well, if I don't have a bladder infection, then why am I peeing blood? Like what's happening here?"

So after that, I contacted my kid's doctor again, and I told her—told the nurse—about this experience at the hospital and how I was told that there wasn't a culture of a bladder infection. And so why would I be peeing blood? So she had told me that she was going to get a ultrasound or speak to Dr. Cunningham. And anyhow, they have arranged a ultrasound for me to go to. I went to that, and all the results of course came back normal.

With the blood test that I was given on the first trip to the emergency room, there was abnormal things in my blood work, and none of that was ever really discussed with me as to what that meant. But as the months kind of went by, I was put on a medical leave as of December 1st, 2021, and I haven't been able to return back to work.

I've had a barrage of symptoms that are somewhat softening at that point, but are really quite debilitating. I've got the chronic fatigue. Last year at this time, I was in bed 90 per cent of the day. I couldn't get out of bed. I was just chronically fatigued. There was muscle weakness and lots of pain in my hips and my knees. My vision is blurry. There's kind of a haze over the top. Like I said, some of these have kind of softened, but there's been just these symptoms have carried on from this point in October till today.

Shawn Buckley
Can I just back you up? When the ultrasound was done, am I correct that the doctor suggested that perhaps you were having an immune response to the vaccine?

Michelle Ellert
Yes, after that point of getting the normal results on the ultrasound, he did tell me he believed it was an immune response to the vaccine. And there's numerous paperwork that he filled out for the time off of work that stated that it was because of a vaccine injury and an immune response to the vaccine.

Shawn Buckley
Right. Okay. Now you've shared with us some of the symptoms that you've experienced since then. Can you tell us a little more about that brain fog? Because you were telling me about, you know, a manual that you had basically written and the fact that you couldn't go back and make amendments, that your mind was so affected at the time.

Michelle Ellert
Yes. So this would have been the last week that I worked. Because I wasn't fully vaccinated, I was sent home to work from home because I wasn't allowed to be at my place of employment. So we were about five days into the work week, and I just had a headache going on for five days constantly on this right-hand side of my head, and it wouldn't go away. I had written a manual. It was 425 pages, and it was a procedure manual for the unit that I work in. At that point, I had notes and things that I needed to add and things I needed to adjust, but by that end, last week, I was scrolling up the document and down the document. I couldn't figure out where to add things, how to word things. It would just take me forever to really complete any of my work at that point. Reading has been quite difficult for me since then. There was a point where I was having to read things out loud to understand things because as I read, it just doesn't seem to go in like it once did. You know, you just read it and you understand, but that's not how it seems to work for me now.

Shawn Buckley
So now it's been 13 months, or 13 months after you ended up seeing a specialist.

Michelle Ellert
Yes.

Shawn Buckley
And the specialist, what did the specialist tell you? At that point, you had basically been suffering for 13 months.

Michelle Ellert
Thirteen months. Yes, that's correct. And I went to see— I was told it was an internal medicine specialist, but at this point, I'm not sure if it was a cardiologist. Sorry. The brain fog and confusion over the last few months. So it was one or the other. I told him my story of what symptoms I had, and how things kind of went. And so we did some more urine tests and some more blood tests and all of that came back normal. And I'm still having these symptoms and he says, "Well, first of all, we can't call this a vaccine injury."

[00:15:00]

He says, "We don't have any proof." So for the first 13 months of going through all of these unexpected symptoms and being all of a sudden disabled, and being told it was an immune response to the vaccine, I was told that "No, we can't call it a vaccine injury anymore. We don't have any proof." So at that point, he referred me to a sleep study and the sleep study came back, was normal. And then he's now referred me on to a neurologist. That was January, and I still have not to this day received the phone call or a booking for the specialist with the neurologist.

Shawn Buckley
Right, my understanding is you also suffer from POTS [Postural Orthostatic Tachycardia Syndrome]. And can you explain what that is?

Michelle Ellert
So I have been seeing a doctor through the Canadian COVID Telehealth system. And also because of my long-term disability that I'm currently on, of course, they want me to return to work, so I've been seeing a physiotherapist to kind of assess when I'm able to return to work. So through these kind of assessments, they've talked about dysautonomia and POTS, Postural Orthostatic Tachycardia [Syndrome]. So it seems like when I stand or I do physical activity of any sort my blood pressure will skyrocket. I start to get weak in the knees, I start to feel nauseous, and basically at that point, I've got to sit down. The last time I went I was in with the physiotherapist for an assessment and they had me lifting a box with a 10-pound weight from my waist to over my shoulders. I did this a matter of four times, and my blood pressure had skyrocketed to 182 over 132. That's where the assessment kind of ended.

Shawn Buckley
Right, so they basically stopped that assessment because your blood pressure was at a dangerous level?

Michelle Ellert
Yes.

Shawn Buckley
Now can you tell us what happened to your daughter after she was vaccinated?

Michelle Ellert
Yes. I wish I could give you a lot more detail than I can, but given the circumstances, I was dealing with a lot of new features happening in my body, that I wasn't quite sure why things were happening to me. But my daughter, after her shot, came and it started with the burning in her mouth. Looking back through my notes today, I did note that she had like boils and kind of boils and white dots on her tongue, and this was kind of the first symptom, I guess, that she brought to my attention.

So we went to the doctor and he said, "Well, usually we only see this in patients who are lacking vitamins and minerals." My family eats fairly well, and so I don't know, we're eating the same diet. There shouldn't be kind of that issue of lacking vitamins and minerals, but he gave her a mouthwash after, to kind of deal with that burning. The burning stopped after that, but given a week or two later, we were back there again for the same reason: she had burning in her tongue.

Then she had an episode of burning in her scalp, which required a steroid shampoo. She's also been diagnosed with tachycardia as well, and I apologize, there was some words before the word tachycardia, and I just don't know if they said postural orthostatic tachycardia, or if it was a different type.

She's also been diagnosed with chronic fatigue syndrome. She's 14 years old. She should be full of life and energy, but she comes home from school and she's absolutely pale and white, and you can see she's completely exhausted. And this goes on week after week here. She missed a lot of school last year. This year she does seem to be somewhat improving, but it seems like it's hard for her to make it through a full week of school without having a nap between four and seven, for about three to four days a week.

Shawn Buckley
Okay, so your daughter when she comes home from school about three to four days a week, she'll actually nap when she gets home, from about four to seven. Now how does this compare with how she was before she got vaccinated?

Michelle Ellert
At that time, I had a happy 13-year-old kid. She was full of energy. She was healthy. She was happy. Like she would go to school. Things were normal, just like myself, things were normal. We would go to work and go to school, and it wasn't exhausting. We were still able to do things after a day of school or a day of work. So she's completely changed in that regard. She's just not, there's no life, there's no energy left in her, I feel anymore.

Shawn Buckley
And how do you feel that the medical system has treated you since you were vaccinated?

[00:20:00]

Michelle Ellert
I'm very thankful for my daughter's doctor who has put me on a medical leave because there is absolutely no way I would be able to work five days a week, eight hours a day. The fatigue and the headaches and things that I experienced in a day, there is no way. So I'm very appreciative of that.

But the only problem is there has not been, at this point—how many months were passed—no diagnosis. I was told in the beginning it was an immune response to the vaccine, and then I see a specialist, and then I'm told we don't have any proof. But I'm still sitting here this many months later, and I don't have diagnosis of what's wrong with me or how to treat what's happening to me.

Shawn Buckley
So I just want to be clear because you were vaccinated back in September of 2021, and we're now near the end of April 2023. You've been off work on disability leave since December 1st, 2021, and still no one has provided you with a diagnosis.

Michelle Ellert
Not from AHS, nope. There's been no diagnosis from them. I'm still sitting here waiting. I'm very thankful for Canadian COVID Telehealth at this point. I feel like if it wasn't for the doctor that I'm able to see that I would still be in bed 90 per cent of the day.

Shawn Buckley
Right. Now those are my questions. I'm going to ask if the commissioners have any questions of you. And there's no questions.

So Michelle, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Michelle Ellert
Thank you so much for having me. It's appreciated.

[00:22:02]

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 2**

April 27, 2023

EVIDENCE

Witness 5: Dianne Molstad
Full Day 2 Timestamp: 06:41:36–06:54:44
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness today is Dianne Molstad.

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

Dianne Molstad
Dianne Molstad, D-I-A-N-N-E M-O-L-S-T-A-D.

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

Dianne Molstad
I do.

Shawn Buckley
Now, you worked for the Edmonton School District for roughly 30 years, and you're a retired counsellor and teacher. You've got several university degrees and graduate work that you've done. Is that correct?

Dianne Molstad
Yes.

Shawn Buckley
And you have had a long-term issue with high blood pressure.

Dianne Molstad
Yes, indeed. I came back to Canada from a cruise with my Toronto girlfriend in February of 2020, and I was still trying to maintain the hypertension. So the blood pressure would shoot up to 180, I was taking it at home. I knew that it was about time because of my obesity, that I needed to get on a medication.

So I went for my yearly checkup, and that was in February. I was still working out at the Y [YWCA/YMCA], although I had to quit that because they refused to allow their volunteers to work if they didn't have the COVID shot. And I refused to get that shot, and I still don't have it. So I went for my yearly checkup in May of '21, and I told Christine that I was ready to go on the medication because I didn't want to die of a stroke. I was really enjoying my grandchildren, who are wonderful, and I spend a lot of time with them. Although my son and his wife had the shots, they would never allow their children to have the shots, but they wanted to travel back and forth to Hawaii and whatnot. So I spent a lot of time with my grandchildren, three and four at the time, and then a new baby. And so I've continued to do that.

Shawn Buckley
Can I just slow you down here? My understanding is you call your doctor Christine. You had been seeing her as your doctor for 30 years.

Dianne Molstad
Yes, indeed. I'd gone to the Baker Clinic all my life and my obstetrician, my gynecologist, had my children through that clinic. My children went to pediatricians there and I maintained that clinic, although the doctors did change. I had Christine for a doctor for almost 30 years, give and take some periods of time when I was out of Canada and out of the city.

Shawn Buckley
Okay, so now you have this appointment. Does Christine write you the prescription you are after?

Dianne Molstad
No, when I went back after the medical and got the results, that was at the point where we were going to discuss the medication, but she told me at that appointment on June 2, that I would not be able to come back to her clinic again if I did not take the shot. So I was just in shock because I didn't know what to do or to say. I said, "What? How can you do that?" "Oh, I can do that." And I said, "Well, what about all of your other patients?"

Because I knew she had a lot of senior patients like me. I was, well, I'm almost 78 in May, but I was at that time a bit younger. I have to admit now, I guess I'm a senior. But, at any rate, I was in shock. A lot of her patients are a lot older than that, too, and I've seen them in the waiting room.

So at any rate, I couldn't do anything. I just left, and I went home very angry, and very upset. And my son said, "Mom, just get a new doctor. Forget it. Move forward. Get a new doctor." And so I started the process that day. I started to go on the—

Shawn Buckley
Can I just make sure everyone understands? Was it strictly because you would not take the vaccine that your doctor of 30 years basically fired you as a patient?

Dianne Molstad
Yeah.

Shawn Buckley
And she made it clear that any patient that she had that was not vaccinated was going to be fired.

Dianne Molstad
Could not go in her clinic.

Shawn Buckley
Regardless of how much the patient may have depended on her for assistance.

Dianne Molstad
Correct.

Shawn Buckley
Okay, and I'm sorry to interrupt, but I just think it's so important for people to understand what you're saying.

[00:05:00]

Dianne Molstad
And it was really shocking because people were being bullied. In retrospect, I didn't put in a complaint to the medical association because by that time I realized they wouldn't have done anything anyway because they were all in lockstep. It would have been futile.

So I didn't bother with that. I proceeded to try and make appointments, and although I was disappointed somewhat—she was a bit of a bully—but she had diagnosed things for me, like, you know, she wasn't involved in my cancer diagnosis, but she was involved in another diagnosis. She was excellent at some areas of medicine, and so I really liked her.

So at any rate, I started to phone around and I found out then, in Alberta at the time, you had to be approved by the doctor. So you were not allowed to just go and make an appointment. You had to go through what was called a meet-and-greet. And if you didn't meet the qualifications of that particular physician, then they wouldn't take you on.

Shawn Buckley
My understanding also was that you were actually on the phone for four days trying to even find doctors that would have an appointment with you.

Dianne Molstad
Absolutely. I used the internet, and you have to look up physicians that are taking new clients, new patients. And then you phone, and you find out, and you wait. So yeah, it was like two days, and then over the weekend, and then two more days. I set up a number of appointments, but I needed to see somebody fairly soon.

And the reason that you can't see someone soon is because it's a meet-and-greet. And so they extend the time to a week, two weeks, three weeks, a month, three months. So I was in a bit of a pickle because by this time my blood pressure is, of course, escalating. I finally found a clinic in North Edmonton that took mainly Aboriginal people, and they agreed to take me, at which I was thrilled.

I went to see a Dr. Prince, who was wonderful. He talked me through the process and helped me onto a medication. But he was only there temporarily, and he was going into administration. So I was kind of left again in the search in trying to acquire a regular physician that I could go to for the monitoring of the medication. He gave me some hints on how to monitor it. And talked to me about people that were in isolated areas that had to do this on their own, and don't be upset about it, and there are a lot of people that live in northern regions. I understood that because I—

Shawn Buckley
And you live in Edmonton.

Dianne Molstad
I live in Edmonton.

Shawn Buckley
So it's kind of a remote region of one million people. So don't worry, you might have to manage yourself. You can't get a doctor because you're not vaccinated.

Dianne Molstad
Exactly, yeah. So that was part of it. But I had worked up on the reserves in Fort McMurray during the stats census. So I sort of understood in part what he was saying. And there are some people in northern regions of the country that don't have access to doctors, regular physicians.

So at any rate, the process continued. And I went for the meet-and-greets. And I went for several. And then finally, I had one with a doctor in South Edmonton, a Dr. L—as I've been told that I might be sued. But at this point in my life, I say, bring it on. My son said, "Don't worry, Mother, you don't have any money anyway. They won't sue you."

Shawn Buckley
Right, so you'd like to mention the doctor's name, but we've kind of counselled you "let's not name." And we don't need to. But please share the story about what happened because that's the important part, is the encounter.

Dianne Molstad
It was awful because I pride myself in being a fairly smart, independent, strong, individual woman, and I was totally insulted. She told me that I wasn't very intelligent and then asked me for the regime of vitamins and things that I was taking. So I gave her a list, off the top of my head, of all of the vitamins I was on and the amounts. She said, "Oh, well, you're absolutely taking a toxic level of vitamin D," because I was taking 4,000 units, "and why are you taking zinc? You don't need to be taking that."

I was taking 25 milligrams only of zinc at the time. And then other medication, I take a Valtrex as a prophylaxis,

[00:10:00]

because like 95 per cent of the population I have herpes. No, okay, I'm not going to go into that.

Shawn Buckley
I don't think we need that list.

Dianne Molstad
I'm sorry, yeah, I do go on.

At any rate, she basically insulted me and demanded that I— bullied me again about the vaccine. And I said, "No, I'm sorry, I am not going to take that shot." And I didn't go into the reasons. I just stood firm and said, "I'm not going to take the shot." Then, she actually accepted me as a patient, and that kind of flabbergasted me because I thought for sure she would refuse. But after bullying me and insulting me and insulting my intelligence, she said that she would take me on as a patient.

So I thanked her very much, and of course, left thinking there's no way I would ever go back to her.

So I continued in my process and eventually found a wonderful doctor at another clinic in Edmonton, the Allen Clinic. She was a young woman who gave me the lecture that they had been instructed to give all of their patients: that I should have the vaccine and blah blah blah. And I said, "You know, Dr. Porth, I'm not going to have it, and I appreciate what you're saying." She said, "Well, I have to let you know, I can't give you any exemption." And I said, "No, I don't want anything. I just want a doctor." I was pleased that she accepted me. But she did actually move after a year. She had to go to Manitoba.

But I do have a wonderful doctor now who told me, "You can vent anytime." He said, "Don't get me going because if I start to vent—" He said he's horrified at what they did to doctors in Alberta, and how they were forced to not treat their patients who were ill. And so he's a great guy; he's originally from Trinidad, wonderful man. And just totally, totally upset about the fact that, you know, they couldn't treat—

Shawn Buckley
I'm going to stop you. I actually don't have any further questions for you. I'll ask the commissioners if they have any questions for you.

Dianne Molstad
No. No. Okay, great.

Shawn Buckley
And there being no further questions—

Dianne Molstad
Thank you. Oh, and I just want to say, thank you so much for allowing me to testify. I just am floored. There were so many people that had applied, and thank you so much for allowing me because mine is so minute compared to some of the testimonies I've seen online and I've listened to, that I just feel I'm in an elite club. Thank you very, very much.

Shawn Buckley
I had to wait for the clapping to die down, Dianne. On behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story with us.

[00:13:08]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 6: Dr. Curtis Wall
Full Day 2 Timestamp: 06:54:44–07:19:45
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness, he is attending online. It's Dr. Curtis Wall. Curtis, can you hear me?

Dr. Curtis Wall
Yes, I can.

Shawn Buckley
Can you turn your camera on? There we go. So Curtis, can you state your full name for the record, spelling your first and last name?

Dr. Curtis Wall
Curtis Wall, C-U-R-T-I-S W-A-L-L.

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

Dr. Curtis Wall
Yes, I do.

Shawn Buckley
Now, I guess I should call you Dr. Wall. You have been a chiropractor for 26 years.

Dr. Curtis Wall
That's correct.

Shawn Buckley
And in that 26 years—but for an incident you're going to speak about involving COVID—you have not had a single issue with the college that licenses you as a chiropractic doctor.

Dr. Curtis Wall
That's correct.

Shawn Buckley
So can you share with us what happened?

Dr. Curtis Wall
Yeah, so I've got several bullet points to share, just to keep me on track.

Shawn Buckley
Sure, do you want to share screen then and show us those?

Dr. Curtis Wall
No, they're just kind of random.

Shawn Buckley
Okay. I'm sorry. I thought you meant slides. So carry on.

Dr. Curtis Wall
If you have any questions, please interject.

So the beginning of 2020, of course, a pandemic was called. I'll say right up front that I was suspicious about what was being declared: call it a gut feeling, call it intuition or discernment, but I just felt like something wasn't right. And then, if we head to April of 2020, our profession said that we had to keep our offices closed. They were closed except for emergency care. And so, that lasted for approximately one month. And then in May of 2020, we were allowed to reopen, but the profession had created a pandemic practice directive. And among many requirements in that directive, one of them was mandatory masking, which I did.

I did initially mask, but immediately after wearing a mask, I noticed that I didn't feel great: I felt anxious. I felt claustrophobic. I felt shortness of breath. I couldn't concentrate properly. And I couldn't provide the right kind of patient care. So I did that for several weeks and decided after that, I just couldn't wear a mask. So I took the mask off. And from approximately June of 2020 and going forward, I never wore a mask. And then if we had to fast forward to early December of 2020, I received a call from Alberta Health Services [AHS]. Health Inspector Heidi Ho said that they had received an anonymous patient complaint that I wasn't wearing a mask or my staff wasn't wearing a mask—and at the time, my staff was my son—and that I had no plexiglass barrier in the office.

Shawn Buckley
So can I just stop you because you hadn't been wearing a mask for some time. How were your patients reacting to that?

Dr. Curtis Wall
Really good. I had maybe one or two patients that would ask me why. And I would give my reasons, and they were quite fine with it. If anybody was not good with it, I would not have known. They may have left my practice, but 99 per cent of people were just fine.

Shawn Buckley
Okay, so as far as you knew everything was going fine.

Dr. Curtis Wall
Yes.

Shawn Buckley
And then you get this call from an AHS inspector.

Dr. Curtis Wall
Yeah, that's right. And so, I did confirm. I said, "Yes, I'm not wearing a mask. And I do not have a plexiglass barrier in the office." And she said, "Well, we're going to have to pass this information off to your college." And so the very next day, I received a phone call from the Registrar of the College [of Chiropractors of Alberta], Dr. Todd Halowski. And he asked me to fill him in on what transpired with the call with the Alberta Health Services inspector. So I told him some of the details. I told him that I was mask exempt and he stated that he wanted to know what was the reason behind my mask exemption. If I was coming within six feet of patients,

[00:05:00]

the pandemic practice directive stated that I had to be masked. I told him that I wasn't comfortable sharing personal health information with him just based on privacy laws. And so at that point, he said, well, he was going to have to pass this information on to the complaints director of the College, who was David Lawrence.

And so the very next day I received a call from David Lawrence. He asked me if I had not been wearing a mask and if I had no intention of doing so going forward. I said, "That's correct." And very nonchalantly, he said, "Well, I'm going to be initiating a process to have your licence suspended. And that will carry out very quickly." At that point I was quite shocked. I said, "Well, what about accommodation for me? I have an inability to wear a mask." And he stated that his primary responsibility was to protect the public, and that my not wearing a mask was putting my patients in danger, and that I was putting them at an unnecessary risk. To which I said, "How am I putting them at risk when I'm asymptomatic, and that if somebody gets COVID, they have a 99.9 per cent chance of surviving?" And so he said that he wasn't willing to— In fact, he disagreed with that information. He said he wasn't willing to debate me or discuss the issue further. So I told him I didn't want to lose my licence over this. And he said, "Well, I can't make you wear a mask. But if you're not going to wear a mask, you're going to have to sit out the rest of the pandemic and not

practise." And so he said he was going to be passing this information on to a council-appointed member, who was going to look over his decision to suspend my practice, and that council-appointed member would either confirm or deny that.

Shawn Buckley
And so, you've got legal counsel involved. You hired James Kitchen who's been a witness here.

Dr. Curtis Wall
So that's my very next point. Because at that point, I realized I was definitely in over my head. I needed legal counsel, and so I actually contacted the JCCF [Justice Centre for Constitutional Freedoms]. They put me in touch with James Kitchen. I'll be quite honest, James has been a lifesaver, and he has done such excellent work. And so I'm much indebted to his services. It's very stressful, that time. Like I said, and like you mentioned, in 26 years of practice I have not ever had a complaint issued to the College from a patient. And I've never been in trouble with my regulatory board. So these were definitely stressful times.

So after that, James demonstrated to the College that traditionally, licensed suspensions are reserved for practitioners who commit sexual abuse, commit fraud, or come to work intoxicated; that, really, I had not demonstrated any threat to my patients by a perceived threat or perceived danger of COVID. But, on the same note, James recommended that I would try to get a medical mask exemption through my GP.

So I contacted my GP and the nurse on the phone said that I had become inactive and my doctor was not seeing new patients. And he was also not issuing mask exemptions. So at that point I was looking for a GP. I did eventually find one, somebody who was willing to see me in his office, who provided a consultation, and he also provided me a mask exemption, based on my mental concerns and limitations.

From there, the very second week of December of 2020, Alberta Health Services came to my office door, two health inspectors, Heidi Ho and another inspector, and they placed a closure notice on my door effectively barring me from practising. And so for one month James and I had to come up with a strategy to satisfy Alberta Health Services' relaunch template.

[00:10:00]

Excuse me, I'm just going to have a drink of water here.

So for that next month, I was not working, and I had to create this relaunch template, which involved installing a Plexiglass barrier and also submitting various other pieces of information, including the fact that I had now a medical mask exemption letter. The College determined that they would not suspend my licence, but that they were going to place conditions on my practice. Two of those conditions were obtaining patient signatures. One form indicated that patients recognized I had a medical mask exemption, and they agreed to be treated by me without my wearing a mask. And then the second letter they had to sign indicating that they answered "no" to all the pre-screening COVID questions.

Shawn Buckley
These would be the typical questions that, if you went to the hospital, you'd get screened: I've been travelling. Do you have a fever? All of the set COVID screening questions.

Dr. Curtis Wall
That's correct.

Shawn Buckley
Now, when did they impose those two conditions on you?

Dr. Curtis Wall
That was in January of 2021.

Shawn Buckley
Now, we are in April of 2023, and there hasn't been a masking requirement, I think since the truckers' convoy in January of 2022. Are those conditions still in effect on your practice?

Dr. Curtis Wall
Yes they are. They said that the conditions would remain in effect. The initial declaration they made was that the conditions would stay in effect until there was a declared end of the pandemic. And to my knowledge, I don't think there has been a declared end.

Shawn Buckley
Okay, so I expect that you are the only chiropractor in the Province of Alberta that is screening all of their patients for COVID-19 in April of 2023. And you just smile because this is quite silly, isn't it?

Dr. Curtis Wall
Yup, you're right.

Shawn Buckley
So now my understanding is that, eventually, your hearing for misconduct did proceed, and it went on for a full eight days. And I want you to tell us about your four experts and about the one expert that was called for the College.

Dr. Curtis Wall
Yes. Can I interject just before that so I don't forget?

Shawn Buckley
You sure can. You sure can.

Dr. Curtis Wall
In the late spring—because I'm coming to that right away—but late spring of 2021, Liberty Coalition Canada heard about my case and decided to support me by covering my legal fees and media coverage. And that's another organization I just want to recognize and say that I'm indebted to. So a big thanks to them.

So yes, the hearing was originally supposed to be four days, virtual, of course. And those four days of hearing started in September of 2021. Quite quickly, we realized that four days was not going to be enough time to cover all the expert witnesses. And so in the end, it ended up being eight days of hearing and they concluded in June of 2022. And so I had testifying for me, Dr. Byron Bridle, of course he's a world-renowned immunologist and vaccinologist. I had Dr. Thomas Warren, a medical microbiologist. I had Dr. Bao Dang, who is a respirologist. And then I had Chris Schaeffer, who is an occupational health and safety specialist in mask fitting.

Shawn Buckley
And what expert did they have for the College?

Dr. Curtis Wall
Their expert witness was an Alberta Health Services doctor, Jia Hu, who was involved in the scale-up of testing vaccinations, communications, and policy development with all things related to COVID.

Shawn Buckley
And my understanding is that in February of this year, a verdict was released. Can you tell us what the verdict was?

[00:15:00]

Dr. Curtis Wall
Yes, the hearings tribunal is composed of two chiropractors and two public members. And, in January, the end of January this year, they released their 90-page verdict [Exhibit RE-7], declaring that I was guilty of professional misconduct. And so, currently, I'm waiting for the penalty phase. I'm waiting for them to determine what they're going to do based on all the findings.

Shawn Buckley
As far as professional misconduct, did they actually make up a new word to describe you?

Dr. Curtis Wall
Well, one of the words they used was that I was "ungovernable." They indicated that I had a constant theme of challenging authority and what they deemed to be proper government mandates and policies. That my challenging of authority and these mandates, on a repeated basis, indicated that I had an intention to defy the pandemic directive in the first place, and that made me ungovernable.

Shawn Buckley
Okay, so I actually think it's important for us to break down what you're saying. So you had called for esteemed experts into the issue of masking, actually dealing with the facts. And you were found to be ungovernable not because they had experts to dispute your experts but because you were not following, basically, the government guidelines. So it's ungovernable now for a health care practitioner or a chiropractor in the province of Alberta to challenge a public health guideline?

Dr. Curtis Wall
Well, that's what it would seem to indicate.

Shawn Buckley
But this is important because you basically are waiting to see what your sentence is going to be. You're telling us that, basically, what they're saying is you are ungovernable because you are not accepting the government narrative as far as what's going on with masking.

Dr. Curtis Wall
Yes.

Shawn Buckley
So it's arguably professional misconduct now to disagree with government narratives if you're a chiropractor in the province of Alberta.

Dr. Curtis Wall
Yes.

Shawn Buckley
Okay, and I'm sorry. So you're still now waiting for sanctions. My understanding is that you could be liable for the costs incurred by the College for these proceedings. Can you tell us roughly how much the College has spent in finding you ungovernable?

Dr. Curtis Wall
My understanding from my legal counsel is that the College has spent well over half a million dollars just on my case alone in the last two and a half years.

Shawn Buckley
How did this affect you going through this experience?

Dr. Curtis Wall
Well, again, quite stressful. I'm a person who keeps his head down: does his job. I do not like to make waves. So for me to be thrown into this type of situation is very uncharacteristic of me. People who know me, know me as a quiet person who works behind the scenes. And so it has definitely challenged me. It's challenged me to step up to say something when I see something is wrong. And it's been stressful for my whole family.

It's probably more stressful for somebody to watch a loved one that's going through a challenge than it is, maybe, for that person who's experiencing it. So yeah, definitely, it's been a challenging time.

Shawn Buckley
Have you felt supported by other chiropractic doctors in Alberta?

Dr. Curtis Wall
Very good question. For quite a long time, I never heard a word from a single chiropractor. And that's not to the detriment of any chiropractor because I believe my case was extremely downplayed. And unless, as a chiropractor, you were staying quite in touch with some of the disciplinary situations going on, you might completely not even know about my case.

[00:20:00]

In fact, I would not doubt that there are still chiropractors in the province who have no idea about my situation. So initially, I did not hear a whole lot from chiropractors. But one by one, they were starting to pop out, and I did start to connect with other people who I trusted. And now I have quite a few who are very supportive. I couldn't do it without their support, and so I'm very grateful.

Shawn Buckley
Now, going forward, is there anything that you think should have been done differently?

Dr. Curtis Wall
Yeah, so the question was posed to me that, what could Canada do differently based on my situation? Is that what you would—

Shawn Buckley
Really, it's an open question. As an inquiry the commissioners are tasked— one of their tasks is to try and come up with things, how we could have handled this whole situation differently. And yours is a very personal story. But I'm wondering if from that—because you would have been really thinking about this—what would you say we could have changed to have better outcomes going forward?

Dr. Curtis Wall
Yes, policies, I think. I've been looking at the whole topic of policies of late. I'm not an academic in the sense of a bureaucrat understanding all these things. But I think that we have policymakers and developers at the top of the food chain—if I would have to put it that way—that push these policies down to policy enforcers, which I would say would represent our governments, our military, our police, our regulatory bodies even. And so these policy enforcers, even my own regulatory body, seemed to really— It's like they had no choice.

I wish they could have stepped back, looked at more evidence instead of so quickly having rushed into making some of the decisions they did, especially when it comes to the topic of

informed consent. I would suggest that wearing a mask is a medical procedure because it carries a risk of producing physical or mental harm. And so any healthcare professional very well understands the process of informed consent. If you're going to do a treatment on a person, you have to fully explain what that treatment is, what are the risks and benefits of that treatment, and what, maybe, alternative treatments you could do instead of that treatment. And so in my mind, regulatory bodies did not exercise informed consent as significantly as they should have or as properly as they should have when it comes to whether masking or the shots.

And so I wish that going forward, some of our regulatory agencies would have seriously considered these policies. You had Lieutenant Colonel David Redmond on this morning. He's been one of the people I've looked up to and studied his writings. And I wish our governments and our regulatory boards would have looked at some of those studies and findings because they were already put in place. They were already recognized.

Shawn Buckley
I don't want you to go too much into what other people have said. But you did raise a very interesting point in saying that there's an informed consent part to the masks. I have to confess I hadn't thought of that before. But a mask would be considered a medical device under medical device regulations and that the rationale for us getting vaccinated was actually to protect others, which was the same rationale that we were given to use masks. So I think you've raised a very important point.

And I don't have any further questions. So I'll ask the commissioners if they have any questions for you. And there being no further questions, Dr. Wall, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving your evidence today.

Dr. Curtis Wall
Thank you very much.

[00:25:01]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 7: Angela Tabak
Full Day 2 Timestamp: 07:19:45–07:34:25
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
So our next witness is Angela Tabak. Angela, can you please state your full name for the record, spelling your first and last name.

Angela Tabak
Certainly. Angela Tabak, A-N-G-E-L-A T-A-B-A-K.

Shawn Buckley
I'm sorry for mispronouncing your last name. You know that I know your family, and so I think of you as having a different last name. You are a small business owner. But before we go any further, I'm going to ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

Angela Tabak
I do.

Shawn Buckley
You're here today to basically share something that happened concerning your son, Kyle Quinton.

Angela Tabak
Yes

Shawn Buckley
Can you please share that story with us?

Angela Tabak
I can. The beginning of the COVID time or whatever we want to call it, March of 2020, my three children were all young adult age. My oldest had just given birth to my first grandchild, living in Virginia, in February of 2020. My son Kyle was 21 at the time. He was living on his own, working full-time. And my youngest was slated to graduate from high school in June of 2020. So we all know what happened with those kids at that time.

My son was of great concern because when he was in high school, he was involved in, I guess you could call it a freak accident, and sustained a massive head injury that really changed him and put him in a very precarious situation when it came to his mental health. We were dealing with anxiety, thoughts of depression, and those types of things. But in early 2020, he was doing pretty good. Like I said, he was living on his own and working full-time.

However, when COVID hit, he very much latched on to the fear and the messaging: the constant messaging that we were bombarded with, the daily case numbers that we were being shared with by our medical professionals, the media and the messaging that came with that. It was about mid or late April of 2020 when he first called me. He was extremely anxious. He was sick, he said. Pretty sure that he had COVID, and he had no food in the house, and he was asking me to go to the grocery store and get some groceries for him. So, of course, I did that. That happened a number of times over the next 18 months, where he would call me and ask me to bring him a meal or bring him some food.

Shawn Buckley
Can I just slow you down and make sure that this is sinking in?

Angela Tabak
Sure.

Shawn Buckley
So prior to COVID, he's living on his own, he's working full-time, and basically, he's managing well. But after COVID, you're having to bring him groceries because he's afraid to go out?

Angela Tabak
Pretty much, yes. Even though he worked in what was considered an essential service industry, he reduced his hours, reduced his hours, reduced his hours, and eventually completely quit his job.

Shawn Buckley
He was actually an agricultural lab field sampler, so he wouldn't be around people. He would be going out and taking samples in the field.

Angela Tabak
Right, he would be in a truck by himself taking samples and then bringing them to the lab.

Shawn Buckley
Okay, but he was so buying into the fear narrative that even that, he was afraid of.

Angela Tabak
Yeah, absolutely. So sometimes I'd bring him food. Sometimes he'd let me into the apartment. Sometimes he wouldn't; he would just ask me to leave it on the step. Sometimes he'd let me in, but he was extremely cautious and nervous and would look around to make sure that there was no neighbours watching for fear that he would be reported for having his mother over. So yeah, he just really, really bought into the narrative.

However, there was a little bit of a bright light for him in that he realized that the colleges were all online. He'd always had a dream of owning his own business.

[00:05:00]

So he decided that he was going to attend Lethbridge College online for the year starting in September of 2020, starting a two-year program. So he did that, and he did pretty well, except he failed one course, which wasn't a surprise to me. When he told me about it, I knew because of the cognitive issues that he had after his head injury and the struggles that he had to graduate from high school that that particular course would have been a challenge to him.

So this was April of 2021. And I remember us talking and discussing what had happened with the course, discussing his head injury, discussing the anxiety, and all those things that he was experiencing. And he decided that he was going to get help, that he was finally going to go get help and get on top of this. He was nervous about attending school in September without getting some answers and getting some help. So he went to our family doctor, who referred him to a counsellor, who then referred him to a psychiatrist.

Shawn Buckley
Can I just slow you down? When you say he was nervous about going back to school, that was because it would be in person and he's afraid because of COVID.

Angela Tabak
That was part of it. I mean, that was all up in the air right then. We didn't know whether it was going to be in person or whether it was going to be online again. He was hoping for online but also just nervous because he wanted to succeed. And he felt that there was something in the way of him being able to succeed, that he had failed this one course. He felt badly about that. So it was both those things.

Shawn Buckley
Okay.

Angela Tabak
So, yes, he was referred to a psychiatrist. Now this particular psychiatrist insisted that he would not have in-office visits with his patients. They were all to be telehealth because of the COVID mandates and requirements and whatever we were dealing with. And so my son was sent a questionnaire. It was 120 pages long. He and I spent a number of hours on the

phone going through this questionnaire. There were a lot of things that he needed help finding out about because it was all my family history of mental, physical, emotional health, and his father's, and his own, and whatever traumas he may have dealt with. And I remember going through this questionnaire with him—and I've gone to doctors and counsellors all my life—and being struck by the fact that a lot of the things on this questionnaire were things that you would normally cover in an in-person appointment with your doctor or your counsellor. I just assumed that it was because of COVID that this doctor was having the patients do this at home, and then later, he was going to do something with it.

There was about a five- or six-week period between the first telehealth appointment with this doctor and then his follow-up appointment, which going back through my text messages, it looks like it was probably July 27th was his follow-up appointment.

So the night before, my son called me and had a few more questions that we just had to finish up. And I could hear him stacking the papers. We're on the phone, him on the speakerphone, stacking the papers. He was so proud of himself that he was finally getting help, and that he had gone through this very difficult process of filling out this questionnaire and opening up every can of worms basically that this kid ever had. And dealing with the monsters, basically, including all this anxiety and stuff that he'd been experiencing the last year up to that point.

The next morning according to my son, he took the questionnaire to the doctor's office and dropped it off as he was instructed to do. That afternoon he had his telehealth appointment with the psychiatrist, and, according to him, when the psychiatrist came on, he said, "How are you doing? What can I do for you?" Kyle explained, "Well, I dropped off my questionnaire at the office." And the doctor said, "Oh, I'm sorry. I'm not working in the office today. I'm working from home. I don't have your questionnaire. So, we can't really go over it. So you will have to call the office and rebook your appointment."

Shawn Buckley
Can I just interject? Because it just seems to me that a psychiatrist is dealing with people that are mentally fragile and would likely be dealing with people that would need to be seen in person. This telehealth thing for a psychiatrist, I find interesting. Did you think that was strange?

Angela Tabak
I had major concerns about that,

[00:10:00]

major concerns. Because I knew how fragile he was and what had happened to him, how it had gotten even worse since COVID.

So when my son told me this three days later after the appointment, I said, "Well, when is your next appointment?" He said, "Well, the first one they could get me in was September 25th." And I was concerned about that because I knew the whole reason he's gone through this was because he wanted to be prepared to go to school whether it was in person or whether it was online. He was nervous about this. I even said to him, "Hey look it, if you want me to go all Mama Bear, I'll call up the office and we'll get this figured out." He said,

"No. No, no mom, don't worry. It's going to be okay. It's going to be alright." At that time, I recognized that there was some resignation in his voice that I was not too happy about.

So it was Labour Day, September 5th. It was a Sunday night. He called me, and he call me quite late, which was nothing out of the ordinary. We chatted for about 10 or 15 minutes. We talked about the fact that he was starting school on Wednesday. It was going to be in person. He was nervous about that, but he also said, "But I'm looking forward to getting back to school." Then, I was like, "Okay, great bud, like you've got it, you can do this. You're going to be all right."

The next morning his father called me about 6:30 in the morning to tell me that he was gone. He had called 911 and told them what he was about to do. He had given them his address. He lived in a building that had multiple units. He was concerned that they would damage the front door; so, he had gone down and unlocked it and propped it open for EMS [Emergency Medical Services] to be able to come in. He told them that he didn't want anybody to find him a few days later. He had written his two sisters and his dad and myself each a personal letter. Each letter began in the same way with an apology but also stating that the pains, the anxiety, and depression can no longer get to me. He had laid out his wallet and his ID so that the police officers would be able to find it easily. He had written a letter of apology to the police officers and to the EMS apologizing for what they were going to have to come in and see.

Because he had made that call, we were able to get him on life support quick enough that we were able to save a number of his organs and donate them. That was the kind of boy that he was, always tender-hearted and always looking out for everybody else. I feel that the standard of care for the mentally ill was extremely, extremely compromised through these COVID mandates and that singular focus on a respiratory illness took the lives of many, many other people.

Shawn Buckley
I don't think that there's a dry eye in the house. I don't have any further questions for you. Perhaps the commissioners will.

There will be no questions. Angela, on behalf of the National Citizens' Inquiry, I sincerely thank you for sharing that with us.

Angela Tabak
Thank you for the opportunity.

[00:14:40]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 8: Drue Taylor
Full Day 2 Timestamp: 07:49:15–08:27:57
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. As we continue on the second day in Red Deer, our next guest is attending virtually. Drue Taylor. Drue, can you hear me?

Drue Taylor
Yes, I can.

Shawn Buckley
Now, Drue, you are 33 years of age.

Drue Taylor
I am.

Shawn Buckley
I'm going to begin by asking if you can state your full name, spelling your first and last name for the record.

Drue Taylor
Sure. I'm Drue Taylor. D-R-U-E T-A-Y-L-O-R.

Shawn Buckley
And Drue, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Drue Taylor
I do.

Shawn Buckley
Now, I had pointed out that you're aged 33, just because I want people watching your testimony today to appreciate that you're a young person. Now, how would you describe yourself before you became vaccinated?

Drue Taylor
I was extremely active, very lively, and just tons of fun.

Shawn Buckley
Okay, and my understanding is, you were a yoga instructor, is one of the things that you did?

Drue Taylor
I was. And a professional massage therapist for humans and horses.

Shawn Buckley
Right, and going back to the yoga thing, though, you actually did a class that was termed as power yoga.

Drue Taylor
I did. And I also did weighted yoga where you do power— Different type of things with weights.

Shawn Buckley
Right, so when you tell us that you were very fit and you're very active, you were actually, basically, as a professional yoga trainer leading classes that fit people would find to be challenging.

Drue Taylor
They did.

Shawn Buckley
Okay. So can I ask you what led you to become vaccinated? What was going through your mind? What were the issues?

Drue Taylor
Well, as someone who loves science, and the medical community has saved me a couple of times with medications. At the same time, I've never had any reason to not trust a vaccine. I've never had a reaction from one. I've had all vaccinations that have been asked of me or

required for travels, and I've never had a reaction. So going into hearing about the COVID vaccines, honestly, I was actually kind of excited for protection of COVID.

Shawn Buckley
Okay. The mainstream messaging was telling us that it would be a protection and you were excited about that protection. Did you seek any advice before getting vaccinated?

Drue Taylor
Absolutely. I did. I have had a blood clot in my lung before. I have a condition called Leiden Factor V [V Leiden]. So it makes my blood 15 per cent thicker than the average person. So before vaccination, I did see my primary health care doctor, and he highly recommended the vaccination because COVID also causes blood clots. He just said not to take AstraZeneca because, at that time, there was already some things with blood clots related to that. He suggested I take Moderna.

Shawn Buckley
Okay, so this doctor that you consulted, was this your family doctor?

Drue Taylor
Yes, absolutely.

Shawn Buckley
So you specifically asked about it because of this pre-existing condition, and your doctor encouraged you. And just so that the people watching your testimony— You said your blood is 15 per cent thicker. The risk of that is you are more likely to form blood clots than other people.

Drue Taylor
Yes, that's correct.

Shawn Buckley
Okay. So the doctor is saying actually COVID causes blood clots, so that you need to be protected from COVID.

Drue Taylor
Yes, I was in the high-risk category.

Shawn Buckley
Okay. Now my understanding is that you got your first shot on April 24, 2021, and that was a Moderna shot.

Drue Taylor
That's correct.

Shawn Buckley
Can you share with us what happened?

Drue Taylor
The day we got the shot, honestly, I was relaxed. I was happy after the shot. We went home and within four to six hours, I did not feel okay. It felt like my heart was going to literally beat out of my chest. If you are a female, you've ever had pregnancy and a baby kicking in your uterus. It's exactly what it felt like, but in my chest. Just really hard kicks. And then whenever I stood up, I would just feel this immense pressure. I would get super dizzy, extremely nauseated. I could hear my heartbeat in my head. I didn't feel normal. I felt like I was going to just black out, whenever I stood up.

[00:05:00]

So I did end up going to the emergency room that night.

Shawn Buckley
And what happened at the emergency room?

Drue Taylor
They did testing, like EKGs [Electrocardiogram] and that came back normal. But when I was doing that, I was lying down. The nurse caught sinus tachycardia. So when I would stand up, my heart rate would go to 130 beats per minute. But all of their testing and blood work that they had done that night, they said came back normal. So I was sent home. The emergency doctor requested an emergency Holter to assess my heart further.

Shawn Buckley
And when you're telling us that when you stood up, your heart rate would be 130 beats a minute. That still is a resting heartbeat, right? You weren't doing any exercise or walking around. All you did was stand up.

Drue Taylor
That's correct.

Shawn Buckley
Okay. So you're sent home with the Holter. What do you do the next day? You contact your doctor.

Drue Taylor
So the emergency Holter didn't actually come right away. She requested it. It came a while later. But going home the next morning and into the next day, I actually received a phone call. No, before that I contacted my family care doctor, and I let him know what happened to me. He immediately said don't take the second vaccine. This is a reaction, and we need to figure this out. I want you to stay home and rest, and this is weird. We don't know what's going on, so rest and keep me updated.

Shawn Buckley
Now did your family doctor say anything about whether or not you should be taking the second shot?

Drue Taylor
Immediately. That was his first thing. He said, "Don't do it." He said, "This is a reaction. Don't take the second vaccine." That was his immediate response.

Shawn Buckley
Okay, and then my understanding is three days later you get a call from AHS [Alberta Health Services].

Drue Taylor
Yeah, so AHS—unknown to my doctor—they had their own doctor now on my case because the hospital had to put in that I had an adverse reaction because I was in the hospital in the ER within hours of taking a vaccination. But I got a phone call from a nurse named Karen, and she let me know that all my tests were coming back fine, and that it was not an adverse reaction. And I let her know that there was further testing going on.

Shawn Buckley
Now, so this is a nurse that's telling you that it wasn't an adverse reaction. My understanding is that she had reported that a Dr. Song had reviewed your case, and that she was just passing on that information?

Drue Taylor
That's true.

Shawn Buckley
Did you ever speak with Dr. Song? Or be examined by Dr. Song?

Drue Taylor
No, and she refused to let me speak to him about my case. And I asked her specifically to talk with the doctor because I wanted to understand his reasoning. And she said, "No."

Shawn Buckley
In your life, whenever you had—I assume you've been to the ER before—had you ever gotten a call from AHS following an emergency room visit before?

Drue Taylor
Never. I've never had doctors I didn't know contact me or be put on any kind of health case I've had, ever in my life.

Shawn Buckley
Okay, and did this Karen tell you anything else? Did she tell you about your symptoms and perhaps what you should do?

Drue Taylor
At this point no. Like I said, I let her know that further testing was going on. I wasn't willing— Like I didn't want to talk about the vaccines at that point, because I was pretty stubborn in that I definitely had some kind of reaction, because it was right after. So I was frustrated in talking with her.

Shawn Buckley
Now, you had a few conversations with her.

Drue Taylor
Three. She called me three times.

Shawn Buckley
Okay, can you tell us about the other calls that she made?

Drue Taylor
Sure. So after the Holter monitor came back normal, the cardiologist at the Sturgeon Hospital also asked for an echo of my heart—an ultrasound of my heart—and that came back normal as well. And then at that point, he referred me to another cardiologist, Dr. Gee, at the Royal Alec [Royal Alexandra Hospital]. And I had seen him, and he was suggesting that I might have POTS [Postural Orthostatic Tachycardia Syndrome]. And this is the first time I had heard about POTS, but I was going to have to wait for a testing. So to test for POTS, which is Postural Orthostatic Tachycardia Syndrome, you have to do a tilt table test. And it was COVID. That it was happening, there was a lot of different closures, and different things were being, you know—

Shawn Buckley
Drue, I'm just going to slow you down. And maybe just back up and ask

[00:10:00]

you about the second and third call a little later.

But she's communicated to you that it's not a vaccine reaction?

Drue Taylor
Yes.

Shawn Buckley
But your doctor thought you did have a reaction.

Drue Taylor
Yes.

Shawn Buckley
To the vaccine. And my understanding is you also spoke to the pharmacist.

Drue Taylor
Yes, I did. The pharmacist I called back, as well with my doctor, the day after I ended up in the hospital. And she said that she would file the paper works necessary.

Shawn Buckley
Right, so the pharmacist thought it was a reaction also.

Drue Taylor
Immediately, yeah.

Shawn Buckley
Okay. So after this first call from Karen at AHS, what symptoms were going on and continuing?

Drue Taylor
There were 15, 20 plus symptoms.

Presyncope: So, I felt like I was going to pass out any time I stood up. I would have to hold myself against the wall for a few minutes when I first stood up—and this is something I still do.

Blood pooling: So my blood would pool, and it was into my fingers, my tip of my nose and my feet really bad.

I would have numbness in my hands and my feet. Random extreme body pains.

My entire diet changed. Whenever I ate, I would feel like my heart was rushing. And I felt like I was going to pass out just from eating.

Someone coming to talk to me, whether they were really excited, or if one of my kids was having an issue or something like that, where it was a more stressful situation, I would immediately feel sick.

I was also getting sick daily, multiple times, daily. Basically, anytime I tried to ingest anything, I would either get sick or have horrible constipation. Basically, anything my body used to do, was not doing.

Shawn Buckley
Was there any shaking in your body?

Drue Taylor
I had extreme trembles, and I still do. But my hands will shake and my whole body just feels shaky. Yeah, I tremble, and I would tremble.

Shawn Buckley
Did this affect the way you had to shower?

Drue Taylor
Oh. Showering immediately made me feel like I was going to faint. There's no way I could be in a warm or hot shower without having a severe issue. And it just made me feel like I was, you know, in the middle of a storm on a ship and I couldn't see. It was horrible.

Shawn Buckley
Right, and what about your sleep?

Drue Taylor
I could only sleep about 20, 30 minutes at a time before my body would then wake me up with my heart racing. I felt like I was falling out of an airplane. And I would wake up feeling like, "I have to go now. Something is going on and the war was at my door." Only 20, 30 minutes of sleep is what I could manage before a massive cold sweat and waking up to feeling terrified.

Shawn Buckley
Right, and were you able to continue with your employment at this time?

Drue Taylor
No. At this time, I owned my own massage therapy company and was still teaching yoga. I could not see any clients.

Shawn Buckley
Now, how long did these symptoms that you've described go on?

Drue Taylor
They lasted pretty severely for five to seven weeks after the first vaccination. And they slowly started becoming manageable. But then all of a sudden summer hit—and the heat outside—I started having new symptoms like heat strokes, which I've never experienced. I used to teach hot yoga. So the symptoms lasted. I wasn't ever able to get back to my full normal work ethic or normal self.

Shawn Buckley
Okay, now you did start trying to work again. Can you tell us about how that went?

Drue Taylor
Sure. About after five to seven weeks, I slowly started taking on, one to three clients in a week. But after I tried to work— The way I've always done massage therapy is a very physical way. And I was drenched in sweat after a 60-minute massage, which is not typical for me. I had scrubs and two layers underneath, and everything was soaked, and I was just dripping. I felt like I had ran three marathons and like I, again, went to war yesterday. So after one massage, I was just drained for the whole day, and no one could even approach me. My head was just pounding, and symptoms were severe.

Shawn Buckley
Now prior to your vaccination, how many clients would you typically handle a day in your massage practice?

[00:15:00]

Drue Taylor
Anywhere from five to eight clients in a day. And if I was working with my horses, anywhere from one to four in a day.

Shawn Buckley
Okay, and again, you're also a massage therapist for horses.

Drue Taylor
Yes.

Shawn Buckley
Now, let's talk about your second call from AHS. Can you tell us about that?

Drue Taylor
Sure. So that was after I had seen the second cardiologist who had suggested POTS, but I was waiting on the tilt test. So this was between my tilt table test to determine POTS and the first vaccine—so it was around August—she called me. Then at this point, I was starting to, like I said, feel the symptoms of the heat and things were— I still wasn't right. But she called me, and she told me that based, again, on all of the information that she had—from the echo, from the original Holter—that I had nothing wrong with me, and that I should get the second vaccine. And at this point, she absolutely said that there was actually— Not only that I should get the second vaccine, but I needed to because I have had a blood clot in my lung before. So she told me I needed to get the second vaccine, even though my cardiologist at the Royal Alec was waiting for further testing. And he, at this point, did not recommend the second vaccine.

Shawn Buckley
And again, had any AHS doctor even spoke to you, let alone examine you?

Drue Taylor
No.

Shawn Buckley
And had AHS ever, prior to this vaccination, phoned you for anything?

Drue Taylor
No.

Shawn Buckley
And did you ask them to phone you? Did you engage in some process and ask them to contact you about this?

Drue Taylor
No. To be totally honest, I was probably pretty rude to her on the phone, because I was very frustrated that: a) she was calling me to tell me this without me talking to the doctor; and b) she was telling me to get the vaccine when at this point, I had several doctors telling me to wait.

Shawn Buckley
Right, and you would have communicated that to her, that your doctor was saying don't.

Drue Taylor
Oh, I did.

Shawn Buckley
Right. Now your symptoms continued. Can you tell us kind of how things progressed?

Drue Taylor
Sure. So like I said, in the summer, I was experiencing extreme heat issues. We normally go to BC, and I was—the entire time we were there—I just was sick. My head was screaming. I felt like I couldn't talk to people. Going out in the sun was just awful. I just basically cried and stayed downstairs trying to stay cool.

Towards the fall, I did end up getting the tilt test. I believe that ended up happening in November. So it was really late fall, beginning of—

Shawn Buckley
Now, this this is for POTS, right?

Drue Taylor
Yeah, so a tilt table test.

Shawn Buckley
Can you explain what the word, the acronym POTS stands for and what it is? Just so that people listening to your testimony understand what you're being tested for.

Drue Taylor
Sure. POTS is postural orthostatic tachycardia syndrome. So basically, when a person stands up and their heart rate reaches above 130 or higher, and it maintains that as they stand, that's POTS. It's postural tachycardia, so when you stand your heart rate goes crazy.

Shawn Buckley
Okay, so Dr. Gee had suggested that you take this test. And you do. And tell us what happened.

Drue Taylor
So I did take the tilt table test with Dr. Gee in November—by the time it was able to happen. And they told me it was inconclusive. When it was said and done—I didn't pass out—but again, at this point, I had never passed out. I had only felt pre-syncope, or like I was going to pass out. So when the test was concluded, Dr. Gee came in and he talked with me for a few minutes saying that I should get the second vaccine, and he was not going to be giving me an exemption. He believed it was a coincidence that I had symptoms so quickly after. He left the room then. Oh, sorry. He also told me that he would be referring me to a neurologist for my anxiety and he dismissed all other symptoms.

After he left the room, there was also a resident cardiologist who had been present for the tilt table test, and the nurse who had been there the whole time tracking my blood pressure. This resident cardiologist and nurse proceeded to then talk to me for 15 minutes, about why it was important for me to get the second vaccine. They talked about their personal experiences with it, and why they believed that I absolutely should. And the nurse's advice to me was just to simply have some pickles in reference to my symptoms.

[00:20:00]

Shawn Buckley
So you have basically largely been disabled. You have been seeing doctor after doctor. You're not actually passing out with this table test, but I imagine your heart rate is being measured and it's going through the roof, which is not normal. And the cardiologist tells you to get the second shot, and you probably weren't even asking about whether you should or shouldn't. Am I right?

Drue Taylor
That's correct. At that point, I just wanted to know what the heck was wrong with me.

Shawn Buckley
And then the resident doctor and the nurse—and I assume you didn't ask them about whether you should get vaccinated or not—lecture you for 15 minutes.

Drue Taylor
They did.

Shawn Buckley
How did you interpret that? I mean, what did you think was going on, with all this energy by two doctors and a nurse, for you to take your second shot?

Drue Taylor
To be totally honest, I was so lost. I felt like I was in the middle of just everyone. I felt like the doctors had no idea what was wrong with me because there was no information on this vaccine, and then they couldn't pinpoint or tell me. But they also didn't want to take any kind of— I don't know if I want to say blame as the correct word, but the doctors didn't say, "I don't know." They could have said, "I don't know what's going on with you. You need further investigation." But they didn't. They said, "You don't, and you need this vaccine."

And that, to me, didn't sit well. Because the science that I know and that I love, you continue testing. And then when you find something that, you know, makes the previous science null and void, you go with the new science. So it makes sense to me that people take this vaccine, that there's going to be reactions. But what didn't make sense is that they weren't acknowledging me at all about that reaction. Why not study me instead? They just pushed this other vaccine on me, and I didn't know what to do. I had no idea if I should take the second vaccine. Which I, at that point, I did feel like I should because I was scared to get a blood clot again. Because I've already had that and that was horrifying. So I was scared and confused and lost.

Shawn Buckley
And I'm just curious because this is December of 2021. Am I right?

Drue Taylor
Yes.

Shawn Buckley
And so COVID hit us in the beginning of 2020. So literally about two years in. Did anyone ever test you for antibodies to see if you had acquired COVID and then had obtained natural immunity?

Drue Taylor
No. I had voluntarily gone to get tested for COVID just because I was, you know, trying to take on clients in my home, and I wanted to be as careful as I could. So when they allowed it to be voluntary, I did go and get tested, and it was negative every time. And they never tested me further for any kind of antibodies.

Shawn Buckley
Right. Okay. So you go in to get your second dose on January 8th, 2022, when you get a shot of the Pfizer vaccine. Can you tell us what happened?

Drue Taylor
Right away it was okay. Honestly, I came home and hugged my husband, and I was like, oh my God, maybe I didn't react to it. But then, about 24 hours later, all of my symptoms came back—tenfold—and I actually did begin passing out. I couldn't stand without, just feeling like a bomb hit me. I couldn't reach, sitting up straight would just make my heart rate skyrocket. Everything was worse and there was a lot more symptoms and they were more severe.

Shawn Buckley
Can you tell us about those?

Drue Taylor
Well, passing out for one thing. Standing up, sitting down, if I got stressed, I would pass out. I couldn't watch screens at all, like reading things, texting, talking, watching a show, nothing. I could basically just sit there and exist and even then, the room would spin.

Throwing up was constant. Like I couldn't keep anything down.

Going to the bathroom, I actually passed out trying to go to the bathroom. And it happened to me consistently. Anytime I tried to go to the bathroom, I was pretty much just passing out.

Showers became impossible. Raising my hands to wash my hair or anything like that, that didn't work.

I couldn't communicate also. I was stumbling my words and I still do when my symptoms are high. I'm medicated right now, and I have lots of water in me—which I didn't know I needed as much as I do now. But I couldn't speak,

[00:25:00]

I couldn't walk, I couldn't do anything.

Shawn Buckley
Now it is 15 months after your second shot. Tell us about if you're able to walk now, 15 months after your second shot.

Drue Taylor
Kind of. I use my walker and I have a cane that I often use. And some days I can make it around my house just walking, but I'm holding on to my counter, my table, and I'm using my arm on the wall. Still, I need this, just because when I stand up, I just start to feel dizzier and nauseous.

Shawn Buckley
And my understanding is, if you do choose to walk around your house, that you pay a physical price for that.

Drue Taylor
Oh my gosh, yes. Every day, just any activity that I do, I need to rest after. I'm not like I was. Every little thing I do requires rest and thought. Like, you know, getting up to go to the restroom for a normal person isn't a thought. But for me, I have to get up, and then feel that rush a little bit. And then it just, I'm exhausted after something very simple. And it takes me some time to rest. Like even after this interview, I have to go lay down for probably two hours just to feel okay.

Shawn Buckley
Right, so for you sitting there doing this interview is going to exhaust you to the point where you're going to have to go lay down for a couple of hours.

Drue Taylor
Absolutely.

Shawn Buckley
Can you go to the store with your walker?

Drue Taylor
No, I need a wheelchair if I'm going to a store somewhere where I'm not sure if I'm going to be able to sit down right away, and I don't know how long I'll have to walk for. I absolutely can't go more than a block without an issue, so I take the wheelchair if I'm going to any kind of store. And I rarely go to a store because that usually takes me three, four days to just kind of recover from.

Shawn Buckley
Right, and are you able to reach above your head?

Drue Taylor
If I'm medicated and I have water in my system, I can do it. But still not without struggle. I still struggle to do that. I feel, again, this rush and I can hear my heart rate just in the back of my neck, and I get a massive headache.

Shawn Buckley
And how is showering today, 15 months after your second shot?

Drue Taylor
I still have to sit down. I generally take cold showers. Heat still is a massive trigger for a flare for me.

Shawn Buckley
Right, and I'm just thinking that, when you had seen Dr. Gee and done the table test, because you weren't passing out, he said that you didn't have POTS. Now there's no doubt in anyone's mind that you have POTS. Am I correct?

Drue Taylor
That's correct. I was diagnosed in April or May of last year. Dr. Raj diagnosed me with POTS and likelihood of hyper and genetic POTS, which is a sub-type.

Shawn Buckley
Okay, and there's also no doubt that it's the vaccine that caused it.

Drue Taylor
Yeah, it definitely triggered it.

Shawn Buckley
The doctors agree with that now.

Drue Taylor
Yes, they do.

Shawn Buckley
And has this affected your eating? So just again going to your experience now 15 months after your second shot.

Drue Taylor
Yeah, I can't handle gluten, dairy, soy. Anything with histamines I stay away from. My diet is basically the same things every day and for me to get in— I'm not getting in enough calories still. I can't eat enough in a day. I feel too sick. In fact, I feel better when I don't eat much because digestion is something your autonomic nervous system handles, and mine is not functioning.

Shawn Buckley
Now, you'd mentioned, Dr. Raj. So he's a new doctor that's helping you. Is he giving you any hope going forward? How is he describing what your likely future is?

Drue Taylor
Dr. Raj has said to me that there is no cure for what I have, and his job is to make me comfortable. He said that more than 70 per cent of his patients do not end up back at work.

[00:30:00]

So he's just trying to make me not as miserable in my day.

Shawn Buckley
So you're 33 years old and your doctor is basically saying his job at this point is to make you comfortable.

Drue Taylor
Yup.

Shawn Buckley
How does this experience make you feel?

Drue Taylor
There is nothing that could have prepared me for this. And I feel like my life is literally turned upside down. And every day I have to choose to look at my silver linings, like my cup of tea that tastes good. I have to really— You know that's my good thing. Where my friends are like, "I went to Mexico." And I'm like, holy crap, for me to fly—

I don't even know what to dream for right now for me, or to hope for because we're a year plus after and I still need my walker. And pressure changes suck with the weather. I can tell it makes me flare.

This whole process has been— It's devastating. It's extremely depressing. I really struggle right now to push through every single day. And to just listen to the comments from people who don't understand what I'm going through, like, "Why aren't you better yet?" It's like, because I have chronic illnesses now, and I have to explain this so many times—as does my husband—that nothing in our lives is normal right now.

Shawn Buckley
Can you tell us how this has affected your children?

Drue Taylor
They're such good kids. They were really used to me being the mom that would run next to them when they rode their bikes. We would go out multiple times a week to parks. I was so active with them. I would do yoga with them and guide them through it.

Now they know to leave me alone if my door is shut because I can't handle talking to them at that moment, or I'll puke, or I'll pass out. They know that if I'm dizzy, and my head is down on the table, that they can't approach me. They have to go to Dad. They know not to ask for things from me, and they just go to Mike—my husband—now a lot of the time for things. It's changed my parenting style completely.

Shawn Buckley
Finally, my understanding is that you filed for the vaccine injury program. And this June, it'll be a year. Has anything happened with that?

Drue Taylor
Oh, I just a couple days ago got an update. And they had said, "We're in the medical board phase," so phase two of three. So only half of the doctors have— They only have files and medical records from half of the doctors that I released them to get files from. And I have been in the medical board section, or phase two of this program for months now. And I figured, you know, I'd be moving along quicker than this.

Shawn Buckley
Thank you. Drue, I don't have any further questions for you, but the commissioners may have some questions. And they do.

Commissioner Drysdale
First, I thank you for your testimony. Can you tell me whether or not you requested or gave permission for an AHS doctor, who you did not know, to examine your personal medical files?

Drue Taylor
I never did. I never gave permission.

Commissioner Drysdale
Thank you.

Commissioner Massie
Thank you very much for your testimony. So sad to see the situation you're in. I'm wondering, given the really sad experience you had after the first vaccine, was there anyone around you that would give you what we might consider a second opinion to really make you consider that this was not a wise move?

Drue Taylor
No. Every single doctor that I talked with beyond— No, every doctor after that tilt test told me that I needed the vaccine, not just to take it.

[00:35:00]

My personal health care doctor, he was reluctant to tell me to take the vaccine. But he too simply said, "You know, your cardiologists and your specialists are telling you to take the vaccine. Let me know when you do." There was not one doctor that looked at me or my file or talked to me and told me, "You know what, you had a reaction, and I think we need to do further investigating before you continue on to the second one." Every single doctor that I spoke with told me I needed the second vaccine because of my blood clot past.

Commissioner Massie
Did you have the chance to provide some feedback to these doctors that advise you, or lecture you to get the second shot as to whether, given your current situation, they would revise their medical advice?

Drue Taylor
Honestly, I hope one day I get the opportunity to see, at least Dr. Gee, the cardiologist who handled the tilt test, or at least to let him know how I'm doing because I hold him accountable to a certain extent, absolutely. He could have told me I needed further investigation and to see an autonomic specialist. And instead, he told me to get the second vaccine—that I needed it—and to see a neurologist. And he dismissed me.

I think that all of the medical professionals on my case telling me to get the second vaccine—especially Dr. Gee and the cardiologist present and the nurse, and the AHS nurse and Dr. Song—they all need to see me now. They need to look at my records now, and see how much suffering I have gone through in the last amount of time. I feel I'm owed more than an apology from them. There needs to be a change, this was not okay.

Commissioner Massie
Can they look at you straight in your eyes?

Drue Taylor
I would like them to. I would certainly look them in the eye and tell them that this was not okay. And do you think that your advice to me was okay? I would like to ask them that. Because I would not have gotten the second vaccine knowing what I know now. Absolutely not.

Commissioner Massie
Thank you.

Commissioner DiGregorio
Thank you so much for sharing with us today. You mentioned that you're taking part in the vaccine injury compensation program and that you're still in the middle of the process. How long have you been in the process?

Drue Taylor
June will have been a year.

Commissioner DiGregorio
Okay, and do you have any expectation of how long it will take for you to get some resolution in your case?

Drue Taylor
They originally told me the process would take anywhere from 12 to 16 or 18 months. Honestly, I forget if it was 16 or 18, but they did tell me it would take some time.

Commissioner DiGregorio
Okay, and what is your understanding of what type of compensation you will be available to get?

Drue Taylor
My understanding is that it's on a case-by-case basis, and when it gets to that point, we'll cross that bridge.

Commissioner DiGregorio
Thank you.

Shawn Buckley
Drue, the commissioners don't have any further questions. On behalf of the National Citizens Inquiry, I sincerely thank you for being willing to come and share with us today.

Drue Taylor
You're welcome. Thank you.

[00:38:42]

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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

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 9: Jeffrey Rath
Full Day 2 Timestamp: 08:27:57–09:20:23
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is going to be Jeffrey Rath. Jeffrey, can you come up to the stand, please?

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

Jeffrey Rath
My name is Jeffrey Ralph Wallace Rath, J-E-F-F-R-E-Y. Rath, R-A-T-H.

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

Jeffrey Rath
I do.

Shawn Buckley
Now you've been a constitutional lawyer for 32 years. Can you briefly introduce yourself and the experience that you've had as a constitutional lawyer?

Jeffrey Rath
Certainly. My educational background, I hold honours degrees from the University of Alberta in political science. I have an honours degree in law from the London School of Economics and Political Science, which is a college of the University of London in England. I have been practising almost exclusively in the area of constitutional and administrative law for 32 years, winning a number of cases, including cases at the Supreme Court of Canada on behalf of Indigenous people of Canada.

And since the outset of the assault on our personal liberties and the liberties of my fellow Canadians, I've been engaged in COVID litigation since the fall of 2020, in cases involving the Alberta government and citizens whose rights, lives, and businesses were destroyed by the medical dictatorship presided over by Deena Hinshaw in this province.

Shawn Buckley
Now, we've had several lawyers come and speak on different issues concerning how the Courts have dealt with COVID. But you're here to share with us something different concerning administrative law reviews. I'm wondering if you can introduce that topic to us and then share your thoughts.

Jeffrey Rath
Certainly. As a result of my experience in the courts through COVID, and I would say my experience in the courts doing administrative law prior to COVID and then after COVID, it really became clear to me that the real problem that we face in terms of having the courts protect the rights of citizens in the context of administrative law and judicial review is one single word. It's a word that has a very subjective interpretation as it's applied by the courts and by the judges. And that word—its variations of the word—the word "reasonable" and the word "reasonableness" in an administrative law context.

And, of course, going back through the history of administrative law, the standard of reasonableness in administrative law has always been a tricky one. The English test was out of a case that then came to be known as the Wednesbury Rule on Reasonableness, which was: the decision of a bureaucrat or a bureaucratic or administrative decision-maker was only unreasonable if it could not have been made by any other reasonable decision-makers. So you can see how circular that is. And how easy it is for any decision-maker, having a particular will to not decide in favour of an applicant, could easily just use that definition to step out from underneath ruling in favour of the citizen or ruling in favour of actual judicial review.

Now in the Canadian context, I would submit, and my concern is two cases have created substantially even more mischief than the old Wednesbury Rule that was brought up through what's called the Dunsmuir case in Canada. But the two cases that I'm concerned with—and I think need to be legislated out of existence because there's no remedy in the Courts, and they're common law cases, so they can be legislated out of existence—is the Doré case or Doré versus the Barreau du Québec case, which was used by the British Columbia Court of Appeal in Beaudoin et al versus the Attorney General of British Columbia to deny rights in that case. And then the other case from the Supreme Court of Canada, which I say needs to be legislated out of existence, is the Vavilov case [***Canada (Minister of Citizenship and Immigration) v. Vavilov***] **at the Supreme Court of Canada, which basically takes the Wednesbury Rule and then injects it with steroids and creates a situation where no citizen challenging an administrative decision has a hope of ever winning in the face of a decision that's made by an alleged expert in the context of their expertise.**

Of course, that's what we've run into in the context of COVID. We have people that the courts defer to.

[00:05:00]

Deena Hinshaw—let's start with her—perfect example. She's afforded the deference of an expert, notwithstanding the fact that a number of statements that she's made publicly and

otherwise were negligent and delusional. I'll provide an example of what I would consider to be a negligent and delusional statement made by Deena Hinshaw.

That was the day that she stood up and encouraged everybody in this province to not worry about if they've been injected with AstraZeneca— To sign up for Dr. Hinshaw's magic vaccine buffet, and then go on and get injected with Moderna and get injected with Pfizer. It's all okay: that's what she did. She signed up for her own special vaccine buffet and encouraged other people in this province to sign up for this program of hers that had never been studied. We've looked for the studies. There aren't any.

There's no drug company in the world that expends millions of dollars to determine how their product, that they've already spent millions of dollars quasi-licensing—because we know these products aren't really licensed—to see how their products interact with other companies' quasi-licensed products from a safety perspective. So there's Deena Hinshaw, I think, delusionally and negligently, encouraging men and women in this province to sign up for her vaccine buffet.

We know from the news reports—that poor woman in Lethbridge and other reports—that the people that have signed up for her vaccine buffet have been horribly injured and have actually had recognized vaccine injuries through the vaccine injury program as a result of Dr. Hinshaw's negligence standing up publicly and encouraging people to sign up for her untested, scientifically unproven vaccine buffet. Which I would submit is completely unsafe, unregulated, and was completely inappropriate for her to recommend.

Notwithstanding this, however, according to the Vavilov decision at the Supreme Court of Canada, she is an expert. And the courts need to defer to her expertise in terms of all of her decisions because no judge should ever question a decision of an expert in their field of expertise. What I would suggest is that concept— And again, these are just common law concepts: This is judge-made law. This is not constitutional law; this is not law that's made by legislature. It's judge-made law. Within Canadian jurisprudence, the framework of our democracy and our legal system, it forms part of the common law; it's part of our constitutional order. But it's easily written and overwritten by a simple statute, which is what I'm focused on now.

We're never going to get our lives back; we're never going to recover what's happened to us. But we can all make sure this never happens again by insisting that the people that we elect and the legislators that we elect take concrete steps to amend our statutory framework to make sure that this never happens to us again.

One of the things that I would be recommending is statutory amendments to the *Alberta Interpretation Act* to start off with, to make it clear that the standard of reasonableness is to no longer apply in cases where the rights of a citizen are at issue. And the test, in all of those instances, should be correctness, with the onus of proof on a balance of probabilities lying with the bureaucratic decision-maker seeking to infringe the rights of the citizen through their decisions. If those people were held accountable, I don't think we would have suffered the things that we've suffered over the course of COVID. Because the bureaucrats, like all of the people on the Scientific Advisory Group as an example, all of whom I believe should be sued into oblivion for the things that they did: making decisions to limit vaccine exemptions to the narrowest of circumstances.

Testimony in the Ingram case proved that they had no psychiatrists or psychologists or anybody with psychiatric training on that panel. Obviously, we had psychiatric experts that we were consulting with throughout. We heard that heartbreaking testimony earlier today

with regard to the consequences of what these decisions were in the realm of the suicides that have occurred in this province because the Scientific Advisory Group was not considering the impacts of these mandates: be it a mask mandate where people are suffocated; or vaccine mandates where rape victims and other people, who have suffered horrible abuse, literally felt like

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they were being held down and re-violated against their will, again. To the degree that drove suicides, none of that was considered by the Scientific Advisory Group, the College of Physicians & Surgeons [of Alberta], Deena Hinshaw.

Psychiatric exemptions were not available to people that didn't want to get vaccinated or were unable to get vaccinated for those reasons. We had the suicide rate going through the ceiling. To this day, we can't get anybody in Alberta Health, including the Chief Medical Examiner from the Province, to answer correspondence forwarded to his office by Leighton Gray and I, demanding from him the degree to which suicides were driven by these mandates and driven by these policies.

We asked that question of Dr. Hinshaw under oath. She would not answer the question. She said, "Oh, the person you have to ask is the Chief Medical Examiner." Of course, we asked the Chief Medical Examiner, and we don't even have the courtesy of a response to our correspondence. We all know that the impacts of all of these things have been real. The health and mental health of our children has been impaired as a result of these delusional decisions that the courts pay deference to. In that regard, I'd like to mark these documents as exhibits. I'm going to provide electronic links to them.

Shawn Buckley
Yeah, so Jeffrey, we've spoken about that. You're going to provide me electronic copies, and then we will enter them as exhibits. I don't have the exhibit numbers. I have to get that from the person that files them. Then they will be available online so that anyone watching your testimony will be able to access exactly what you're referring to today [exhibit number unavailable].

Jeffrey Rath
I'm just going to hold these documents up. Because these documents, I'm tendering as evidence of the delusional nature of the decision-making at the Public Health Agency of Canada by Theresa Tam, who was the one that was telling everybody, "Oh, it's safe and effective; everything's safe and effective," and to whom Deena Hinshaw swore under oath, she was deferring. She didn't need to personally inquire into the safety and effectiveness of the vaccines because the great expert, Dr. Theresa Tam, has said they're safe and effective.

Well, this same Dr. Theresa Tam, on October 25th of 2022, drafted a paper. I'm going to hold it up, and it's called *Mobilizing Public Health Action on Climate Change in Canada*. I think she's unhappy that her COVID powers have been stripped. So she's now declared that climate change is the largest single public health emergency facing Canadians and that we all need to know that climate change is caused by racism, colonialism, ableism, and heteronormativity: are the four causes of climate change.

And, of course, because it's the largest public health threat to Canadians—keep in mind what they did to us during COVID—they could theoretically lock us up in our homes again

so that we're not as heteronormative, able-bodied people wanting to go to work, who may or may not be racist or colonialist, or whatever other "ist" or "ism" they want to accuse us of, lock us in our homes, and then when we go to court to judicially review these decisions, either under the Charter or just straight administrative law principles, we run smack into Vavilov or Doré, which say that:

> Oh well, this is a reasonable decision that is made within a range of reasonable decisions that can be made by a reasonable bureaucratic decision-maker. And we really can't get behind her decision because she's an expert, and we have to take judicial notice of her expertise.
>
> Regardless of the fact that we're scratching our heads over the fact that heteronormativity may or may not have anything to do with climate change, or ableism may or may not have anything to do with climate change, she's an expert: we can't question these decisions to lock you back up in your homes. This is the law of Canada as it stands from the Supreme Court of Canada. Have a nice day.

So again, what I'm strongly advocating is that legislatures have to act. And I'm specifically requesting Daniel Smith consider immediately bringing bills to the legislature. I don't care that an election is a month away. The legislature is still in session, I think. I want to see amendments to the *Alberta Interpretation Act* to ensure that, in the future, all judicial reviews are on the basis of correctness, with the onus being on the bureaucrat to prove, on a balance of probabilities, that their decision is correct and demonstrably necessary to override the individual rights of the citizen.

I want to see amendments to the *Alberta Bill of Rights* to ensure

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that property rights in this province are not governed by the Supreme Court of Canada's decision in Authorson [*Authorson v. Canada (Attorney General)*], which says that legislatures can override property rights decisions simply by running a bill that eliminates property rights through the legislative process.

I want the *Interpretation Act* to state specifically that businesses cannot be shut down by legislative fiat and that property cannot be taken away from Albertans, be it their firearms, their cars, their tractors, their combines, their fertilizer, whatever it is that the Trudeau dictatorship wants to take away from us next.

Shawn Buckley
Jeffrey, can I step in and just slow you down a little bit? The first thing is you've got some very specific ideas to bring about change to help ensure that our rights are protected and that the decisions of administrative people can be reviewed.
I'm wondering if—being that you're going to be sending us these two documents anyway—you could write those out for us because I think the commissioners in drafting the report and considering how things could be done differently could really benefit.

Jeffrey Rath
I'd be happy to do that. I'd actually meant to prepare a paper in advance of the hearing, but I was called into a two-day hearing on the Court of King's Bench on short notice. So I will prepare a paper with the appropriate citations and exhibits.

Shawn Buckley
Okay. Just to slow us down again because I want to make sure that people hearing your evidence understand. So we've already heard about how basically we've moved into an administrative state, and we have these public health officials making these decisions. And what you're saying is, "Well, if one of these decisions affects us as a citizen, maybe even if our life depends on it and we appeal, as citizens, we're going to expect the court to ask, 'Is this decision right or is it not right? Is it correct, or should it be overturned?'" But the court doesn't even have the right to see if it's correct because these appeal decisions say, "No, no, Judge, looking at this appeal, the issue is, could somebody have reasonably made this decision?" Which is such a big, grey, messy pool that we really don't have an effective review.

Jeffrey Rath
Well, I'd like to comment on that because I think we're all painfully aware of the horrible decision involving that poor woman in this province that needed a lung transplant. At the end of the day, the court simply deferred to the doctors on the transplant committee and found that the requirement that she be vaccinated in advance of the transplant was a reasonable one; you either go along with your reasonable doctors or prepare to die, right? Effectively, this woman was sentenced to death by administrative law from my perspective.

Keep in mind, in the context of that case, had the review been on the balance of correctness, that lawyer would have been able to call esteemed experts like Dr. Dennis Modry, who is the former head of the entire transplant program at the University of Alberta—who's actually a personal friend of mine; and who I spoke to about this case in particular. It was certainly Dr. Modry's opinion that the transplant was not contraindicated by not getting the COVID vaccine.

Dr. Modry was concerned that there were numerous studies floating around that indicated that the mRNA [Messenger Ribonucleic Acid] vaccine may, in fact, be a contraindication for transplants because of risks associated with organ rejection, and so on, with the vaccine. So had that decision been reviewed on a standard of correctness rather than reasonableness, that poor woman may, in fact, have been able to look forward to living and, instead, she ends up being sentenced to death by judicial review and administrative law, which I think is horrible.

Shawn Buckley
So that's the case that makes your point. So here it's a life and death decision for that lady. She appeals it. But she doesn't even have the right, even though it's life and death, for the court to say, "Yes, this is a correct decision, or this isn't a correct decision."

Jeffrey Rath
That's it exactly. And I think that that law— and again that's why I say quite strongly that the Vavilov decision and the Doré decision need to be legislated out of existence by the Alberta legislature. Certainly, the legislature has the authority to do that, and it needs to do

it sooner rather than later. But of course, the problem is— And if I could just speak to this quickly. I'm not sure where I'm at on my time.

Shawn Buckley
I was hoping you'd go 30 minutes, which gives us about seven. But I know the commissioners are going to have a bunch of questions for you.

Jeffrey Rath
Okay, well I just want to wrap up on this one point, and then I'll defer to the commissioners for questions.

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Following along with that thought, in terms of needing to legislate an end to that type of deference to decision-makers, there needs to be real accountability for these people.

One of the things that's happened, at least from my perspective because I also represent a number of doctors who've been under attack by the College of Physicians and Surgeons, I was representing doctors that were on the verge of being fired by AHS [Alberta Health Services] because for health reasons or other personal reasons, they couldn't be vaccinated. The legislature needs to take an active role in making sure that this doesn't happen again. Because these are people's lives that are being destroyed by these decisions. People's lives are being put at risk by these decisions, and people are actually losing their lives because of these decisions. As far as I'm concerned, I don't think there's any better definition of the word "unreasonable" than for that circumstance to continue to prevail as a matter of jurisprudence in this province.

Shawn Buckley
Thank you, and on that note, I will ask the commissioners if they have any questions for you.

Commissioner DiGregorio
Thank you so much for sharing your testimony with us today. Can you help me understand a little bit about what your specific recommendation is in terms of legislating? I understand that under the common law, as it exists now, there are two standards of review that can be used to review a tribunal's decision or an administrative board's decision. So one is the one you're speaking about, the reasonableness, and the other is the correctness.

Jeffrey Rath
Correct.

Commissioner DiGregorio
And so when one of these decisions gets reviewed by a court, the court first determines, "Am I reviewing it on a standard of reasonableness, which is just, could this board have reasonably reached this decision? Or am I determining whether this decision was correct?"

Jeffrey Rath
No, the standard of review with regard to expert boards and tribunals, and now under Vavilov, is always reasonableness and not correctness and with the court giving a huge amount of deference—and I think it's undue deference—to so-called expert boards and tribunals.

You know, a discussion I was having with a colleague of mine is that judges make difficult decisions and complex commercial litigation all the time on the basis of expert testimony. So why is it in the context of administrative law when a citizen's rights are at issue— And we're talking serious rights: Your right to life. Your right to continue to operate your business, to earn a living. When you think of all the lives that were destroyed through COVID. I know business owners that committed suicide because they were bankrupted through COVID by having their restaurants shut down. So those types of decisions are being made on an ongoing basis, and the courts defer to the decision-maker. They defer to Deena Hinshaw. Notwithstanding the fact that we have actual evidence from her own mouth that she's not only unreasonable but she's negligent in the practice of medicine—but the courts still defer to her as an expert.

So that's what I want to legislate an end to, whether we do it through the *Interpretation Act* or we draft a new *Alberta Administrative Law and Procedures Act*, or whatever it is. On the property issue, we can make a simple amendment to the *Alberta Bill of Rights*, under section 1, to make it clear that property rights are not the rights spoken of under Authorson but our substantive rights, not procedural rights, to own property in this province. Those are the types of changes that I think need to be changed immediately to ensure that the type of abuse that we've all suffered never happens again. If that answers your question.

Commissioner DiGregorio
Well, it brings another question. So you're suggesting that we use these two concepts of standard of review that already exist. But simply legislate that— Because Vavilov has said, "It's reasonableness when you're dealing with an administrative board," we legislate that you have to use the alternative standard of correctness.

Jeffrey Rath
That's it, exactly. I'm saying that we outlaw the standard of reasonableness because, as far as I'm concerned, bureaucrats should not be given the benefit of the doubt over the rights of a citizen. So that's where I see the tension because keep in mind: The bureaucrats control Alberta Justice. They control the constitutional law branch of the Department of Justice in Ottawa. They literally control hundreds of millions of dollars worth of legal resources in this country, where they can litigate these cases against us on an ongoing and continual basis to maintain these abusive standards against us. The citizen really doesn't have a chance anymore. So what I'm saying is that the concept of reasonableness in judicial review needs to be outlawed and replaced with the standard of correctness to level the playing field between the bureaucrats and the citizen.

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Because these people need to be reminded that they are public "servants." They are not our masters.

Commissioner DiGregorio
I know you have some thoughts, how you've expressed that this could maybe be done through the *Interpretation Act*, maybe the *Alberta [Law of] Property Act* or the Bill of Rights. But what about all of the statutes that contain specific privative clauses that ask the courts to pay deference? Do all of those need to be revisited?

Jeffrey Rath
As I said, I think that they should be outlawed across the board. One of the statutes that, I think, requires an immediate amendment is the *Public Health Act*, specifically section 66.1, that exempts people like Deena Hinshaw—who are making clearly negligent public statements with regard to public health—from being sued. Section 66.1 of the *Public Health Act* says that if they're acting in good faith, they're virtually immune from lawsuit. That's why the CM decision of Justice Dunlop's gave me such hope because Justice Dunlop flat-out said that Deena Hinshaw's decisions with regard to her so-called orders were not lawful decisions under section 29 of the *Public Health Act* because she didn't make the decisions as required under the *Public Health Act*. She, in effect, acted like a cocktail waitress: Took a list of drinks into the Sky Palace cabinet and said, "What beverage would you like today, boys?" They'd pick one from the list and then tell her what to do. And then, of course, what we saw, Cabinet would say, "Well don't blame us. Dr. Hinshaw made the decisions." And she'd throw them under the bus and say, "No, no, no, they made the decisions. I just gave them a list, and they picked what they were going to do to the citizens. I just told them what their options were."

But keep in mind, one of the options was no restrictions or limited restrictions. But they wouldn't pick that one. They picked the one in the middle because they didn't want to irritate the hard-core, let's-lock-everybody-down and mask-everybody-14-times people on one end of the spectrum. And they didn't want to make it appear that they were giving in to the people that thought all of this was hogwash at the other end of the spectrum. So they literally picked the "rights abuses" in the middle of the spectrum to equally offend both sides, which they seem to have well-achieved in doing.

I'm hopeful that Justice Dunlop's decision will prevail and that all of Deena Hinshaw's orders will be found to have been illegal because they were not issued under section 29 of the *Public Health Act*. As my friend Colonel Redmond has testified: They could have been issued under the *Emergencies Act.* But the Kenny Cabinet didn't have the courage to do that themselves. They wanted a scapegoat under Deena Hinshaw, which is what made her orders illegal. But as far as I'm concerned, I want section 66.1 of the *Public Health Act* gone so that Deena Hinshaw can be sued by all of the people that followed her advice and signed up for her vaccine buffet and took one of each. And have been horribly vaccine injured as a result.

Commissioner DiGregorio
We've heard from a number of other lawyer witnesses who testified about the concept of judicial notice, which is the idea that a judge can accept a fact without actually seeing evidence of it and that the courts may have been taking judicial notice of facts to support decisions in favour of the government. Do you have any thoughts on the concept of judicial notice?

Jeffrey Rath
Outlaw that, too, quite frankly. I mean, it's sort of a subset of the issues that we've been discussing. The problem that we have now is that this concept of judges being able to take judicial notice of decisions of the delusional—like Theresa Tam saying that capitalism causes climate change and heteronormativity causes climate change, et cetera—that needs to be stopped. Full-stop. But only the legislatures can do it now because that concept has been elevated to such a high appellate level in Canada that lower courts, within the Canadian system of *stare decisis*, would find themselves bound by it.

So we're not fixing the problem in court. The problem needs to be fixed in the legislatures. All of us here, collectively in this room, need to be encouraging all of our friends and neighbours not to vote for anybody or support any legislator that would not support this type of legislation.

Commissioner DiGregorio
Thank you.

Commissioner Massie
I have a question. You're proposing to pass a law at the level of the Province to outlaw these measures. What's going to happen at the higher court and the federal level? Can that be superseded?

Jeffrey Rath
Well, I guess we'll find out in six to eight years when it gets to the Supreme Court. But, at least, we'd enjoy our freedom

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in the meantime, would be my answer. But that having been said, in all seriousness, I'll try not to be so tongue-in-cheek with my response. The Superior Courts, including the Supreme Court of Canada, routinely uphold provincial limitations legislation And trust me, as somebody who's litigated against the Department of Justice for 32 years, they love raising provincial limitations legislation as bars to constitutional claims. So what's good for the goose is good for the gander. If the federal government can rely on limitations legislation to defeat the constitutional claims of citizens, I see no reason that valid provincial legislation that gives effect to section 92 of the *Canadian Constitution Act, 1867*, specifically the property and civil rights provision of that constitutional document, as superseding the federal criminal law.

A good example is gun legislation, where the Province could literally pass a law that said that any federal criminal legislation that sought to seize property in the province of Alberta offends property and civil rights in the province to the extent that the firearms restriction wasn't issued as a bail condition, or alternatively, following the conviction of somebody for an act of violence involving a firearm. I think it was Carol Conrad in our Court of Appeals who said it was massive overreach for the federal government under the criminal law to attempt to seize chattel property in a province. So these limitations are available. I would think that we'd have a reasonable shot at upholding that legislation on a going-forward basis.

As I said, in the interim, at the very least, the legislature passing legislation like that would put the judiciary on notice that the citizens of Canada and the citizens of Alberta are tired of judge-made law and people being sentenced to death by administrative law in this country. It's got to stop. I think the only way to stop it is through legislation.

Commissioner Massie
Can I ask a question that may be a little bit outside of your field of expertise because I know that this is common law.

Jeffrey Rath
I'm a lawyer. We'd never admit to that. I'm kidding. Sorry.

Commissioner Massie
In Quebec, it's not exactly common law, it's a—

Jeffrey Rath
No, no, je comprend.

Commissioner Massie
What I've seen in Quebec is that it seems that we've been through the same sort of issues in court. So do you think, what you're proposing to change at the provincial level across Canada, could that also be enacted in Quebec?

Jeffrey Rath
Oh, absolutely. I have to say the Government of Quebec has been very, very good at ousting federal jurisdiction through le code civil in Quebec. The civil code in Quebec, as you're well aware, is really just a form of legislation. It's a codification of the law in Quebec, and the Quebec legislature is very used to passing laws that limit or restrict the applications of federal law in Canada. What I'm suggesting is that the Government of Alberta needs to wake up and start aggressively adopting the same approach. Of course, they'll be labelled as extremists in the press, but so be it.

Commissioner Massie
Thank you.

Commissioner Drysdale
I just want to back up on this a little bit because, constantly, one of the themes I keep hearing from all kinds of people, doctors, lawyers, is that the fundamental tenets of our society have been challenged or destroyed or dismissed. And what you were talking about: you were talking about this reasonableness and judicial notice and these kinds of things. How is that consistent with the basic fundamental tenet of law that the two parties arrive in court on the same footing, that they are considered equal under the law, and the evidence will be weighed and a decision made on the basis of that evidence?

Jeffrey Rath
Well, from my perspective, it's not. When you look at the history of administrative law and administrative law cases, the scope of the bureaucracy to affect our lives was always a lot more limited. But because of this massive growth of the administrative state, bureaucrats now feel that they have the right to interpose themselves into virtually every single aspect of our lives. We saw that through COVID.

What I said very early on in COVID that, from a legal perspective,

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it's like after the crash of 2008, 2009: all the financial institutions were forced to go through what were called stress tests. From my perspective, our democracy and our fundamental system of justice in Canada underwent a massive stress test through people ordering things by fiat, through the medical dictatorships that were running across this country, et cetera. And we failed. We completely failed the stress test.

And I think that we need to take the lessons from that stress test in the same way that the banks and the financial institutions did. Governments need to do the same thing that they did post the crash of 2008 and 2009. They need to step in and legislate safeguards for the citizenry of this country as against the bureaucracy in the administrative state that now operates as a virtual dictatorship in this country. Don't think for a second that when Theresa Tam and her minions at the Public Health Agency of Canada are now saying that climate change is the largest public health threat to Canada that they're not going to start flexing their muscles and issuing dictates.

They want to end capitalism in Canada. And that's without considering for a minute Economics 101. If you're a government employee whose entire salary is paid by the taxpayers, how is it that you're going to be able to continue to be employed and have your salary paid when capitalism is magically abolished in Canada through the waving of a magic fairy wand? I mean, it's completely ludicrous. And these delusional people are the ones that the courts defer to under the doctrine of reasonableness. And it has to stop.

Commissioner Drysdale
Well, I listened to you and I listened to your passion. But it almost sounds like the old story about the little Dutch boy with his finger in the dam. I refer you to a bunch of different things. Lieutenant Colonel Redmond, this morning, talked about the deferral—and these are my words—the deferral from the legislature to the administrative state. In other words, **the mayors and the premiers, et cetera, were supposed to make these decisions, but they deferred to the public health officers. When I look at something like Bill C-11, and I see the legislature deferring their decisions to the CRTC [Canadian Radio-Television and Telecommunications Commission], and when I see the health legislation being considered, which is deferring Canadian decisions on health to the WHO— that's a trend. What you're talking about here is the same trend. So it seems like there's a lot of holes in the dam.**

Jeffrey Rath
No, I understand that. I think as long as we have the government we have in Ottawa, there's no fixing Ottawa. But I really believe in Alberta, we're at a tipping point. I personally and passionately believe that we have an opportunity here to fix things, at least in our little

corner of the world, by insisting that the Alberta legislature address these problems through legislation and fix these problems. I think the political will is there. We just have to insist that our leaders take a step back from the bureaucrats and the administrative state, and act on their own and advise the bureaucrats and the administrative state that the elected representatives are in charge, not the bureaucrats.

A recent example, and I'll just say this quickly. I have a friend that was speaking to a city councillor here in Red Deer. He said, "How the hell is Red Deer on the list of World Economic Forum 15-minute cities?" The councillor said, "I didn't know that. We didn't make that decision." The decision was made by bureaucrats within the City government. "Oh, well, there's federal money available to put up cameras to monitor people, and there's money available to restrict traffic flows and make people's lives more miserable. So we just thought we'd take the money. What's the problem?" But these decisions to restrict our rights and to drastically impact our rights are being made at the wrong level by people that shouldn't have that decision-making authority and, certainly, not without the supervision of the people that we elect to make sure that those types of decisions are not made without consulting the people.

Commissioner Drysdale
You're right. I believe you're right. What you're talking about is influencing the legislature, which means you need to influence the people who elect these people. But then, on top of it all, the fourth branch of government, which is the media, is completely on the other side. You still have to this day, in April of 2023— We've heard a lot of different testimony where these mandates and restrictions and all kinds of other things are still in place. You still have mask mandates.

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That is a consequence of the disconnect between the people and their media, which is now standing in the way between the people and the legislature. Which is kind of similar to what's happened in the courts. The courts are supposed to stand between the legislature and the population.

Jeffrey Rath
But again, that's why initiatives such as this one, I believe, are so important. I mean, the citizens have a voice and are being able to communicate through this wonderful forum that's been provided here to tell our legislators what we think. That's all we can do.

My background is actually in Treaty and Aboriginal rights or Indigenous law. And I've spent 30 years moving the needle by litigating cases in virtually every single jurisdiction in the country. But we can't give up. I mean, you just have to keep hammering on them and hammering on them and hammering on them. You have to be relentless because if you are not, the views of the bureaucrats will prevail. Let's face it, these same people that are talking about colonialism and white supremacy and racism, these are the same people that I've been litigating against for the last 32 years because they're colonialist, white supremacists, racists who despise the rights of Indigenous people. You'd think every time I get a new Indian added to the Indian list that I've committed some crime.

So don't think for a second when Theresa Tam and her people are decrying colonialism, racism and white supremacy, that that's an end to climate change, that they're not part of the problem. And they're not the problem. Because how many First Nations territories do

we have in Canada that still don't have clean drinking water yet damn near a trillion dollars was wasted over COVID. It's a national embarrassment.

Commissioner Drysdale
Yeah, I just want to point out that you sound to be in a similar situation that Mr. Buckley was talking about first thing this morning when he did his introduction. He was appealing to the people, not to the courts, not to the media, but he's appealing to the people of Canada to take responsibility. It sounds to me that that's really what you're asking for, and if you don't get that, your chance of success is much, much reduced.

Jeffrey Rath
I agree with that. But I mean, that's why I'm here, and that's why I do the things that I do from a public education perspective. All of us need to take a role, every single person here. If you're angry about what I've said, go home and write a letter to your MLA [Member of Legislative Assembly], send an email to your MLA, send an email to Danielle Smith. She'll listen. Don't bother sending one to Rachel Notley. She ain't going to pay attention. Keep in mind that Rachel was fine with the unions not grieving the claims of their members who were fired or laid off without pay for not being vaccinated.

So focus on the people that will listen and make them listen. They're your elected representatives. Everybody here has a duty. Every time you get mad, send an email. They do pay attention. There's a lot of people in this legislature that, even though they haven't been as brave as we'd like them to be, they care and they'll listen.

Commissioner Drysdale
Thank you, sir.

Shawn Buckley
Jeffrey, I'm just wanting to clarify for the audience because sometimes experts just assume that people know what is being said. I just wanted to clarify a couple of things. You were talking about Alberta passing amendments in the *Interpretation Act*, basically protecting civil rights. I think it's important for people to understand that under section 92 of the *British North America Act, 1867*, which is the first part of our Constitution, provinces have jurisdiction over property and civil rights. And that's why they would have the authority, and that's also why Quebec could do the same thing because all provinces have that right.

Jeffrey Rath
Absolutely. But again, the problem that we've had in Alberta is that the bureaucracy has convinced governments that the power of the administrative state should govern rather than our elected representatives. We need to force our legislators through the democratic process to re-tip the scales to at least an even playing field.

Shawn Buckley
And then the other thing that I was hoping people understood. You were talking about: we have to bring changes to the *Interpretation Act* to bring this test of correctness. So I'll just bring people back. So let's say the example you gave where the lady could not get a lung transplant plant because she's not vaccinated. This is a life-and-death decision for her. And

your one point you've explained: It shouldn't be reasonableness. It's just, "Is this a correct decision or not?" But you also want to change where the test is a balance of probabilities—where the bureaucrat has to justify. I want people to understand that this lady, when she did her appeal, she had the onus to show that the decision was unreasonable, let alone not correct. What you're suggesting is,

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no, when rights are at play—especially where somebody's life is at stake—no, the experts should have the onus, the burden of proof. I just wanted to make sure that people listening to your testimony understood you because that's a very important thing that you're suggesting. And I just wanted people to understand.

Jeffrey Rath
Yeah, that's exactly what my testimony is, and that's exactly what my recommendation is going forward. Thank you.

Shawn Buckley
Thank you. So Jeffrey, on behalf of the National Citizens Inquiry—

Jeffrey Rath
Oh, I think there's one more question.

Shawn Buckley
Oh I'm sorry. I didn't see that. I thought they were done.

Commissioner Kaikkonen
Good afternoon. I'm not a lawyer and I'm from Ontario. So I can tell you that most of us in Ontario that have lost our voice in many occasions are very thankful for you people in Alberta who do stand up. So that should be a help.

But as a non-lawyer, I'm just going to kind of go through a number of thoughts that I have because I can't really formulate a question right now. I need some thought and processing time, but I'm going to run through a number of thoughts that I have.

So in the raw milk decision that came down in the Supreme Court, I believe a year ago now, it was a week-long decision and the farmer had taken it all the way to the Supreme Court. He was regularly raided at his farm for providing raw milk to people who had health injuries or health sickness and were able to survive better or manage their health issues better through raw milk. Now, I watched the interveners in that Supreme Court case. And the interveners were the same ones that were the civil servants who raided the farm regularly, who made the decisions, who rejected the appeals, and were basically the ones who shut it down. And so the Supreme Court ended up saying, "The raw milk farmers, you've lost your case." That's my first point there because the judge, jury, and executioner at that time was the civil servants. It was the administrative state. That farmer took everything he had in terms of finances and resources and arguments to the Supreme Court level because he believed in fighting for the citizens.

My second point is how do we reconcile that CRA [Canada Revenue Agency] employees currently write the speeches for MPs [Members of Parliament], our federal MPs? How do we change that so that the bureaucrats or the civil servants are not running the show? My third point is the MPPs [Members of Provincial Parliament] in Ontario. When a private member's bill comes in, and it's 28 pages long, you know they're not going to read it. And it's going to go through the legislature for a second and third reading simply because they're not going to read it, and they're not going to have the arguments to argue against it. Even though people are writing to these MPPs and saying, "Oh wait a second. There's some serious issues with this potential legislation." And yet, they don't do it.

I also look at things like Elections Ontario, who is a silo unto itself, who is responsible and accountable to no one. You cannot get access to information; you cannot get anything from them whatsoever. They are a silo unto themselves. Whatever the CEO [Chief Electoral Officer] of Elections Ontario says, that's it, doesn't matter. He has undue influence, significant undue influence, over the Premier's office.

So although it's not a question, there are a number of thoughts I have: just how do we as ordinary people turn this around to a place where the citizens matter in this country, not only in the political level but the judicial level and from the head of state level? And how do we restore the fundamental rights and freedoms that we have in our democracy because I feel that we've been left as the people who pay the wages and no matter how many voices we have, we're not significant to any of those players? I thank you in advance for whatever you can answer.

Jeffrey Rath
Well, thank you for that. That's a lot to chew on. But again, I think, it just comes down to what I've been talking about today: all of us, as citizens, need to take responsibility for what's happening in our respective provinces and take responsibility for our respective governments and our respective legislatures. I think it's an old truism of democracy that we always get the government that we deserve. I think people need to start looking inward and then focusing their anger and energy outward to make sure that politicians understand how it is that we feel about rights restrictions and how it is that we feel about the growth of the administrative state.

I was horrified to hear today that AHS is back up to over 105,000 employees after having been trimmed back to 60 or 70,000. These bureaucracies just continue to grow and grow and grow. Maybe that's what Theresa Tam's so-called experts at PHAC [Public Health Agency of Canada] are talking about when they say, "let's bring an end to capitalism."

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They want everybody employed by the government as a government bureaucrat, and we can all join the administrative state. But God knows how we are going to pay for it if we don't actually produce anything or grow anything or have real jobs as working men and women in this country.

My hope is that all of us watching this process and taking part in this process will understand that, again, it's a bit of a cliché: But it starts with us. The responsibility lies with us to make sure that, on a regular basis, our legislators know what we're thinking and how we feel and how inappropriate so much of what's being done in their name, as our representatives, is in the context of just poor bureaucratic decision-making and needs to be questioned at every turn.

I think we need statutes that also hold bureaucrats accountable, to make it easier for individual citizens to sue individual bureaucrats, so that they're personally liable for the decisions that they make and they don't get to hide behind the government. Those are all things that should be considered, especially in light of what we've suffered in the last several years.

I personally believe that Deena Hinshaw should be held personally liable for recommending people sign up for her vaccine buffet. Anybody that's injured under that regime should be suing Deena Hinshaw personally. That advice can't be anything other than negligent: there isn't a single scientific study in the world that supports that prescription.

Those are the types of things that I worry about and that I think about. I don't know if that answers any of your questions. But even your raw milk decision, I think, would be cured by the changes to administrative law that I'm proposing.

Commissioner Kaikkonen
Just as a follow-up, the raw milk farmer is still being raided even after that decision, and he doesn't sell raw milk anymore. But thank you for your commentary.

Jeffrey Rath
Thank you all for listening. It's been a real honour and a pleasure to be here.

Shawn Buckley
So before everyone claps, let me thank him. So Jeffrey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your thoughts. You've given us a different angle to think about on how we solve this, and we really appreciate you coming and sharing with us.

Jeffrey Rath
It's been a real privilege. Thank you.

[00:52:26]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 10: Regina Goman
Full Day 2 Timestamp: 09:20:40–09:59:36
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is Regina Goman. And Regina your first name could be [discussion on pronunciation of name].

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

Regina Goman
It is Regina Goman, R-E-G-I-N-A G-O-M-A-N.

Shawn Buckley
And Regina, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Regina Goman
I do.

Shawn Buckley
Now you have a very interesting history and I think people are going to be fascinated to hear your story. I'm just going to tell a little bit about it and then I'm going to have you share it, but all I'm going to say is that you basically were involved in the Solidarity movement in Poland at the beginning, and there were great personal consequences for your activity. And my understanding is you came to Canada as a political refugee in 1986.

Regina Goman
That's correct.

Shawn Buckley
And so can you share with us basically your involvement in the Solidarity movement and then kind of what happened to you personally because of your involvement?

Regina Goman
First, I'd like to apologize up front if I stumble words or become emotional. I've been still experiencing severe anxiety due to delayed post-traumatic stress disorder [PTSD], which was directly caused by my employer's actions in regards to COVID policies.

As a young woman back in the late 70s and early 80s, I was involved in freedom movement against the communists. In 1980, in August, our movement became legal and official under the Solidarity Union. I was involved in my company that I worked for. I was the president of the union, and I was also a secretary in our local union division.

Shawn Buckley
And I'll just say that you're referring to the Solidarity Union; so you were the president of the Solidarity Union in your company, and the solidarity group in your municipality.

Regina Goman
Yes, because at that time, during the communism, we did not really have unions. That was the whole movement, the whole freedom movement was called a union. That's how we became a union solidarity.

Shawn Buckley
Okay, so carry on. So you were talking about August 1980. Tell us what happened in December of 1981.

Regina Goman
On December 13, our government called the Martial Law, which deprived all of us of any rights. And just like it happened here, like I can see the analogies here in Canada when we got this *Emergencies Act*. That suddenly, there was a beautiful protest in Ottawa, and it became illegal, and people were being persecuted. The same thing happened back in Poland when our leaders, on December 13, were pulled out of their— At night they were pulled out of their homes by our military and the police, and they were put in isolation.

From that point on, we started helping out the families of those who were being isolated. **And at that time, of course, there was no freedom of speech anymore, and our society relied on the mainstream media, just like here again, where is all lies. And people don't see the alternative news. So I got involved in editing, printing, and distribution of the literature, which included all the information: what was actually happening in the country, how people were being persecuted.**

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And that led to me being arrested, and that happened on Good Friday in 1982.

And I was tried by the Navy Court that was during the martial law, and I was sentenced to three and a half years in jail just for doing— Every time when I go to rallies, and when I see

the people who are distributing *Druthers* or other information, that reminds me right away, that was my crime that I was actually sentenced for.

And I spent time with criminals, and they made sure that we supposed to get re-socialized. So the only source of anything to do was just, like, you had to ask to get a book to read when you were sitting in your cell and doing nothing. You were only allowed to go for half an hour walk, but that was only if you behaved. And because at that time during the communism, there was no political prisoners. The only political prisoner in that jail that I stayed in was the lady who was in charge of the camp for the children during the Second World War.

So all of us, we were treated worse than criminals. And we had to listen, all the hours we were awake, to the communist propaganda for the government, hoping that we'll get re-socialized.

And that's again— I can see what happens here when the mainstream media are keep on telling us what we're supposed to be thinking. And just like this COVID—when after the first few months, I thought yes; like, I was actually scared when I was watching those movies out of China, those videos when people were dropping dead. But it didn't take long just because we, during the communism, we learned how to critically think. We right away, we found something is wrong here in this picture. So, of course, I started seeking some alternative information, and sharing with others when I found out what is really happening.

Shawn Buckley
And I'm just going to refocus you because I want people to understand that you were sentenced to three and a half years in prison for distributing information that was not aligned with the government information. Is that correct?

Regina Goman
That's correct.

Shawn Buckley
So it wasn't that it was against the law to distribute information, but not information that went against the government narrative.

Regina Goman
Exactly, because there was the government narrative that the people who stood up were the outcasts, who were just causing the beautiful communist country to prosper.

Shawn Buckley
Okay, and so basically it was a crime to do what we're doing here: is sharing information that goes against the government narrative.

Regina Goman
Yes, exactly. And that's why I'm pleading to you all. Please take advantage of the time that we have left because the time is coming, with that Bill C-11 is just the beginning. But what you're seeing now when they call— For example, the other day I was listening about, I

think, Thailand where they're talking about the misinformation—how to stop it. And here in Canada, what to do to stop the misinformation, which means the truth.

We are to— We should be speaking when we still got that time. We shouldn't be actually looking for what others think because these are the precious moments. This will pass, and with all this propaganda happening right now, which scares me so much because, of course, first it's COVID. The Big Pharma, and even Trudeau, they're investing big money, so there will be lots more of this, this vaccines, this mandatory vaccines.

But then again, just like the previous witness said, the biggest is actually this climate change. That's what I'm worried about. What happened when I came a few years back—it was just when Greta Thunberg came to Edmonton—I took time to go downtown in Edmonton and just watch it. And it scared me totally because, just like you said Shawn, about the Nazi times— Those times— Like, of course, I lived through the communists. But we were witnessing people who survived the Holocaust, and those people were telling us what was happening.

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Actually, my diploma, I based on writing the interviews with people who survived. And I've seen those Hitler Jugend organizations, how the young generations was being brainwashed, and indoctrinated. And this is what's happening now in Canada. We are worried, of course, very much about this sexuality being taught in schools, and those poor children being indoctrinated.

But what I saw in Edmonton when Greta Thunberg came, it scared me so much. And I need to talk about it to warn you about. Because that day I went downtown and I saw those buses, and those were coaches coming from all over Alberta bringing those young kids. And they walk through Jasper Avenue towards the legislature in Edmonton. And when I saw this anger and hate in those little kids; how they were being programmed and indoctrinated: yelling, screaming— Right away, I thought this is just like Hitler Jugend operated. This is what our little kids are being programmed to, and they hated.

Since I was there, I, of course, counter-protested and stood by the one father. He took time off work, and he came with his two little children to counter-protest. There's this whole show of Greta and those kids. And we've been watching those big coaches, it was cold, I think it was spring, if I recall, and those are all diesel fuelled. They lined up those big coaches along 109 Street in Edmonton next to the legislature and burning that fossil fuels. Those kids were yelling they hate it, they say leave the planet for us. This is being— And sometimes when I'm watching, flipping through the channels, and seeing that advertisement—

Shawn Buckley
Regina, I don't want to stop you, and yet on the one hand, I want to focus you. I'm going to give you a lot of time to talk because you have some experience that we need to hear from.

I'm just wanting to refocus you more on the COVID issue and your experience, and then I will let you talk further. Because you have an experience that no one else in this room has, and for the people that will be watching your testimony online, both live and afterwards, you have some wisdom to give us. But I just want to kind of focus on the COVID stuff first.

So your sentence for three and a half years, my understanding is this is after a year, you were granted an amnesty and were released.

Regina Goman
Yes, that was about thirteen months.

Shawn Buckley
Okay, but after you were released, the Interior Ministry was going after people like you, so you came to Canada as a political refugee.

Regina Goman
Yes, because we still continue to believe in the cause, so I still was fighting. And at that time, we could see the corruption again, like even in all these organizations, just like it's happening here. The organizations that were supposed to be protecting us, of course, like they failed, and even churches failed. At that time, we had one priest who actually was murdered by our intelligence services, who actually had to admit to that.

The situation was getting worse, and some of my friends who decided to move on because we felt betrayed, and they started seeking asylum in other countries. At the point when even my family was indirectly, of course, persecuted, I listened to the advice of one of my colleagues who actually came first to Canada. He encouraged me to go to Canadian Embassy to get them promissory of the visa so I could be protected by the Canadian government before I leave.

Shawn Buckley
Can I just back you up though because somebody just has indicated to me that C-11 passed today. But I just want to ask because it's with some irony, I think, your answer. But why did you choose to come to Canada

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because you could have gone as a political refugee, you could have gone to pretty well any country because of treaty obligations. Why did you choose to come to Canada?

Regina Goman
Yes, and I actually would be much better to stay in any of Western European countries because I was close to home. And here in Canada, I have no ties, no relatives. But a friend of mine who actually immigrated to Ontario, he encouraged me to come to Canada because he says, "Here we're going to have freedom of rights and our religion. "

And again, ironically, this is the same friend who now, he practically sold everything he had in Canada and moved out to the Third World country in pursuing the freedom. Because we know there is no more freedom in Canada. And we all know it.

Shawn Buckley
So can you share with us, because you lost your job over this, the vaccine mandate. Can you just share with us what happened about that? And I will ask actually to do that briefly because I want us to get back to kind of you explaining some lessons to us.

Regina Goman
Yes, so from the very beginning, I knew that we're being lied to, and all this COVID is about stripping us of our rights and freedoms and replacing that with privileges.

And also, I've been Christian, and I've never in my life, adult life, I cannot say when I was just born in a hospital, but in my conscious life, I've never have taken a vaccine. And I believe that God never failed me because I've been working up north, walking through the office in minus 40, 50 degrees, and I've never, in all of my years with my employer, I've never taken a sick day. That's how my God protects me, and which is why I would never allow for any injection to be put into my body, and especially something that could corrupt my DNA, which I believe is God's signature on my body.

And that was my argument back to my company when I was saying there's all this billions of people in this world, and there's no two people with the same DNA. What does it say? When God creates you, he breathes his life into you, and gives you that gift, which I'm going to cherish, regardless of what's going to happen to me. I will never allow any treatment, regardless, if it's something that has been established, just like, for example, tetanus.

I've been a passionate gardener. I would never do that.

Shawn Buckley
I'm just going to focus again. Sorry. Now, you applied for a religious exemption, and I think you didn't want me to name your company, but the company you worked for is quite a large company. And my understanding is that a large group of people applied for a religious exemption, but not a single one was granted in the company. Is that right?

Regina Goman
That, I cannot say. From the group of people that I'm in touch with, which is about 70 of us, we all received the rejection, and that was exactly the same rejection letter. And it was sent on exactly the same date on November 23rd, regardless of when we submitted our requests. I submitted my request on September 30th, and I had to wait almost two months for the response, which, of course, caused me a lot of trauma. Because I loved my job. I loved what I was doing, and I was appreciated by my supervisors. And I was hoping to work there until I retire.

Shawn Buckley
So can I just point something out? So you apply for a religious exemption on September 30th, 2021. You have a performance review the following month in October 2021, where basically you were highly praised by the management for the excellent work,

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and you were recognized for your achievements in your performance review. Am I right?

Regina Goman
That is correct.

Shawn Buckley
And then the following month, you basically learned that your application for religious exemption had been denied. And so basically you were forced out on— You were going to lose your job but something else happened. You went and you ended up on medical leave. Can you tell us about that?

Regina Goman
Yes. I felt that my rights were being abused by my employer. It started all back in 2020 December, when I knew things are not going to get any better. I wanted to go for visit with my family in Poland, and that was during my vacation.

At the time there was no government restriction to travel overseas; however, there came a memo from my senior management that any travel has to be approved by our vice president. I went and checked with my supervision to make sure that this is only for work related travel. However, my supervisor checked with the management and was told that no, it includes all travel, including personal. At that point because I truly always cherished my freedom, at that time, I felt like my rights are being infringed on since I did not see any reasonable explanation for trying to take away my right to freely travel. And that was during my vacation, and at that time we have already as non-essential employees, we've been working remotely from home, and so even if I did come back with COVID, I wouldn't pose any danger to my co-workers because you cannot get infected through your computer.

So I knew that my employer was actually going over the rights and taking away my freedoms. And that situation, because I kept on following up, the time was running out, and I wanted to go for my vacation. Of course, flights were being booked. And it came to a point where I kept on pushing my management to intervene with the senior management to obtain this approval. And that caused quite the tension that I should— I done something wrong because I wanted to use my right to freely travel.

Shawn Buckley
Yeah. Now a couple of things were going on, as I understand. So your employer, and I know we've skipped over some stuff like I mean, they were pressuring you guys to get vaccinated, and they were treating you unfairly with this travel. And my understanding is, in February, you ended up seeing a psychologist who diagnosed you with delayed post-traumatic stress disorder.

Regina Goman
Yes, because the main reason I took it really hard was when after waiting almost two months to receive the response to my request, and I was very sure because I did comply with all the requirements. So I was sure that I would get the religious exemption because at that time, I was already a member of the church where Pastor supported my views on keeping my body clean as the temple of the Holy Spirit, and I would not tamper. And I thought I will receive that approval. However, that letter, it was implied; there was not really a specific reason given at that time. It's only when we filed a statement of claim with the Court when, [inaudible], my employer actually responded and said that they believe that the letter from the spiritual leader has been taken off internet.

That hit me so hard because in this beautiful country, I've never been accused of any lies. I've never compromised my— I've never done anything to, to be told that I lied.

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And so I responded to Human Resources, and I said that I can provide any supporting documentation including a statement from my pastor, again, that that letter was genuine, and I had fulfilled all the required conditions to receive this religious exemption.

Shawn Buckley
And they wouldn't let you basically provide that.

Regina Goman
No, they refused. They say that decision is final, it's not up to appeal.

Shawn Buckley
But that actually reminded you of your trial in Poland, didn't it, where you really weren't able to defend yourself.

Regina Goman
Yes.

Shawn Buckley
And your psychologist basically has found that your post-traumatic stress disorder is a combination of what you experienced with your persecution in Poland, and now you're experiencing the exact same thing in Canada, and that's creating this reaction.

Now, you came to Canada believing that this country would give you freedom, and you came after you had actually been imprisoned in Poland for standing up against communism.

My understanding is that in February of 2022, you were invited by the Polish government to a ceremony where you were to receive the Cross of Freedom and Solidarity for the contribution you had made to, really, what was a revolution in Poland. But ironically, in February of 2022, because of the Government of Canada travel mandates: here after coming to Canada to be free, you could not go back to Poland to receive the Cross of Freedom and Solidarity because you were of a class of citizens that was not allowed to fly in Canada. Is that right?

Regina Goman
Yes, that's correct. I was just told— Well the lady volunteer, when she did the interview with me, she asked a question, "Where is my cross?" And I followed up with the Polish Consulate in Vancouver and was told it is being kept safe in the Consulate.

Shawn Buckley
Well, I can also tell those watching, if you go to the Canada Gazette, which is basically the federal government's newspaper where they publish regulations and things like that, and you do a search under Regina's name, you will find that it's recorded in the Canada Gazette that the Polish government awarded her this Cross of Freedom and Solidarity. So now, I told you that I was going to give you the opportunity to basically share your thoughts on what we should do.

And so you've lived through a police state, and you come from experience that none of us in this room have, and so I'm asking you now: What is your advice for us? What should we do?

Regina Goman
Actually, just like the Bible states, you have to be either hot or cold. You cannot be lukewarm. This is the time now. This is the time to speak up. And I know because I come across my friends and when I ask them, "Please come to the rally, please support this when you still can. Because the day will come that anything, that it will be called misinformation, that's what we're going to go to jail to. And this is the time now. The time is precious. And we cannot come up with excuses." Because sometimes my friends say, "Well, I'm going to be with you in my spirit." I say, "No, your flesh is needed." And just like we were told by the previous witnesses, we have to get involved. We have to get involved in every level of politics.

I promised myself when I came to Canada— The Polish organization approached me and they asked me, "Do you still going to join us in the fight?" And I said, "If I was to fight, I would have stayed back in Poland." And I stayed out of the politics for over 30 years, building my life and providing for the family.

But now is the time. We cannot just pull back and say, "Well, I don't want to be involved in politics." Because the politics are going to shape what is going to happen to you tomorrow. And tomorrow it will be too late. Because our children, grandchildren, they're being indoctrinated.

[00:30:00]

Just like when I saw that group following Greta Thunberg, those kids, they were full of rage. And I was shocked. I was scared. These beautiful Canadian kids who never experienced any hardships in their life—where that rage comes from is indoctrination. That's what's happening in the schools. That's where they are being told that we are destroying their future.

Now is the time. It's the time to speak and teach them. And regardless, I became an outcast even within my own family. Because I was told that I shouldn't be speaking politics, I shouldn't be speaking religion, or COVID. I still do speak. Because just like when I accepted Jesus, and I knew I have to share that good news with people, I lost my friends. But this is something the same, we need to speak, regardless how they take it.

And if they don't want to accept, at least we'll know, we'll have a clean conscience. We've done what we possibly could have done. And we lived, we stood up till the very end. And we did not allow the evil to destroy us, to destroy our children. And this is the time. That time, just like we've heard that Bill C-11 that got passed, this is going to affect all of us.

And that kind of gathering, it will become illegal, and it can happen overnight. And we were told about that, and we saw it here in Canada, when this *Emergencies Act* was called. And that's exactly what happened back in Poland in 1981. It happened overnight.

So this is what I'm pleading with you. Don't push, don't feel like, well, I shouldn't do, I shouldn't, I should be gentle. Maybe they will listen to me, no. We need to speak truth, and we speak, have to speak very with power, and not pull back. And regardless of the cost. That's what I'm telling my friends. "Today you're telling me you're not going to come to the rally because you have extra, some work at home to do." Pretty soon, you will not have your work, saying, "Oh, well, I have to take my kid to the hockey game." Pretty soon, you will not be allowed to have a hockey game. And we have experienced that already, right? And the sad part is, the history repeats itself. Every single time, when you look at the pattern, when you look at the Hitler era, when you look at what Goebbels did, when you look what the communists did, and when you're seeing what the mainstream media are doing now.

The people who are apathetic, who are just sitting and saying, "Well, I'm not going to vote, I'm not, I'm not, I don't want to be involved." We know, we have to, we have to speak up, and we have to go to every single level. We have to go to the school boards. We have to. We have to go to all the political rallies, we have to. Because otherwise, one day, we're going to stand, and those kids are going to tell— "Where were you when those decisions were being made? Now it's too late." And your own children will hate you because they will be fed. That's what kids in schools during the communists, were fed with. That's why my neighbours, in my neighbourhood, they were laughing at me. They were saying, "What is she doing?" Because there was a handful of us. And suddenly, now, what the history says, "Well, yes, you've been a hero. You have been awarded the cross for what you stood up then." And the same thing is happening now.

We need to stand up. And regardless, again, regardless of the cost because pretty soon nothing will matter. They're going to implement this digital ID, and they're going to take all our rights. And then you will be at their mercy, begging them for the privilege to travel, for the privilege to go to a game, or to a restaurant. And I was being yelled at in stores because I refused to wear a mask. And even I went to the doctor to get that mask exemption, just so I have it. I've never shown to nobody. But I was still denied. My employer would not actually recognize my mask exemption when they called us for a couple of weeks because that was one of their trying to pressure us to take the vaccine.

You know, when we were getting those letters, and they were telling us, "You're not going to earn your yearly bonus." Many people went and got vaccinated. I got this outstanding review. And what happened? I never got my bonus. Do I care about it? No, because I know we have much higher principles than just money. And at some point, that money will mean nothing again anyways.

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So this is the time.

Shawn Buckley
Regina, I'm going to let the commissioners, I'm going to ask them if they have any questions for you. And there are questions.

Commissioner Kaikkonen
Thank you for your testimony. When you speak of the indoctrination of our children and that we're told we're destroying our children's future, and that is what they're hearing in school, I can attest to that as a school trustee in my area that that's what they're doing.

But I know also there's a body of research that you may be able to speak to and you may not. It's called the coloured shirt movement, when some of us might remember the Brown Shirt movement in Nazi Germany. There's a Pink Shirt movement, how it's tied specifically to tyranny. You can go find that research. It's online. It's pretty available. And it talks about all of the different shirt movements that our youth do, and how it links with tyranny and the research is very solid. I'm just wondering if you could speak to that.

Did you see any youth that had colored shirt movements that were working through the school system that would lead to some of us to be informed about where tyranny would be the next step for those youth, those young people?

Regina Goman
For what I've been seeing was how those children were being indoctrinated and they've been rewarded. And to belong to a specific colour, you had to earn to that level.

When I was doing my research and writing based on those experiences from people who actually experienced that, and the ones who stood up to this propaganda, they were being beaten by those groups of youngsters because there was so much hate being planted in their minds, that they could not act in a human way. It was all about this propaganda machine.

And that's what I'm seeing here where the children are being— Because we taught them that about the authority, "Your teacher is an authority. And whatever the teacher is teaching you, you bring home." And actually, I've heard from my niece's little son came home from school and telling his dad that fossil fuels, that's evil, that we need to stop it. And the little children, like 10 years old, those are the kind of topics they're being taught in schools.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
Regina, there being no further questions on behalf of the National Citizens Inquiry, we sincerely thank you for setting an example for us and coming and sharing your experiences with us at the National Citizens Inquiry.

Regina Goman
Actually, I thank you for the opportunity and for this great initiative when we can still record all the damage that had been done to this society. Because when I came here almost 40 years ago, that was a beautiful country and built on Christian values. And what happened to this country when we are looking for possibly just leaving it and going somewhere else in search of freedom. Thank you.

[00:38:56]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 11: Babita Rana
Full Day 2 Timestamp: 09:59:36–10:14:09
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is Babita Rana. Babita, can you please state your full name for the record spelling your first and last name?

Babita Rana
Babita Rana, B-A-B-I-T-A R-A-N-A.

Shawn Buckley
Babita, do you promise to tell the truth, the whole truth, and nothing but the truth?

Babita Rana
Yes.

Shawn Buckley
Now, you are a computer programmer at the University of Alberta.

Babita Rana
Yes.

Shawn Buckley
And you have worked there for over 20 years.

Babita Rana
Yes, I've been there for about 28 years as a student and staff.

Shawn Buckley
Right, right. Now, can you tell us what happened, what your experience was as an employee at the university when COVID came along?

Babita Rana
Okay, so March 2020, everything shifted to remote work. So ever since March 2020, I've been working from home. My whole team shifted to remote work and that transition went pretty smoothly, just given the nature of our jobs. It was all on computers online, so we found our groove pretty quickly. And yeah, we worked from home until September 2021.

Shawn Buckley
I'll just stop you. Because you're a computer programmer, you and your whole team can— You don't have to be on site; you can work from home.

Babita Rana
Exactly. I was able to perform 100 per cent of my duties remotely in that year. In those 18 months between March 2020 and September '21, I did not have to go into the office at any point to do my job.

Shawn Buckley
Okay. I just think it's important for people to understand that as your story goes forward. So I'm sorry, continue.

Babita Rana
Okay, so September 2021, that is when the university introduced the COVID-19 directive. Compliance was mandatory, and they had given us the options— Or they had told us that they would make accommodations for medical exemptions and religious exemptions. So I applied for a religious exemption early October 2021. That exemption was denied. I received an email late on a Friday night around 10 p.m. telling me that the exemption was denied, and I was given five days to appeal. So essentially, two business days to appeal. I managed to get in the appeal, and the appeal was also denied. And shortly thereafter, I was informed that I would be placed on leave without pay.

Shawn Buckley
Can I just back up and flesh out with you a few questions about the religious exemption? Because my understanding is that a number of employees, over 100 applied for religious exemptions and that you're aware of this because of discussions with the union. Am I correct?

Babita Rana
That's right. I'm told that the university received over 100 religious exemption requests from staff. That doesn't include students and that doesn't include the medical exemptions.

Shawn Buckley
Okay, we're just speaking about staff. But as far as religious exemptions, you were advised by the union that over 100 applied. And my understanding is that 100 per cent of those applications were denied.

Babita Rana
Yes, that's what I was told by the union.

Shawn Buckley
And that they were all denied on the same day.

Babita Rana
They were all denied in the same fashion. We were all given similar canned email responses that went out at the same day. I know this because I was in communication with other staff who were affected by this. We were sharing stories, and they had said that they had received the same email at the same time.

Shawn Buckley
Okay, now the University of Alberta actually has its own human rights office.

Babita Rana
Right.

Shawn Buckley
And so you made an application to the University of Alberta Human Rights Office. Can you tell us what happened?

Babita Rana
So yes, after my appeal was also denied, I submitted a formal application. The university has this office called, Office of Safe Disclosure and Human Rights. And through our union collective agreement, there's a process whereby you can submit a formal discrimination complaint. So I ended up submitting that complaint

[00:05:00]

after I received my notice that I was going to be placed on leave. There was also this work-from-home program that the university had introduced in mid-November of 2021. So that was basically just formalizing what we had already been doing, working from home. It was just paperwork. But that work-from-home program wasn't available to me because I wasn't vaccinated. The rest of my—

Shawn Buckley
I just want to get it clear. So first of all, you had a job that 100 per cent you could do from home, and you were doing from home.

Babita Rana
Yes.

Shawn Buckley
You weren't asked to come back to the campus.

Babita Rana
Yes.

Shawn Buckley
But notwithstanding that you were working from home, there was a program that you could apply for to be classed as working at home. But to qualify for that you had to be vaccinated.

Babita Rana
Right, so my entire team was approved to continue working from home, but I was excluded from that.

Shawn Buckley
So the university thought that because you were unvaccinated, you weren't safe to work at home, apparently.

Babita Rana
Yes.

Shawn Buckley
Okay. Did they explain that to you? Because I'm having a few cognitive difficulties.

Babita Rana
They would phrase it as I was non-compliant with the COVID mandate; therefore, I couldn't apply for the work-from-home program. And I would argue that I would try to be compliant with their COVID directive via this exemption route, but they kept denying that.

Shawn Buckley
So you filed under this safe disclosure and human rights process. My understanding is there was four of you that did this. There were four complaints that were submitted.

Babita Rana
Yes, four.

Shawn Buckley
And my understanding is that actually the University of Alberta then stepped in and just stopped those complaints, terminated them.

Babita Rana
Right. So I was checking in with my union. This would have been probably early February 2022. I was checking in on the status of my complaint, and my understanding was that they were trying to settle on an arbitrator. And then shortly thereafter, I received notice that the University had reviewed the complaint and decided that an investigation was not needed. So they closed it. Closed all four.

Shawn Buckley
So your union had to file a grievance about that process now.

Babita Rana
Right.

Shawn Buckley
And you've been waiting 14 months on that grievance and nothing has happened.

Babita Rana
That's right.

Shawn Buckley
And you also then filed an Alberta Human Rights complaint, and you've been waiting 14 months, and nothing's happened.

Babita Rana
That's right, yes. My human rights complaint was accepted by the intake officer pretty quickly. But it's been pending approval from the director.

Shawn Buckley
I'm wondering if you can share with us, how have you been affected by this experience that you've had?

Babita Rana
Well, I was under a lot of stress in late 2021 when I was trying to get the University to see my perspective. I'd emailed the president several times; I'd emailed the board of governors several times. I got no response from them. I emailed the minister of advanced education and that office eventually got back to me and said that it was out of their hands and that I should get vaccinated.

But yeah, I was under a lot of stress at that time. I was worried about how we were going to manage our family finances when we were missing an entire income. And that's when a lot

of my physical health issues started as well. I think that's all because of the stress. And I still deal with those physical health issues today. It's been a long recovery.

Shawn Buckley
Right, so now that we're in April of 2023, you're still affected with depression.

Babita Rana
Yeah, so January 2022, that's when I was on leave. And looking back at that time now, I realized I was depressed. I was depressed, I was frustrated, and I was confused. I couldn't understand. That first week, I literally just sat on the couch with my kid, and I watched cartoons. I thought about nothing. I did nothing.

[00:10:00]

And I couldn't understand why I was sitting here when I could have been sitting ten feet over there at my desk working. But somehow that was unsafe for me to be ten feet over there. I was confused. I was angry.

Shawn Buckley
I know you don't want to go into details, so we won't. But I did want to just confirm with you that when you're talking about physical health issues that you also experienced because of the stress, it literally affected your day-to-day life for some period of time.

Babita Rana
Yeah. Everything from my ability to sleep, to being able to do basic hygiene, to getting dressed, to cooking, to cleaning, to being able to play with my kid. Every single thing that I did in my day was affected. There was a lot of pain, and it was extremely debilitating. And I still am trying to recover from that. I'm told that it's possible that it may not be a 100 per cent recovery.

Shawn Buckley
Right. I wanted to bring that up, even though you didn't want to go into the details, just so that people understand that this is something that's been lasting and significant. We're just not going into the details.

Now, I don't have any further questions for you. I'll ask if the commissioners have any questions.

Commissioner Drysdale
One of the things I've been hearing from multiple witnesses is that they applied for religious exemptions. I've heard this from police; I've heard it from doctors. I've heard it from folks like yourself. Did the university explain to you how they judged whether or not you believed in whatever it was you believe in, in your religion? How were they the arbiters of that?

Babita Rana
In my requests, I had made it very clear to them that I felt very strongly about my position. I had made it very clear to them that there were elements, from like a Hindu and a Christian background, that supported my arguments. Because I have both in my background. So I thought that I had met the legal definition of a valid religious belief, a sincere belief that connects to a larger belief system.

And they said, "No." They said, "No, your beliefs are not sincere. Your beliefs do not connect to a larger system; therefore, you're denied." And I found that to be extremely offensive. I laid out my personal history, my religious background. I laid it all out for them in an attempt to convince them of how important this was to me. And then for them to come back and say, "No, your beliefs are not good enough." That was extremely offensive and degrading to go through that.

Commissioner Drysdale
How did you feel and how do you feel about your employer looking into and questioning probably one of the most personal aspects of your life?

Babita Rana
Yeah, it's wrong. I tried to express to them that this is something that I'm very passionate about. Who are they to judge my beliefs? I couldn't understand it. It made me very frustrated, very angry.

Commissioner Drysdale
Thank you.

Shawn Buckley
So there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Babita Rana
Thank you.

[00:14:33]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 12: Madison Lowe
Full Day 2 Timestamp: 10:14:12–10:24:27
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Our next witness is Madison Lowe. Madison, can you please state your full name for the record, spelling your first and last name?

Madison Lowe
Madison Ragna Lowe, M-A-D-I-S-O-N L-O-W-E.

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

Madison Lowe
Yes, I do.

Shawn Buckley
Now, you are a software developer, you've got a software engineering degree, and you've been working as a software developer for nine years.

Madison Lowe
That's correct.

Shawn Buckley
Now, you made a decision to get vaccinated with the COVID-19 vaccine. Can you share with us what led you to that decision?

Madison Lowe
Well, I felt pressured to get the vaccine to see people, to go to restaurants, to travel. And I went to a government website, a canada.ca website, that was displaying the number of adverse events and the number of shots distributed in Canada. And I used that website to determine if I was comfortable with the risk of the vaccine.

Shawn Buckley
Okay, so you're basically going to a Government of Canada site to get truthful information about adverse reactions so you can figure out, basically— Do a risk benefit analysis for yourself.

Madison Lowe
That's right.

Shawn Buckley
Did you also look at how they were collecting the data? Can you speak about that?

Madison Lowe
Yeah, the same canada.ca website, I was curious how adverse events were collected, how post-marketing surveillance was performed. And I found guidance on submitting an adverse event form on the website. The guidance included what constituted a serious adverse event. It had timelines for if a symptom shows up within a certain amount of time from getting a vaccine, then you should report an adverse event. It had this information for non-mRNA vaccines, but I made the assumption that the process would apply to mRNA vaccines as well.

Shawn Buckley
Is it fair to say that you felt assured that the data was being collected in a rigorous way and an unbiased way?

Madison Lowe
Yes, I made the assumption that it was collected in a rigorous and unbiased way, and also that new, bad side effects were being actively looked for.

Shawn Buckley
Right, and I use terms that actually you had brought up during an interview, just in case anyone thinks I'm leading this witness. You were actually basically doing due diligence to try and make an informed decision.

Madison Lowe
Yes, I was.

Shawn Buckley
And then you decided the risk was low, so you took the vaccine.

Madison Lowe
Yeah.

Shawn Buckley
So can you tell us what happened?

Madison Lowe
So I got two shots of Moderna, and three days after my second shot, I started getting new symptoms that I'd never had before. I had a high resting heart rate. I'm a runner, so my resting heart rate is usually around 60 beats per minute, and it was spiking over a hundred beats per minute and getting up to 130. Sometimes these episodes would come along with feelings of anxiety, but the worst part was that they would trigger pre-existing gastrointestinal issues, and that was really the debilitating part.

Shawn Buckley
Now, but when you say pre-existing gastrointestinal issue— Before the second shot, you managed that; you managed the symptoms of that pre-existing issue; you were able to, you know, live reasonably normal.

Madison Lowe
That's correct. I was able to participate in all aspects of life, fine.

Shawn Buckley
Okay, so you're speaking about something completely different than before.

Madison Lowe
Yeah.

Shawn Buckley
And how long did these symptoms persist?

Madison Lowe
Well, many months. Six months full on and then started getting better, and I am much better now, but still not 100 per cent.

Shawn Buckley
Okay, now you actually went to your doctor to see if you could get your adverse reaction reported. Can you tell us about that?

Madison Lowe
That's right. So I went on this canada.ca site that was showing how to submit an adverse event report. And I brought that site to the doctor I was seeing at the time and told her,

"Look, I meet the criteria for an adverse event. So we should report it so that it's tracked." And she agreed, and she submitted the adverse event report, which is great.

[00:05:00]

Shawn Buckley
Okay, so your doctor was on side. Your doctor submitted the form. And what happened after that?

Madison Lowe
A little while later, AHS [Alberta Health Services] phoned me to tell me they weren't going to submit my report to the surveillance database because it was not a known side effect.

Shawn Buckley
I'm just going to stop you there. I think you need to repeat that and speak slowly.

Madison Lowe
AHS phoned me to tell me they were not going to submit my adverse event report to the surveillance database. This is the database that I believe was driving that webpage that I was using to make the decision because it was not a known side effect. So at that point in time, I knew that that webpage wasn't showing all the data that I cared about.

Shawn Buckley
Right, so basically the message is that they were not looking for new side effects.

Madison Lowe
That is what I concluded from that.

Shawn Buckley
How did you feel about that?

Madison Lowe
I was shocked. I had no idea that the post-marketing surveillance system was so broken, I guess.

Shawn Buckley
Right, so how would you recommend that we do things differently going forward?

Madison Lowe
To make an informed decision about a pharmaceutical, I would like data to be collected in a thorough, accurate, and unbiased way. I would like statistical analysis to be performed on all the data by experts. I would like the methods, results, and conflicts of interest to be publicly available. And I would like the risks and unknowns to be made public.

Since my report was tossed away, I don't trust that anyone is investigating whether or not my symptoms were caused by the vaccine. And to me, that's an unknown. And when I make a decision, the unknowns, matter as much to me, as the known risks.

Shawn Buckley
Thank you. And I actually thank you for those four points which I saw the commissioners writing down, because I know you actually you put in a lot of thought in making those recommendations. I'll ask the commissioners now if they have any questions of you.

Commissioner Drysdale
When you were given your two Moderna shots did whoever provided those injections, did they talk to you about what the unknowns were, what the side effects might be, what the risks were, what the benefits were, so you could make an informed decision?

Madison Lowe
No, certainly not. The only messaging I remember receiving about the shots was that they were safe. And that's basically it.

Commissioner Drysdale
And you reviewed the government website as well, you were saying in your testimony, prior to getting the shots?

Madison Lowe
Yes, I looked at the webpage that was showing the number of adverse events.

Commissioner Drysdale
And they didn't provide any information about adverse effects or the risks of having taken the vaccine, as well?

Madison Lowe
There was a lot of— There were some adverse events listed. The rate was quite low, so I thought it was acceptable for myself.

Commissioner Drysdale
Did the website tell you that death was a possible side effect?

Madison Lowe
I specifically remember looking that up. And that was really interesting for me because I was looking at— I looked for the criteria for how they figured out if death was associated, or death was caused by the vaccine. And what they reported was, they had a number of deaths that were reported as being caused by the vaccine, and then they decided that they weren't, and then several that were inconclusive. But none that they had determined were actually caused by the vaccine.

Commissioner Drysdale
Did you have any understanding before you went in for your shots what your risk of actually contracting and dying of COVID-19 was, given your age group?

Madison Lowe
No, I don't think I did.

Commissioner Drysdale
Thank you.

Shawn Buckley
There being no further questions, Madison, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

Madison Lowe
Thank you for the opportunity.

[00:10:15]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 2**

April 27, 2023

EVIDENCE

Witness 13: Garry Bredeson
Full Day 2 Timestamp: 10:24:26–10:38:30
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
Is Garry Bredesen still here? Yes, Garry's coming to the stand.

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

Garry Bredeson
Garry Bredesen, G-A-R-R-Y B-R-E-D-E-S-O-N.

Shawn Buckley
And, Garry, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Garry Bredeson
I do.

Shawn Buckley
Now, you are a small business owner in the area of freight logistics, and you've been doing that for 25 years.

Garry Bredeson
Yes.

Shawn Buckley
And I forget now, when I wrote down your kids' ages, whether it was at COVID time or now. But I wrote down your kids are 25, 23, and 21. So is that now or when COVID hit?

Garry Bredeson
That's approximately what it is now, yes.

Shawn Buckley
Okay. Now, when COVID hit, your oldest was at UBCO, which is the University of British Columbia University campus in the Okanagan.

Garry Bredeson
Correct.

Shawn Buckley
And your middle child was at the University of Alberta?

Garry Bredeson
Yes.

Shawn Buckley
And your youngest child was at the University of Victoria.

Garry Bredeson
Correct.

Shawn Buckley
So now you're here to testify in— One of the themes is about the impact of the lockdowns and the COVID measures on education, and I'm wondering if you can share with us what you saw and what your thoughts were.

Garry Bredeson
Well, all three boys were in university as of 2019, and we did hear of some rumblings coming out of China around Christmas time in 2019. And at that point, the boys were all home for Christmas, and then on their departure back to university, we told them to be careful not to expose themselves needlessly, and just to be careful.

And promptly, the oldest boy got sick with flu-like symptoms, very severe. He missed about 10 days of school. And then the youngest, he likewise got ill. Probably not as severe, but he did experience discomfort. And from that point on—later on in the school year—around March, we had heard that, I believe it was that year, that the universities were going to shut down and go online for the remainder of the year.

My wife and I were taken unawares of that edict coming down, so we had to scramble to get our youngest back from UVic [University of Victory] and get him back into Alberta so that he could continue and finish off his year. So basically, we had to scramble, get the truck out, and load up all his stuff out of Res, and get him back to Alberta. So obviously, that was quite the undertaking on last-minute notice.

Shawn Buckley
Can you speak to us about the social impacts on your kids with the lockdowns and online and all of that?

Garry Bredeson
For sure. Obviously, all young people are very social, and them having to come home and learn from our basement online was, it was a definite negative. And it seemed like the universities, they made some effort to make it seamless, but obviously it's never the same when you have two young men in the same room trying to learn with labs and whatnot, online. It's practically impossible for them to absorb and to excel.

From what they accomplished, it's very impressive how they managed to make that happen despite what the government had put in front of them. And basically, it was done to them. It was not something that happened. It was done to them.

Shawn Buckley
Right, and I remember when we were talking, you were kind of just expounding on your first year of university.

[00:05:00]

So your youngest child at UVic, I mean that's when you make your connections, and that's when you meet people, and it's very social. And that, basically, it just didn't go that way for him.

Garry Bredeson
Correct, you know, he— For first year, you know, they want to be making those contacts where you might be in class with these people for the next four or five years. And he never had that opportunity. And next thing you know, everybody's hiding from each other. It was a matter of you're— If you get too close to somebody, you know you're impacting their health, and all of a sudden, you're being labelled a killer.

Shawn Buckley
So it's not just that the universities were shut down, that they weren't having the activities, but it's actually the university students, a lot of them were afraid of each other.

Garry Bredeson
Correct. They didn't know any better than the rest of us; what they were being fed was a continual diet of fear and admonishment for being social, or even just trying to be a regular student. The University of Alberta still has that up on their website. Stay away from each other. Get vaccinated. It's all— It just never stops. How they could ever get beyond that if they ever followed the edicts that the universities were putting out?

Shawn Buckley
Right. And how do you think the quality of education was when they had to switch to online? Clearly you'd already mentioned labs, and I can't see those being very effective. What are your thoughts on the quality of education?

Garry Bredeson
Well, in talking with our boys, obviously it was a clear travesty against their education. They clearly got a much lower level of instruction, and— But on the plus side, we got to pay more.

Shawn Buckley
There's always a silver lining.

Garry Bredeson
Yes.

Shawn Buckley
Now my understanding is that in 2021, in the Fall term—your youngest son was still at UVic—that UVic actually surprisingly did not have a vaccine mandate. So you—as long as you were getting weekly PCR [Polymerase Chain Reaction] testing—you didn't have to be vaccinated to attend. But something happened at Christmas. Tell us about getting them home at Christmas, because that was an interesting year for you.

Garry Bredeson
Yeah, well, during November of that year, we found out that all the roads got washed out of lower mainland BC. And our plane ticket that we had pre-purchased for our youngest coming out of UVic was not going to be honoured because our government deemed that we were unfit to fly with people that were vaccinated. So we were lowered to a lower status and were relegated to crawl on the ground with the bugs. So we had to find him travel, some sort of travel means to get back into Alberta.

We found a group of parents that were in the same position that we were, and we were looking at all options like chartering an airplane, or chartering a bus, or whatever. But what we found out was that even if we could get an airplane chartered for our kids, there was no airport that would accommodate them, because they were unclean.

Shawn Buckley
Right, so even if a chartered plane was there on the tarmac, the airport policy was you couldn't even go on a chartered plane just filled strictly with unvaccinated people. So that was a dead end.

Garry Bredeson
That was a dead end, and even going into a small airplane or airport such as— It was nearby Cochrane, which is just a small airport. But because it's federally funded or—

Shawn Buckley
I think it's constitutional jurisdiction.

Garry Bredeson
Yeah. We weren't able to even accommodate that. So we ended up renting him a car.

[00:10:00]

Thankfully, they allowed us to rent a car because he's only 21 years old. And so he had to navigate the highways, which were torn apart, and take goat trails back home into Alberta. And it was just a nightmare.

Shawn Buckley
Now, I just want to switch gears and ask you how you were personally affected by the mandates and the government measures.

Garry Bredeson
Well when the mandates came down, business stopped because all of our trucks were not allowed to go across a border. So we lost contracts that were pre-negotiated during the previous year. And by the time they opened the borders up again for truck traffic, we basically were squeezed out. And at that point, we had to find a different revenue stream.

And then for ourselves, socially, we couldn't go to restaurants. Friends and family that we normally had no issues with, all of a sudden we were being deemed social outcasts because we took a different mindset than what they did. And if you bring up any sort of evidence or websites, and evidence from revered vaccinologists and virus scientists, they were deemed as people we couldn't refer to because they had an alternative agenda. So therefore, we were effectively shut out.

Shawn Buckley
We're supposed to ask witnesses how they would do things differently. And I know when we were talking, I made a specific note to ask you about personal responsibility, so can you share your thoughts on that?

Garry Bredeson
Well, personal responsibility, we all have to make sure that we are looking into the reasoning behind these laws, or mandates that our government, our representatives are bringing forward to us, ensuring that we are seeing exactly what they are saying is true. We can't just go out and say, "Okay, it's our government. We elected them, so therefore they're telling us the truth." There's just no way that we can just rely on that. We need to go out there, find the truth, make sure that we spread the truth, and we are always asking questions of our elected officials.

It's always handy that they are not allowing us to talk to them directly anymore, because of the COVID issues of— Whenever there is an election, we cannot ask direct questions because we might be spreading death and destruction as far as the government is concerned.

Shawn Buckley
Thank you. I'll ask the commissioners if they have any questions for you. There being no questions, Garry, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying.

Garry Bredeson
Thank you.

[00:14:04]

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 2**

April 27, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 2 Timestamp: 11:05:40–11:06:26
Source URL: https://rumble.com/v2kqscc-national-citizens-inquiry-red-deer-day-2.html

[00:00:00]

Shawn Buckley
And that will conclude the second day of hearings in Red Deer.

We invite you to share with us tomorrow as we start at 9 a.m. Mountain Time for the third days of hearings. Again, and I can't stop saying that you cannot attend a day of the National Citizens Inquiry and be the same person at the end of the day.

There's just something— I almost want to say therapeutic, but I don't have a word. There's just something about seeing these people tell their stories that is life changing and I invite you to participate.

[00:00:46]

***Final Review and Approval:** Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
RED DEER HEARINGS

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.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Opening Statement, Shawn Buckley
Full Day 3 Timestamp: 00:46:31–01:20:51
Source URL, https,//rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.

As I say, this takes about $35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

[00:05:00]

just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.

But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

[00:10:00]

then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

[00:15:00]

The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, "no you can't speak; you can't share your opinion." Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can "prescribe." So they can pass a regulation saying, "Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, 'Well, you know, but this, this, this, this, it does apply too.'"

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

[00:20:00]

This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term "Orwellian" and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called "newspeak,"

where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."

Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.

I read that book when I was a young university student doing my first degree, and it never dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

So it's not a mistake.

[00:25:00]

And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.

I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're

doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.

And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.

And the question is:Have you had enough?" Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying.
So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,

[00:30:00]

and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.

And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.

So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.

You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

[00:34:20]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 1: Christopher Scott
Full Day 3 Timestamp: 01:20:51–02:12:52
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

Christopher Scott
Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

Shawn Buckley
And Chris, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Christopher Scott
I do.

Shawn Buckley
Now, as I understand it, you are the owner of the Whistle Stop Cafe.

Christopher Scott
That's correct.

Shawn Buckley
And what town is that in, and what's the population of this town?

Christopher Scott
The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

Shawn Buckley
Okay, hey, so it's growing.

Christopher Scott
Growing, like a weed.

Shawn Buckley
When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

Christopher Scott
That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

Shawn Buckley
And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

Christopher Scott
No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

Shawn Buckley
Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

Christopher Scott
I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

Shawn Buckley
Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

Christopher Scott
Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

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And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

Shawn Buckley
My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

Christopher Scott
That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

Shawn Buckley
Right, okay. Now, so you're complying, and how is that affecting your business economically?

Christopher Scott
Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.

Shawn Buckley
Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?

Christopher Scott
Sure. So as many people will likely remember— The election prior to this, we elected a government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about **protecting people's health. This was not about keeping people safe. It was about control.**

And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.

Shawn Buckley
And that happened on January 24th, 2021.

Christopher Scott
That's correct.

Shawn Buckley
So what happened after you opened in protest?

Christopher Scott
Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

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We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in **close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."**

Shawn Buckley
So I just want to make sure that I'm clear. This is the Chief of Police?

Christopher Scott
Yeah, Chief of Police.

Shawn Buckley
So it would be an RCMP officer?

Christopher Scott
Right.

Shawn Buckley
So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

Christopher Scott
That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want $25,000 from you upfront, before they even do anything. It costs $10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

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in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.

Shawn Buckley
Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that? Because that, I think it's important to understand, that just you taking a step created hope.

Christopher Scott
Yeah, we've had people from all over the country show up there. There were people driving 8–12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

Shawn Buckley
If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-funding, so that people have an opportunity to stand together against the government.

Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.

And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

Christopher Scott
Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

Shawn Buckley
Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

[00:20:00]

So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

Christopher Scott
Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

Shawn Buckley
Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Heath Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

Christopher Scott
I lost count when I ran out of fingers and toes, but I think it was 23.

Shawn Buckley
Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

Christopher Scott
They did, yeah.

Shawn Buckley
They got Occupational Health and Safety involved to come and visit you.

Christopher Scott
Yes.

Shawn Buckley
They seized liquor.

Christopher Scott
Yeah.

Shawn Buckley
They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

Christopher Scott
They did.

Shawn Buckley
So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

Christopher Scott
Yes, they did.

Shawn Buckley
So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

Christopher Scott
Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

Shawn Buckley
Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

Christopher Scott
It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

Shawn Buckley
And my understanding is you spent three days in jail.

Christopher Scott
I spent three days in jail. I was subject to sanctions of $30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

Shawn Buckley
So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to $30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

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So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

Christopher Scott
That's correct.

Shawn Buckley
Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

Christopher Scott
Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

Shawn Buckley
Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

Christopher Scott
Yes, I do.

Shawn Buckley
I'm inviting you to share them.

Christopher Scott
I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer $50 or a $100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.

As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

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alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.

Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

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or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put $10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

Shawn Buckley
I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

Commissioner Drysdale
Good morning.

Christopher Scott
Good morning.

Commissioner Drysdale
Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

Christopher Scott
Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

Commissioner Drysdale
How were you treated by the alternative media in Canada?

Christopher Scott
Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers **would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.**

Commissioner Drysdale
Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

Christopher Scott
Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.

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And it's not supposed to be that way. The legislation was supposed to protect Canadian content.

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

Commissioner Drysdale
You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.

Christopher Scott
Right.

Commissioner Drysdale
Did they handcuff you when they arrested you?

Christopher Scott
Of course.

Commissioner Drysdale
Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

Christopher Scott
No, they left me in the drunk tank for three days.

Commissioner Drysdale
Can you describe that room for me please?

Christopher Scott
Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

Commissioner Drysdale
Were you violent?

Christopher Scott
How so?

Commissioner Drysdale
I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

Christopher Scott
No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

Commissioner Drysdale
My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

Christopher Scott
Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

[00:45:00]

is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

Commissioner Drysdale
You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

Christopher Scott
In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

Commissioner Drysdale
Thank you.

Commissioner Kaikkonen
You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

Christopher Scott
Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

[00:50:00]

So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]

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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

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 2: Dr. Misha Susoeff
Full Day 3 Timestamp: 02:12:52–02:52:37
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

Dr. Misha Susoeff
Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

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

Dr. Misha Susoeff
Yes, sir, I do.

Shawn Buckley
Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

Dr. Misha Susoeff
Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

Shawn Buckley
Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

Dr. Misha Susoeff
Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

Shawn Buckley
Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

Dr. Misha Susoeff
Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

Shawn Buckley
I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

Dr. Misha Susoeff
Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

Shawn Buckley
In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

Dr. Misha Susoeff
Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

Shawn Buckley
So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

Dr. Misha Susoeff
Yes, sir, internal passport version two.

Shawn Buckley
And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.

Dr. Misha Susoeff
Exactly. And it was at that moment I realized that we were in big trouble.

[00:10:00]

Shawn Buckley
It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

Dr. Misha Susoeff
As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

Shawn Buckley
So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

Dr. Misha Susoeff
Yes, sir, sadly.

Shawn Buckley
Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?

Dr. Misha Susoeff
There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

Shawn Buckley
Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

Dr. Misha Susoeff
Prior to the pandemic, I don't recall that ever happening.

Shawn Buckley
Okay, now did that change after the vaccine rollout?

Dr. Misha Susoeff
Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

Shawn Buckley
Okay, and how often has that happened to you now?

Dr. Misha Susoeff
Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

Shawn Buckley
Seventeen.

Dr. Misha Susoeff
Yes, sir.

Shawn Buckley
So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

Dr. Misha Susoeff
Yeah, exactly. To my recollection prior to the pandemic.

Shawn Buckley
Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

Dr. Misha Susoeff
Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

Shawn Buckley
And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

Dr. Misha Susoeff
Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

Shawn Buckley
Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

Dr. Misha Susoeff
Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

Shawn Buckley
Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

Dr. Misha Susoeff
They at least accepted the possibility.

Shawn Buckley
Right, and they're volunteering this, right?

Dr. Misha Susoeff
Yes, sir.

Shawn Buckley
And yet they they've made a comment how stupid people are who aren't vaccinated.

Dr. Misha Susoeff
It's unbelievable.

Shawn Buckley
But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

Dr. Misha Susoeff
In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

Shawn Buckley
Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

Dr. Misha Susoeff
Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

Shawn Buckley
And did anything happen?

Dr. Misha Susoeff
Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

Shawn Buckley
And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

Dr. Misha Susoeff
Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

Shawn Buckley
Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

Dr. Misha Susoeff
I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

Shawn Buckley
I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

Dr. Misha Susoeff
I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

Shawn Buckley
Thank you. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen
Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

Dr. Misha Susoeff
So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

Commissioner Kaikkonen
Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

Dr. Misha Susoeff
In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

Commissioner Kaikkonen
And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

Dr. Misha Susoeff
I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

Commissioner Kaikkonen
Thank you very much.

Dr. Misha Susoeff
Thank you.

Commissioner Drysdale
Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

Dr. Misha Susoeff
No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

Commissioner Drysdale
You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

Dr. Misha Susoeff
Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

Commissioner Drysdale
But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

Dr. Misha Susoeff
Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

Commissioner Drysdale
We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

Dr. Misha Susoeff
That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

Commissioner Drysdale
Thank you.

Commissioner Massie
Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

Dr. Misha Susoeff
Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

Dr. Misha Susoeff
Yes, sir.

Commissioner Drysdale
But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?

Dr. Misha Susoeff
I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.

Commissioner Drysdale
Thank you.

Shawn Buckley
Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

Dr. Misha Susoeff
Thank you.

[00:39:45]

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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

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 3: James Coates
Full Day 3 Timestamp: 03:03:58–03:56:25
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Wayne Lenhardt
Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

James Coates
Okay.

Wayne Lenhardt
There.

James Coates
I'm not sure how to mitigate that.

Wayne Lenhardt
I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

James Coates
Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

James Coates
Of course.

Wayne Lenhardt
Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

James Coates
Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

[00:05:00]

to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

[00:10:00]

But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

Wayne Lenhardt
Excuse me?

James Coates
Yeah.

Wayne Lenhardt
Do you recall exactly what the undertaking was?

James Coates
Well, it was an undertaking ordering me to comply with *the Public Health Act*.

Wayne Lenhardt
Oh, okay. Okay.

James Coates
That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

Wayne Lenhardt
Okay. Carry on.

James Coates
In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

[00:15:00]

Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

[00:20:00]

Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

Wayne Lenhardt
So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

James Coates
Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

Wayne Lenhardt
I don't exactly recall, either.

James Coates
So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

Wayne Lenhardt
Okay, so is there anything else still pending that you want to tell us about?

James Coates
You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a $1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

Wayne Lenhardt
At this point, do the commissioners have any questions?

Commissioner Kaikkonen
I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

Wayne Lenhardt
I suppose we could, if we have a copy of it.

Commissioner Kaikkonen
Are you okay if we have a copy of those two sermons that went viral?

James Coates
Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

[00:25:00]

God vs. Government, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

Commissioner Kaikkonen
Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

James Coates
You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

Commissioner Kaikkonen
And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

James Coates
Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

Commissioner Kaikkonen
It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

James Coates
Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

Commissioner Kaikkonen
And churches are known for their good works in the community, is that right?

James Coates
Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

Commissioner Kaikkonen
And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members. where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

James Coates
Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

Commissioner Kaikkonen
Thank you very much for your testimony.

James Coates
You're welcome.

Commissioner Drysdale
Good morning, Pastor Coates.

James Coates
Good morning.

Commissioner Drysdale
Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

James Coates
Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

Commissioner Drysdale
What is the physical capacity of your facility?

James Coates
Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

Commissioner Drysdale
So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

James Coates
Yeah, I don't know how to answer that. I mean—

Commissioner Drysdale
Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

James Coates
Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

Commissioner Drysdale
The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

James Coates
Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

Commissioner Drysdale
I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

James Coates
Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

Commissioner Drysdale
One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

James Coates
Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

Commissioner Drysdale
Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

James Coates
Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

Commissioner Drysdale
Were you humiliated by that?

James Coates
Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

Commissioner Drysdale
Thank you, sir. That's all my questions.

Wayne Lenhardt
Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

James Coates
Thank you for having me. Appreciate it.

[00:52:27]

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 3**

April 28, 2023

EVIDENCE

Witness 4: Dr. Eric Payne
Full Day 3 Timestamp: 04:38:08–06:23:33
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Wayne Lenhardt
Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

Dr. Eric Payne
Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Dr. Eric Payne
I sure do. So help me God.

Wayne Lenhardt
You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

Dr. Eric Payne
Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.
I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

Wayne Lenhardt
At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

Dr. Eric Payne
Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.

The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.

We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

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and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudency. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.

At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.

Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.

Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.

He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it was a defamatory

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sort of process that took place.

Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.

But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.

One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.

I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not going make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience uncomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk–benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.

We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, they deemed them well-written and justified.

On January 6th, Alberta Health Services sent me a letter stating that they were not going renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against **COVID.**

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While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

[VIDEO 1] Paul Offit
Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

[VIDEO 2] Paul Offit
Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

[VIDEO] Unnamed Speaker
And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

Dr. Eric Payne
They're not that interested.

[VIDEO 2] Paul Offit
—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

Dr. Eric Payne
And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

[VIDEO] Bill Gates
—they're not good at infection blocking.

Dr. Eric Payne
So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

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vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39–40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5–11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.

These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.

The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.

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This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.

Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.

What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.

Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study

that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.

I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.

Dr. Fauci was under oath and he couldn't name a single study in support of masking.

And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

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he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0–19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you **take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.**

We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.

This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.

And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.

This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: "main conclusion does not follow their model." Other people were more accurate: "using flawed inputs to vilify a minority." That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the "way back machine" you can read that the Canadian Medical Association received $800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost $2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that $2 million, the University of Calgary, the university that won't let me interact with trainees, took $600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

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$2 million is an enormous unconscious financial bias.

And when you're not willing to discuss things, that's when things get into trouble.
And when Kenny came out and said the summer was going be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, "Wait a second! Natural acquired immunity for COVID? I don't think so."

If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.

[VIDEO] Anthony Fauci Interview
[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]

Dr. Eric Payne
Somehow that was lost in history for a couple of years.

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigiAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it **shows you that there's something else going on.**

This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."

So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.

And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.

We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.

They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.

This is the most recent bio-distribution data

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that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

If you can play the one on the left first.

[VIDEO] Bill Gates Interview
[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]

Dr. Eric Payne
And then the one on the right please.

[VIDEO] Interviewer
. . . Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.

[VIDEO] Anthony Fauci
If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?

Dr. Eric Payne
I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to **kids.**

The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.

They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.

So we are actually slightly increasing a child's risk

[01:00:00]

of getting RSV and influenza by giving them a COVID shot.

Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.

Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got **lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.**

This is the last slide.

For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.

It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.

Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.

And with that I'll take any questions.

Wayne Lenhardt
I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

Commissioner Massie
Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

[01:05:00]

Dr. Eric Payne
Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was— I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.

This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.

In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England*

Journal of Medicine paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

Commissioner Massie
You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

Dr. Eric Payne
Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

Commissioner Massie
Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

Dr. Eric Payne
We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

[01:10:00]

is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

Commissioner Massie
We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

Dr. Eric Payne
I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

Commissioner Massie
So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

Dr. Eric Payne
I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

[01:15:00]

that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are— I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

Commissioner Massie
So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

Dr. Eric Payne
It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio
Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting.
I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

Dr. Eric Payne
Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

Commissioner DiGregorio
So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

Dr. Eric Payne
Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

[01:20:00]

when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

Commissioner DiGregorio
So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

Dr. Eric Payne
We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

Commissioner DiGregorio
Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

Dr. Eric Payne
Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

Commissioner DiGregorio
And he was emailing you at your Alberta Health Services account?

Dr. Eric Payne
Yeah. It was one of those things that was not an attorney/client— I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

Commissioner DiGregorio
Thank you.

Commissioner Drysdale
Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

Dr. Eric Payne
Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

Commissioner Drysdale
So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

Dr. Eric Payne
Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

Commissioner Drysdale
One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed **consent.**

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

Dr. Eric Payne
If I was getting a shot, I would go to see another doctor.

Commissioner Drysdale
Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

Dr. Eric Payne
Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

Commissioner Drysdale
Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

Dr. Eric Payne
It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

Commissioner Drysdale
How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

Dr. Eric Payne
No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

Commissioner Drysdale
From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

Dr. Eric Payne
I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called" western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

Commissioner Drysdale
My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

Dr. Eric Payne
And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

Commissioner Drysdale
Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

Dr. Eric Payne
Yeah, you'll learn that in nine months with thalidomide.

Commissioner Drysdale
And so we didn't wait nine months.

Dr. Eric Payne
No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick* [*News*]. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.

Dr. Eric Payne
You're absolutely right.

If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

Vitamin D is a hormone that in is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."

In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

Wayne Lenhardt
My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

Dr. Eric Payne
I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

Wayne Lenhardt
Yes. And this entity was formed in the fall of 2019. It would have been just before—

Dr. Eric Payne
Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

Wayne Lenhardt
Have you seen that before and can you tell us anything about?

Dr. Eric Payne
Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030.
So our leaders don't seem to be playing for our team sometimes.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today.

[01:45:25]

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 3**

April 28, 2023

EVIDENCE

Witness 5: John Carpay
Full Day 3 Timestamp: 06:23:39–07:28:12
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Our next witness today is John Carpay.

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

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

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

John Carpay
I do.

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

John Carpay
That's correct.

Shawn Buckley
You have a law degree from the University of Calgary.

John Carpay
Correct.

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

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

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

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

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

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

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

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

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

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

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

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

[00:05:00]

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

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

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

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

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

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

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

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

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

[00:10:00]

Next slide, please.

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

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

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

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

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

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

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

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

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

[00:15:00]

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

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

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

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

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

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

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

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

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

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

[00:20:00]

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

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

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

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

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

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

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

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

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

[00:25:00]

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

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

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

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

John Carpay
Exactly. Exactly.

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

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

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

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

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

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

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

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

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

[00:30:00]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Commissioner DiGregorio
Thank you.

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

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

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

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

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

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So they really lost their way.

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

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

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

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

Commissioner Drysdale
Thank you, sir.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Commissioner Kaikkonen
Thank you very much for your testimony.

John Carpay
Thank you.

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

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

[01:04:33]

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

EVIDENCE
RED DEER HEARINGS

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.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Opening Statement, Shawn Buckley
Full Day 3 Timestamp: 00:46:31–01:20:51
Source URL, https,//rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

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Shawn Buckley
We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.

As I say, this takes about $35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

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just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.

But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

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then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

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The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, "no you can't speak; you can't share your opinion." Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can "prescribe." So they can pass a regulation saying, "Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, 'Well, you know, but this, this, this, this, it does apply too.'"

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

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This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term "Orwellian" and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called "newspeak,"

where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."

Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.

I read that book when I was a young university student doing my first degree, and it never dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

So it's not a mistake.

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And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.

I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're

doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.

And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.

And the question is:Have you had enough?" Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying.
So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,

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and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.

And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.

So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.

You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

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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 3**

April 28, 2023

EVIDENCE

Witness 1: Christopher Scott
Full Day 3 Timestamp: 01:20:51–02:12:52
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

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Shawn Buckley
We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

Christopher Scott
Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

Shawn Buckley
And Chris, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Christopher Scott
I do.

Shawn Buckley
Now, as I understand it, you are the owner of the Whistle Stop Cafe.

Christopher Scott
That's correct.

Shawn Buckley
And what town is that in, and what's the population of this town?

Christopher Scott
The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

Shawn Buckley
Okay, hey, so it's growing.

Christopher Scott
Growing, like a weed.

Shawn Buckley
When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

Christopher Scott
That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

Shawn Buckley
And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

Christopher Scott
No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

Shawn Buckley
Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

Christopher Scott
I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

Shawn Buckley
Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

Christopher Scott
Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

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And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

Shawn Buckley
My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

Christopher Scott
That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

Shawn Buckley
Right, okay. Now, so you're complying, and how is that affecting your business economically?

Christopher Scott
Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.

Shawn Buckley
Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?

Christopher Scott
Sure. So as many people will likely remember— The election prior to this, we elected a government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about **protecting people's health. This was not about keeping people safe. It was about control.**

And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.

Shawn Buckley
And that happened on January 24th, 2021.

Christopher Scott
That's correct.

Shawn Buckley
So what happened after you opened in protest?

Christopher Scott
Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

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We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in **close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."**

Shawn Buckley
So I just want to make sure that I'm clear. This is the Chief of Police?

Christopher Scott
Yeah, Chief of Police.

Shawn Buckley
So it would be an RCMP officer?

Christopher Scott
Right.

Shawn Buckley
So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

Christopher Scott
That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want $25,000 from you upfront, before they even do anything. It costs $10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

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in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.

Shawn Buckley
Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that? Because that, I think it's important to understand, that just you taking a step created hope.

Christopher Scott
Yeah, we've had people from all over the country show up there. There were people driving 8–12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

Shawn Buckley
If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-funding, so that people have an opportunity to stand together against the government.

Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.

And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

Christopher Scott
Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

Shawn Buckley
Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

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So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

Christopher Scott
Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

Shawn Buckley
Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Heath Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

Christopher Scott
I lost count when I ran out of fingers and toes, but I think it was 23.

Shawn Buckley
Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

Christopher Scott
They did, yeah.

Shawn Buckley
They got Occupational Health and Safety involved to come and visit you.

Christopher Scott
Yes.

Shawn Buckley
They seized liquor.

Christopher Scott
Yeah.

Shawn Buckley
They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

Christopher Scott
They did.

Shawn Buckley
So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

Christopher Scott
Yes, they did.

Shawn Buckley
So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

Christopher Scott
Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

Shawn Buckley
Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

Christopher Scott
It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

Shawn Buckley
And my understanding is you spent three days in jail.

Christopher Scott
I spent three days in jail. I was subject to sanctions of $30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

Shawn Buckley
So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to $30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

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So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

Christopher Scott
That's correct.

Shawn Buckley
Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

Christopher Scott
Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

Shawn Buckley
Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

Christopher Scott
Yes, I do.

Shawn Buckley
I'm inviting you to share them.

Christopher Scott
I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer $50 or a $100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.

As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

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alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.

Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

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or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put $10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

Shawn Buckley
I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

Commissioner Drysdale
Good morning.

Christopher Scott
Good morning.

Commissioner Drysdale
Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

Christopher Scott
Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

Commissioner Drysdale
How were you treated by the alternative media in Canada?

Christopher Scott
Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers **would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.**

Commissioner Drysdale
Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

Christopher Scott
Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.

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And it's not supposed to be that way. The legislation was supposed to protect Canadian content.

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

Commissioner Drysdale
You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.

Christopher Scott
Right.

Commissioner Drysdale
Did they handcuff you when they arrested you?

Christopher Scott
Of course.

Commissioner Drysdale
Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

Christopher Scott
No, they left me in the drunk tank for three days.

Commissioner Drysdale
Can you describe that room for me please?

Christopher Scott
Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

Commissioner Drysdale
Were you violent?

Christopher Scott
How so?

Commissioner Drysdale
I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

Christopher Scott
No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

Commissioner Drysdale
My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

Christopher Scott
Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

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is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

Commissioner Drysdale
You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

Christopher Scott
In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

Commissioner Drysdale
Thank you.

Commissioner Kaikkonen
You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

Christopher Scott
Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

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So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]

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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

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 2: Dr. Misha Susoeff
Full Day 3 Timestamp: 02:12:52–02:52:37
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

Dr. Misha Susoeff
Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

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

Dr. Misha Susoeff
Yes, sir, I do.

Shawn Buckley
Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

Dr. Misha Susoeff
Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

Shawn Buckley
Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

Dr. Misha Susoeff
Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

Shawn Buckley
Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

Dr. Misha Susoeff
Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

Shawn Buckley
I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

Dr. Misha Susoeff
Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

Shawn Buckley
In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

Dr. Misha Susoeff
Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

Shawn Buckley
So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

Dr. Misha Susoeff
Yes, sir, internal passport version two.

Shawn Buckley
And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.

Dr. Misha Susoeff
Exactly. And it was at that moment I realized that we were in big trouble.

[00:10:00]

Shawn Buckley
It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

Dr. Misha Susoeff
As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

Shawn Buckley
So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

Dr. Misha Susoeff
Yes, sir, sadly.

Shawn Buckley
Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?

Dr. Misha Susoeff
There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

Shawn Buckley
Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

Dr. Misha Susoeff
Prior to the pandemic, I don't recall that ever happening.

Shawn Buckley
Okay, now did that change after the vaccine rollout?

Dr. Misha Susoeff
Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

Shawn Buckley
Okay, and how often has that happened to you now?

Dr. Misha Susoeff
Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

Shawn Buckley
Seventeen.

Dr. Misha Susoeff
Yes, sir.

Shawn Buckley
So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

Dr. Misha Susoeff
Yeah, exactly. To my recollection prior to the pandemic.

Shawn Buckley
Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

Dr. Misha Susoeff
Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

Shawn Buckley
And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

Dr. Misha Susoeff
Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

Shawn Buckley
Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

Dr. Misha Susoeff
Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

Shawn Buckley
Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

Dr. Misha Susoeff
They at least accepted the possibility.

Shawn Buckley
Right, and they're volunteering this, right?

Dr. Misha Susoeff
Yes, sir.

Shawn Buckley
And yet they they've made a comment how stupid people are who aren't vaccinated.

Dr. Misha Susoeff
It's unbelievable.

Shawn Buckley
But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

Dr. Misha Susoeff
In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

Shawn Buckley
Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

Dr. Misha Susoeff
Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

Shawn Buckley
And did anything happen?

Dr. Misha Susoeff
Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

Shawn Buckley
And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

Dr. Misha Susoeff
Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

Shawn Buckley
Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

Dr. Misha Susoeff
I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

Shawn Buckley
I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

Dr. Misha Susoeff
I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

Shawn Buckley
Thank you. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen
Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

Dr. Misha Susoeff
So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

Commissioner Kaikkonen
Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

Dr. Misha Susoeff
In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

Commissioner Kaikkonen
And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

Dr. Misha Susoeff
I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

Commissioner Kaikkonen
Thank you very much.

Dr. Misha Susoeff
Thank you.

Commissioner Drysdale
Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

Dr. Misha Susoeff
No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

Commissioner Drysdale
You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

Dr. Misha Susoeff
Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

Commissioner Drysdale
But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

Dr. Misha Susoeff
Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

Commissioner Drysdale
We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

Dr. Misha Susoeff
That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

Commissioner Drysdale
Thank you.

Commissioner Massie
Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

Dr. Misha Susoeff
Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

Dr. Misha Susoeff
Yes, sir.

Commissioner Drysdale
But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?

Dr. Misha Susoeff
I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.

Commissioner Drysdale
Thank you.

Shawn Buckley
Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

Dr. Misha Susoeff
Thank you.

[00:39:45]

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.

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April 28, 2023

EVIDENCE

Witness 3: James Coates
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[00:00:00]

Wayne Lenhardt
Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

James Coates
Okay.

Wayne Lenhardt
There.

James Coates
I'm not sure how to mitigate that.

Wayne Lenhardt
I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

James Coates
Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

James Coates
Of course.

Wayne Lenhardt
Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

James Coates
Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

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to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

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But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

Wayne Lenhardt
Excuse me?

James Coates
Yeah.

Wayne Lenhardt
Do you recall exactly what the undertaking was?

James Coates
Well, it was an undertaking ordering me to comply with *the Public Health Act*.

Wayne Lenhardt
Oh, okay. Okay.

James Coates
That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

Wayne Lenhardt
Okay. Carry on.

James Coates
In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

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Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

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Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

Wayne Lenhardt
So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

James Coates
Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

Wayne Lenhardt
I don't exactly recall, either.

James Coates
So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

Wayne Lenhardt
Okay, so is there anything else still pending that you want to tell us about?

James Coates
You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a $1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

Wayne Lenhardt
At this point, do the commissioners have any questions?

Commissioner Kaikkonen
I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

Wayne Lenhardt
I suppose we could, if we have a copy of it.

Commissioner Kaikkonen
Are you okay if we have a copy of those two sermons that went viral?

James Coates
Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

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God vs. Government, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

Commissioner Kaikkonen
Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

James Coates
You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

Commissioner Kaikkonen
And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

James Coates
Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

Commissioner Kaikkonen
It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

James Coates
Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

Commissioner Kaikkonen
And churches are known for their good works in the community, is that right?

James Coates
Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

Commissioner Kaikkonen
And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members. where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

James Coates
Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

Commissioner Kaikkonen
Thank you very much for your testimony.

James Coates
You're welcome.

Commissioner Drysdale
Good morning, Pastor Coates.

James Coates
Good morning.

Commissioner Drysdale
Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

James Coates
Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

Commissioner Drysdale
What is the physical capacity of your facility?

James Coates
Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

Commissioner Drysdale
So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

James Coates
Yeah, I don't know how to answer that. I mean—

Commissioner Drysdale
Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

James Coates
Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

Commissioner Drysdale
The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

James Coates
Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

Commissioner Drysdale
I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

James Coates
Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

Commissioner Drysdale
One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

James Coates
Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

Commissioner Drysdale
Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

James Coates
Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

Commissioner Drysdale
Were you humiliated by that?

James Coates
Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

Commissioner Drysdale
Thank you, sir. That's all my questions.

Wayne Lenhardt
Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

James Coates
Thank you for having me. Appreciate it.

[00:52:27]

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 3**

April 28, 2023

EVIDENCE

Witness 4: Dr. Eric Payne
Full Day 3 Timestamp: 04:38:08–06:23:33
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Wayne Lenhardt
Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

Dr. Eric Payne
Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Dr. Eric Payne
I sure do. So help me God.

Wayne Lenhardt
You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

Dr. Eric Payne
Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.
I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

Wayne Lenhardt
At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

Dr. Eric Payne
Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.

The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.

We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

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and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudency. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.

At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.

Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.

Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.

He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it was a defamatory

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sort of process that took place.

Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.

But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.

One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.

I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not going make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience uncomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk–benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.

We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, they deemed them well-written and justified.

On January 6th, Alberta Health Services sent me a letter stating that they were not going renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against **COVID.**

[00:30:00]

While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

[VIDEO 1] Paul Offit
Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

[VIDEO 2] Paul Offit
Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

[VIDEO] Unnamed Speaker
And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

Dr. Eric Payne
They're not that interested.

[VIDEO 2] Paul Offit
—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

Dr. Eric Payne
And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

[VIDEO] Bill Gates
—they're not good at infection blocking.

Dr. Eric Payne
So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

[00:35:00]

vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39–40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5–11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.

These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.

The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.

[00:40:00]

This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.

Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.

What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.

Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study

that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.

I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.

Dr. Fauci was under oath and he couldn't name a single study in support of masking.

And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

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he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0–19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you **take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.**

We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.

This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.

And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.

This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: "main conclusion does not follow their model." Other people were more accurate: "using flawed inputs to vilify a minority." That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the "way back machine" you can read that the Canadian Medical Association received $800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost $2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that $2 million, the University of Calgary, the university that won't let me interact with trainees, took $600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

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$2 million is an enormous unconscious financial bias.

And when you're not willing to discuss things, that's when things get into trouble.
And when Kenny came out and said the summer was going be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, "Wait a second! Natural acquired immunity for COVID? I don't think so."

If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.

[VIDEO] Anthony Fauci Interview
[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]

Dr. Eric Payne
Somehow that was lost in history for a couple of years.

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigiAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it **shows you that there's something else going on.**

This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."

So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.

And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.

We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.

They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.

This is the most recent bio-distribution data

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that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

If you can play the one on the left first.

[VIDEO] Bill Gates Interview
[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]

Dr. Eric Payne
And then the one on the right please.

[VIDEO] Interviewer
. . . Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.

[VIDEO] Anthony Fauci
If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?

Dr. Eric Payne
I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to **kids.**

The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.

They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.

So we are actually slightly increasing a child's risk

[01:00:00]

of getting RSV and influenza by giving them a COVID shot.

Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.

Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got **lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.**

This is the last slide.

For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.

It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.

Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.

And with that I'll take any questions.

Wayne Lenhardt
I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

Commissioner Massie
Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

[01:05:00]

Dr. Eric Payne
Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was— I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.

This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.

In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England*

Journal of Medicine paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

Commissioner Massie
You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

Dr. Eric Payne
Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

Commissioner Massie
Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

Dr. Eric Payne
We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

[01:10:00]

is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

Commissioner Massie
We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

Dr. Eric Payne
I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

Commissioner Massie
So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

Dr. Eric Payne
I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

[01:15:00]

that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are— I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

Commissioner Massie
So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

Dr. Eric Payne
It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio
Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting.
I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

Dr. Eric Payne
Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

Commissioner DiGregorio
So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

Dr. Eric Payne
Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

[01:20:00]

when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

Commissioner DiGregorio
So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

Dr. Eric Payne
We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

Commissioner DiGregorio
Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

Dr. Eric Payne
Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

Commissioner DiGregorio
And he was emailing you at your Alberta Health Services account?

Dr. Eric Payne
Yeah. It was one of those things that was not an attorney/client— I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

Commissioner DiGregorio
Thank you.

Commissioner Drysdale
Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

Dr. Eric Payne
Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

Commissioner Drysdale
So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

Dr. Eric Payne
Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

Commissioner Drysdale
One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed consent.

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

Dr. Eric Payne
If I was getting a shot, I would go to see another doctor.

Commissioner Drysdale
Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

Dr. Eric Payne
Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

Commissioner Drysdale
Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

Dr. Eric Payne
It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

Commissioner Drysdale
How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

Dr. Eric Payne
No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

Commissioner Drysdale
From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

Dr. Eric Payne
I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called" western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

Commissioner Drysdale
My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

Dr. Eric Payne
And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

Commissioner Drysdale
Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

Dr. Eric Payne
Yeah, you'll learn that in nine months with thalidomide.

Commissioner Drysdale
And so we didn't wait nine months.

Dr. Eric Payne
No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick* [*News*]. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.

Dr. Eric Payne
You're absolutely right.

If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

Vitamin D is a hormone that in is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."

In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

Wayne Lenhardt
My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

Dr. Eric Payne
I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

Wayne Lenhardt
Yes. And this entity was formed in the fall of 2019. It would have been just before—

Dr. Eric Payne
Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

Wayne Lenhardt
Have you seen that before and can you tell us anything about?

Dr. Eric Payne
Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030.
So our leaders don't seem to be playing for our team sometimes.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today.

[01:45:25]

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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.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 5: John Carpay
Full Day 3 Timestamp: 06:23:39–07:28:12
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Our next witness today is John Carpay.

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

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

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

John Carpay
I do.

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

John Carpay
That's correct.

Shawn Buckley
You have a law degree from the University of Calgary.

John Carpay
Correct.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Next slide, please.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

John Carpay
Exactly. Exactly.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Commissioner DiGregorio
Thank you.

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

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

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

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

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

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So they really lost their way.

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

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

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

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

Commissioner Drysdale
Thank you, sir.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Commissioner Kaikkonen
Thank you very much for your testimony.

John Carpay
Thank you.

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

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

[01:04:33]

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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

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 6: Dr. Jonathan Couey
Full Day 3 Timestamp: 07:39:51–08:58:57
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

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Shawn Buckley
We welcome you back to the third day of hearings in Red Deer, Alberta, of the National Citizens Inquiry. Our next guest is Jay Couey. Jay, can you hear me?

Dr. Jonathan Couey
I can, yes, sir.

Shawn Buckley
And thank you for joining us today. I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Dr. Jonathan Couey
My name is Jonathan Couey, J-O-N-A-T-H-A-N, last name Couey, C-O-U-E-Y.

Shawn Buckley
And Jay, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Jonathan Couey
I do.

Shawn Buckley
Now my understanding is you can be described as an academic neurobiologist, and you've been doing that for about 20 years before the pandemic.

Dr. Jonathan Couey
That's correct. I actually lost my position as an academic biologist as a result of taking a stand against the transfection and masking in 2020.

Shawn Buckley
Right, you went against the narrative and lost your teaching position at the School of Medicine at Pittsburgh University.

Dr. Jonathan Couey
Yeah, I was a research assistant professor, which means I was in the lab all the time. I taught only as an extra side thing.

Shawn Buckley
Right. Okay. And now you're teaching immunology and biology.

Dr. Jonathan Couey
Yes, just online, and I consult for a couple people as well, to make a little extra on the side.

Shawn Buckley
Okay, and we've entered your CV as Exhibit RE-11. And you've been invited here today because you've got a hypothesis to speak of, and my understanding is that you have a presentation, so I'm just going to invite you to launch into your presentation and share with us your hypothesis.

Dr. Jonathan Couey
Thank you very much.

I'm really pleased to hear previous witnesses pointing out so clearly that the principle of informed consent has been ignored for the duration of the pandemic. I want to point out that the last witness was very good at pointing out that you need to be able to say, "No." You do not have the possibility of exercising informed consent if no is not an option.

And the principle of informed consent from the perspective of me as a biologist, it requires that you understand. And I would argue that you can't really understand the coronavirus pandemic, given the biology that we have been provided with over the last three years on television and social media.

And because of the lack of the proper understanding of this biology across our medical communities in America and Canada and all over the world, doctors aren't even able to enable people to exercise informed consent because they themselves don't have the requisite knowledge. So these are the two topics I'd like to cover quickly tonight and then open for questions: the endemic hypothesis, and infectious clones defined.

I would like to put everybody on the same page by first just stating something that I want to justify through the rest of this talk.

The TV algorithms and NIH [National Institutes of Health] and CDC [Centers for Disease Control and Prevention] and all of these organizations like the WHO [World Health Organization] have convinced us that coronaviruses are a source of pandemic potential, and that this pandemic potential can be accessed through cell culture passage with a relatively benign virus being turned into a pandemic potential virus.

There's also the idea that you can passage it in animals and make it from a relatively safe virus to one that is pandemic potential. And the latest addition to this mythology is the idea that clever scientists can stitch together the right combination of genes and then these viruses can circle the globe for three years and do what we call pandemic. I believe that this mythology has been created over the last 20 or more years, especially with regard to coronavirus, with the idea of us having to surrender our individual sovereignty in a global inversion from freedom to some kind of fascism where you must have permission to do everything.

This mythology, I'm going to argue in this talk, is wholly unsupported by what we know about RNA [Ribonucleic Acid] versus DNA [Dioxyribonucleic Acid] replication possibilities and also just the behaviour of these entities that we are now calling RNA viruses in this talk. Not coronavirus, we're just saying RNA viruses, so we make that distinction.

So to put everybody on the same page, I just want to get everybody aware of where the endemic hypothesis fits in. Tony Fauci would have you to believe that in 2018—above my head—there was no coronavirus;

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2019 in September at some point, a coronavirus was released in Wuhan, and something like the fuse of a firecracker, it went around the earth and spread in many different directions: eventually became Alpha, Beta, Delta and eventually Omicron in South Africa, which then took over the globe, and now we are on some ancestral version or next ancestor of, or descendant of, rather, of Omicron.

In this model, the earth remains green because there were no health problems before the pandemic, and no health problems were caused by the lockdowns, the protocols, and the vaccines. Without those changes, many more millions of people would have died. In this scenario, we have defeated epidemics in the past with vaccination. Novel coronaviruses can jump from species and go around the world—they can pandemic. False positives are rare because PCR [Polymerase Chain Reaction] is good and specific, and variants are evidence of both spread and the continued evolution of a single pathogen. We spend money studying viruses using gain-of-function research. This is the basic TV narrative on one side.

And what they would like you to fight about, really, is whether or not it was a natural virus that just happened to fall out of a cave and get onto a train and a plane; or if it was a mistake made in a laboratory by some very arrogant scientist who either took a virus out of the wild and then infected his local town or a city; or that they, even worse, made something in a laboratory that otherwise wouldn't have existed. But again, green earth, there are no health problems, and then the pandemic comes along and here we are. Same difference.

The virus spreads. It changes to Omicron. It takes over the world and now we're at a new version of Omicron taking over the planet. In this scenario, again, the lockdowns don't have to have hurt anyone. Vaccines can have saved lives. The protocols were the best they could do, and the same thing holds true for all of these things. We used vaccination to defeat

epidemics in the past. Novel coronaviruses can jump from the wild. PCR works great. Variants are evidence of spread, and we spend money on gain-of-function research.

You can tweak this one a little bit if you want and say that the lockdowns and the EUAs [Emergency Use Authorization] caused some excess deaths, but the majority of people still died from a virus. And so there are many different ways to tweak this narrative.

Another way that this narrative has been tweaked is that there are no viruses at all. That measles doesn't exist, that there was never a coronavirus, that everything is a lie. This is, of course, not very— It's not very acknowledging of what we know of all of the molecular biological techniques and the synthetic viruses and clones that they can make. So there are these entities and we have studied them for a long time, and I think this scenario is one of those traps.

So you have three traps here. You have a natural virus, you have a lab leak virus, and you have absolutely no viruses at all.

And none of those three encompass the true biology that we knew already for basically the duration of modern medicine. If you go before the pandemic into a medical textbook and look up coronaviruses, they will tell you that between 25 and 35 per cent of all respiratory disease without a known cause is thought to be caused by coronaviruses, of which there may be up to 200 varieties which circulate in humans.

And now instead of this being the baseline, we start with a baseline where there are coronaviruses. And then in 2019, it doesn't even matter. Was there a release? Was it a natural one? Did a few people get sick in Wuhan? It doesn't matter because the PCR can't differentiate between any of these coronaviruses.

This is the illusion that they've placed on you because all they needed to do was accentuate different coronaviruses found in the background and claim a phylogenetic progression. Sounds wizardry, but it is one of the only ways in which this molecular signal will be shared so beautifully. The lockdowns, protocols, vaccines, account for the total excess deaths in the pandemic. There, nothing unusual happened until we stopped treating respiratory disease the usual way.

The interesting thing about this endemic background hypothesis is that the PCRs are not

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having false positives in the way that you think, all the time. Yes, you can over-cycle a PCR test, but if the background is hot for homologous genes from endemic coronaviruses that **they are pretending are not there, you have a situation where a vast majority of the good positives are still picking up background coronavirus and not whatever they purport to have been released.**

Shawn Buckley
Now, Jay, can I just interrupt you just to make sure that people understand what you're saying? What you're saying is that there are a number of coronaviruses that we just live with, and have lived with all of our lives. And that the PCR test is not specific to what governments call COVID-19. The PCR test is just testing for genetics that are already in this background of coronaviruses that we live with. Is that what you're saying?

Dr. Jonathan Couey
I'm saying that, yes, that is the scientific literature at this stage. The ability to pinpoint a particular coronavirus is not a level of fidelity that they had before the pandemic. And there's no reason to believe, from looking at any of the PCR tests and the primers that they've put forward, that they've come up with a unique and highly specific PCR test that can differentiate between one coronavirus and the hundreds of others that are in the background and rare.

Shawn Buckley
So sorry for interrupting. I just thought that was important for people to understand.

Dr. Jonathan Couey
Absolutely. It's not a problem at all.

Additional harms were also caused by the response and including the lockdown, including use of specific agents like midazolam and remdesivir. The point of this of this hypothesis is to remind everyone that your gut feeling that the PCR test was one of the primary ways that the hood was pulled over our eyes, you are absolutely correct.

And the one trick that they still have up their sleeve is the idea that there was a novel virus for which you had no previous immunity. Even in the worst-case scenario here, where there is a release from a laboratory, you still would have had previous T cell and B cell immunity from previous coronaviruses because of the homology between these genes had a great chance of overlapping. And so the concept of this being a novel virus is also cancelled out in this hypothesis. It's not possible.

And people were making that argument in 2020 from March on, and they were just ignored. Mike Yeadon is one of them. So if we move forward, then let's think about how this could be possible.

In the United States, the total number of deaths is in sky blue here behind my head. And the number of pneumonia deaths is in light blue down here on the bottom. And I hope you can see this arrow. The very yellow at the bottom here are identified flu virus deaths. And so what you see here at this part is the beginning of the pandemic. This is 2014 to the pandemic. And what you see is: Although year on year, it seems like we got pneumonia under control—remember, ladies and gentlemen, these are pneumonia deaths; many, many, many more people get pneumonia, but don't die—and then suddenly after 2014, '15, '16, '17, '18, '19, '20, '21, What? Up to three times as many people in the United States started dying of pneumonia in a way that they've never done before. And that is a number of deaths which correlates precisely with any possible excess deaths. It is extraordinary, really, that this correlation is so high, and people have still ignored it.

And I know everybody here is familiar with Denis Rancourt's work, and he has done an excellent job of dissecting how the all-cause mortality in America was organized in different places around different times. And John Bodeman [Note: Researcher's name cannot be confirmed] is another researcher in the United States, who's done excellent work correlating these new causes of death. And what happened during the beginning of the pandemic was simply a mismanagement of respiratory disease in hospitals.

And it's been done with one particular methodology, right? They said there was a dangerous novel virus. It could be detected by a PCR test. And they correlated that PCR test

with detrimental health protocols, where they took away antibiotics from people who probably should have just had antibiotics.

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They didn't allow people to be treated with repurposed drugs, and instead insisted on remdesivir. They ventilated people to prevent spread; and these detrimental health protocols were encouraged by giving hospitals $35,000/a patient that got on a vent. That enabled a larger portion of all-cause mortality than PnI—that's pneumonia and influenza—to be prioritized as a national security threat. That's what you're referring to, your previous speakers are referring to, when they say that this is a military operation. This was identified as a national security threat caused by a novel virus. Therefore, we could execute a plan that we had, and it is still in motion.

My argument would be that if you need a molecular signature, which would have seeded this event around the world, it could not have been a point release of a coronavirus because its genetic signature would have changed sufficiently in different directions around the world so that none of this uniformity in variance could have ever occurred. And yet somehow or another, we are told this story of a clean progression of variants around the world, sweeping, sweeping, sweeping in these waves and colors. There's no precedence—none, zero precedence in biology—for any phenomenon of an RNA virus to do such a thing. And yet without any questioning at all, we just took it.

And I'm saying to you now that I think the only way this could have happened is if they purposefully planted these— these molecular signatures in the places that they were going to blame and call part of the pandemic because a natural coronavirus swarm cannot do this.

And then the goal again is a total surrender of individual sovereignty and removing these basic human rights granted permissions.

The way that they did it with four basic ideas: they did it by changing the way you think about respiratory disease. We just got through saying that there used to be hundreds of causes of respiratory disease, and now we have all basically saying it's either not that one or it's that one.

They also changed how we think about all-cause mortality. That's why I show you that picture with the blue and the blue, because in America, we never saw the light blue. Nobody ever looked at all-cause mortality and said, "Okay, let's put this in perspective. We're in America. Three million people die every year." Nobody said that. Nobody told us that every week, between 50 and 70,000 Americans die. So when they say that, "wow, a thousand people died of COVID," it sure sounds crazy.

Then they changed how we think about our immune response to disease. This was very diabolical because it was part of the way that they sold us on the shot. Antibodies are what you need. They had to change the way you think about your immune response to a respiratory disease.

And then they changed the way that you think about vaccination so that you don't question the applicability of transfection for immunization. That's what these are. These are transfections. Everybody should be calling them that because this technology has been around for more than two decades, and it's never been called anything else.
That's why I originally got in trouble with my job and got too much attention was because of speaking out about transfection because I used it on mice for many, many years.

So after they changed their mind about these four basic biological principles, they were able to ventilate people to prevent spread. They used remdesivir and midazolam to kill old people and young. The untreated bacterial pneumonia went up by at least three to four times: shutting down schools; masking children; and social distancing, even people who were married for 50 years, and let them die apart.

And at the same time in *Scientific American*, the WHO just recently in March put out an article, which stated, of course, "mRNA vaccines are safe, powerful, and effective." Those are exact words. Masks work; indoor air quality matters; wastewater tracking is useful; and genomic surveillance is key.

They are doing exactly what they planned. They are going in exactly the direction that they planned to go. So they haven't wavered at all.

So how can we get them to— How can I help you, rather, to understand this endemic hypothesis and what it really means? I think you got to understand the infectious cycle and the infectious clone, and what it is. So that's what we're going to do here. And then I'll be done.

The infectious cycle is depicted in this cartoon here. You have a viral particle, it binds to its receptor, it comes into the cell and releases its RNA,

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and then the RNA needs to get translated into proteins, and then those proteins start copying the RNA into different segments. And then this long genomic RNA gets packaged into new viruses and those new viruses go out into the wild to infect other people. You've seen lots of versions of this, this cartoon, in all of the news programs.

You may have even seen a cartoon where they show you in three dimensions, the RNA and the N protein and the invagination of the viral particle and the formation of the full variant inside of an endosome.

But this is a lot of hand waving in terms of what they know about what happens here, and they know about what the fidelity of this, it's all hand waving; because up until now, these are RNA viruses. The only way to look at them is to use reverse transcriptase to turn them into DNA and then do PCR. And once you do that, you really only find what you're looking for because your PCR is pulling up things that are specific for the primers. So if you don't choose the primers correctly, you're not going to see everything that's here. So up until this stage, it was pretty hard for them to say, "What are these viruses that get produced look like? How many of them are there? How uniform are they? What is the genetic variation between the particle that you get infected with and the particles that get produced by supposedly the hundreds or the thousands during infection?"

And so if I simplify this a little bit, the TV and Fauci has told you that you get infected with the coronavirus. The coronavirus goes into your lungs. It makes copies of itself. And if it makes too many copies of itself, you start coughing those out on people around you, and then they also get sick from the variant that you're sick with. That's why all these virions are yellow. The question is, why do they have so much trouble culturing these viruses?

You're going to hear a lot of people say, "Oh, they don't have trouble culturing them." But they do. They have to use a 96 well plate and they look for cytopathic effects and they

might find it in two wells. And then they call that a viral isolate. They can do a PCR test on that. Maybe find an E protein. "Oh, see, now there's definitely a coronavirus there." That's the isolate; that's culturing. It's not like growing mushrooms, and then you grow some more, and give them to your friends so they can grow them, or give them a tomato cutting. Or, say, give them a couple of breeding pair of mice, so that they can have the same mice that your laboratory invented.

If you find a novel coronavirus, the only thing you can do to share it with somebody is to give them the sequence. Because you can never grow enough coronavirus from a magic bat swab to, let's say, divide it between four labs and let them do their thing with it. That's not how RNA viruses work.

Unfortunately, not very many virologists are adequately informed of the limitations of their work. A lot of them are not adequately informed about how this is a particular limitation in coronavirus. The reason why this is, is because a large majority, if not the vast majority, of the particles that are produced during a coronavirus infection are in fact replication incompetent. What that means is they have a mistake. They're missing genes. Their genome did not get completely run, but it still got packaged. And so even though they look like a virus, when they bind to the next cell and release their contents in there, those contents won't have all the doodads and gazoos ready to go, all the genes present in order to make copies of itself. Therefore, in the cartoon above my head, it now becomes more obvious why it's difficult to culture coronaviruses; because not all the particles that you detect that might be PCR positive for an N protein are going to be infectious. Now you might think, where'd you learn that?

[The witness plays a brief video of Robert Malone stating that "in most cases, a large fraction, if not the majority, of the virus particles that are produced are defective. They're not good for anything."]

So I learned it from Robert Malone. Once you once you know this, you can go back into the literature before 2020, before they were trying to obfuscate all this lack of fidelity. And you can see them plainly complain about it. In fact, describe looking for coronaviruses using pan-coronavirus PCR primers because it's very, very difficult to find a particular coronavirus.

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And so the people that have known this— Everybody knows this, but this all started way back in the 80s with Vincent Racaniello and David Baltimore, because they did this technique with the polio virus.

But since then, almost everybody that works on coronaviruses from coronaviruses in plants, in salmon, in mice, it doesn't matter. They never start with a wild sample that they went deep into the forest to get. They start with a sample that they cloned. So what does that mean?

Well, as I explained, the wild virus here depicted as a cassette tape is lacking fidelity because DNA versus RNA. Basically, you can copy DNA because it's double-stranded. You can also check and proofread it. And there are a whole host of secondary enzymes that are very good, optimized at doing that.

With RNA, because it's single-stranded, although it is purported that there is proofreading in coronaviruses, the biology of coronaviruses requires them to be able to have a certain

mutation rate. And even more, it requires a regular recombination rate because of the subgenomic RNA production. Therefore, there is a great fraction because of errors in recombination, because of shortened genomes, which are called defective genomes in other viruses, where you get essentially a large portion that are replication incompetent.

But when you use PCR to sequence this group of viruses that you might find in a bat, you can get a consensus sequence. And that consensus sequence can be translated into DNA. And you can think of that as a CD [Compact Disc]. And you can make lots of copies of a CD because CDs are digital. And DNA can kind of be thought of high fidelity like that. You know, one in a million bases is a mistake, maybe even less than that. And so if you use bacteria, you can actually make a bunch of this CD. You can make a bunch of this CD in a bacterial culture.

And keep in mind, this is exactly how they make the RNA for the shot. They make a circular DNA that encodes the spike protein RNA. And they make lots of copies of that DNA in a bacterial culture. And then they add an RNA polymerase and that produces the genomic RNA, or for the shot, it would produce the spike RNA. And that spike RNA that needs to be separated from that plasmid DNA before they inject it in your kids. But apparently, they didn't do that very well.

Now, this process here, very similar, you use circular DNAs to encompass the entire genome of the coronavirus. You add RNA polymerase to make lots of RNA copies of that same clone. One sequence, that's it. It's not going to be perfect.

But let's say the RNA polymerase is pretty good. So most of these are going to be fairly long transcripts. And they're all going to be the transcript that you built out of this DNA. Then you take that, and you use electricity or a centrifuge or any other number of ways. You take that pure genomic RNA for that virus, and you put it in a cell culture. And then what that cell culture makes will make animals sick. What that cell culture makes will cause cytopathic effects. And you can do plaque assays and all that stuff.

But you can always send the DNA. You can always send the DNA to your friends. You can put the DNA in the freezer. You can print the DNA. You can order it from companies. You can order these five plasmids from companies, and they'll print them right up. And then you put them in your bacteria and grow as many litres as you want. And then convert that litres to as much RNA as you care to make over and over again. This is gain-of-function. Not the mixing and matching. Not going into bat caves. It's making pure versions of what they detect in the wild using PCR and sequencing. This is how they get around it. This is how RNA virology is done and especially coronavirus biology.

And Ralph Baric's lab is famous for the techniques that are necessary to assemble these long genomes and produce infectious clones that can be used in laboratories.

So the point is that if we could do that, right, we can look at this, we can ask ourselves what kind of viruses are produced? Can we look at that infectious versus non-infectious?

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Can we look at that fraction and see it?

Up until now, it's been very hard because we use PCR, which means we have to convert these RNAs to DNAs, and then we have to amplify them up. And then all the fractions and all of the relationships between which was more abundant, is lost. So they have recently

come up with a way of doing it where they can sequence the RNA directly, which means that they can just look at, well, are you going to take all the viruses that are supposed to be in this culture and we're going to dump them through a nanopore and we're going to see how many of these different RNAs we find.

So in a virus, when the virus makes copies of itself, it makes copies of the whole genome, which is 30,000 bases long, but it also makes skip copies with a leader sequence that then skip down to these TRSB [Tandem Repeat Sequence B] sequences and make what is called subgenomic RNA. And these subgenomic RNAs turn out to be several orders of magnitude more abundant than the genomic RNA, which should be the RNA that gets packaged in the new viruses and sent out to infect other cells. So if we use a clone of SARS-CoV-2 and we put it in a cell culture and we watch it replicate, what we see is 400–600,000 copies of the N protein.

I think I got one more click here. No, I don't. So I'm going back. Sorry about that. I thought this zoomed in a little bit, but it doesn't.

So here you can see on this map, they're doing coverage of the genome here on the bottom. You don't have to look at these two on the bottom. I should have covered these up. We're just looking at this one "B" figure right here. This is the genome on the bottom, nucleotide 0–30,000. And as this black line rises, they find more sequences of this part of the genome. And so it's way down here at under 1,000 over here. And it starts to rise. The S protein is above 50,000. And then we get up to 200,000 with the E and the M. And then we get up above 400–600,000 with the N protein. So 600,000 copies of the subgenomic RNA for the N protein.

And how many copies of the full genome did they find? The longest tags correspond to the full-length genomic RNA. And they found 111: 111 full genomes and about 600,000 copies of the N protein and thousands of copies of these other subgenomic RNAs. So interestingly, this breakdown, where you have hundreds of thousands of these subgenomic RNAs and only a handful of full genomes that are supposed to be the new infectious virus that you've been culturing: this has been known for decades.

Ever since they've been able to isolate the RNA from a picture like this, or purporting to isolate the RNA corresponding to a picture like this, when they try to isolate these viruses here, they don't find a pure— You know, these are all really long genomes, and we sort through them and sequence. There's never been an experiment done like that. When they do this, they find this crazy ratio of almost no genomes, and thousands and thousands of copies of these partial subgenomic RNAs.

Now, the argument that the virologist will make is that you need a lot more N protein and S protein and M protein in order to package new virus. And so that's why you need hundreds of thousands of those RNAs and only a handful of the full genome.

But that still doesn't jive with the known amount of non-infectious particles that the right side of virology often will acknowledge. So again, if you look at this and you think about what's really being packaged here, they have no—they have none—experimental evidence that it's only full genomes being packaged.

And in fact, by the abundance of the RNA, by what they found in all previous experiments, it's very likely that the vast majority of the particles that are produced are having incomplete genomes, if not even subgenomic RNA.

So just to be sure

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you don't think I'm crazy, right before the pandemic, they did this with a human coronavirus called 229E. They made a clone of it. They grew it in a cell culture. They did exactly the same measurement. Here's the entire genome on the bottom. Here's 10 to the fourth, 10 to the fifth, of N protein. And then all the way down here, if you look at the last figure of the paper, you find that they found two whole genomes in that clone. Two.

So we're not getting thousands of viral particles being produced when we do these culture experiments.

And I think coronavirus— People have known this for some time and they just kind of hand wave it. Because here's a paper from 2001 where you can see the full genome is barely a ghost. And the N protein and the E protein and the S—these guys are gigantic overexposed blots.

So they've known that this ratio occurs no matter how they set up these clones, no matter how they do it. They know that these partial genomes get packaged. Since before the 80s and 90s they've been looking at the replication and packaging of coronavirus infections, bronchitis, defective RNAs. It's essentially how come there's so many of these viruses that just have like junk or partial what we thought were the genome of these.

That's because that's the way this works. That's the best fidelity that these things are able to usurp from our own cell's machinery.

Here's a paper from 2023 acknowledging the generation and functional analysis of defective viral genomes during SARS-CoV-2 infection. Those are non-infectious particles. And if you read this paper here, right here in the importance, "Defective viral genomes are generated ubiquitously in many RNA viruses including SARS-CoV-2. Their interference activity to full-length viruses and interferon stimulation provide potential for them to be used in novel antiviral therapies and vaccines." This has been known for some time in flu, although the flu field seems to like to ignore this.

So infectious clones defined is, simply put, that RNA viruses are tricky. They've been very hard to understand and study, because they are often only observable as what is an indirect shadow of a genetic signature found through reverse transcriptase PCR. And that ability, or lack of ability, lack of fidelity, has opened this door for people to say that, "look, they haven't isolated the virus. The isolation doesn't work. These experiments are nonsense. Therefore, there are no viruses at all." And this is a very, very dangerous place for us to be.

We need to wake up and realize that we've never really understood coronaviruses with the fidelity portrayed on television. We've never been able to tractably manipulate them in the lab the way it's been portrayed on television. And they certainly do not travel the globe in the fidelity that has been portrayed on television.

So has it actually been cultured?

Just to address this quick before we stop, let's look at this paper. This paper actually became famous because a correlation between 3,790 quantitative polymerase chain reaction, positive samples, and positive cell cultures. It says here that, "up to the end of

May, 3,790 of these samples reported on a positive nasopharyngeal samples were inoculated and managed for culture as previously described."

Interesting. Let's go to where they're previously described.

This is the paper that they previously described it in. You can see that they're almost all the same authors, just in different order. A total of 183 samples tested positive by RT-PCR [Reverse Transcription Polymerase Chain Reaction], including nine sputum samples, 174 nasopharyngeal swabs from 155 patients were inoculated in cell cultures. SARS-CoV-2 RNA positivity in patient samples, was assessed by real-time PCR targeting the E gene. Not the S, not the RNA-dependent RNA polymerase, not the N protein, the E gene. That's it.

So listen carefully. This is culturing coronavirus at the beginning of the pandemic and showing 3,000 positives. All patients, 500 micro liters of that swab fluid, or sputum, were passed through a 0.22 micrometer pore filter. That's to remove bacteria. And then were inoculated in four wells of 96-well culture microplates

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containing Vero E6 cells. After centrifugation, that's to get the stuff to go into the cell culture.

After centrifugation at 4,000 Gs [Gravity], microplates were incubated at 37 degrees. They were observed daily for evidence of cytopathogenic effect. Two subcultures were performed weekly. That means every week they split them, so they moved, whatever was growing they moved it into a new fresh well with cells next to it. Two subcultures weekly, presumptive detection of virus in supernatant showing cytopathic effect was done in a scanning electron microscope. No images shown.

So if there was cytopathic effect, they assumed that there was a virus and they put it under the microscope to see, but they didn't show you anything. And they don't tell you how many of those they found anything in. There's no data from that. And then confirmed by specific PCR targeting the E gene. It's a loop. Don't you see? It's just a loop.

I tested positive for an E gene, then they made me cough into a dish. And then if any of those cells died, they said, wow, that's pretty cool. That's the coronavirus because he tested positive for the E gene.

Now they tested again in that culture and find the E gene again. The E gene is not proof of a coronavirus. The E gene doesn't prove that a coronavirus caused the cytopathic effects. These are the objections that the no virus people bring to the table.

And these objections are very solid for a vast majority of these papers, during the pandemic. It is just an insufficient level of scrutiny. It's an insufficient level of control. And it is a giant pile of assumption that is instead, interestingly enough in this paper, confusing people by saying hydroxychloroquine and azithromycin were effective at shortening the duration of this read. And so this is another aspect of the immune-mythology you've got to be very careful of. So many of these repurposed drugs were given in combination with other drugs and then over and over sold as the drug.

For example, this paper was pushed as evidence that hydroxychloroquine can work, without acknowledging that azithromycin is given with it. The games that they have been playing are many.

If we go back to before the pandemic to a guy like Marc Van Ranst, who was the flu commissioner for Belgium for the 2009 flu, and has got his own infectious disease lab where he works on testing for coronavirus. Here he is arguing why we need— Coronaviruses can't be found without using pancoronavirus primers. He's got a whole book chapter about how pancoronavirus RT-PCR assay for detection of all known— This is how they did it.

It's not specific, ladies and gentlemen, and these people have known that.

And so they tell you these stories about these imperfect genetic ghosts in the wild that have potential to become permanent circulating pathogens. They talk about how if you let the wrong guy like Peter Daszak into the wrong bat cave, he can passage those viruses in cell culture and pull out pandemic potential on the other side. They might also do it with ferrets someday. Or worse yet, somebody like Ralph Baric will stitch a bunch of things together that should have never been there, and we'll have a pandemic.

In reality, the only potential danger that could be used and weaponized against us is the production of RNA viruses using DNA clones. That is the danger.

That is the reason why they don't ever talk about it. They talk about gain-of-function as a way of making sure that you don't understand that that's not the danger. There was never a danger from coronavirus. Coronaviruses were always largely— If they are part of this causes of respiratory disease yearly, then they are part of a very benign set of somethings that float around. They are not part of this never-ending source of pandemic potential.

So this is what I think they did. They declared a pandemic of a

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dangerous novel virus for which the PCR was not specific, and yet they applied a unique and mostly detrimental protocol for respiratory disease to those people that tested positive; and they enforced that with financial incentives. This was all part of a military plan in the United States, which was ready to be executed when the excuse was given, and the excuse was given when these protocols were changed. It could have been an infectious clone.

You could have used a clone to see the same sequence in Iran and Wuhan and in Italy, and that unique and identical sequence around the world would have been a molecular selling point for there being an ongoing pandemic. And if it was required in order to fool these governments in Europe and in Italy (like Italy's not Europe), but to fool these governments around the world, if that was required, a clone of a wild coronavirus would have been more than sufficient for us to have seeded these things, and then let the plan roll on forward with just using this a-specific PCR test.

Again, I want to plug Denis Rancourt's data, because it's so important to understand how, if there was a novel respiratory disease for which no one had any immunity, then there would have been a predicted impact on all-cause mortality. And those predicted impacts were not seen at all, and his analysis is fantastic.

And then finally I just want to make sure I remind you one more time that nobody should be using "transfection." I was so excited to hear someone say that earlier today. There's no

debate. It should not be used in healthy humans, and up until the pandemic, it was only used on people who were likely going to die anyway.

So please stop transfection because they want to eliminate the control group. Once everybody's been transfected a few times, all of these ailments, all of these increases in illness and autoimmunity, will all just blend into a background of increasing public health problems, rather than being able to be identified as, "Wow, the people who have triple transfected themselves are having worse and worse outcomes, year on year." Which I think is the truth that has already emerged, and can only emerge in greater and greater numbers as we move forward.

Thank you for your patience. I hope that was okay. That was the end of my presentation.

Shawn Buckley
That was really interesting. I'm just hoping to clarify a couple of things with you and ask you something new. You use the term transfection, which for most of us is a new term. We think of mRNA [Messenger Ribonucleic Acid] technology, but that's a new term for transfection. You're saying transfection instead of mRNA vaccine, because transfection is the correct term.

Dr. Jonathan Couey
Yes, that's correct. So if I can add to that a little bit, for the academic bench biologist, that means somebody that plays with mice or monkeys in a laboratory, and they want to change the local protein expression, upregulate it, downregulate it, maybe even knock down a gene. There are ways that that's done, and that's ways that's been done for about 20 years.

One way to do it is to use an adenovirus, where you put the DNA of interest, encoding the protein that you want to express in that adenovirus, then you put that adenovirus in the brain of the mouse, and it will go where it's going to go and express that protein. Using DNA to express protein in a cell is called "transformation." And if you use mRNA to do the same thing, you can use electricity to put the mRNA in, you can use lipids like they're doing now, sometimes people use gold particles.

There's lots of different ways to do it, but regardless of how you do it, you use mRNA, it's called transfection. If you use DNA, it's called transformation.

And so if you go on the website of Sigma or Thermo Fisher and you just look for transfection products, they'll have a whole web page on it. And there's no difference between the mRNA shots that they're giving and any previous transfection technology, **except for maybe the proprietary bubble that they put it in. But it's the same technique, with the same lack of tissue specificity and dose control that they've never been able to replicate in any other application of it.**

Shawn Buckley
Now you've said that that we shouldn't use transfection in humans. And can you explain, give your reasons why we should not use transfection—

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or as most of us know, mRNA technology—in humans?

Dr. Jonathan Couey
The proof is in the use. So in a laboratory animal, for example, if your using transfection, you're inevitably going to get autoimmunity. Animals that are transfected are not intended to live long, healthy lives. They're always sacrificed and then their tissue is used to look at the changes that you made. And so up until very recently, I don't think anybody's really thought about this as a very viable technique, except to use for somebody who's already going to die from, like, cancer or something like that.

And the trick is to realize, and I think that this is a very true statement, although this is more of a gut feeling to me—but it's a gut feeling that a lot of other people have had for a long time—it doesn't matter, really, if you expressed a particular toxic protein. It doesn't have to be the spike. If you've expressed a foreign protein in your cells, and it's random cells in your body, your immune system only can do one thing. It can unleash the neutrophils, destroy those cells, and clean them up.

Now if those are your heart cells, it's permanent damage. If it's endothelial cells, you have endothelial damage. If it's ovary cells, you have ovary damage.

And this is a known downside of transfection. It's a blunt tool. It's been used for a long time in academic medicine, and for 20 years, people have been dreaming about making it into a viable therapeutic methodology, but they've never even come close to getting it to work in single examples, never mind on a scale of billions. And there is no other conclusion to come to, that if you want to treat, beneficially, a mammalian, like a human that you want to live for 20 more years, transfection is not a therapeutic option. And anybody that has sold it as such has either been telling us lies or has been just really wrong. It's not to be done. It's not fit for purpose.

They would like you to believe that it is, but you cannot usefully augment someone's immune system by transfecting foreign proteins randomly in their body. It's just ridiculous.

Shawn Buckley
Okay, and your opinion on that is based on animal study after animal study after animal study after animal study, and some use in a very small subset of humans who are, you know, terminal with cancer and things like that.

Dr. Jonathan Couey
Yeah, and also very anecdotal personal experience: I can tell you one three-second story. I was asked to help do an experiment in squirrel monkeys where they wanted to express an algae protein. It's a long story about why they would do that, but they wanted to express **this protein in the brain of the monkey so that they could manipulate some circuitry, and then go back to that brain region afterward and see what neurons they manipulated and see how they were connected anatomically, and maybe that was going be a good idea.**

But, when we started this experiment, I suggested to these primate neuroscientists that, look, when we transfect a mouse, I've got a window of, like, let's say three to four weeks where I can do my experiment and everything is okay; but if I wait any longer than that, the place where I initiated the transfection starts to have problems, and starts to have an immune reaction which leads to a lot of neuronal death. So I tried to tell these primate scientists that, like, if we do this experiment, we got to do it on an animal that you're all done with, and that's already scheduled to be sacrificed because otherwise, you might just lesion that area of the brain in four months and then you won't even know what you did.

Well, what did they do? Monkeys are expensive, so you can't just sacrifice them. So they let this experiment run—I think, for, I think they let it run for 12, but it might even have been 18 weeks—and then when we did the anatomy and we cut into that area, almost all the neurons were gone. And that's because, again, transfecting neurons and getting them to express foreign proteins is eventually a challenge that your immune system can't ignore.

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And that is true no matter where transfection is done, and in any current application of it, it should be an expected outcome. And so yes, it's not fit for purpose.

Shawn Buckley
Right. Now, I wanted to go back. You've made the point, and I think it's important for people to understand, is, coronaviruses are part of, just basically the environment that we live in. There's a number, there's hundreds and hundreds of coronaviruses, and so many that the conventional wisdom is that—what did you say?—20 or 30 per cent of our flus, annual flus, are considered to be caused by one or another of these hundreds of corona viruses. That's— I've got that right?

Dr. Jonathan Couey
Yes, correct.

Shawn Buckley
So what my question is: this started with just a bang in the media in early 2020; and all of a sudden, we seem to be using the PCR test for a specific coronavirus that we're told is SARS-CoV-2, or named COVID-19. Is it possible that there was a specific PCR test for a specific new virus at that time?

Dr. Jonathan Couey
It's not. I don't think that it is possible for them to have had the fidelity to use the— The PCRs that they designed, were not designed, cannot be designed to be specific the way that they were designed. As far as I understand, for example, in Canada, after talking to Dr. David Spector, they didn't have nested primers for your PCR, which means that any overlap on the PCR sequences, or partial overlap, would likely result in amplification, which again makes them a-specific for the genes that they're amplifying. And because this was a national security issue, the goal would not have been to be as specific as possible, but of course, as you guys know in Canada, to rope in all possible suspected cases.

And so again, the more specific the test would be, I think the less appropriate it would be for the national security threat. So there's motivation for them to have not made a specific test. And more importantly, the background and lack of fidelity means that they could not have made such a specific test.

Shawn Buckley
So the technology of the PCR, would it be your opinion then, that they were basically, that PCR test would just be identifying a family of coronaviruses?

Dr. Jonathan Couey
At best. And again, remember, it's only identifying small fractions of the genome being present, which does not in any way, shape, or form indicate infectivity, or even the presence of a contiguous virus, but just the presence of these genes, which are homologous across lots of coronaviruses. So it's a very, very different lack of fidelity relative to what is portrayed.

Shawn Buckley
So you know, if we had a multivitamin with 100 different vitamins in it, this is really a test for one vitamin and then pretending that there's a multivitamin there.

Dr. Jonathan Couey
Uhhh...

Shawn Buckley
Just using an analogy that maybe people might understand, right? So think about that.

Dr. Jonathan Couey
It's a bit more like saying that there's a— That not telling anybody that there are any automobiles in the world, and then saying, "Oh, there's a pandemic of KIAs, and if we just test we can—" Lots of people end up having KIAs. And it's like wow, that's pretty crazy. And then, "Oh, yeah. Look, now we have Toyotas, and now we have Hondas," and as we change what we're identifying with the test, it seems like, wow, it's spreading all around the world. But those cars have always been there.

And so in this case, they told us, I guess, that there's an epidemic of Teslas, which can be tested for by looking for wheels and four doors and a windshield. And so when people tested their garage, they go wow, I guess I got a Tesla too.

And it's probably closer to something like that, where the specificity is implied, when in reality they're testing for things that all automobiles have. And so there is no pandemic of a particular kind of automobile. It's just that the test is confirming everybody's got a car, or there are a lot of cars around.

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Shawn Buckley
So just so that we're clear: so if the test is non-specific, and even because it's just testing for a part that doesn't even tell us we have a whole genome, conceivably, then, they could just come up with another virus name, start running a bunch of PCR tests, and convince us that we're in the pandemic again.

Dr. Jonathan Couey
Absolutely. Absolutely. I think this is the one you should almost assume that's what's going to happen. That's their plan. That's what PCR has been established as, they can— That's what the WHO said in that article that I shared. Genomic surveillance is a good way of

following these things. So they would like to sequence the sewer all the time. They would like to, yeah, they would like to swab you monthly if they could. That's what they want. Definitely.

Shawn Buckley
Right, but it's really just a tempest in a teapot, it's a phantom.

Dr. Jonathan Couey
I mean, think of it this way, like rhinoviruses are a virus that we all know are very common, part of the common cold bouquet, and we're not sequencing and doing PCR for rhinoviruses right now, but they could. And as soon as they rolled those tests out at people that were asymptomatic and then cycled them too far, you'd get a lot of false positives right away. And if they told you it was one rhinovirus instead of a-specific for many, they could also convince you that, "look, it's changing." So it's very tricky game they played on us.

Shawn Buckley
Right, now do you have any information— We've heard about people taking antibody tests for SARS-CoV-2, and do you have any information on whether or not those are realistic tests, or whether, to use your term, they would have high fidelity?

Dr. Jonathan Couey
I think they're probably, if done correctly, they're actually probably very good identifying people with previous immunity and recent exposure. It's tricky, right, because they, I think, use the antibody test as a way of emphasizing the seroprevalence to the spike protein.

So they get to choose what they search for when they say that they're going to build this antibody test. If they were going to be honest with it, we would look at these papers that we looked at today, and we see that the N gene, or the N RNA, is produced in the most abundance. So the loudest signal to look for, if you were going to see if someone recently exposed to a coronavirus, would be that N protein. But there's almost no tests can find the N protein epitope immune response in people that are vaccinated because they don't have a natural response to the virus anymore, which would be to respond to the RNA that gets produced the most and the protein that gets produced the most.

They are responding to the protein that they were forced to respond to. And that illusion was partially seeded by the idea of saying, "here's an antibody test for the spike protein. It can show you if you've been infected."

And so people got it in their head that all the spike protein antibodies that tell if I'm infected, when in reality, you'll have T cells to the RNA dependent RNA polymerase and T cells to the N protein and B cells to the N protein, all from overlapping previous infections. So you could have tested positive before the pandemic, too, because you had natural immunity and were exposed.

Shawn Buckley
So I guess to refine my question. I mean, I'm just wondering if it's possible that there's an antibody test specific to what were called, this you know, COVID-19 or SARS-CoV-2, as opposed to an antibody test, really, for just this background group of coronaviruses that—

Dr. Jonathan Couey
I think we're really— I think you and I would be buying in to their simplified biology if we said that there was a SARS-CoV-2 to separate from all of these other viruses.

Shawn Buckley
No, it's just interesting, because I live in the drug approval world regulation part. In Canada, we didn't have an emergency order the government came out with, or rather, we don't have an emergency pathway that they could use. We hear in the U.S., this emergency approval. So we had an interim order that didn't define a specific virus. So they define COVID-19 as relating to something that was not a specific virus. And that got me very suspicious about our ability to identify a specific virus.

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Dr. Jonathan Couey
I mean, much of the literature supporting this panoply of viruses that's circulating in the wild: if you look through this literature before the pandemic, you will find that entire papers are written about the diversity of coronaviruses in bat caves by looking for a 296 base length part of the RNA-dependent RNA polymerase. And if they find it, well, that's a coronavirus; they find another one, that's a coronavirus. And we find all these and then we make a little chart of how they're related. And this is a phylogenetic tree of bat coronaviruses: no spike proteins, no full sequences, and no viruses cultured, just genetic sequences found using pan-coronavirus primers for the RNA-dependent RNA polymerase.

And so to go from a literature which is so amorphous, to "now we can definitively tell you that this is the sequence and this is you, positive or negative," all this stuff is just smoke and mirrors, they do not have that fidelity.

Shawn Buckley
Thank you. Those are my questions. I'll ask if the commissioners have some questions for you.

Commissioner Massie
Thank you, Dr. Couey, for this very interesting presentation. I mean, you certainly did a lot of effort to make it somewhat accessible for a layperson, because I mean, what you're discussing is fairly complex. I have a background in biology, and I've developed adenovirus vaccines, and all kind of things, so I understand where you're coming from. But there's a few questions that popped in my mind. Do you have experience growing viruses, either small scale or large scale, or different type of viruses in your lab?

Dr. Jonathan Couey
I only have had the privilege of working with somebody who does it for me. So no, I've never enriched adenovirus, for example, or anything like that. It's stuff that I take for granted that has been commercially available since, I guess, since I had my first lab. For me, I take a lot of things, especially with adenovirus production and the transformation experiments that I've done, I just take it as very commercially accepted that adenovirus can be made, and it can be packaged with the DNA that I want in it.

Commissioner Massie
My question has to do with your very interesting concept of infectious clone. I mean, to me it's not a big surprise because I know that even DNA viruses based with adeno-AAV, when you actually go to the trouble of doing deep sequencing and you isolate clone based on plaque formation and you're very careful to make sure that it's clonal and you grow it just one cycle, you'll see variants immediately after one cycle of replication. And as you pointed out, the fidelity of replication for DNA is way higher than RNA. So I've always thought of RNA viruses from any source, would it be plant or bacteria or mammalian viruses, as kind of quasi-species, I mean the extreme being the HIV [Human Immunodeficiency Virus] where I mean, where hepatitis, I mean, you find a lot of variation, which makes the characterization of a clone that much more difficult.

Having said that, we now have tools to do that, and I've noticed that you were citing a paper from Didier Raoults' lab that has done— I've been following his work for more than three years now, and he has done a large number of clonal isolation and tried to characterize it, doing deep sequencing to confirm that it's not just PCR sequence that they were looking at; they were very thorough in order to do phylogenetic tree and so on.

Are you wondering whether when you actually isolate a clone from an individual that is sick—and now you're trying to identify within this individual a clone or variant, and now they've called it "variants of concern" and stuff like that—are you questioning that the moment you start to grow it in culture, after a few cycles, you might end up with something that has already started to evolve, or have differences in the overall sequence because it's a long genome and the fidelity of the replication is not so great?

Dr. Jonathan Couey
So I assume that that happens, and that's the argument that pervades my head when I think about the idea that we were told that

[01:10:00]

from Wuhan to Washington to California to New York and Italy, there were less than three amino acid differences for four months. And thousands of people, hundreds of thousands of asymptomatic infections, were supposedly spreading around the world, but the virus was keeping a fidelity of a ridiculous level. And the original SARS [Severe Accute Respiratory Syndrome] virus that was tracked in 2002 had an average of between 33 and 50 amino acid changes per patient for the first six months. And then this one changed 10 amino acids in the first six months.

So the stability of the portrayed sequences has no previous biological precedence. So the **only way that this could have happened is if somebody seeded this level of fidelity around the world, like put a clone in, so that everybody that they tested would have a culturable virus for a little while, and it would be a sequence of very high homology with the ones they released elsewhere. And then they slowly drifted away. They slowly recombined with the background. I don't even think that they would have to do it with very many patients.**

If you look through the literature, you will find a very large paucity of actual, and I'm talking about experiments now, like from 2020, where they really isolated the virus sequence and then said, "Wow, it's pretty much the same." It's not based on very many observations like that. America's entire pandemic is based on one sequence collected in Seattle from the Snohomish County man, and that's it. Every other sequencing reaction that was ever done was done behind CDC closed doors, and the sequences were reported only

after the CDC decided to report them. There's no open sequencing in America, and there never was.

And so if these sequences are real, as we are here now, the point is what happened in 2020 was a portrayal of something that couldn't have happened. Now we're talking about a background sequencing coronaviruses when we've never sequenced them with this rigor before 2022. It doesn't surprise me that we find all of this stuff. But to say that this is evidence of a pandemic is very, very different; and I don't think that that's evidence of a pandemic. It's evidence that those genetic sequences might be there. But he's got no data from 2019, so he doesn't know if he would find the exact same data set had he started looking then.

Commissioner Massie
So what we're seeing right now, though, I mean, in this Omicron era is that it seems that when you do a rigorous analysis, you do find other types of variants that seems to be more prevalent, in the sense that I understand there's going to be a very wide diversity of different sequences of the SARS-CoV-2 virus. But the one that seems to be growing better in a given population, in a given time, will eventually be, if you want, sampled more frequently, and in the end you will have an over-representation of this variant until another one will supersede that. So that's kind of a cycle. And it's probably, it has probably been like that before we started to analyze the coronavirus. I just didn't know about it.

Dr. Jonathan Couey
That's it. There you go. There you go. You just said it. If it was like this, and this pattern existed before the pandemic, and they just announced it now, then we are being bamboozled. It's like saying that, where there's a pandemic of automobiles, while forgetting that we've always had them.

Commissioner Massie
So your hypothesis in terms of the endemic state is that we have been, the human population, have been in an endemic state of coronavirus that could give respiratory infection as other viruses could, like rhino and even adeno and RSV [Respiratory Syncytial Virus], you name it. And somehow emerged, or decided, that these atypical respiratory infections was triggered by this particular new virus that has come in the environment, and now was spreading all over the world. And it was almost the same kind of virus everywhere.

[01:15:00]

And you find that difficult to fathom with the way normally coronaviruses will actually be in the environment. Is that your thesis in terms of a pandemic versus having local reproduction of coronaviruses in a population?

Dr. Jonathan Couey
Right. Remember, the pandemic definition is a virus that starts in a room and then spreads around the world without being able to be stopped. And that is a very, very specific set of biological claims. And so the idea that there are these many, many stories of people having an interesting respiratory disease is completely and wholly disconnected from the idea that

a pathogen, or a virus, is moving around the world with high fidelity, and is tracking with that disease. Because that is the illusion of the PCR.

If you assume that a PCR test identifies a case, knowing that the PCR can be false-false positive, and also positive-false positive, in the sense of a wrong coronavirus gene, then we have a really huge problem because the statement that a virus was released at a point and is still circulating the globe is not possible. And that requires an extraordinary amount of evidence. It's an extraordinary claim. It requires an extraordinary amount of evidence, way beyond doctors saying, "I've seen a few people with a new sickness. And so I decided not to give them antibiotics and throw them early on the ventilator and give them some remdesivir and they died." That's not an atypical respiratory disease.

And you can't differentiate from that, and mistreating it, if you changed your protocols across the entire nation. How can you call that a unique respiratory disease when you stop treating the respiratory disease the way you used to? And you started giving remdesivir, or midazolam, or not giving them steroids?

All of these changes that were made, and the autonomy taken away from doctors, caused unique respiratory symptoms. That's the more likely explanation than an RNA virus maintaining fidelity for three years, and now having a slightly different hat on that we call Omicron.

Commissioner Massie
So if I understand what your hypothesis is, is that the SARS coronavirus COV2 exists and it can potentially induce diseases, but it was this kind of disease—among all of the other disease you can find from respiratory viruses—was not the unique cause of this so-called pandemic. And what we see in excess mortality is more likely attributed to what we've done in terms of lack of treatment, and also all of the things that we've imposed to, quote-unquote, control the spread of the virus. Is that your working hypothesis?

Dr. Jonathan Couey
Absolutely. Because if you talk about how people died, you don't have to talk about very much virus. Absolutely.

Commissioner Massie
Thank you very much.

Dr. Jonathan Couey
You're welcome.

Shawn Buckley
Dr. Couey, those are the questions of the panel. This was very illuminating. On behalf of the National Citizens Inquiry, we sincerely thank you for attending today and providing your testimony.

Dr. Jonathan Couey
It was my honour, thank you very much. And I wish you guys the best of luck in this most important endeavor.

[01:19:06]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 7: Sierra Rotchford
Full Day 3 Timestamp: 08:59:19–09:22:57
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Wayne Lenhardt
Could you give us your full name and then spell it, and then I'll do an oath with you.

Sierra Rotchford
It's Sierra Rotchford, spelled S-I-E-R-R-A R-O-T-C-H-F-O-R-D.

Wayne Lenhardt
Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Sierra Rotchford
I do promise that.

Wayne Lenhardt
You have been a paramedic for a number of years. Or is that the right term to use?

Sierra Rotchford
I've been a registered paramedic in Alberta for 10 years.

Wayne Lenhardt
Okay. Why don't you just lead us through what happened in your paramedic practice, if I can call it that, until you get to 2020 for us.

Sierra Rotchford
Sure. So it's pretty brief. Before 2020, I was registered in 2012 as a primary care paramedic in Alberta. I did start working on suburban-rural EMS [Emergency Medical Services] in areas surrounding Edmonton, so Stony Plain, Spruce Grove, Warburg, like all around. And then I ended up getting married, having babies, back-to-back to back. I don't recommend that. So I ended up working in between kids: doing remote clinics, drug and alcohol tester, some clinics around Edmonton in some big industrial areas. Then finally, I did return to ground ambulance in February of 2020.

Did you want me to continue from there?

Wayne Lenhardt
So you got a bit of a flavour for what was normal across the city of Edmonton. Correct?

Sierra Rotchford
That's right because suburban-rural, even if you do work in those surrounding areas outside of Edmonton, as soon as you bring a patient into a hospital like the Misericordia, you end up what's called, "being sucked into the vortex." And so the AI picks up that you're there and you get sent to a call in Edmonton. So I still did attend calls in Edmonton, previous to 2020.

Wayne Lenhardt
Okay. If I've got this right, I think you were off for a bit with some sort of an ailment. You went off about October of 2020, and then you came back in January of 2021.

Sierra Rotchford
That's right. So briefly, for 2020. I came back, was orientated to ground ambulance again in February. We weren't locked down yet. So I did see a bit of pre-pandemic call volume just in that single month before we were announced for lockdown. Calls were very normal, the usual stuff: some people experiencing homelessness, overdoses, maybe senior citizens who have some concerns about their health, calling an ambulance, that kind of thing.

I finished mentorship in the middle of the lockdown. So I actually saw very little high-acuity calls to prepare me to go back to work because there just wasn't any at the beginning of the lockdown.

So then, come April 2020, now we're into the normal swing of things. I'm off mentorship; I now work on a car with a single partner in the city centre of Edmonton. For the majority of 2020, if I sum it up without making it a long story: a lot of mental health calls; a lot of people calling with anxiety, thinking they'd contracted COVID or given COVID to someone; having those symptoms of anxiety, like tachycardia, pressure in the chest, those kinds of things. So we did those. We did quite a bit of overdoses, suicidal thoughts, some domestic abuse calls.

The only time I can really remember in 2020, between February and October, —there was quite a substantial rise in calls— Was the initial cool down after those first few weeks we were locked down, there was quite a rise in calls because what had happened is doctors stopped seeing their patients in person. So doctors were doing lung consultations with seniors over the phone while they're seated. Can't see if they were experiencing shortness

of breath if they were moving around exerting themselves, those kinds of things. Maybe someone was starting to have hypertension,

[00:05:00]

put on blood pressure medication; maybe they were put on a beta blocker to control their heart rate with no follow-up. So we had this rise in calls where people who were put on new medications were suddenly experiencing medical crises, cardiac arrests, because of these new medications with no follow-ups. And that's the only rise that I can remember in that time that I attended.

And then, the duration of the rest of 2020 leading up to October, there was quite a few overdoses on the rise, as we know in the Alberta release statistics.

Then in October 2020, I ended up having emergency abdominal surgery. Then two weeks later, I contracted sepsis. And so yes, I was off. I ended up being hospitalized at the U of A [University of Alberta] for sepsis. I wasn't treated for 12 hours, despite being a health care provider and recognizing the signs of sepsis. I was tested for COVID in the hospital. I tested negative.

I had three different doctors come in over a 12-hour period and say, "Even though you've tested negative for COVID, that's probably what you have," despite having all of the symptoms of sepsis. I was sent home, called back later by a separate doctor once blood results had come in. They called me back and said, "You're going to die at home unless you come back."

So I ended up with a health condition, the effects of post-sepsis syndrome. After that, I was off work for the rest of 2020 and did return in January 2021.

Wayne Lenhardt
So was there anything different when you came back in 2021 than when you had left prior to the sepsis problem?

Sierra Rotchford
So the beginning of 2021, January to about March, coming close to April, there was more mental health calls than ever, more overdoses, especially narcotics-use overdoses. And then we were starting to see the beginning of a rise in MIs [Myocardial Infarctions], strokes, seizures, those kinds of things leading up to April 2021.

Wayne Lenhardt
I think during our previous discussion, you had said that there was a certain number of ambulances taken off the roads, I think in December of 2021?

Sierra Rotchford
Sure, I can finish the chronological order to end up there, if you'd like.

Wayne Lenhardt
Sure. Tell me that story.

Sierra Rotchford
So starting then, in April 2021 is when I started attending— I should be really clear about that, that I am just one ambulance out of between 40- 50 that is on the roads. So this is just my experience of the calls I personally attended. But we started going to many strokes in people my age demographic, the 30–40 range, as well as first-time seizures, in that same demographic. This is when the beginning of that first rollout of that category of age for AstraZeneca, Pfizer, and Moderna. I had taken people my age who were having a full stroke, full paralysis, drooling to the U of A. We were taking people with first-time, full tonic-clonic seizures to the U of A. I just spent a lot of time there with those types of acuity calls.

Wayne Lenhardt
Going back, you were a paramedic since 2012. So is this normal?

Sierra Rotchford
So in 2012, I maybe attended one single cardiac arrest in 2012, one deceased person in 2012. The rest are pretty normal-type calls: your various mental health; your various people who worry about their health, but maybe it's not an emergency, that kind of spread.

By the end of April 2021, we were now surged for calls. There is an EMS documentary that came out last year that won awards that was put on by CTV [CTV Television Network] News. They've quoted that we've had 30 per cent increased call volume since May 2021. On May 9th, after bringing in one of three seizures that day to the U of A, there was a very senior nurse at the U of A triage who asked me if we were asking if people had their shots recently.

[00:10:00]

If they had had AstraZeneca we needed to be asking because they were seeing this huge rise in blood clot injuries. She said to me that the U of A was going to be asking the government to stop the AstraZeneca shots. The very next day, the government had pulled those shots.

In addition to working emergency cars, I also worked facility-to-facility transfers within Edmonton. At that time, I was able to take one documented vaccine injury from AstraZeneca from one facility to stroke rehab. It was for a patient who was approximately 50 years old: full left-side paralysis; no major comorbidities in history; had experienced a deep brain stroke, which only accounts for 5-7 per cent of all strokes. It's a stroke that happens in the brainstem.

There was a sheet that was attached to his file. We get a transfer sheet with all of the information plus a medical. It's called a MAR, Medical Administration Record. And then there was this sheet attached also to this patient that said, "Is this a vaccine injury? "And it was checked off, "Yes." It was tracking which vaccines this patient had been given. And this patient had received AstraZeneca. It was not mentioned in report with the nurses. But when we went to get our patient and put him on the stretcher, he was already asking us, before we even took him out of the room: "When can I get my next shot?" So this patient was documented. But was not told he was a vaccine injury. We transferred him to the next facility, and he was asking, when can they give him his next shot.

At that time, that facility—even though the news and the media was saying that you could mix your shots—when we got there, they were very hesitant. They wouldn't explain to him

why he couldn't have a shot or where they were going to get his shot—if it was going to be Pfizer or Moderna. It was just very clear, at that time, that some things were being tracked but also not being passed on to the patients who suffered effects from them.

So May 2021, now AstraZeneca is pulled. We're still having this massive rise in calls. By the beginning of July 2021, the news reported what our average calls in EMS at that time, over Alberta, were 1,000 calls per day.

By the beginning of July 2021, there was a day I was at the hospital, one of the major trauma hospitals in Edmonton, and we had never seen it before. There were paramedics there who said they'd never seen this in their twenty years. Basically, every trauma room was full. Every recess room was full. There were ambulances lined up down the ramp out of the hospital with patients so acute they were already on their stretchers lined up down the ramp. There were people being told right in front of us in ER that their loved ones were dying. These were not expected deaths at that time. When that happened in that first week of July, we were at 1,700 calls per day in Alberta. That's a 70 per cent increased call volume that the news reported at that time.

For the summer of July 2021— Let me just be clear: I didn't respond to a single deceased person in Edmonton in 2020. But I ended up attending four sudden unexpected deaths in Edmonton between June and August 2021. And I only worked 12 shifts. The range of age for these sudden deaths was 50–70 years old. These were people who died so suddenly they were sitting up watching TV across from a loved one who did not realize they'd passed away. They passed away walking out of their house to go to their car, not found till the next morning. One of them that I attended had just been discharged from a hospital in Edmonton, was told to eat his lunch. When they came back to make sure he was leaving, he had already passed away. And that patient was in his 50s.

On top of that, we ended up with the mandate. So I worked through the mandate in Edmonton, pursued a medical exemption. If you don't know what can happen to you after you have sepsis, you can end up with something called elevated CRP [C-reactive protein], something they test in your blood; it's an inflammation marker in the liver. But at a CRP level above 10, you can end up at risk of an arrhythmia for your heart.

[00:15:00]

So I had been having these symptoms after having sepsis, pursued it with my doctor to get a medical exemption. I didn't think there would be a problem. My doctor refused to take blood tests to look at my CRP, refused to send me to a specialist. Just anything on my doctor's end to just prove that I might be healthy enough to take that shot.

AHS at the time, even though they were saying apply for medical exemption, they had put out the criteria for exemption from that shot. And so their criteria was you either had to have a reaction from a past shot that was anaphylaxis or you had to have an active case of myocarditis. I was very lucky not to end up with atrial fibrillation, which is an irregular heartbeat, after having sepsis, and I was at risk of myocarditis just from having tachycardia often, after having sepsis. I had supervisors calling me from Edmonton EMS. I had my manager call me asking me to apply for a medical exemption, even though my company that I worked for had already set the criteria for what my doctor could exempt me for. They still wanted me to just fill out the paperwork saying I pursued a medical exemption.

Throughout the mandate time, I saw a lot of discrimination against patients; a lot of harassment, bullying against co-workers, not only in the hospitals but also on ground ambulance. I saw it from staff towards patients, at that time.

What happened was, as the mandate deadline kept getting pushed back, some other paramedics and I had this idea that it was really hard to fight the information about the shot because we're not researchers, we're not medical scientists. But we do like answering questions with what we see because that's all we are, boots on the ground, on an ambulance.

So we decided that we were going to show visual impact. So Kate King, Todd Semko, and I all gathered in Edmonton. We coordinated with Alberta Health Services workers across Alberta and got them to drop off shoes and signs at my house in Edmonton so that we could build this picture of what that impact is. Because our question was, does a mandate further exacerbate an already short [-staffed] medical system? And so we ended up gathering all of these shoes.

We ended up doing this presentation at the legislature grounds in Edmonton with the permission of a government official. And we answered this question. So we kept track of everything, but again it's really hard. We don't know how many nurses are on a ward; we don't know how many it takes to run certain parts of health care. But we did know how many people it takes to run an ambulance. Of course, it's two. But we had enough evidence there to show and enough numbers that we were missing between 35 and 40 ambulances a day in Alberta. And so just from that number, we were able to take that to the government, not to AHS, but to the government official who was very supportive of that mandate being brought down. And they were able to show AHS that it was affecting health care, that a mandate was detrimental to patient care.

Wayne Lenhardt
Just to take you back for a second. When was it that they took 40 ambulances off the road, which amounted to 1,600 personnel? Was that during, supposedly, when people were getting sick from COVID?

Sierra Rotchford
So the number of 40 ambulances being taken off the road, those staff were off for various reasons. Some had gone off on stress leave before the end of the mandate. And to give you an idea of how many of those might have gone off, our stress-leave rate at EMS was 30 per cent, and that went up to 45 per cent in a single month from September to October. Some of those people were able to get medical exemptions from their doctors, maybe they went off for other reasons. But that was a number that just showed over time. It wasn't all overnight at once. But it was significant by the end there, in December.

Wayne Lenhardt
And the significant upturn in your activity,

[00:20:00]

when you were on, was after the blitz to get everybody vaccinated. Is that correct?

Sierra Rotchford
That's right. Yeah, the 70 per cent increase was just in that couple weeks of July [2021]. But that was four to six weeks after people had received their second shots. So that's where we saw the greatest rise.

Wayne Lenhardt
Okay. I think I'm going to stop there and ask the commissioners if they have any questions for you.

Commissioner Massie
Thank you very much for your testimony and lots of detail you're providing. I'm curious about the sepsis you suffered. It's very strange to come in the hospital and be turned back home because they were suspecting COVID with a PCR [Polymerase Chain Reaction] negative test. Sepsis can evolve very quickly. You could have passed away. When you came back to the hospital, what kind of treatment did you get? And did it work very rapidly, or did you take time to recover?

Sierra Rotchford
Oh no, it took time to recover. When I came back, they told me they didn't know how I was a GCS-15— which means fully cognitive, fully aware, can answer questions. Because I think my CRP level was 70 when I came back, which is when people start hallucinating. So immediately when I came back, I received IV [Intravenous] antibiotic treatment, anti-inflammatories. And then, I wasn't able to be hospitalized because they were saving space for COVID patients. So I ended up having to be an outpatient for over a week just for IV therapy at the U of A.

Commissioner Massie
Okay. My other question has to do with the medical exemption that you didn't manage to get. I have problems to understand why a doctor would not, given your medical condition, at least do a simple CRP test to see whether you would be at risk. What was the rationale that the doctor provided?

Sierra Rotchford
Not really much rationale, actually. The doctor said she had no concerns about my health at that time. That I wasn't going to meet criteria, anyways, for exemption. I was offered a medical exemption from a doctor that the government official, who gave us permission to use the legislature grounds, knew. But at that time, it was the only card I had where my co-workers would listen because for them, I had all this criteria that should meet an exemption, and I wanted to keep that bridge between my co-workers and I. There was opportunity for me to get one from a willing doctor, just not my own.

Commissioner Massie
Thank you.

Sierra Rotchford
You're welcome.

Wayne Lenhardt
Any other questions from the commissioners? Okay, I want to thank you very much for giving your testimony to us today. Thank you.

Sierra Rotchford
You're welcome.

[00:23:38]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 8: Grace Neustaedter
Full Day 3 Timestamp: 09:23:15–09:41:19
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is Grace Neustaedter. Grace, can you state your full name for the record, spelling your first and last name, please?

Grace Neustaedter
Sure. My name is Grace Neustaedter. My first name, G-R-A-C-E. Last name, N-E-U-S-T-A-E-D-T-E-R. I challenge any of you to repeat that.

Shawn Buckley
And I thought it was just the usual spelling. Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Grace Neustaedter
Yes, I do.

Shawn Buckley
Now, you worked as a nurse for a full 41 years.

Grace Neustaedter
Yes.

Shawn Buckley
In fact, it's not just that you have a degree in nursing; you had gone and gotten a master's degree in nursing.

Grace Neustaedter
That's correct.

Shawn Buckley
And your last 18 years of practice, you were what is called "a clinical nurse specialist," and you worked at a clinic that focused on pelvic health issues for women.

Grace Neustaedter
That's correct.

Shawn Buckley
So COVID comes along, and there start to be murmurs about a mandate for vaccines by AHS [Alberta Health Services]. Can you tell us what your experience was and what happened?

Grace Neustaedter
In the very early months of COVID, I thought a vaccine sounded like a reasonable idea. But because of the advanced research courses I had taken in my master's degree and also the research projects I'd been personally involved in, I knew that the process of especially a new medication would take many years. So I thought maybe 5, 10 years down the road, a vaccine would be, maybe, a good idea. But I didn't expect anything to happen soon.

So when it started to be talked about more and more, and I realized that the due process for informed consent and for the trial of putting a new medication on the market wasn't going to be happening, as it should be, I became more and more concerned about it.

Personally speaking, I was very in turmoil as well because I do have a strong personal faith, which affects every aspect of my life. And when I'm in turmoil and anxiety, I know that I'm not being directed by God. So I knew that I couldn't take part in this as well. So there's sort of the two things that were happening.

Shawn Buckley
Right. Can I just slow you down?

Grace Neustaedter
Sure.

Shawn Buckley
Because my understanding is that you really did a dive into whether this is a good vaccine or not. Am I right about that?

Grace Neustaedter
Yes, I did look around—what was happening around the world, and a lot of that has been covered with the previous testimonies. And I was very uneasy because of the death rates not really rising and all those kinds of things.

Shawn Buckley
I didn't need you to go into the details, but I just wanted to confirm, you're not a regular nurse. You've got a master's in nursing; you know how to research. It's part of what you do for your job, and you had a hard look at this and had concerns. Is that fair to say?

Grace Neustaedter
I definitely did.

Shawn Buckley
But what I wanted you to talk about— Because when we were discussing this earlier, you were talking about how you tried to talk to other doctors and nurses and just the— I wrote down "medical acceptance" of the government narrative. I want you to talk about that and what you thought of that.

Grace Neustaedter
Well, I was actually astounded because as time went on, in just casual discussion in the clinic, it seemed that everyone was gung-ho, including the highly trained physicians I worked side by side with, who should know better than accepting a medication that hasn't been done due process. The rigorous research that needs to be done before releasing a medication to the public wasn't done. And yet, they didn't seem to blink an eye. They were all gung-ho over, as the time progressed, to taking the vaccine as quickly as they could. And I was astounded. I basically kept my mouth shut a lot. But the conversations around me were swirling at the disgust that they felt for those who chose not to be vaccinated.

Shawn Buckley
So let me just stop you. So here you've looked into it and you've got serious concerns.

Grace Neustaedter
Yes.

Shawn Buckley
And this would be based on credible information that you've been trained to evaluate.

Grace Neustaedter
Yes.

Shawn Buckley
And so not only are you not able to talk about it with doctors and nurses, but they're just enthusiastically adhering to the government narrative. So you couldn't even have discussions.

Grace Neustaedter
I couldn't have discussions. I didn't want to get into arguments or big fights with my colleagues, my friends, peers I'd worked with for many years.

[00:05:00]

But it was becoming more and more vocal, to the point where there was this group of people at the front desk, physicians, clerical, all discussing— and I could hear it way down the hall in my office what they were discussing. And there was patients in the waiting room. And I walked up there and I looked at everyone. And I was thinking: You don't know if some of these patients waiting to see a doctor have been vaccinated or not. How can you be so vocal and so anti—so cruel in your words? It was astounding.

Shawn Buckley
So you mean they were running down unvaxxed people?

Grace Neustaedter
Yes.

Shawn Buckley
Okay. So my understanding is, eventually, you applied for a religious exemption.

Grace Neustaedter
I did. As I mentioned before, I felt no peace at all about going forward with this vaccination. When I make a decision and I know I'm in God's will, I do have peace. I'm well aware that partly due to all the medical stuff going on around and the research side of things, personally, I felt no peace about being forced to take a medication, even realizing it would cost me my job. It was take a jab or take a hike. And all the work I had done: I had been deeply involved in many projects; I presented internationally. I've been on medical boards right up to and during COVID. I, actually, was very well known in my specific area. And just to throw it all away, I couldn't believe it was going to happen. I actually didn't believe it until it happened. They kept postponing the deadlines as well. But I just basically had to walk away from all the projects that I was in the middle of and my work and my career.

Shawn Buckley
Right. So basically, after 41 years, and that's an incredible amount of service as a nurse, you felt disposable. Is that fair to say?

Grace Neustaedter
Exactly. I was sharing with him previously— I hope it's okay. I received my 40-year award in the mail, a little plaque and a congratulations letter on my many, many years of faithful service and dedicated work, blah, blah, blah, on the very same day that I was no longer allowed to enter any AHS facility because I hadn't been vaccinated.

Shawn Buckley
December 15th, 2021.

Grace Neustaedter
That's right.

Shawn Buckley
Just so people understand: AHS sent you an award or a congratulation for 40 full years. So four decades of service, and by some ironic twist of fate, you receive that in the mail the very same day you are prohibited from continuing or basically attending on any AHS property?

Grace Neustaedter
That's exactly right.

Shawn Buckley
So what happened to your religious exemption? You applied.

Grace Neustaedter
I applied. I had been hearing by the grapevine that people who applied were not being granted any religious exemption. The same happened with me. I never heard back, one way or another, about it being received, acknowledged, or accepted. I again heard from a bit of a support group I was in that there was only one religious exemption of the many, many that were submitted, that was accepted. It was from someone, and I mean no prejudice here, but from a different culture and a different faith. So I didn't, yeah.

Shawn Buckley
And so a different faith, you mean a non-Christian faith.

Grace Neustaedter
That's right. Yeah.

Shawn Buckley
You also spoke, not just to the support group, but you spoke to your union about whether or not religious exemptions were being granted, and you were given the same information, were you not? That there was only one granted.

Grace Neustaedter
Exactly, that's exactly what I heard.

Shawn Buckley
And that was to a person of a non-Christian faith.

Grace Neustaedter
Mm-hmm. Yep.

Shawn Buckley
Now, my understanding also is that you are a nurse, that you had your own patients.

Grace Neustaedter
Yes.

Shawn Buckley
But you also did research.

Grace Neustaedter
Yes.

Shawn Buckley
And you did, basically, process projects and learning modules—that it was possible for you to work at home.

Grace Neustaedter
Yes, I had done so in the earlier months of COVID when our clinic was shut down for a period of time. I had an AHS laptop with all the programs needed. And we had reverted to doing a portion of our assessments of patients, the history part, over the phone. So when they eventually did arrive to the clinic, we could get on with business, so to speak. I could easily have continued with that with telephone reviews as well on how they were doing.

And I was, as I said before, in the middle of a variety of projects. I was very involved in creating educational programs, learning modules for all the new staff in our clinic. And I was hoping to revise them. We have videos that are on the AHS website that were used by patients across the province

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and actually, internationally. And I was just revising and modifying them. We were probably 75 per cent of the way through the project, and I could have finished a lot of these projects at home. It would have probably been six months or so of work at home. But I was not allowed to work at home, at this point, at the end, as I was not vaccinated. Other staff members were, but there was no rationale or explanation for why I wasn't.

Shawn Buckley
Okay, so your manager wasn't going to allow you to work from home, although other people were allowed to work from home.

Grace Neustaedter
That's right.

Shawn Buckley
So you were forced off work as of December 15th, 2022. How did this affect you mentally and what happened with that?

Grace Neustaedter
I was blindsided in a way. I knew it was coming. But I couldn't believe it was really going to happen, that I wasn't allowed to continue my career. I was very distressed. I was very anxious. I had a new family doctor who I was seeing at that point who said, "You can't go back to work in this state of mind." So she put me on stress leave for a period of time. So I was. Then I ended up having a minor surgery, and I was off on medical leave for a bit, and then afterwards, I just couldn't go back. I had no idea what had happened to the work I was involved in. Who was doing it, or was anybody doing it? I couldn't stomach facing my colleagues after all that they had been saying. So I chose to just retire early and not go back. So a bit of a coward, perhaps, but I just couldn't do it.

Shawn Buckley
I'm just switching gears. My understanding is that you had been going to a church for 40 years. And can you tell us what your experience was with your church and COVID?

Grace Neustaedter
Me and my husband had been attending, our family had been attending this church. It was our faith community for over 40 years. We had lifelong friends there, basically. We were quite involved at various levels, including on the board. I was really astounded again at how many people there just seemed to say, "Okay, what the government says is what God wants us to do." They were entertaining the notion of vaccine passports to even enter the building. Masks were mandatory. My husband has a challenge with masks due to a genetic inherited condition of extra mucus. And so he would take it off, from time to time, when he was in the foyer, and people were swearing at him. People were complaining to the pastors, to the office.

It was a horrible situation. We felt like we were the only ones. And when he finally got a call from one of the leadership saying, "About the mask," the decision was made that we would just step aside for a period of time until this all calmed down. Our impression was people were far more concerned about their health and their comfort than actually doing what Jesus would want them to do. Jesus touched the lepers; he embraced them. He didn't shut out anyone.

And so we decided to step aside for a while, and we started attending a church that had remained open during COVID. There was many more like-minded people. It was a vibrant, growing community. We loved it. And so after a few months there, we finally decided that it was time to move on to this new church, that God had moved us somewhere else. So we left them all behind, unfortunately. Many of them are still friends, but it was very, very difficult for us.

Shawn Buckley
Now, my understanding is that you have four adult children.

Grace Neustaedter
Yes.

Shawn Buckley
Basically, there was a split in your family, at least with your children, in that half were vaccinated and half were not vaccinated.

Grace Neustaedter
Pretty much. Our oldest child decided not to be, along with her husband and their four children. Our second child decided to be vaccinated because they needed to keep their jobs. They didn't want to, but they felt they had no option. And then the third and the fourth embraced it. Because of that, there was quite a division. We weren't allowed to see our grandchildren for months at a time and only then, with a waste of money, with the PCR [Polymerase Chain Reaction] testing to prove we were negative.

We weren't allowed to see my husband's mother, who was in a seniors' complex. She was there alone. We would visit outside her window, basically, just to keep contact with her to some level. Thankfully, she was on a main floor. And then extended family as well. We would travel across provinces, and we weren't allowed in their homes.

[00:15:00]

We were, basically, shunned because we were about the only people, except for one of my nephews, who chose not to be vaccinated. People just thought we were crazy.

Shawn Buckley
Right. My understanding is your husband and you spent two Christmases, just the two of you.

Grace Neustaedter
Pretty much, yes. Exactly.

I also lost a relationship with my previous family doctor, who was very gung-ho. I think there had been some COVID issues in her family. But she was rude to me. She put me down; she wouldn't speak to me. She basically walked out of the room and slammed the door. So I had no recourse but to try and find a new family doctor, which isn't an easy process these days. But she was very, very angry with me. So that relationship was lost as well. As well as friends that were so gung-ho. They just couldn't tolerate the fact that we weren't doing the same thing that they thought we should do. So they've cut us out of their lives.

Shawn Buckley
Now, do you know anyone that has either died or been disabled from COVID?

Grace Neustaedter
Personally, no, I do not. You hear of somebody's mother or aunt or something. But, no, I don't.

Shawn Buckley
But within your circle, you don't.

Grace Neustaedter
No.

Shawn Buckley
Within your circle, are you familiar with anyone who has died from what you believe to be the vaccine, just because of the circumstances?

Grace Neustaedter
Yes, a close friend of my husband's who, to keep peace in his marriage, was going along with his wife's desire to have him vaccinated. A couple of days after a booster, he went down to work out, and he collapsed from a heart attack. Two weeks ago, our next-door neighbour collapsed.

Shawn Buckley
How old was that gentleman?

Grace Neustaedter
That gentleman was in his early 70s. But he was in very good health.

Shawn Buckley
Ok.

Grace Neustaedter
A couple of weeks ago our next-door neighbour basically died suddenly, while having a visit with his wife. He was in his 50s, healthy man. In January, the neighbour of very close friends of ours—in one of our church groups, and we knew him actually, as well—died in his sleep. He was in his 40s. No reason, healthy man. So personally we have been affected by that, and we know of many people who say, "My uncle, my brother, my brother-in-law," as well. So not people we know personally. And maybe there's more. I've forgotten. I'm not sure.

Shawn Buckley
Right okay. Those are the questions I have for you. I'll ask if the commissioners have any questions. And there being no questions, Grace, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Grace Neustaedter
Thank you.

[00:18:04]

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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

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 9: Suzanne Brauti
Full Day 3 Timestamp: 09:41:36–09:59:22
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Wayne Lenhardt
I think I see Suzanne. Yeah, there you are. Can you say something so that we can be sure that we've got you on audio?

Suzanne Brauti
Hi. Is this Wayne?

Wayne Lenhardt
Yes.

Suzanne Brauti
Hi.

Wayne Lenhardt
Okay, I think we're on hookup. Could you give us your full name, and then spell it, and then I'll do an oath with you?

Suzanne Brauti
Okay, sure. My name is Suzanne Brauti. It's spelled S-U-Z-A-N-N-E. And my last name is spelled B-R-A-U-T-I.

Wayne Lenhardt
Do you promise that the evidence you'll give today is the truth, the whole truth, and nothing but the truth?

Suzanne Brauti
I do.

Wayne Lenhardt
Okay, perhaps let me just take you back to the beginning of the pandemic and just tell us the story of all the problems that you had. I'll prompt you if we need to.

Suzanne Brauti
Okay, well first if I could give you a little background about myself.

Wayne Lenhardt
Yes.

Suzanne Brauti
I've been a single mother of three children for the past 12 years. Prior to that, I was a stay-at-home mom for 11 years. After my separation and divorce, I struggled to find adequate work, so I decided to go back to school and get a college diploma in holistic nutrition. Unfortunately, one year later, I suffered a severe neck injury where I was paralyzed on my left side for seven months, and that took two full years to recover where I could actually work again. So during that time, I had to use all my savings to pay my bills and continue to support my family and myself.

Once I was able to, I applied for work with the federal government. I was very grateful when I was finally offered the position 18 months later, which was July of 2019. To me at that time, I felt it was just the best job I could have gotten as I was just starting over in career life again. And because it offered security and stability that I needed to support myself and my family and to hopefully put me in a decent retirement situation in 15 years' time.

When the COVID policy came into effect, well, I was working for the government since 2019. When the pandemic hit, I was still training in a new department. I had actually just started a month prior, when the pandemic was declared. So I did all my training through COVID. And because the office is shut down, shortly after, I did all my training from home. So it took longer than usual to get my training done. And then, I worked at home for about a year before the offices reopened.

Then this COVID policy came into effect on October 29, 2021, for all federal employees. I'd been working for the government, at this point, for two and a half years. I was just six months shy of becoming a permanent employee with them. I had also received a six-month performance review at that same time, in the same month, and it had been the best one that I had had. So I felt confident that my employer was happy with me and wanted to keep me.

But due to my spiritual beliefs, I requested an accommodation under this new policy, and I submitted all the required documents requested by my employer, including an eight-page affidavit explaining my background, my beliefs, and why I couldn't take the vaccine. However, that didn't seem enough for my employer, so they requested additional information. I had two additional meetings, and I provided a second affidavit a month later in November, further explaining why I couldn't get vaccinated based on my beliefs. Two months after that, they denied my request in January of 2022 but offered, under their Duty

to Accommodate policy, an opportunity to submit further information. So I did. A month later in February, I submitted a third statement offering additional information to support my beliefs.

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I want to state, too, that I followed every rule, guideline, safety protocol and procedure, COVID training, and policies during the entire pandemic. Like I said, I was already set up and working from home for the past year.

When our offices reopened and I had to start working some shifts in the office again, I did the rapid testing three times a week, regardless of whether I was scheduled at home or not. So while I was still waiting for a final decision on my request, I got notice from my employer that they were putting me on leave without pay on February 25th of 2022. But I hadn't received their final decision. It was two weeks later, March 7th, when I finally got a decision that they denied my third submission.

Because of the timeline, though, this is how I ultimately, eventually, won my EI claim. I applied a week after I got put on leave and I was denied. So based on the fact they said I voluntarily left my employment, I requested a reconsideration. And then they changed their decision on my claim and accused me of misconduct under the *EI Act* [*Employment Insurance Act*]. I persisted and appealed that to the Social Security Tribunal. And finally won my case nine months later due to the fact that my employer did put me on leave without pay prior to any decision being made on my request. So in my opinion, it was their misconduct, not mine.

I was really curious, though, how and why my employer came to that conclusion that they could not accommodate my request. So I submitted a request through the *Privacy Act* to see all the correspondence regarding their decision-making process on my file around this new policy. I just didn't understand why or how I could have possibly been denied. And I finally received all that correspondence, 800 pages, six months later.

In the correspondence that I sifted through, I was quite disappointed to find a lack of due diligence, I thought, a lack of care and attention from my employer in considering my accommodation. They advised me one way, and then they would change it and advise me a different way. I was given misleading information about the timelines of my request being processed.

I was initially refused an extension from my director because I had been sick and couldn't submit on time. And only received an extension once I went up further to her supervisor and explained the situation. I also found an email in that correspondence from my manager dated less than a week after my original submission in October telling my team leader that I would likely be put on leave without pay. Yet it took them four months to make a final decision after three submissions of mine. But yet my manager already had a feeling I was going to be put on leave without pay. So I started really seeing that they didn't have, seemed to me, not good intention of giving me an accommodation. I also have reason to believe from these documents that I was discriminated against. So I have, therefore, filed a human rights complaint as well.

The reason I feel discriminated is because the documents for my privacy act request seem to reveal that although I stated in my affidavit that I am Métis, but since I didn't indicate to them that my relatives suffered from residential schools, my file did not progress for further consideration. I think that this is quite absurd since my family did indeed suffer

from the residential school system, as I would say, all, if not all, the majority of Indigenous people did. The employer proclaims to want reconciliation. But for some reason because I did not make mention of residential schools, my name was dropped off a list. While others who did state their family suffered

[00:10:00]

from residential schools got a checkmark by their name and processed further. At least, that's what it seems. So I'm requesting Human Rights to look into that.

I also have another obstacle to contend with. First, I was told I have to wait until my union process is complete before Human Rights looks into my complaint. Unfortunately, my union has not been completely on my side during this. And so, not surprisingly, my second-level hearing was unsupported. And I've not heard back from them since. So I reached out and asked what the next steps were. And now I've been told I have to wait for a third-level hearing, which could take another year or more.

And so on another note too, I'd like to mention that after the mandates were lifted for federal employees in July of 2022, I reached out to my team leader about getting rehired. And she said, personally, I would be welcome back. However, my manager told her that I have to go through the rehiring process all over again if I wanted to work there. So once again, my manager showed me that they didn't really care about me.

So when I think about how this has affected me, I have to say that since our Prime Minister Trudeau announced his intention to implement this policy in August of 2021, it's been very stressful on me. I've used up all my available sick days, vacation, and family days while waiting for their decision to be made. Four months is a long time to wait, wondering if I'm still going to have my job or not. I've had ongoing mental, emotional, physical, and financial burdens and repercussions from this. And it seems far from over, as everything I've done has been delayed and these processes take a long time. So it's been energy draining, to say the least.

That was the best paying job I have ever had. So I had to ultimately give up my property to lessen my expenses. I'm unable to afford extra health care that my daughter needs. And I continue to go into debt. I'm disappointed in my employer. And though I've never had much faith in the government to look out for my best interests because that is ultimately up to me, but I did expect a higher level of engagement and respect from them since that is all they expected from us.

And before I finish here, I just want to say thank you to everyone here volunteering at the National Citizens Inquiry for your time and your efforts, and to everyone else supporting this. Because I feel this is an opportunity for me to be heard and supported for standing up in truth, and for everyone else, including my Indigenous community and my fellow federal employees whose accommodations were also denied. So thank you.

Wayne Lenhardt
If there was one or two things that you could change, what would they be?

Suzanne Brauti
About my employer and the situation?

Wayne Lenhardt
About the whole situation.

Suzanne Brauti
Well, for one, they could have easily given me an accommodation to continue to work from home. I know co-workers of mine who at the beginning of the pandemic easily received accommodations for their health issues to work from home due to their fear of getting COVID. And they're still doing so, the last I heard, even after our offices reopened. I feel that they should have had to prove that it would have caused them undue hardship. Which is the only reason, I believe, under their own Duty to Accommodate policy for not accommodating my request.

Also, once they lifted the mandates, they should have easily offered me my job back. Especially since they still allowed me to work during the four months it took them to review my request. And after having all the time and money and resources spent into training me, it sure wasn't easy for me to get that job and to get trained and become proficient at it. And yet they willingly let me go and then turn around and hired a bunch of new staff just to repeat the whole process of training again. So, to me, that affects every Canadian

[00:15:00]

who relies on the government for good service and accountability, in my opinion, anyway.

They also could have set a better example of themselves for their own promotion of inclusivity, respect, and fairness for their staff. They promoted that daily in emails. And it's just so ironic to me that it was their actions that actually made me feel uncomfortable and labelled and discriminated, just for asking my beliefs to be respected, when I wasn't even putting anyone at risk by working from home and continuously testing when I was at the office.

Nothing makes sense to me at this point when it comes to dealing with them and the government. I feel rejected: I feel mistreated. I can't express enough the disappointment that I feel. Sadly, it has affected my family in many ways. The whole pandemic has affected my family. It's definitely caused division amongst friends, relatives, and family members.

Losing my job over this, it just puts an even darker light on that, with them, with my family, relatives. And puts them all into more worry and fear. I just refuse to stay quiet about it. And I'm grateful for this opportunity to speak my truth because I feel that so much injustice has been done, not only to me, but many, many others.

Wayne Lenhardt
At this point. I'm going to ask if the commissioners have any questions. No. I think there are no questions. So I want to thank you very much for your articulate testimony today. I thank you very much on behalf of the National Citizens Inquiry.

Suzanne Brauti
Thank you. You're welcome.

[00:17:46]

Final Review and Approval: *Anna Cairns, August 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Red Deer, AB **Day 3**

April 28, 2023

EVIDENCE

Witness 10: Darcy Harsch
Full Day 3 Timestamp: 09:59:50–10:12:59
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Wayne Lenhardt
Could you give us your full name and then spell it for us? And then I'll swear an oath with you.

Darcy Harsch
Full name is Darcy Linden Richard Harsh. First name is D-A-R-C-Y, last name is H-A-R-S-C-H.

Wayne Lenhardt
During your testimony today, will you tell the truth, the whole truth, and nothing but the truth, so help you God?

Darcy Harsch
I so swear.

Wayne Lenhardt
You have been working in Kelowna with a government job since about 2018, which is prior to the COVID pandemic occurring. Can we start you at 2018, and tell us what you were doing and what had developed at that point when COVID came along?

Darcy Harsch
Sure. I had just reinvented myself and switched careers. I moved into working with adults with disabilities. I went from working directly with individuals, and then moving into management of the house. I was working as manager just before the pandemic began. I was, I guess, looking squarely in the eye of a lot of unknowns, a lot of fear, a lot of changes in what we were doing with the individuals. So I had to adjust.

Wayne Lenhardt
And you are at least mildly disabled yourself. I believe you had a stroke at some point. Am I correct?

Darcy Harsch
Well, it's late in the day. I am a storyteller. If you want me to put together the whole thing in a package, I can.

Wayne Lenhardt
No, I think we just want to get a snapshot of your life and your jobs.

Darcy Harsch
I had reinvented myself because I had had a stroke in 2016. I was landscaping. My stroke was caused by high blood pressure, and so it was an unknown, came out of the blue. I lost my landscaping business. I looked at what other skills I had, and I knew that I could work with people. And so I switched into a career working with adults with disabilities.

Wayne Lenhardt
Okay. So what happened as COVID came along in 2019, 2020?

Darcy Harsch
Lots of rumours about lots of fears: We didn't know exactly how to handle the whole situation, working so closely with individuals. Sometimes they were less than cooperative, and so we had to find ways to accommodate that.

We ended up hearing that there was a vaccine being developed, that it was going to be released. So many of my colleagues were looking at that. But because of my history with how I went through my stroke and was misdiagnosed, instead of getting appropriate treatment, I had gotten sent home, and that's where I lost the use of my left arm, my left leg, my speech was inhibited. And so I was very reluctant to go along with what was going on without an extreme amount of caution.

That's why I was watching how my co-workers were interacting with each other. How they seem to be motivated more by fear than common sense. And so I kept looking at the data. When they rolled out the vaccine initially, I was part of a training program. And some of the people who were part of that Zoom training program, as everything was back then, they told us that they were leaving for an hour to go get their shot and then come back. So I was able to witness what was going on. They took an hour break; they came back. They were all proud of getting the shot. And within the next hour after they returned,

[00:05:00]

they were both taken back to the hospital.

So I was seeing things like that. It was enough to make me investigate further. I didn't want to get the shot. But then the rumours began about— We were going to be mandated in our segment of that industry.

So I approached my employer, and I said, "I'd like to negotiate a different way for myself. Is there any way that I could do remote work from home? Is there any way I could do a different—" There was Novavax that was being tossed around. It was a different type of vaccine: one that I was more familiar with. So I tried numerous times to work with my employer. They just kept putting me off and saying they haven't made a decision yet. And so I continued working. And closer to November-ish, they said, "We are going to mandate." And then they did. And so the mandate came down.

We were told that we had to reveal our vaccination status by December 10th or be put on unpaid leave. I refused to disclose my medical information, and they assumed that it was because I was unvaccinated, which is indeed the case. So then, I was put on unpaid leave as of December 10th.

Wayne Lenhardt
Are you still on unpaid leave?

Darcy Harsch
Amazingly, yes. I don't know how that works. I have not been contacted directly by my employer, but I am still on unpaid leave. I still can access my payroll account and see nothing happening because they haven't paid me for over a year.

Wayne Lenhardt
In the meantime, you move from Kelowna to Alberta. Correct?

Darcy Harsch
I attempted once again to reinvent myself. My wife is actually highly trained as a cook, but that means that she could actually get jobs like cooking in a senior's residence or hospital or someplace else. She and I both struggled extremely, looking for work, trying to find gainful, meaningful, appropriate employment, and it just was not working. We were in financial dire straits. So we opened up the scope of where we were looking, and we ended finding something in Alberta. So that's why we moved.

Wayne Lenhardt
Did you try to apply for employment insurance?

Darcy Harsch
I had been told when I was put on unpaid leave by my employer that there was no employment insurance. I was unaware that two weeks after I was put on unpaid leave, they had submitted a ROE [Record of Employment]. They didn't inform me. They didn't send me a copy. They didn't do anything. I assumed—and because I'm somebody who gets up when I get knocked down—I just assumed that I had to go out and make my own way again. I didn't apply for EI [Employment Insurance] until I heard that others were successfully making claims, that were in the industry that I was in. That was late in September of 2022. I had to get it backdated to then, but I didn't apply until November of 2022.

Wayne Lenhardt
So you did get some EI?

Darcy Harsch
I did get some EI.

Wayne Lenhardt
Has your search for work been successful?

Darcy Harsch
I am presently employed in a totally different industry in Drumheller, Alberta.

Wayne Lenhardt
At this point, I think I'll ask the commissioners if anyone has any questions for you.

Commissioner Kaikkonen
I'm just wondering what kind of disabled adults? What were the issues that would put them in a group home?

[00:10:00]

Darcy Harsch
There was a wide spectrum of diagnosis. I was in a forensic home, so these were individuals that had extreme issues that would have resulted in run-ins with the law. They were not cooperative individuals, most of the time. But we learned how to work with them and how to find ways to help them understand what was going on.

The ironic part was that, as a worker there, one of my tasks was to continually teach them their rights and freedoms. That was something that I had to, on a regular basis, monthly record that I had actually gone over one of their rights, one of their freedoms. And then, I was denied that myself by my employer.

Commissioner Kaikkonen
Were they allowed to leave with those rights and freedoms, or did they have visitors? Just trying to get a feel for how the group home worked.

Darcy Harsch
They were accompanied everywhere they went. And so we, as staff, actually were able to take them out into the community, but they were accompanied by us at all times.

Commissioner Kaikkonen
And did they have visitors or family?

Darcy Harsch
The residents that did have family that were still connected were able to go visit their family, and they were able to have family come visit them. Yes.

Commissioner Kaikkonen
And do you miss that interaction with disabled adults?

Darcy Harsch
I am able to adjust to whatever, working with people. The job I have right now is managing an RV [Recreational Vehicle] resort. And so I'll be dealing with people all summer. I'll be happy to be around people. That's one thing that I like. So I can do that in a group home. I can do that where I am, even construction and owning my own landscaping business. It doesn't matter. But I like to be around people. This situation definitely cut me off of a lot of friends, a lot of family. Mean things were said. Done. It doesn't matter because I've got tomorrow and today.

Commissioner Kaikkonen
Thank you very much for your testimony.

Wayne Lenhardt
Are there any more questions? No. On behalf of the National Citizens Inquiry, thank you very much for coming and telling your story today. Good luck.

Darcy Harsch
Thank you.

[00:13:09]

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 3**

April 28, 2023

EVIDENCE

Witness 11: Jennifer Curry
Full Day 3 Timestamp: 10:13:15–10:41:05
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Our last witness of the day is Jennifer Curry. Jennifer, can you state your full name, spelling your first and last name?

Jennifer Curry
My name is Jennifer Curry, Jennifer Lynne Curry, J-E-N-N-I-F-E-R-C-U-R-R-Y.

Shawn Buckley
And Jennifer, do you promise to tell the truth, the whole truth, and nothing but the truth so help you God?

Jennifer Curry
I do.

Shawn Buckley
Jennifer, you are nervous on the stand today.

Jennifer Curry
Yeah.

Shawn Buckley
And the nervousness is part of your story isn't it.

Jennifer Curry
It is, yeah.

Shawn Buckley
You used to work in the oil patch, you were a safety representative, you would basically lecture up to 400 people at a time and not be nervous.

Jennifer Curry
No. I knew what my job was.

Shawn Buckley
Right, okay. So I just want people to understand that when you're nervous today, that's part of your story. You used to be able to present in front of people without being nervous.

Jennifer Curry
Yeah.

Sean Buckley
You are an assistant manager at a bar?

Jennifer Curry
Yeah.

Shawn Buckley
And you also have a cleaning contract for a building for Service Canada?

Jennifer Curry
I do.

Sean Buckley
And it's because you were a federal employee that was part of why you decided to get vaccinated.

Jennifer Curry
Yes.

Sean Buckley
Can you tell us what was going through your mind before you were vaccinated? Because my understanding is that you had a lot of anxiety about it.

Jennifer Curry
I did. I have a couple of nurse friends. One of them had tried to tell me not to take it, and she was scared for me. I had another friend that worked in the hospital and says, "Try to get it, Jen, because there's people that are hurt." I felt pulled from both sides. I didn't want to get the shots because I was scared. I'm not scared. I was terrified.

Shawn Buckley
Okay, and now at the end of the day, why did you get it then?

Jennifer Curry
I wanted to travel with my family. I couldn't think of another job that would pay as good as this job—that I had to get rid of—to keep that pay, I would have had to completely change my career. I would have had to find a babysitter for my daughter. This job allowed me to pay my bills and pick up my kid from school. And it was very important that that's a big part of my life, of spending time with my child.

Shawn Buckley
Okay, so that's the federal job with Service Canada.

Jennifer Curry
Yeah.

Sean Buckley
So it paid well, and it gave you a lot of flexibility as a mother.

Jennifer Curry
It sure did.

Sean Buckley
Okay, so really it was for employment purposes that you decided to get the shot.

Jennifer Curry
It is, yeah.

Shawn Buckley
So my understanding is it was in October of '21, October 23rd, you get your first dose of the Pfizer vaccine?

Jennifer Curry
I did, yeah.

Sean Buckley
Can you share with us what happened afterwards?

Jennifer Curry
We went through a drive-through centre in Swift Current, where you have a van: door pulls up, you pull your car in, and you don't even have to get out. And they come over. You sign your paper. Tell you what could happen. If you have problems, come back.

Shawn Buckley
So do you recall what they told you could happen?

Jennifer Curry
It could be an anaphylactic shock, allergy, or it could be— Some people have problems with anxiety, so it could have had variable issues that I could have been dealing with. And they let me know that to stick around for a bit afterwards.

Shawn Buckley
Okay, so carry on.

Jennifer Curry
My partner and I decided to leave about 15 minutes after I had the shot. We felt okay. I was driving home, and a couple blocks away from home, my face started to feel tingly and I slowed down. And my honey was, "What's going on?" I said "Something's wrong with my face," and I said, "I don't know." And I had such numbness by the time I got home. So within five blocks, my whole face went numb. And then it started to get itchy. And that night I had to tell myself that I'm going to be okay. And I was so scared because nobody could tell me what was going on.

Shawn Buckley
So when you say your face was numb, can you describe for us what that was like?

Jennifer Curry
Very much so. So you're at the dentist, and you get your shot. And you're coming out of the dentist and you sort of feel it a little bit, but it's still puffy and swollen. And you can touch it but it doesn't feel like you're touching your face. And it was itchy because it was tingling, kind of like you were sleeping on it with your foot.

Shawn Buckley
Right, okay. So you've got this face that's numb. Is there anything else going on that first night?

Jennifer Curry
I started to get itchy at about right after supper time. The itching started to be more all over the body. I started to feel tightness all over and fullness, like my body was puffy. I had a hard time sleeping that night because I felt like things were crawling on me. I thought there was a hair on me,

[00:05:00]

and I made people look to make sure that I didn't have a bug on me. The scratching gave me so much anxiety because I felt like I looked like a freak. And I lost work because I had to stay home because all I could do is scratch.

Shawn Buckley
So literally you're scratching yourself so much that you're marking yourself up.

Jennifer Curry
I did.

Sean Buckley
And so it would then be too embarrassing for you to leave the house.

Jennifer Curry
When I put on a facemask, it would activate the numbness more, and it would be itchy. So I couldn't even wear a mask to my bar. I couldn't wear a mask. It made me feel like I wanted to—pardon my saying—rip my face off. It was that bad.

Shawn Buckley
Okay. And when you're describing about things crawling on you, you use the word bug. So at times it literally feels like there's bugs crawling on your body?

Jennifer Curry
Yes.

Shawn Buckley
Was that just a single part of your body or was that—

Jennifer Curry
All over. There was one time at work, I couldn't get my gloves off, and I had a scratch. And I know that the scratches, if you do get them— They'll be okay, but if you don't, they'll start to crawl. And one of the scratches was on my eye. And I couldn't get my glove off and the scratch went behind my eye. And I almost wanted to stick my finger in there and rip it out because it was so, so much!

Shawn Buckley
I think we'll just slow this down a little bit because I think that some people don't understand what you mean that the scratch will move. So can you just kind of slow it down, and explain what you mean, and then go back to the story about the eye?

Jennifer Curry
Okay. So the itching that I would feel would make me think that there's something crawling, so I would start to scratch it. It would be in the same place mostly, but then it would move. Always though my face would be itchy all the time. So if I didn't try to stop scratching my face, and put socks on my hands, and took a lot of the allergy pills that I was given; but they weren't working. I didn't know if it was an allergy or not.

Shawn Buckley
Okay, so when you're telling us that story at the bar. So you're wearing gloves, and you start to get an itch close to your eye but it's moving. If you don't scratch before it moves, the itch will just keep moving.

Jennifer Curry
And grow, yeah.

Shawn Buckley
Okay, and so that itch goes behind your eye—

Jennifer Curry
Yeah, it did.

Shawn Buckley
—and so you can't scratch it. What was that experience like?

Jennifer Curry
My bosses were in the other side of the bar and they heard me crying. And I had to tell them what happened and if I could go home. They could tell that I was very distraught. I couldn't stop crying that day. It was pretty bad. That was the day I phoned 8-1-1.

Shawn Buckley
Right and that's about three days after your—

Jennifer Curry
Yeah.

Shawn Buckley
So you find that you're so distraught, you're crying at work in the bar.

Jennifer Curry
Mm-hmm.

Shawn Buckley
Had that type of thing ever happened to you before?

Jennifer Curry
No.

Shawn Buckley
Okay, and the reason I'm asking that question is just so that the commissioners understand that the mental anxiety is brand new.

Jennifer Curry
Yeah.

Shawn Buckley
So you didn't have anything like that before the first shot?

Jennifer Curry
No.

Sean Buckley
So that in itself is a new experience in reaction to the shot?

Jennifer Curry
Yeah.

Shawn Buckley
Okay. So you told us that you ended up calling for help. Tell us what happened.

Jennifer Curry
The ladies on 811 were very concerned. They asked me what shots that I took, what my symptoms were? And they were very concerned when I told them that my whole body was numb. And they said that I need to go to the emergency. And if I would like to go right away, that they would call an ambulance. And I said, "No, I'm okay. I can go." But it was them that told me to go. I wasn't sure.

Shawn Buckley
And I just want you to also share with us because you described your face being numb, but you would experience numbness over your entire body.

Jennifer Curry
Yeah, I had. When I'm cleaning sometimes, I'll put my phone up in my shirt so it doesn't fall out. And I had pinched the side of my breasts, and I didn't feel it. And that's how I knew that it was going down all the way to my feet. And I started touching my body everywhere and I got really scared because I thought it was going to go away and not get worse.

Shawn Buckley
At the hospital they basically told you that this was just an allergic response?

Jennifer Curry
They could see that my anxiety was very high. They assured me that some of this could be anxiety.

[00:10:00]

That I could be making myself numb, or I could be doing this. So I didn't know how to retaliate to someone telling me what's wrong with me, if they didn't listen to me. I just didn't feel like they were.

Shawn Buckley
Okay, and you're having an experience like you have never had before in your life.

Jennifer Curry
No.

Shawn Buckley
And somebody's telling you that it's just caused by anxiety. Right?

Jennifer Curry
Yeah.

Shawn Buckley
And you were feeling anxious, but you had never had an issue with anxiety before.

Jennifer Curry
Not like this. No.

Shawn Buckley
Right. Okay. So you'd felt that you weren't being listened to.

Jennifer Curry
No.

Shawn Buckley
So what happened? You did leave the hospital. Did the symptoms persist?

Jennifer Curry
Very much so. By day seven you could start to see the scratches all over my face. And the cognitive, the memory, started to get kind of shaky here and there. I wasn't able to remember things anymore. And it was a lot of stress, a lot of troubles.

Shawn Buckley
Can you give us some examples about the memory issues?

Jennifer Curry
As a waitress or a bartender at a bar, it is very essential to be able to remember prices and drinks, and how many in a row, and fancy frou-frou things on the cups and stuff. I would walk up to a table of ten people, not a problem, and write down, not even write down their drinks, but just put it in here. And now I walk up to a table of four with a pen and pad because I don't think I'm going to remember by the time I get back to the bar.

Shawn Buckley
So a significant change in your memory.

Jennifer Curry
Significantly.

Shawn Buckley
Right. You ended up getting your second shot on November 13th, 2021.

Jennifer Curry
Mm-hmm.

Shawn Buckley
Why did you get your second shot, being that you had had so much trouble after the first shot?

Jennifer Curry
Thank you for asking that question because a lot of people did. I was feeling so much stress, so much itchiness, so much anxiety, so much segregation from my family for making me feel that I was crazy, that if I took that second shot and it made me worse, that it would be okay if I died because I wouldn't be suffering anymore. And I wouldn't hate myself for wrecking my life. So if I had the shot, it didn't matter cause I was already hurt, and if I died then I wouldn't be scratching my face off anymore. Sorry to say that.

Shawn Buckley
So you're actually in— A part of you was hoping that the shot would kill you.

Jennifer Curry
Yeah. Everybody told me that it was in my head, and that I needed to just wait—calm down—it would get better. And it never did. And I had to deal with that, and people that made me feel less of myself.

Shawn Buckley
Now, what happened after the second shot?

Jennifer Curry
I had to take the second shot at the hospital, and I had a triage nurse ask me questions. It was crazy. She's like "Well, why are you getting your second shot?" She goes "You have symptoms or you had symptoms?" I say, "No, I'm having symptoms." I say, "My face is numb right now." And she was really "Why are you getting your second shot?" I said "No one will give me an exemption." So while I had the second shot sitting there, the effects didn't happen as fast as the first one.

Shawn Buckley
I'll just stop, because I realized that you had attended at a walk-in clinic, and Dr. Savoy would not give you an exemption.

Jennifer Curry
No, she didn't.

Shawn Buckley
So there was a couple of things going on. Part of you wanted an exemption, and part of you wanted to get the shot, basically to end your suffering.

Jennifer Curry
Yeah.

Shawn Buckley
Okay. And I'm sorry I interrupted. So you get the shot at the hospital and you're starting to describe for us what happened.

Jennifer Curry
They gave me a period of about 45 minutes to make sure that I didn't have any anaphylactic shock or any other troubles or get worse. I thanked them for their time, and I got out. As I was driving home, my body started to feel stiff and numb a little bit again. And then the anxiety set in. So how much was the anxiety? How much was the shot? Everything all happened all over again. A week of home from work. And I couldn't stop scratching again,

[00:15:00]

and I hoped that it would go away.

Shawn Buckley
Right, okay. So it's the same symptoms, but it's they're actually stronger this time aren't they?

Jennifer Curry
Yeah.

Shawn Buckley
So you had the numbness again?

Jennifer Curry
I did. It was right away. Stress can do a number on people's bodies. I didn't know if I did it to myself when I was struggling with the answers that I was getting.

Shawn Buckley
Right. Your itching is back.

Jennifer Curry
It was, yeah.

Shawn Buckley
It never really left, but it was stronger now.

Jennifer Curry
It was— I remember standing in the shower crying because the droplets of water were making me itch. And I didn't know what to do because I needed a shower. And my honey came in, and he twisted the things, it was less pressure and I could actually have a shower without crying. It was so detrimental to my soul that it was wrong. And I was having problems and nobody, nobody really listened. It was really hard. The scratching on my face. I wanted to rip my face off. I wanted to shave my head so I wouldn't feel any hair touch it. It's an immeasurable amount of— I don't know, it was awful. It still is.

Shawn Buckley
And what about your memory and your ability to think?

Jennifer Curry
My cognitive has slowed down big time. I will have a conversation sometimes with someone and then I'll forget where it was going to or what it was leading to. And I will have to get them to repeat themselves so I can remember what I was trying to tell them. I have to— I have missed my little girl's "muffin-read" thing at school because I forgot all about it. I have to have stuff, sticky notes, everywhere just to remind myself. And for my job right now, I worry that: Did I get all the garbage cans? Did I wash that one spot on the sink that I always forget? My memory has affected me now, very much so.

Shawn Buckley
And so you find you have to go like at work, go and check. Did you clean this? Because you can't remember even though you had.

Jennifer Curry
Yeah, yeah. I make lists now so that I don't forget things.

Shawn Buckley
So this has had a tremendous impact on your mental health: your mental stability.

Jennifer Curry
It is.

Shawn Buckley
And then, what about the anxiety that started after the first shot? How has that been after the second?

Jennifer Curry
I had a doctor. I think it was eight weeks after the November 13th shot. And I was crying when I went to him because it seems like there was a period of quietness. I've always been numb right from day one, but there were times where it wasn't so bad. But I had a flare or something. I didn't know what it was, and that's what sent me back to the doctor. And he was the one that was concerned, and "What do you mean your face is numb? Let me see. Are you okay?" And he's the one that sent me to the neurologist. It was at that point where if someone didn't listen to me, I was going to start screaming at everybody. I'm sorry if that was the wrong question. Did I answer that for you?

Shawn Buckley
No, no, you were answering it just fine. So you ended up going to the hospital.

Jennifer Curry
Yeah.

Shawn Buckley
And the doctor was surprised that you were describing having a numb face.

Jennifer Curry
Yeah, for that long as well. Because anxiety can make people have numbness. But I was numb for three months.

Shawn Buckley
How has this affected your energy levels?

Jennifer Curry
That's a big question for me because I am a very physical person. I'm a tomboy. I'm a farm kid. I used to work in the oil field picking up 200-pound men and dragging around the corner if they bugged me. I can't pick up a couple cases of beer now without stopping and

having a break. Every single step I take on a stair, I have to make sure I'm stepping right. And I have to stop, if there's many stairs. I'm tired a lot, and I like to sleep at home, and it's hard.

Shawn Buckley
Now, you're actually counting the days. Can you tell us how many days that you've been suffering?

Jennifer Curry
Five hundred and nineteen today.

Shawn Buckley
And why are you counting the days?

Jennifer Curry
That was the day that I changed my life. I had a choice. And I didn't say no. I didn't fight.

[00:20:00]

And that's when everything changed; it's never going to be the same again.

Shawn Buckley
Are the doctors giving you any hope?

Jennifer Curry
Yes. They have given me a couple of MRIs [Magnetic Resonance Imaging], which led me down to the road to more neurologists and a lumbar test. They weren't sure how to deal with me after several trips back to the hospital. They had put me in contact with an MS [Multiple Sclerosis] clinic because I was showing signs of MS. And I was waiting for them to investigate more and do some more tests.

Shawn Buckley
And can you describe for us the symptoms that they were thinking suggested MS?

Jennifer Curry
There's about eight symptoms that can be from MS. Cognitive is a big one, numbness, energy, loss of bowels, that's not fun, that one. Stiffness of the leg as well, double vision, blurry vision. Hot areas will make a person feel dizzy. So there's dizziness.

Shawn Buckley
But those aren't symptoms that you have.

Jennifer Curry
I have all of those.

Shawn Buckley
Oh, you have all of those, okay.

Jennifer Curry
I do. Yeah.

Shawn Buckley
So how has this experience made you feel?

Jennifer Curry
I have stopped hanging out with my family. Sometimes there's been a family reunion I missed because of this. Because I didn't want to talk about it. Because so many people would tell me that—this is very hard to talk about—so many people told me that it is just something— "You're going to be okay." I tried to tell them I'm not.

Dealing with what I'm dealing now, I am very grateful to be here to share my story. So that the people that I couldn't talk to because I was scared, that you're going to find out this way what I'm dealing with. And I feel 100 percent better talking to you people in the last two weeks. You have made me feel so much better. Thank you.

Shawn Buckley
Those are the questions that I have here, Jennifer. I'll ask if the commissioners have any questions.

Commissioner Massie
Thank you very much for your very touching testimony.

Jennifer Curry
Thank you.

Commissioner Massie
Just to make sure I understand, you decided to get the second shot to convince yourself that you were not imagining things, that it was really due to the vaccine.

Jennifer Curry
I do.

Commissioner Massie
So you could actually make the case to people around you that were more or less saying that you're not really sick, you're just anxious, and you're making yourself sick.

Jennifer Curry
Yeah.

Commissioner Massie
Did you have an issue with anxiety before?

Jennifer Curry
No. I've seen a lot of things in my lifetime, and I've dealt with them very well. Dealing with something that was going against what I believed in broke me. And then when it did break me, it broke me because I knew.

Commissioner Massie
So why do you think that people around you had to really come up with the story in that? The reason why you were experiencing the symptoms was due to your anxiety; that it has nothing physical linked to the vaccine?

Jennifer Curry
Yeah. A lot of people in this whole world would say that the vaccines were good. That they believe there's not that many people that are getting hurt from it.

Can you repeat the question? I'm sorry.

Commissioner Massie
So yeah, my question is— Maybe I can rephrase what I was going to say because I'm trying to wrap my head around your situation. You were not anxious before. Now the situation creates a lot of anxiety because you experience physical symptoms. What do the physical symptoms or consequences of your anxiety, or they're coming from some other condition that we don't know— at the end of the day, because you didn't have these symptoms before—

[00:25:00]

why couldn't people see that there is a link with the vaccine?

Jennifer Curry
I believe that because people were scared to say the shot did it. That a lot of people like myself got pushed aside, so to speak. That we didn't get that recognition or validation that we were injured because the people that we were dealing with, doctors and nurses, weren't able to help us if they wanted to. I think their job was important, and they needed their job as well. So helping me out and telling me that this could be from the shot would make them have to write a report. And I think that that's why no one did. No one wanted to put their selves aside and say she was hurt because the symptoms were so all-over that they really weren't sure what it was.

Commissioner Massie
So are you improving a little bit, your health condition, or is it stable?

Jennifer Curry
On March 23rd, I was diagnosed with MS. And I know that many people listening and many people have told me that MS isn't caused by a shot. I would say that it never created it—but it did cause—the shot. I believe that I had anxiety, and I was so scared that I made my body go into a system of scaredness. I also looked into what the mRNA's [Messenger Ribonucleic Acid] job was, and it was to teach my immune system to fight. If you look up what MS is: your immune system is fighting itself. Maybe my connections got crossed. Certainly 17 minutes after my shot, I'm for sure going to think that it was a COVID shot that did it. I have to. I have never had any of these symptoms before in my life.

Commissioner Massie
Thank you very much for your testimony.

Jennifer Curry
Thank you.

Shawn Buckley
Jennifer there being no further questions from the commissioners, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying and sharing your story with us today.

Jennifer Curry
I'm honoured to be here and I'm happy to be a part of this. I appreciate your time. Thank you very much.

[00:27:36]

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 3**

April 28, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 3 Timestamp: 10:41:07–10:44:27
Source URL: https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html

[00:00:00]

Shawn Buckley
Jennifer voiced, on the stand, her appreciation for being able to come and share her story. She also was very clear, off the stand, that she was extremely thankful to be able to share her story. She drove from Swift Current, Saskatchewan to be here and had made it clear that she would basically go to be in person at any one of our hearings because she just desperately wanted to be able to tell her story.

And we've heard that from person after person, and what that tells us is that they're not free to tell their stories at home. They're not free to tell their stories to their former friends, who have abandoned them. They're not free to tell their stories to their families. They're not free to tell their stories at work. And we all know exactly what I'm talking about, that we're still divided. But the problem is, if we pretend that the lies that we've been told are true, then these people are not free to tell their stories to us, and they're suffering. And so I've said many times, you cannot sit through a day of the National Citizens Inquiry and be the same, because you can't.

You know we're not alone, in that there are many of us, and the emperor has no clothes. And it doesn't matter how many times they repeat the lie, it doesn't make it true. And we have to stop pretending. We have to start being bold. I was thinking earlier because, and I pointed it out today, but it really came out at the Saskatoon hearings where we'd have **people who understand that the world's upside down and the narrative we're being fed is not true. And yet they'd volunteer, but I'm not vaxxed, but I'm not vaxxed. One even said, you know, this group is a freedom group, but we're not an anti-vaccine group.**

And it's like, why? I think we should start shaming people that are vaxxed. "Like, what? You're vaxxed? Like, don't you like science?" Like, why don't we turn it on them because the truth is, they've been lying. They've been lied to. Why are we ashamed of the truth? How can it be that we're ashamed of the truth—that we're afraid of being shamed and feeling humiliated from the truth? They're going to learn the truth, and then they're going to be mad at us. Why didn't we speak out sooner?

And for people like Jennifer, who drove from Swift Current to be able to tell her story, we have to free the other people to be able to share their stories. So it's time for us to be courageous, not for ourselves, but for the Jennifers out there. And on that note, we'll conclude the Red Deer Hearings of the National Citizens Inquiry. Thank you for joining us.

[00:03:20]

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/

VOLUME THREE

Witness Transcripts

Part 6 of 9: **Vancouver, British Columbia**

NATIONAL CITIZENS INQUIRY

EVIDENCE
VANCOUVER HEARINGS

Vancouver, British Columbia, Canada
May 2 to 4, 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.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Dock-steader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 1 Timestamp: 00:49:33–01:24:04
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley

We welcome you to the National Citizens Inquiry as we begin Day 1 of three days of hearings in Vancouver, British Columbia. We have finally hit the West Coast. Commissioners, my name is Buckley, initial S. I'm attending as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I would like to begin by explaining to those who are not familiar with the National Citizens Inquiry that we are a citizen-organized, a citizen-led and a citizen-funded group that just decided to hold an independent inquiry into how all levels of government dealt with the COVID-19 pandemic.

Our hope is, by marching across the land and allowing people to have a voice to tell their stories—

And I am sorry, I should probably start that again. I am sorry, I forgot to put the mike on, so I am going to say that again so people online can catch what I just said.

Again, I welcome you to the National Citizens Inquiry as we begin our first of three days in Vancouver, British Columbia. Commissioners, my name is Buckley, initial S. I'm attending **this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.**

The National Citizens Inquiry is a citizen-organized, a citizen-run, and a citizen-funded group with a vision to have independent commissioners go across this land and discover what happened with the COVID-19 pandemic and to come up with recommendations to help us move forward in a better way. But just as important, we give a voice to Canadians who have been silenced for years. And we have been silenced. Whether you're vaccinated or unvaccinated, you're not allowed to tell your story. We're not allowed to have a discourse. And I guess I need to stop saying you're not allowed because you are allowed now to tell your story and you are telling your stories here. And we are now allowed to tell our stories outside of these hearings because we need to tell our stories.

Now I'm supposed to always do an ask before I go into my opening remarks. I do ask that you go to our website, nationalcitizenshearing.ca, and sign our petition. We want to have as many signatures on there as possible so that it's clear that citizens are demanding this honest inquiry into what happened.

We also ask that you donate. Every set of hearings costs us approximately $35,000 to run. And we just kind of manage to pay our bills as they go along. We don't have a single big funder, so we actually rely on you to be donating every time we do this. And I actually feel quite humbled and proud to be part of something that really is a citizen-run event and that relies on the citizens. And the fact that the word is getting out is because you're getting the word out. We don't have any mainstream media here today, which is quite fantastic. When you think about the fact that never in history has a group of citizens gotten together and marched across the land, doing a fair and independent inquiry, and this COVID experience has been the most significant experience of our lives.

Even for those who lived through wartime in Canada, this has been more impactful and will be more impactful going forward. So the fact that this is happening itself should be front page news. This should be the leading story on every TV network, but it's crickets. And its crickets for a reason, and we know the reason is because the mainstream media doesn't want to tell the Canadian citizens the truth. They're not ready and we haven't demanded it yet, although we're demanding it now. So we've depended on you getting the word out for us, sharing all of our social media.

The only social media that I thought we were not being hindered on and censored was Twitter, and we've done fairly well on Twitter. And in an opening in the Red Deer hearings, I asked everyone, and I ask again, whenever you tweet anything at all connected to a subject matter of this Inquiry, add the hashtag #NCI so their algorithms pick us up.

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But we have come to the conclusion, and I don't know if it's Twitter Canada, I suspect it must be, that we are being search banned on Twitter. So that if you search for us on Twitter, if you search for the National Citizens Inquiry— And we have screenshots where we don't show up and we have screenshots where we do show up, and that shouldn't be happening except for somebody is putting a brake on us.

And I have to confess that I know really nothing about whether governments in Canada have been involved with censorship with social media as the governments in the United States have. Because we know in the United States, and let's thank Elon Musk for releasing what are called the Twitter files, that literally government agencies were involved in censoring voices that went against the government narrative. Now because Canada acted even in a more aggressive way on censorship than the United States, I would presume, but it's only an assumption, that perhaps the Canadian authorities were also involved in censoring.

But in any event, I'm asking you to take action to stop this search banning on Twitter. I'm asking everyone who hears this to basically tweet out at Elon Musk, tag NCI, and you ask Elon Musk to do whatever he needs to do to help the NCI and to ensure that we are not searched banned. And if enough of you do this, he might get the word because likely he doesn't know. He has shown that he does not want censorship on Twitter, and we are being censored, which in itself is tremendously alarming, and it's a result of the Big Lie.

And the one thing that jumped out at me this week as I was having discussions with people, as I was interviewing witnesses, and some of my interviews were very unenjoyable, I got reminded of the Big Lie. And some of you know what the Big Lie is, what that term means. And most of you won't know what the Big Lie is, and I'll tell you in a little bit. I'll tell you because you must know what the Big Lie is. And you must know because it's an ingredient to this spell that our brothers and sisters have been put under, where they actually believe that a lie is truth: that they're living in a world that is not true, that they believe fundamental things that are not true. Literally, they're under a spell. And the Big Lie was one of the ingredients used to put them under this spell.

I've spoken in other openings of how we're herd animals, and there are very few things that we are more afraid of than being shamed, from being excluded from the herd. In fact, police states have learned that you don't have to torture people, just put them in solitary confinement for a long enough period of time and they break. We can't tolerate it.

Now it's been a theme that's come up in the past couple sets of hearings of people actually giving testimony about how awful this COVID-19 vaccine is and then volunteering: "But I'm not an anti-vaxxer, I'm not an anti-vaxxer, I'm not an anti-vaxxer," which just shows how conditioned we are to accept that as a pejorative term. And what I'm wondering is whether or not we should, in a manner consistent with the second commandment, start using that psychology to help wake the vaxxed up.

And when I say vaxxed, I'm meaning people that follow the government narrative because that's really where our divide went: Like overall, people that got vaccinated believed in the government narrative or were otherwise coerced. And people that didn't get vaccinated tend to be those that were skeptical of the government narrative. And I appreciate there's a whole range of other individuals in there, and I'm speaking very broadly. So understand that when I'm using the term vaxxed, I'm referring to those that accept the government narrative, but I want to contrast it with the unvaxxed or an anti-vaxxer. I think the vaxxed need to understand how we actually look down at them as deceived. I think that they would feel shame if they understood that now. And we're the majority now; we're the majority of people that don't buy the government narrative.

So they're now in a minority, where the majority are looking at them and thinking that they are downright silly and to be pitied. And I think that those of you that are vaxxed, that buy into the government narrative, need to understand we literally look at you like you're blind.

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Aren't many of you in disbelief at how people can't see what's right before their eyes? And people in the crowd are shaking their heads. We look at you or vaxxed people as if you're **ignorant. We look at you as if you've been tricked because you have been tricked. And when somebody's tricked, they can't see it. The hardest thing, psychologically, is to accept that you've been fooled, that you've been taken for a patsy. It's hard for us to get there, but we look at you and we look at you as Proles: as literally the unwashed masses in George Orwell's book *Nineteen Eighty-Four*, that were controlled by the authorities, that were controlled by the lies, that were controlled by the Ministry of Truth.**

And so, I want you to understand—those that accept the government narrative, those that I'm calling vaxxed—that if you understood how the majority looks at you, you would feel shame. And you need to start opening your eyes and becoming reasonable, and you need to stop living a lie.

I'm going to use a phrase as I continue, because I can't resist. One of the people that I follow is a blogger, Greg Hunter, of usawatchdog.com, and I enjoy him for several reasons. But he has a phrase that he sometimes uses that I want to borrow, so I'm giving him credit for the phrase. But sometimes he'll be talking about something, and he'll say, "You know, that is too stupid to be stupid." And I just love that phrase. So there are so many things that we went through that are too stupid to be stupid. It's like—really—you couldn't think about this and realize how silly it was?

Let's talk about how people were forced and coerced to take the vaccine. We've never witnessed anything like it, and we've had witness after witness explain that they were coerced. Well, that meant a whole bunch of you—employers, family members, friends—were doing everything you could to convince people to take this vaccine. And you could only do that if you believed it worked, right? You're not going to coerce somebody; you're not going to stop being friends with your best friend; you're not going to alienate your family members just because they don't take a vaccine—if you didn't believe it worked, right? This is just common sense.

But the problem is, if it worked, if it protected you from COVID-19— And that's what they were telling us at the beginning, the reason for taking the vaccine changed over time. But let's not make any mistake about it: at the beginning, people were just assuming you wouldn't catch COVID-19. Even the word "vaccine," that's what it implies, right? Although the definition was changed by the Ministry of Truth. So if you believe it works, how can you get mad at somebody that doesn't take it? I mean, if you've taken it and your kid's taken it, they're safe.

Do you see the logical inconsistency? If it works, you don't have to coerce anyone. So the fact that we got worked into a frenzy over a vaccine that we believed worked—because you're not going to do all this pressure on coercion and hatred and division for something that doesn't work, that's meaningless. The fact that we got into this frenzy was too stupid to be stupid because it's logically indefensible.

One of my favourites is masks and restaurants. And I know people are watching us all around the world; this isn't just a Canadian thing. In the province that I live in, Alberta, and I think this was true across most of Canada, there was a period of time where we had to wear masks into restaurants. I'm smiling because, I mean, even the idea of wearing masks that don't stop viruses that are so small, it's crazy. And then you can just wear whatever mask you want. And even if you had an N95 or something that could work, if you read the instructions, you're supposed to stop using it after a couple of hours. And you're wearing it for weeks and pretending that it means something, but aside from all that silliness, which is also too stupid to be stupid.

So in Alberta, you'd have to wear your mask into the restaurant. Literally, there'd usually be somebody at the door: you're only getting in there if you can show your identity papers and if you're wearing a mask. But then, as soon as you sit down, you can take your mask off. If this was a deadly pandemic, if this was a deadly disease, and if masks worked—let's just assume all those things.

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And we'd have to assume those things or we wouldn't be wearing masks. So let's understand that. We're not going to be wearing masks—we're not going to be accepting that, wearing masks in restaurants—unless we believe that there's a deadly virus

warranting a mask, and we believe that masks work. Or otherwise, we're too stupid to be stupid, right?

So if we believe those things, how can it possibly be—I mean truly, how can it possibly be that then, we could take our masks off as we sit at the table, which is most of the time we're in there, and that that's okay? So help me out: that's a little too stupid to be stupid.

And how the restrictions, they wouldn't be phased out. It wouldn't be like, "Oh actually, this part of the city is doing poorly, so you still need passports there and you need masks to wear. But these other areas, we're going to—" No, no. For us it was like a light switch going on and off. So you might be getting yelled at and kicked out of a store one day for not wearing a mask or not being able to go places because you don't have a passport. And then flick, the next day, you're able to go wherever you want: nobody's wearing a mask; nobody's upset about it; like, nobody's all of a sudden afraid.

We were having to put people under house arrest, a portion of the population, where they couldn't go out except for essential services because they didn't have their police-state identification papers. And we had to wear masks to protect ourselves from this daily virus on Monday. But on Tuesday, we don't need the masks. And on Tuesday, we can let everyone out of their houses regardless that they're in a social subclass that has less rights because the virus has decided to go on vacation. This is too stupid to be stupid.

Ignoring censorship. And I'm sorry, you had to be asleep to ignore the censorship. We had in Canada all of our media, both government-owned and private sector, our mainstream media speaking with one voice. And every single government at every level speaking of one voice, federal, provincial, municipal. And anyone who stepped out of the government narrative would be reported in the mainstream press as spreading misinformation, which Dr. Francis Christian told us, as an expert witness in Saskatoon, that that term was invented in Stalinist Russia. So it's appropriate that we're using it in Canada.

We had censorship. And it was supported by the public. We had censorship by people. We can't even talk with family members and friends that are still in this vaxxed category, that still buy the government narrative—although we can't believe that they do. But these people haven't thought this through. Could you imagine living in a society where there was agreement on important issues because you couldn't step out of the narrative because there was censorship? Do they want to live in that type of society? That's full-on police state.

If we were truly in a dangerous pandemic—is that not the time where we actually have to privilege every voice and say, "We're going to have open discussion, where any idea, we're not going to discount. We're going to treat people with respect. Obviously, as ideas don't pan out or don't seem reasonable, we'll focus on other ones." But if we were truly in a global pandemic—if this truly was a 1918 flu and we were in trouble—isn't the best public policy to have open and free debate and let provinces and countries try different things, not a one-solution-fits-all? That makes no common sense: it is too stupid to be stupid.

But the icing on the cake, and what led to literally the crime of the century, is this mantra of "safe and effective." If you go to Health Canada's website today and you find their Pfizer page, and I didn't check today, but they have a page for every single vaccine that they've approved. And every time I check—and I usually just go to the Pfizer page, at the top of the page, and this is on Health Canada's website—will be a sentence that reads something like: "All COVID-19 vaccines approved of by Health Canada have been proven to be safe,

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effective and of the highest quality." And the safe, effective, and highest quality part is in bold. Now, we've had witnesses speak about the quality control problems. And to say that it wasn't an absolute lie that they were of the highest quality would be an understatement. But I want to focus on the safe and effective.

So we come out with a vaccine literally in a year for a novel coronavirus. We've never had a mass vaccine for a coronavirus ever, and we're told it is new technology. I mean, who had ever heard of mRNA being injected in us before? Who had ever heard of lipid nanoparticles prior to this? So we all know, they're being open about, this is new technology. This is rushed. We know it's rushed. We lived it. It happened in a year. And you're not critically thinking that maybe this hasn't been proven to be safe and effective? How could they prove it to be safe for three months or four months? And just so you know, it was a mean of two months. How would we know how this is going to affect us even in the short period, let alone the long term? We can't know. And so if you would believe that—and people would just, you know, the mantra, "safe and effective," "safe and effective." It's almost as nauseating as "follow the science." I mean, I'm sorry: that's just too stupid to be stupid, isn't it?

Now let's talk about the media and government, what I think is one of the biggest crimes of the century, which anyone, any one of you, could have uncovered in an afternoon. The beauty about this crime is, it's not hidden. It will be hidden. Some of the documents I expect will very soon be erased from the web, but they're still there. You can still find them today. You could find them in an hour. We all knew this was rushed. We all knew it. We were told it was rushed. We live the U.S. mainstream media and, you know, emergency authorization. And a whole bunch of Canadians believe ours was approved under emergency authorization, which is the wrong terminology. We don't have an emergency use authorization pathway. We did something worse.

We had the Minister of Health issue an order, basically, exempting these vaccines from our regular drug approval process, which requires proof of safety, which requires proof of efficacy. And once you understand the safety and efficacy profile, then you do a risk–benefit analysis. You can't do that unless you know the safety profile and the benefit profile. But an interim order was issued, which exempted the vaccines from the regular test. And again, anyone could have found this out in an hour. Anyone. And let's put this in context: We're in a global pandemic. We've lost our freedoms. We're becoming divided and hateful. We're afraid for our children. We're afraid for our parents. We're afraid for our very lives. We know a vaccine is rushed. I mean, you couldn't take an hour of your day and maybe do a little research about—was this proven safe or effective?

The test that the vaccines were approved under, the word "safety" isn't even mentioned. Let that sink in for a second. And I'll cite the test. I might get it off by a word or two, but I've read it enough times, I can, just from memory, tell it to you. But when I tell it to you, I challenge you to listen for the word "safety" as part of the test. And I also challenge you to listen to the word "efficacy," which is just—does it work? Because that word's not there also.

So the test that all COVID-19 vaccines were approved under, it begins with—"The Minister has sufficient evidence to support the conclusion." Now I'll stop there. Minister means Health Canada. So I'm going to say it again, and I'm going to substitute [for] Minister, Health Canada. So the test is—"Health Canada has sufficient evidence to support the conclusion." I need to stop because what follows, I want you to understand: Health Canada doesn't have

to be convinced of anything. There doesn't have to be objective proof to convince Health Canada. If Health Canada had to be satisfied that something needed to be proven, the test would read "Health Canada has sufficient evidence to conclude."

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That's how we word it.

But our test for these COVID-19 vaccines is "The Minister has sufficient evidence to support the conclusion"—not Health Canada's conclusion, so just an argument needs to be made. I'll start at the beginning: "Health Canada has sufficient evidence to support the conclusion that the risks of the drug outweigh the benefits, having regard to the uncertainty concerning the risks and benefits and the urgent public health emergency presented by COVID-19." Did you hear the word "safety" in that test?

So we'll use Pfizer as an example. The Pfizer vaccine was approved under that test: Pfizer did not have to prove the vaccine was safe. Did you hear the word "efficacy" in that test? Pfizer did not have to prove that the vaccine worked. There's cost–benefit language in that test, but if you actually go to the order and study it, Pfizer doesn't even have to prove that the benefits outweigh the risks. They just have to have evidence to support—they basically just need to make the argument. They don't have to convince Health Canada.

And this wasn't hidden. The media actually reported that this was approved under an interim order. And I assure you, people looked: journalists looked; members of parliament and MLAs, they looked, some of them looked; some doctors looked; some nurses looked. They looked and they didn't tell you. They didn't speak out. But what's too stupid to be stupid is for the biggest event of your life, you didn't look.

And now let me get to the really shocking part about this interim order.

Under our regular drug approval law—and you can just go to our drug regulation C.08.002 and start reading there. They're not long provisions. It'll be a couple of pages. But keep going, and you'll see that the Minister has power after a market authorization is granted.

So what happens is the drug company applies: they have to prove safety and efficacy, and then—this is a good idea—benefits outweigh the risk. And a market authorization is granted. But sometimes, in fact, most of the time, we actually don't know how safe a drug is or how effective it is until we get it into the general population. And so that's why we do post-market authorization surveillance. And we have a power in our drug regulation so that if after market approval is granted, the Minister realizes, "Wait, it's not safe." Or "Wait, it doesn't work," then the Minister can withdraw it from the market. That makes pretty good sense, doesn't it? Can anyone argue that the Minister should have that power?

So here we are with the COVID-19 vaccines, and I challenge anyone to read that interim order. You're not going to sleep at night. So not only is this interim test granted, but the Minister's power to withdraw a COVID-19 vaccine after it's approved is withdrawn from the Minister for a year. Did you hear that? So normally, the Minister has the power to withdraw market authorization, to pull a drug off the market if subsequent evidence shows that it's unsafe or subsequent evidence shows it doesn't work, which then would change the risk–benefit profile. The COVID-19 vaccines were deliberately, by the Liberal Government, exempted. Basically, the Minister lost the power under this interim order to order the withdrawal from the Canadian market of COVID-19 vaccines if further evidence showed that they were unsafe and if further evidence showed that they were not effective.

And that lasted for about a year. It varied from vaccine to vaccine because of the way the order was written.

Now—how—how is this in the public interest by any metric? And that clearly has to be a rhetorical question. I've thought about this: You can only remove the power to protect us from an unsafe or an ineffective vaccine if your intention is to kill, steal, or destroy. This has nothing to do with the public interest. And anyone who has ears, let them hear.

[00:30:00]

And some of you just got a message that means you have to stand up and you can't sit down ever again.

But for those of you who didn't understand the message that I just gave, understand that we are in the eye of a hurricane. And we just went through three years of the first part. You understand a hurricane is circular, and when it hits you, it's just awful. The winds are blowing, things are flying through the air, you're lucky to get through, and then you hit the eye. And this is so all-encompassing that nobody would make up this lie. So people actually believe the lie because it is just so big and outrageous, and it's just a psychological thing.

So for example, I think most of you will be aware of this. We had Woody Harrelson, the comedian, on Saturday Night Live not long ago, and he's standing up and he's talking about, "Oh, yeah, I got this script for a movie," and he told us kind of how it went. And then he says, "You know, I wasn't going to follow this." So basically, he said about this script, "Well, hey, you know, we've got all these powerful and rich pharmaceutical companies that basically started buying off the regulatory agencies and the governments. And we found ourselves in this world where we're locked down and we can only leave our house if we'll take these, you know, drugs from these pharmaceutical companies." And he's going, "Well, that's a script that was just a little too outrageous, and so I didn't follow it."

That's an example of the Big Lie. Because do you understand that those people that are still buying into the government narrative, the idea that the pharmaceutical companies could collectively get together and they'd have so much power and wealth that they would basically buy the regulatory agencies and buy the government and control the colleges of doctors and physicians, and the like, and basically place us in a situation where we're locked in our homes and have to take a drug for money—that is so outrageous that you can't believe it.

But if the government pushed that narrative, and it likely will be a narrative that will be pushed, if the mainstream media started pushing that narrative, then we would believe it. Because it's just too outrageous. It's too big. Nobody could make that up. So if all of a **sudden CBC is sharing that narrative with you—even though before you might consider it outrageous—you would believe it. We were told a lot of Big Lies. We're living the Big Lie now. And things like safe and effective are part of them. So how the spell was cast is the Big Lie, fear, which I've spoken about, and repetition. And I'm just going to end my opening comments because fear and repetition are essential for the Big Lies to stick.**

I was thinking this morning as I was deciding what to speak about, and I just posed the question. And I don't know the answer to the question, but I'll just pose it to you. Because I can't watch TV anymore. We don't even subscribe. About a month into the COVID thing, my wife and I just made a decision. We have to turn off the TV because it creates so much fear. And it actually, I think it took us a full month to settle down. And I shared on another opening how I was watching Del Bigtree's show, "The High Wire," and one of his episodes—

I don't know if it was monkeypox or something else they're trying to get us scared of. And in his show, he literally showed five or six minutes about how the media was reporting this. And so now I'm watching on his show the mainstream media. And in that short period of time, I got scared. They're experts at manipulating your emotions and getting you in fear.

So the question that I leave you with is—is watching television consistent with you being alive in three years? That's the question that just came to my mind. I don't know the answer. But I do know that we are experiencing the Big Lie. We're living in a lie. And that if everyone turned off the television sets, we would have a completely different nation and a much better one.

[00:34:30]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 1: William Munroe
Full Day 1 Timestamp: 01:24:02–02:28:40
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
I'm going to end my opening remarks. We're going to invite our first guest, our witness, William Monroe, to join us. William is joining us virtually today. William, can you hear us?

William Munroe
Hi Shawn. Thank you very much for your message to us this morning.

Shawn Buckley
Well, thank you for joining us. I want to start by asking if you can state your full name for the record, spelling your first and last name.

William Munroe
Yes, my full name is William Warren Munroe. I go by Warren. My first name is spelled W-I-L-L-I-A-M and Munroe is M-U-N-R-O-E.

Shawn Buckley
Oh sorry, I'm going to swear you in now.

William Munroe
Yes, okay.

Shawn Buckley
Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

William Munroe
Yes, I do.

Shawn Buckley
Now, I want to introduce you a little bit. If I don't do you justice, please feel free to share some more. But you have both a Bachelor of Arts and a Master of Arts dealing with analyzing population numbers and trends. Is that fair to say?

William Munroe
Yes.

Shawn Buckley
And part of your education, you actually studied with some people at Stats Can that were experts in this field. You didn't just go and get a professor. You actually worked with experts in the field. You worked for the BC Statistics Agency for four years.

William Munroe
Yes.

Shawn Buckley
Then you started what's called the Population Projections Project, which is basically doing similar work as the BC Statistics Agency. You've been doing that since 2007.

William Munroe
Yes.

Shawn Buckley
The point I'm trying to make is that you are an expert in the area of analyzing populations.

William Munroe
Yes.

Shawn Buckley
Did I miss out anything there that you think we should explain? Or should we just launch into this analysis that you wanted to share with us?

William Munro
No, I think that covers it. Yeah, I could jump into the presentation [Exhibit VA-2]

Shawn Buckley
We've invited you here to do a presentation on your findings, and so I would invite you to start.

William Munroe
Okay. So I think it's unusual for many people to say that there are people in the profession of population analysis. I was hired by the provincial Government of British Columbia straight out of university, having finished my Master's in Population Studies.

Yeah, the government has population analysts. I haven't heard one population analyst over the last three years. So part of my presentation is to show that there are people who are in government, and in other organizations, who do analyses of population. In particular, the description would be that a population analyst is versed in understanding the strengths and weaknesses of the methods, data, and modelling used to estimate and forecast the components of population change—which are births, deaths, in-migration and out-migration, by age and by sex.

With that in mind, since this is a discussion and an inquiry into mortality and lethality, a population analyst would be looking at the death data. The death data is first broken out for any particular area. We don't just use total deaths because that hides a lot of variation. We use population by age and sex as per the analyst's purview. It provides us with a bit of a macro way of looking at things quickly. So we would have had the data, if I was with the government.

I'm not with the government, just a little aside. The Population Projection Project was developed as an alternative to having to use government data, which can be manipulated.

[00:05:00]

The Population Projection Project is built entirely off of calculations right off the census of population. So it's cleanly laid out: it isn't interpretation; it's description.

So population analysts. It's not as though data is the best way to look at things. People had a sense that there was something wrong simply by going to the restaurant. You have to wear a mask to get in and then, once you're in and sit down, you take it off. This isn't an epidemic. So it's pretty clear to people.

But since I do the data side of things, I wanted to show people two things, mainly. How you can see at an early stage—let's say, in mid-March 2020—that people were being misled. It also shows that the government, itself, should not consider themselves above questioning. They should be questioned, just like anyone should be questioned. Any analyst or scientist versed in scientific techniques knows that you benefit from methodic doubt. Anybody who's putting forward findings must be able to show how they came up with those findings. Anything less is not science.

Shawn Buckley
Warren, can I just interject? Were you going to screen share and start with a slideshow to help explain this stuff?

William Munroe
Yes. There were two questions that I had when I was looking at doing a review. As a population analyst, what they do is look to see whether or not the deaths were evenly distributed across all age groups—in this case, it's 10-year age groups—or are they clustered or age specific? The deaths would be just for a small number of—

Shawn Buckley
I'm just going to interject because I just want those watching your testimony to understand.

What you're saying is, a population analyst is going to look at the different age groups. They're broken into groups of 10 years to see— "Well, just wait a second, there's no deaths in this group, and the deaths are clustering in this group." So for example, my understanding is early on, we learned with COVID, it really clusters in an older population and is pretty well non-existent in the younger population. This is the type of thing that you're saying a population analyst would look at.

William Munroe
Yes, exactly. So that's the first cut when you're looking at lethality, to see if there is any age-stratified or a particular age group.

I might interject a little bit here just to bring in Neil Ferguson—from the Imperial College in London, in March 16th, 2020—had said, in the very first sentence of his report, that we're looking at something as potentially as bad as the Spanish influenza, H1N1. It was obvious to anybody who looked at the data from British Columbia and also data from China from January and February that this was age-specific and the median age of death was as old—if not older—than life expectancy.

Shawn Buckley
Can I just stop you again, Warren, because you've just said something really important.

I think that the average person viewing, they don't know Neil Ferguson. But they will remember, very early on in the pandemic, the mainstream media citing these awful projections of how a large number of us were going to die. And one round of this media fearmongering was based on a model done by a man named Neil Ferguson in the United Kingdom.

William Munroe
Yes. And then his report— Right away, *Financial Times*, BBC, a number of the big media organizations

[00:10:00]

were ringing the alarm.

Shawn Buckley
Can I ask you if you're aware of Mr. Ferguson because he's been a forecaster for a long time and forecasted other things? Can you share with us your thoughts on the accuracy of his previous forecasts?

William Munroe
Yeah, he exaggerates. I think John Ioannidis from Stanford said it best and I can paraphrase: that it was below standard; it doesn't meet the basic requirements for statistical analysis. I don't know how better to say that. But, no, he's way off.

Shawn Buckley
Right, and yet the mainstream media covers him.

William Munroe
Yes, and yet they do. And also, I don't think it's non-related, but the Bill and Melinda Gates Foundation granted $100 million to Imperial College in the year 2020.

Shawn Buckley
And that's the College where he works.

William Munroe
Yeah.

Shawn Buckley
Okay.

William Munroe
We could see early on that this was age-specific. The Spanish influenza was across all age groups and the median age of death would have been around 30, give or take a couple of years there. But for the data out of China—and I do have a slide at the end of this, if we have time to see it—it shows that in mid-February, we knew that the majority of people who are affected by the coronavirus were in the high mortality years—70-plus. So that's why we ask, right away, for an age/sex breakout; mostly, we're interested in age, of course.

And the second question that we would have as an analyst is whether or not people are dying—with—the disease or because of the disease itself, just by itself. And so, with those two questions in mind, I was then thinking— Okay, I better go take a look at what BC was using for its data and its tracking of the variables that were subject to the state of emergency.

Going back to the state of emergency—which in British Columbia was March 18th, 2020, the day after the public health emergency was declared by Bonnie Henry—the *Emergency* [*Program*] *Act* says that within seven days, you need to produce a report. That's what we will be looking at, the very first situation report that was from March 23rd.

So that launches me off here to share screen and it's there. And let's see if it— No, does that come across to you guys? Do you see this?

Shawn Buckley
No, we can't. So we're just going to check on our end whether or not our settings are—

William Munroe
Okay, I'm going to click this here. Oh yeah, here we go. Pardon me, I was mistaken. Just a sec. Here we go. And share.

Shawn Buckley
There, we can see your screen now [Exhibit VA-2].

William Munroe
Yes.

Shawn Buckley
We're showing a chart with the heading, Population Change by Five Year Age Groups, 2016 to 2021, BC [slide 1].

William Munroe
Yes. Okay, so we're in the presentation. The reason why it says "population change" is the total number of people estimated— Okay, I won't complicate things of how this is put together.

But we see a number of lines where they disperse, and then they cross each other and disperse again. So 2016 is the green line and then the interpolation is to 2021 when the next census came out.

[00:15:00]

The lines represent the counts for the youngest age group, zero to four, all the way through 50s, 60s, all the way to the age groups in the high mortality years. I'm pointing out 86 years old. I circled that to give a context here, that this is the median age of death as reported by the situation reports. So we knew that this was age specific. These people are usually dying with a life-threatening ailment, and the coronavirus was more like an irritant at the end of life rather than lethal in and of itself.

Sorry, I interrupted you.

Shawn Buckley
Well, I actually just wanted to make sure that people understand. When you're saying that 86 years is the median age of death— You mean of people dying of COVID-19, the median age of death is 86 years of age.

William Munroe
Yeah. A median value is—just to be a little bit user-friendly, I borrowed this from the internet [slide 10]—the middle number in a sequence. What we were looking at there is some people were older, in their 90s, dying with this, and some people into their 70s.

So I'll continue. We'll be able to take a closer look. But that does answer a couple of questions right away. And so here's where to go for the data, the BC's Centre of Disease Control data set [slide 2]. Then you climb into it [slide 3], and I'm looking for the archived situation reports. These are the dates for the situation reports, starting with March 23rd, as per the seven-day requirement of the Emergency Act [slide 4].

Let's take a look at that first situation report [slide 5]. I'm not going to dive into the detail right away; I'll just show you what the report looked like. There was just three pages: this is the first page; here is the second page [slide 6]; and here's the third page [slide 7].

Now, going back to the beginning [slide 5], do we see anything? We're looking for deaths. Although it's important to look at cases, hospitalization, ICU unit admissions, I'm focusing on deaths [slide 8]. So we see here that the deaths are in brackets as per this side of the equal sign. It says there were 12 deaths. Which is a small number, but it's a large number too. If there's anything you can do to save those 12 people from dying without harming anybody else and it was doable, then you could see that a response could be very helpful.

Then this is the table [slide 9, Table 1], also on the first page, and it shows us deaths. It gives a different number, in this case it's not in parenthesis. But it says 13. So it's 12 or 13. I'm going to lean, in this study, towards the 13 and not use the 12 so much; I just use 13.

Here's the 87: the median age was 87 at the time of this report. It was based on information from January 1st to March 23rd. So we're starting to get a little bit of information.

I'm going to slide down now to a closer look at the last page because the second page doesn't say anything about death. This is the third page [slide 11], and I'm going to focus in on this chart below [slide 12, Figure 4]: It's got lines for death. It's also got COVID cases,

[00:20:00]

hospitalization, IC unit admissions, as well as the general population. Now, that's not a term I'm familiar with: we would just call it population estimates. I'm going to focus in on the population estimates and the deaths because these very tall columns for deaths— How did we get that? That's a lot of deaths, it looks like to me. So it's problematic.

Cutting away the hospitalization, ICUs, and cases [slide 14]. Cases, by the way— Quickly, the definition of cases was mal-aligned with previous definitions of cases. Usually, to be a case, you would have to be sick and not healthy. So I just mention that.

Shawn Buckley
I'll just interrupt. Are you saying that that definition changed for COVID? That you didn't have to be sick?

William Munroe
Yeah, it's my understanding that you had to be sick if you were a case.

Shawn Buckley
Okay.

William Munroe
But that went out the window with a lot of other definitions. For example, the definition of a vaccine.

There's a lot of different— There's "confirmed." People were using the word "confirmed daily." The data that they were getting was "confirmed daily." And if you look up what they

were calling confirmed, it was information they've got off the internet, from the government, whatnot. So yeah, the definitions really took a hammering. "Pandemic."

Shawn Buckley
Okay, but this is important for us to understand. So the BC Statistics Agency, before COVID-19, if they were, saying, "Okay, we're having a bad influenza season," and they were reporting someone as an influenza case, that person would actually have to be sick. They'd have to be showing symptoms.

William Munroe
Yes.

Shawn Buckley
Did they apply the same approach to COVID cases? Because some of us have heard that to be a COVID case, you could be asymptomatic but just test positive on the PCR test and be considered a COVID case.

William Munroe
Yeah, that's new. It's hard to compare previous years' results with something that includes people who are healthy. So that was different and changed. I wasn't with the provincial Government of British Columbia at that time. I'm not sure how they are handling it, except that the reason why I started the Population Projection Project is because we should be verifying the information from the provincial government. So yeah, the definitions changed, including the definition of what is a case.

Shawn Buckley
Okay. And sorry for interrupting. I'll let you carry on with your chart here, showing deaths and population.

William Munroe
Yeah, okay. Super. As it turned out, I put in 12 deaths. That's me putting that in there. This is a chart [slide 14] I made up from the data that I got out of this chart [slide 12, Figure 4]. I just replicated in Excel and took out the other variables, just focusing on these two variables—the population and the number of COVID deaths. The reason why I did that will become apparent in a moment.

I'm kind of diving into a little bit of detail and it's somewhat incongruous. It's a mystery to me as to how it is that they did this. But nonetheless, I just want to show you the next steps here.

I put in the relative percentages for the total number of people per these 10-year age groups in estimated population [blue vertical bars]. So 10 per cent, or 9.6 per cent for the people under 10 years of age, is 10 per cent of 5 million people. That's what's going on here, right? All of these are just the portion of 5 million people—

[00:25:00]

an estimated, approximately, 5 million people. It's actually 498,9-something-something. So I'm just putting in 5 million. That's what we're seeing across here. The denominator is 5 million people. The denominator for the deaths is 12. The reason why it's 12 and not 13 will become apparent.

Let's go to the next one [slide 13]. I had to draw a line across to see where these figures came out: 42 per cent of the COVID deaths for the 80-year-olds; 29 per cent for the 70-year-olds and then 90-plus. Okay, by using that, I found that there had to be— This seems incongruous, but there's three and a half deaths. That's the only way that you get these percentages, which they came up with.

So back to their stuff [slide 12, Figure 4]. When you draw a line across, it's just under 30 [per cent] and it's about 40 [per cent]. And there's three and a half deaths [slide 13]. You can't have three and a half deaths. That's why we use median as a measure. Average, you can get a fraction. But this should be four deaths or three deaths. But it doesn't work unless you have three and a half deaths. Why? I don't know why they did this. I don't know.

Nonetheless, the idea here is that three and a half deaths are being compared to—what's the number here?—to just about half a million people who are 70 years of age in British Columbia in 2020 [slide 14]. So anyways, you can see how this is incongruous. It doesn't make sense to provide a percentage. We should be using the real numbers, the whole numbers. They call them the "absolute numbers." In that way, we would be better able to see what's going on.

Now, personally, this is not really a first cut for a population analyst. We would use case—sorry, the term slips my mind just now—case fatality rate. Sorry, not case fertility, which sometimes I say. So anyway, case fatality rates. That would make sense.

To put it against the whole population of the province when, really, the outbreak was in the Lower Mainland was— I think that they were wrong to do that in their title [slide 12]. In their title, we see, right here, "Percentage distribution of COVID-19," and I jumped to, "deaths by age, compared to the general population." That's not going to do us much good. Case fatality rates is a better way to go.

Anyway, I did the absolute numbers just because they did the percentage on what they call the general population [slide 16]. And this is what it looks like. These [blue] bars represent the estimated population, again, for the 10-year age groups. And over here we see an arrow— you can't see it because three and a half deaths is too small. This is the chart that, perhaps, they should have put up because this one works off the absolute numbers. Again, it's three and a half deaths; that doesn't make sense. It should be three or four, or whatever it was. But anyways, I just wanted to show you that relative to the total population of the province and for each of these 10-year age groups—the number of COVID deaths is very, very small.

If I wanted to rub it in, here's a table that shows the age groups that we're interested in [slide 17]. The estimated number of people per age group. The number of deaths was zero up until

[00:30:00]

the 70-plus and the percentage of the COVID deaths to the respective population estimates shows very, very low, right?

I thought that at first, this had to be a mistake: They did that chart rushed; this one here [slide 12, Figure 4]. You can't do that again without being called on it. Somebody, surely, must have called on it.

So I went in and looked at other situation reports. I looked at a lot. I'm just giving you the next two that I looked at. One from April [slide 18]. And do they have the similar kind of chart? Yes, they do [slide 19]. The black columns are deaths. We see that the range has expanded somewhat. There's one person died in their 40s, none in their 50s, about five in their 60s. And so it's spreading out. But still, we have the majority of people dying in the high mortality years. These people were said to have had other comorbidities, in the younger age groups.

I'm going to go over to a key message that was in this April 17th situation report [slide 20]. It recognized that the admission rates were dropping and case rates were dropping. They wanted to make sure that we understood that the difference between what could have been and what has happened is because of the collective action of British Columbian citizens: "This slowdown is due to public health action, not herd immunity." That statement is incorrect, I'll explain. "And what happens next will also be due to public health action," that is also incorrect, and "This is an important message." It's incorrect, except that it's good that they put that in there because then we can tell that they think it's an important message: the slowdown is due to public health. This was not proved.

When we do look at herd immunity, particularly looking at what was happening in China in late 2019 through into the first quarter of 2020, they closed the schools at the very tail end of the natural bell-curve-shape disease distribution. So I put that in there just because it's almost becoming ridiculous.

Then I jumped to May 4th [slide 21]. Do they have similar charts? They do [slide 22]. Here's the death one, down here [slide 23]. I'm going to focus in on that. And this, I don't understand. This lacks the necessary qualification to be understandable. I worked on these numbers for a while and it's tedious and exasperating at the same time. And do they have the chart? Yes, they have a chart in there, as well [slide 24].

So we can tell that the myth is being perpetuated. We're told that there's very nice goals, looking forward [slide 25]. Everybody would be happy. And the way to do it—this is another page from that May 4th write-up—is staying informed as a key principle, being prepared, and following public health advice [slide 26]. I think that would be okay if there was open discussion and no censorship and no coercion. But given the way that this was handled, that's suspect.

Here's the last one. I just jumped to the end of 2020 [slide 27]. I went into the December 18th— they say December 12th. It's actually the 18th; when you get into the report, you'll see that, if you want to look at this again later. Sure enough, on page 9, they have the same profile for using the per cent of the small numbers of people who are dying as a way of exaggerating small numbers [slide 28].

And just a little bit of a closer look.

[00:35:00]

And I want to put a "thank you" out to the people who I showed this to from the Students Against Mandates, S.A.M. The students were really helpful in going over this project with me. I'm just going to focus in on that chart [slide 31]. It's the same nonsense, is what I call

that, and we have 86 is the median age of death [slide 32]. Okay. I'll finish off, with the addition—focusing in on the young adults—there are no deaths below 30 at the end of 2020.

And that brings us back. I'm just going to end off with the same chart as I started with [slide 34]. I think that covers it.

What were the takeaways from the questions I had? The third question that arose was, were we being provided with reliable information to be able to participate in a constructive manner in addressing the disease?

We were being misled. And it was not just the authors of this. It was across more than just BC CDC that knew that we were being given information that was misleading. That's what I would say. So that concludes this, if there's any questions.

Shawn Buckley
Warren, I've got a couple of questions before I let the commissioners ask you questions. My understanding is we have an influenza season or a flu season every year, which coincides with low sunlight levels. Some call it a low vitamin-D season. But we have some influenza seasons where more of us die than others. Did COVID present a significant change or change at all from a bad influenza season?

William Munroe
I think the answer to that is that— The number of people who died with a median age of death at 86, it's very unlikely that none of them had comorbidities. The likelihood of all of them having comorbidities is high. I mean, that is a possibility. That makes sense. To have no comorbidities is unlikely. So COVID-19 itself can be seen as more of an irritant at the end of life rather than life threatening or lethal. Influenza, it can kill young and old. It's no comparison. I think Anthony Fauci was definitely wrong when he said it was 10 times worse than influenza. It's not. It's less.

Shawn Buckley
Right, and you're basing this on crunching the numbers as a professional population analyst. Literally, our regular influenza poses more of a danger than COVID presented to the population in general.

William Munroe
Yes.

Shawn Buckley
And the point you seem to be making—we've heard that adage, there's "lies, damn lies, and statistics"—is you're showing us that, basically, when they're putting on that chart "percentages of COVID deaths," we've got these tall bars because they're percentages. They have to add up to a 100. So they're the tallest bars there. But your evidence really is, well, the total numbers of deaths were so small that if we were just looking at them as a percentage of the population, they'd be completely meaningless. I think the word was "invisible" on your chart. That's the point you were trying to make. They were gaming us with the way they were presenting the data.

William Munroe
Yeah, definitely. And again, I wouldn't normally go down that route, comparing a small number of deaths to the estimated population per ten-year age group. That's presumptuous.

[00:40:00]

You use case fatality rate. So yeah, it was incongruous. There's a lot of incongruity in that first situation report. I know it's surprising that they continue to use that way of misrepresenting the data. Hopefully, next time around— It's not just things like this. I'm sure they'll come up with other ways.

I'm not sure, but it's possible that the CDC and the government in general will come up with numbers that are mostly designed to support their policies and directions. I didn't really want to use the general population—that's their term; it's actually estimated population—because it's so incongruous, as well. So yeah, the case fatality rates make more sense.

Shawn Buckley
Right. I think the last date you used was the end of December 2020. But my understanding is that you've been following the data, and, really, the misrepresentation has continued throughout.

William Munroe
Yeah, throughout 2020. Yes. I didn't go any further than that. What starts to climb into the data is the impact in 2021—the rollout for the so-called vaccine was well underway. It started in mid-December to be rolled out, but it really didn't get into full swing until the new year, 2021. And then, of course, that's an experiment, right? There's potential lethality there. It was a neat cut to just use 2020 for the COVID deaths.

Shawn Buckley
I'll ask the commissioners if they have any questions of you, and they do.

William Munroe
Okay, thank you.

Commissioner Drysdale
Good morning, Mr. Monroe.

William Munroe
Hello.

Commissioner Drysdale
I have a number of questions. The chart that you showed— The first chart showing the deaths. I think you said there was 12 deaths in the bar chart with the red lines on it. There

was 12 deaths, and this was in the end of March of 2020. You said there was five million people population, plus or minus, in British Columbia. My question to you is a statistical one. How statistically significant is the number of 12 compared to five million?

In other words, let me perhaps phrase that in another way. If you were studying 200,000 of an event in a population of 5 million, would you have more confidence that the data you were looking at was accurate as opposed to looking at 12 events in 5 million? Just a statistical question.

William Munroe
Yeah, okay, good. What you would want to check first is to make sure that everywhere in the province had an opportunity to be counted. The cases had an opportunity to be counted in the manner that meant that this was fully felt across the province.

The March 23rd situation report really is focusing on the Lower Mainland. It was long-term healthcare facilities. That was really where most of the numbers came from. And so statistically significant? As a sample set, statistically significant really is a term that we use to differentiate. We say, it is not statistically significantly different because stats builds in an opportunity for error because there's more of a probability—

Commissioner Drysdale
I guess you'd have to take into account things like how reliable the reporting on the 12 deaths out of 5 million were. For instance, you would have to examine the probability of error in those 12 deaths: the things like how many comorbidities were in that group; how was the testing done.

[00:45:00]

We've all heard the terms "asymptomatic" and "symptomatic" and whether or not the asymptomatic cases had to do with testing. I think what you're telling me is that you have to examine the risks within your monitoring or the reporting of the 12 deaths, as well, and then also compare it to the 5 million.

William Munroe
Yeah, for sure. Yeah, they tell us in this report that it was laboratory-confirmed. And so, I suspect what they mean there is that the deaths were laboratory-confirmed. I'm guessing, that is an autopsy, perhaps? I don't know. Also, they use what they call the gold standard for testing the RT-PCR.

Commissioner Drysdale
PCR test, yeah.

William Munroe
Yeah, the RT—reverse transcribe.

Commissioner Drysdale
Now—

William Munroe
No? Yeah, I'm not sure. Whatever they were using—

Commissioner Drysdale
I understand sir, sorry, but we're in short supply of time and my other commissioners have questions, so I'm going to have to push along on this. My apologies.

The charts that you presented here are dated March 23rd, 2020. So what that tells me is that the authorities knew—as early as March 2020—that this disease was focused in an older age group. Is that correct?

William Munroe
Yes. They had to have known it even before this. All I mean is, even before the declaration of the state of emergency.

Commissioner Drysdale
Did you happen to take a look at what the median age of death was in British Columbia at the same time? And I don't mean due to COVID. According to these charts, I think you've got the median age of death due to COVID at about 86 or 87. What was the median age of death overall in the population?

William Munroe
I don't know what it is. But what I would usually refer to is the life expectancy. Life expectancy was in the low 80s, a little bit longer for females. Males, in some parts of the province, are now into the 80s. There used to be a bigger disparity. But I would use the life expectancy as a reference. In this case, the median age of death from COVID-19 was well above.

Commissioner Drysdale
So are you saying that the median age of death, just overall in the population, and the median age of death due to COVID are in and around the same number?

William Munroe
No. I didn't look at the median age of death for the province. I just used life expectancy. Life expectancy was low 80s, 82, give or take, and the COVID deaths median age was 87.

Commissioner Drysdale
So the life expectancy in BC was lower than the median age of people dying from the disease.

William Munroe
Yes, which answers the question whether or not people were dying with other diseases or just from COVID by itself. It's obviously high mortality above life expectancy.

Commissioner Drysdale
Generally speaking, what do the officials use these statistical numbers that they collect for? That's a general question.

William Munroe
Yeah, so you would think that it would be to inform and therefore to guide policy development, application, and enforcement. These reports are used by the government to mislead people. That's what they are used for.

Commissioner Drysdale
Well, I guess I'm not speaking specifically about these reports. Just generally, I think what you're saying is that Statistics Canada or Health BC, or whoever the government agency is, collects statistics so that they can inform themselves on policy and decision, just generally speaking. And so, I ask you, is it important that that data collection and analysis

[00:50:00]

is timely with the situation that they're trying to create policies on?

William Munroe
Yes.

Commissioner Drysdale
Are you aware that Statistics Canada has not issued the final numbers for mortality rates in Canada for 2021. And this is now May 2nd, 2023?

William Munroe
Sorry, which data set was that from Stats Canada?

Commissioner Drysdale
Are you aware that Statistics Canada as of May 2nd, 2023, that's today, has not yet released their final mortality numbers for the year 2021?

William Munroe
Yeah, that's not surprising. That's normal. So 2021. Stats Canada has been changing a little bit. But with regards to population estimates, I actually did a study; it's online. I can give you the link to—

But for the first five years, those numbers are preliminary and open to change. So go back five years. Then, they go back another couple of years—pardon me, it slips my mind—goes from "preliminary" to something like, "accepted," and then "final." Finals come later. You need to get the birth certificates from the different provinces, all the information aggregated to the national level. It takes time, and there's error. In fact, when you do look at the population, including deaths—some people call it excess mortality—those are subject

to change, and you'll see them if you watch them. They do change in sometimes surprising ways. But that doesn't surprise me.

Commissioner Drysdale
With a lag of two years or five years, how could the Canadian population use those statistical numbers to understand the risks that they were under and make an informed decision on what they should do for themselves and their family?

William Munroe
At the provincial level, you can get those death certificates. Let's say, with this example, you get the death certificates, usually quarterly. You can get them monthly. But then there's more administrative error there; the data's spurious. If there's an emergency and people are having these laboratory-confirmed cases, you can get a little bit closer to the ground.

These situation reports were helpful a little bit. They showed us that the data was aggregated and stratified to the high mortality years and that the median age of the death that they confirmed in their labs was above the life expectancy. You can see that. And so you can make informed decisions in part from these. But you've got to be careful of accepting all the data because some of it does definitely misrepresent the data. Some of the charts, like in this case.

Commissioner Drysdale
Mr. Buckley, would it be possible for the Commission to send a summons for appearance to the officials of Statistics Canada, so we can hear from them directly?

Shawn Buckley
Yes, it is. So we can send a summons.

Commissioner Drysdale
Thank you, sir.

Commissioner Massie
Thank you, Mr. Monroe, for this presentation.

I have a question. You've been following data crunching and statistics for quite some time, and I'm wondering whether the way the data was represented— We can qualify it as misrepresented, depending on what perspective we have.

But how long have we been gathering data in BC where we could probably question whether the data was properly presented? Is it something that only happened during COVID or was it something that we could see before?

[00:55:00]

A trend that was emerging from data gathering and use of the statistic for all kinds of policy.

William Munroe
Yeah, are you talking about death specifically?

Commissioner Massie
I mean, you gather statistic to regulate on all kinds of issues. Health being one. But you could think of gathering data on businesses, on all kinds of other questions that could be useful to monitor in order for politician to make regulation and policy.

I mean, I've never looked at that before. In fact, I was not following these numbers at the beginning of the pandemic. I was just trying to understand what was going on. You trust, in general, that government would use these data to inform the public of what's going on, the severity of the epidemic and stuff like that. It seems that, based on what you presented there, that this was misleading, to say the least.

And so, I'm wondering whether this is a new event, or is it a trend that has been going on for quite some time within the government in BC?

William Munroe
Okay, a trend to misrepresent the data?

Commissioner Massie
Yep.

William Munroe
Here's a question that I think answers your question: Should correct methods and data accompany findings? Or is it acceptable that incorrect methods and data are accompanying unsupported numbers, not findings. Because then, they're not findings.

Because in British Columbia—this is documented since 2002, in fact, 2002 to 2010—the government statistical agency had changed their methods and data many times because they weren't getting numbers that were close enough to the population census in the postcensal years. So they would have to make changes to try to correct the errors in the models. And they didn't tell the public, so that's pretty fundamental.

There's no requirement that the government allows you to see the methods and data used to come up with the findings. There's no verification. This is all held in-house. Numbers can be used to support the policies and directions of the current government. So yeah, it's been going on, I'd say— I saw it, I was there. Yeah, it does happen. It's important to verify, let's say.

Commissioner Massie
My second question has to do with— If you look at the picture [where] we could actually look in terms of the severity or the potential danger of the pandemic in BC, you must have tried to compare that to other jurisdictions, either in Canada, in Europe, or other places.

How would you say that the numbers would compare in terms of raising a level of alarm from what you've seen in other jurisdictions? Because you could imagine that maybe this new virus that was creating disease and death was not necessarily happening at the same time all over the world.

Was BC an outlier: being low, medium, high? What would be your assessment on that?

William Munroe
Yeah, really good question. I'm glad you asked. I was thinking of adding a little bit to my presentation because there's the exogenous—outside of British Columbia is important to take into consideration.

Setting aside the misrepresentation of the data in this particular report, the actual low numbers of three and a half deaths for those two age groups and five deaths of the 80-year-olds, the government could say, "But there's this big wave coming. We see it coming out of China."

And so I looked a little bit at Alberta.

[01:00:00]

I don't think I looked at it anywhere else in Canada. I focused on BC data. I didn't use Stats Canada anymore. I just went to the European CDC reports. They had a really good way of storing their data and being able to make it accessible and downloadable. So I was using that data set to look at China, in particular, because I thought that China shouldn't be ignored; especially, since that's the place that, apparently, this disease spread started.

By looking at what was happening in China— As far as I'm concerned and the way I'd interpret the data, I think I'd do it more like two plus two is four, not five. There's no doubt that using an idealized bell curve and superimposing it over the actual case counts that herd immunity had already kicked in and already passed. If anybody's interested in this, go look at the data, and you'll see that schools are closed at the very tail end of the so-called pandemic. So it was over. It had reached its peak February 5th, according to the counts.

Now remember, the counts are, at first, more a count of how many tests there were because it's catching up to a bigger bell curve. Then it gets high and then it catches. Even though the number of tests continues to increase, the actual number of cases and deaths starts to drop. It peaked in February 5th of 2020. And they were specifically saying— I can even show you the chart because I did add it on to the end here just in case anybody was interested. Here it is. This is from Statista. "Percent of COVID-19 Deaths per Cases by Age Groups, China, **February 11th." They knew it was age specific, even the cases. And they still use the per cent, which is okay, in this case. Because it's just using it against the total number itself.**

So anyway, this was known. So when Neil Ferguson said that this was like the Spanish influenza, he couldn't have helped but know. How could he— It's astounding. The Spanish influenza: Again, the death was, median age was around 30 years old. It spread across all age groups. That's deadly. That's a deadly disease. This COVID-19 is a coronavirus. Dying of sniffles. So pardon me for getting emotional there, but I find it astounding. Anyways, it was bound to come out, right?

Commissioner Massie
Thank you very much.

Shawn Buckley
There being no further questions, first of all, I'll indicate that the slideshow is entered as Exhibit VA-2. So that'll be posted on the website and available to the public and commissioners for review.

Warren, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving your evidence today.

William Munroe
Thank you. Thank you to everybody with the NCI and people who are helping out in whatever way they can. All the best.

Shawn Buckley
Thank you.

[01:04:43]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 2: Vanessa Rocchio
Full Day 1 Timestamp: 02:29:05–02:45:55
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
Our next witness is going to be Vanessa Rocchio. So Vanessa could you give us your full name and then spell it for us and then I'll do an oath.

Vanessa Rocchio
My name is Vanessa Rocchio, V-A-N-E-S-S-A R-O-C-C-H-I-O.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Vanessa Rocchio
Absolutely.

Wayne Lenhardt
Thank you.

Your testimony is going to revolve around an injury that you suffered from the vaccine. So could you give us a little bit of background to begin with? What type of work do you do? Have you ever had any health problems?

Vanessa Rocchio
I was a realtor until I had this issue. I didn't have any health issues as far as heart. I had a couple of knee replacements, but that didn't have anything to do with my heart. And then in May 2021, I had the Pfizer vaccine and 12 days later, I ended up in hospital with a heart attack.

Wayne Lenhardt
Okay. Were you required to have that shot for your work or you just decided to?

Vanessa Rocchio
It wasn't mandated, but I guess I was coerced. My partner had to have it for his work, and everyone in the office was seeming to get it. You couldn't go in the office without a mask, vaccinated or not, and I mean, you were even asked to stay out of the office. So I got the vaccine, and I know I shouldn't have, but lots of us did.

Wayne Lenhardt
So that happened May 4th of 2021, you had the first— Was it the Pfizer?

Vanessa Rocchio
It was the Pfizer.

Wayne Lenhardt
So you had your first shot, and then you had difficulty on May 14th. Correct?

Vanessa Rocchio
That's right. My partner took me to the ER after suffering— I had gone to the gym the day before this incident, and I worked out with a trainer. But I hadn't been at the gym for some time, and I didn't do a heavy workout with the trainer. It was a light workout. And I just talked to her before I came here, and she said, "Vanessa, it was a light workout." After the workout, I went home. The next morning, I got up and I ached everywhere. From head to toe, tips in my fingers, everything ached. And I blamed it on muscle pain because of my workout.

That afternoon, I went to visit a friend and we were talking about the aches. She's very fit. And she said, "Vanessa, this doesn't sound like an ache from a workout. I don't know what it sounds like, but it's too serious. You need to go to the hospital." As soon as she said that, I had a centred pain in my chest. It didn't radiate, but it didn't go away.

I went home and my breathing was very shallow. And I went home and said to my partner, there's something wrong. Maybe if I hadn't been to the gym, I would think I had COVID or pneumonia. And he immediately put me in the car and we went to the ER.

They put me on a halter monitor, an ECG, and they did a blood test. I waited in the ER and within 90 minutes of that centred pain coming, everything was gone. All the aching was gone, I could breathe properly, the centred pain was done. So when this test came back, I went into the ER doc and I said, "I'm fine, right?" He said, "Actually, you're not fine at all. Your troponin levels are off the charts and that says heart attack." I thought he had mixed up charts. He told me I shouldn't go home, so I didn't go home that night. I stayed there for four days. They left me on the halter monitor. There was no change to my blood pressure or my heart rate, nothing.

On the fourth day, they sent me to Royal Jubilee Hospital for an angiogram. The angiogram showed nothing. In fact, the cardiologist said it didn't even look like it happened. I went home, but they still had one more test they wanted to do.

[00:05:00]

Oh, and I couldn't drive. And I guess that's normal for what happened to me.

So I went home. Two weeks later, they did a cardiac MRI. And between the time I had the angiogram and the cardiogram, I still thought that there must be something wrong, even though the angiogram showed nothing. Because I had to have this other big test, I was worried. It showed nothing.

And through all of this, I found out that even the ambulance drivers weren't having the COVID shots. And it was an interesting ambulance ride because the young woman that was with me in the ambulance said, "I'm not telling you this to scare you." Sorry. A 68-year-old woman who had been under her care two weeks prior had had a stroke. She was fit. She had no comorbidities prior to the stroke, and neither of the ambulance drivers were getting that. And their story, although it didn't scare me then, it made me angry.

I don't think that I would have thought that this was— Maybe I wouldn't have even thought this was because of the vaccine, because I didn't think it was from the vaccine in the beginning. But I asked the internal medicine doctor whether this could be from the vaccine. And this was early on. He looked me straight in the eye and he said, "I wouldn't disagree with you." And I said, "Will this be reported?" And he said, "It will be reported, but it will be brushed under the rug. No one wants you talking about it. They don't want me talking about it, and everyone is brainwashed." And that was early on. He's a doctor that left the country because he refused to get vaccinated.

Wayne Lenhardt
Let me stop you and just fill in a few details. Where were you living at the time?

Vanessa Rocchio
I live on Vancouver Island in Duncan, so halfway between Victoria and Nanaimo.

Wayne Lenhardt
Correct. So that's where the first attack happened so you went to a hospital in Duncan and then after that you ended up going to a hospital in Victoria.

Vanessa Rocchio
Yes, because we don't have the equipment in Duncan to do angiograms.

Wayne Lenhardt
Correct. And was it the doctor in Victoria or in Duncan that said you're not supposed to talk about this?

Vanessa Rocchio
Duncan.

Wayne Lenhardt
Okay.

Vanessa Rocchio
Sorry.

Wayne Lenhardt
Okay. I'm sorry. Go ahead. I appreciate it.

Vanessa Rocchio
So I think had that doctor not said to me that he didn't disagree my issue could be from the vaccine, I may not have gone the route I've gone with all of the crazy people. But my GP, the day I asked my GP whether this could be from the COVID vaccine, he said absolutely not.

Wayne Lenhardt
And that's in Duncan, correct?

Vanessa Rocchio
Yes. And my thought is that's why more people haven't come forward. Because they were all told that it wasn't because of the vaccine. That was their directive, don't tell anybody.

Wayne Lenhardt
So have you had any problems since that first heart attack?

Vanessa Rocchio
It took me eight months to get over it. I've never had heart issues, as I said, and I've never had blood pressure issues. I've always had low, both rates. After that heart attack, it didn't seem to matter what I was doing, and I kept a blood pressure monitor on a lot.

[00:10:00]

It would go up to 190 over 70, and it was erratic all the time. Because I worked in a high-stress job, I couldn't go to work. And when you work alone, you have to be there.

Wayne Lenhardt
So you suffered some loss of income also during that first eight months. Fair?

Vanessa Rocchio
Huge, huge, and then I went back to work. And because it was real estate, the real estate market has changed, and everyone knows that there are a lot of realtors out there. The market changed, I hadn't been around for eight months and I just, I couldn't do it anymore.

Wayne Lenhardt
During our chat before you came on, you mentioned that you had asked for an exemption at some point. Could you tell us about that?

Vanessa Rocchio
The first person I asked for an exemption was my GP, and he gave me a dissertation about the very specific things that the Health Authority would give an exemption for, and he said, "You don't meet any of that criteria." So there was nothing I could do.

Six months after my attack, the cardiologist did a follow-up report. And I thought he was listening to me; I thought he believed what I said. And at the end of that conversation I said, "I want an exemption because I'm not doing any more vaccines," and he said, "I can't do that." I had asked him, so I didn't worry about it. I was, you know, six months in.

Wayne Lenhardt
You never did get the second Pfizer jab. Am I correct?

Vanessa Rocchio
Never.

Wayne Lenhardt
Okay.

Vanessa Rocchio
So the same afternoon, the cardiologist called me back. He said, "Vanessa, I've pulled your charts. I've looked at everything, I've looked at your history, and I'm going to fill in the adverse reaction report." I was elated because I thought I was getting an exemption. So I asked him for a report, for a copy of the report. He did send it to me, but the report said nothing. It didn't blame the vaccine; it didn't say it could even be possible. What it said was that he recommended that I ask my GP. Well, we already knew what my GP said and he said no.

I sent him a registered letter when I got that report, and I don't know— I had to send him a registered letter to tell him how angry I was. But I was never given an exemption. And two weeks after I got that call from the cardiologist and got that report, I got a letter from the Health Authority—I think it was Island Health Authority—telling me that I was due for another vaccine as soon as possible. I didn't go.

Wayne Lenhardt
Okay, so I believe you said you had symptoms for eight months Did they then subside?

Vanessa Rocchio
Yes.

Wayne Lenhardt
Do you still have issues?

Vanessa Rocchio
No. I did a full protocol that was given to me I think by the CARES [Community Action and Resources Empowering Seniors] team because they did an interview with me. And I'm still on it: I still take heart things. But I go to the gym and I feel like— I know I'm better. I believe I'm better.

Wayne Lenhardt
And have you gone back to the work you were doing?

Vanessa Rocchio
No, I couldn't go back to that.

Wayne Lenhardt
I think I'm going to stop there and ask the commissioners if they have any questions.

Commissioner Drysdale
Good morning and thank you for coming today.

Can you tell me, when you got your first shot, what did the doctor or the pharmacist tell you about potential adverse reactions?

Vanessa Rocchio
They didn't tell any. It was funny. In Duncan, they had it set up in the community centre early on and I went in with my partner. I looked around and I told him I felt like I was an extra in a Margaret Atwood movie because everything was so eerie. I sat down with the nurse and she— And I know this now,

[00:15:00]

but they didn't ask everyone whether they had any allergies. But they asked me. And when she got through the allergies, she said, "Oh, you're allergic to penicillin. We're going to ask you to stay for 20 minutes after the injection because we don't know the contraindications between that allergy and this vaccine." I looked at her and I had something playing in my head saying, "Don't do it, don't do it." But I didn't listen. But I looked at her and I said, "You don't know the contraindications between anything and this vaccine. So if you don't get it in my arm now, I'm leaving," and I left. I got the vaccine, whatever it is, and left. But they did not go over any contraindications, nothing.

Commissioner Drysdale
So you don't feel like you were given the opportunity to form informed consent?

Vanessa Rocchio
No, not there.

Commissioner Drysdale
I'm going to ask you one other question, and perhaps you do not remember but— With a lot of the witnesses that we've had in the past, they talked about how the shot was supposed to be administrated and they talk about aspiration. Do you know what aspiration means?

Vanessa Rocchio
Mm-hmm.

Commissioner Drysdale
Did they aspirate the needle for you? Do you remember?

Vanessa Rocchio
I think they did, but I wouldn't swear to that.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Are there any other questions from the Commissioners?

Thank you very much, Vanessa, for coming and giving your testimony today, on behalf of the National Citizens Inquiry.

[00:16:54]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 3: Philip Davidson
Full Day 1 Timestamp: 03:00:00–03:27:30
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
Welcome back everyone. Phil, I see you on my screen, so I'm assuming we're ready to go now. If you could give us your full name and then spell it, and then I'll make you swear an oath.

Philip Davidson
My name is Philip Davidson. It's P-H-I-L-I-P D-A-V-I-D-S-O-N

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Philip Davidson
I do.

Wayne Lenhardt
Could you start with a little background on yourself, and what you've done? I see that you are a 14-year employee of the BC Public Service so if we could just set the table here, and then we'll get into what happened to you. Can you give us a background?

Philip Davidson
Sure. Yeah, as you mentioned, I worked for 14 years for the BC Public Service in a variety of policy roles for different ministries: Ministry of Education, Ministry of Attorney General, Ministry of Health, and lastly, the Ministry of Advanced Education and Skills Training. My last position was as Director of Policy and Stakeholder Relations in the Ministry of Advanced Education and Skills Training in the Student Financial Assistance Program.

Wayne Lenhardt
So what happened from 2019 on, in your role, as far as the mandates went?

Philip Davidson
I'll begin around August of 2021. Well, maybe I'll go back a little further than that. From about March of 2020, the BC Public Service, many of us who worked in office roles, began to work from home remotely. And that was the case for the majority of my colleagues. I continued to go into the office periodically. It was close to my home. But by about August of 2021, with the provincial vaccination program having been well underway for nearly a year, I guess, by that time, there was rumblings of vaccine passports coming in. I remember discussing with my colleagues, as it had become commonplace to do, in the office about which vaccinations people had received and when they were getting it and when they had got it.

I indicated to my colleagues at that time that I wouldn't be discussing my vaccination status because I was concerned about vaccine passports. They had already been announced for Quebec at that time. And I was concerned about the possibilities of those being implemented in British Columbia because it was my understanding that the vaccine didn't prevent infection or transmission of COVID-19. And so, I didn't understand the basis for which they'd be used to essentially segregate people in society.

So that was in August of 2021. On August 24th, the provincial government announced that they would be introducing the BC Vaccine Card, so our version of the vaccine passport for British Columbia, for entry into places like restaurants, gyms, and such. And that was to be implemented on September 13th. And so that was happening.

For the BC Public Service, we had been told as employees, 38,000 employees approximately at the BC Public Service, that a vaccination requirement for the employees would not be implemented. This had been messaging from the BC Public Service and frequently asked questions going back to about March of 2021. But with the provincial government implementing the BC vaccine card for the public as of September 2021, it seemed likely and even possible to me that the provincial government would do it for BC Public Service employees. And I kind of knew that this was coming too because in my role, I could be called for briefings to the BC legislature, the Minister. And I remember being in a meeting with my assistant deputy minister one afternoon in late August.

[00:5:00]

I believe they had already implemented a vaccine passport requirement for entry into the BC legislature by that time. And so, we were being told to "make sure you have your vaccine passport ready if you're called to a briefing with the Minister at any point." And so that was the state of affairs in August and September. And then I can speak to what happened at beginning of October if you'd like me to.

Wayne Lenhardt
Okay, that was September of 2021, correct?

Philip Davidson
That's right.

Wayne Lenhardt
Yes. Okay. I'm sorry, proceed.

Philip Davidson
As I mentioned, I was concerned about the disclosure of vaccination status, private medical information in the workplace. And it appears the employer was, as well, because I recall reading in our ministry's communicable disease prevention plan that a person's health status is private information. I'm quoting now, it says, "this includes staff, clients, and the public. Public service staff do not have the right to inquire if someone has been vaccinated, or whether the person has or had a communicable disease infection."

And so this plan was part of the government's response to COVID-19 for its employees in the workplace, health and safety, protecting the health and safety of employees. And in this plan, which was last updated and dated October 4, 2021, it said that BC Public Service didn't have the right to inquire if someone had been vaccinated or not. But something had changed. Because on October 5, 2021, the head of the BC Public Service, Lori Wanamaker, at the time, sent an email to all BC Public Service employees, indicating that she had, quote, "decided that BC Public Service will require all employees to provide proof they are fully vaccinated beginning November 22, 2021."

So that was a bit of surprise to a number of BC Public Service employees. I think the vast majority had become vaccinated and was likely up around 80 per cent or more, consistent with the general population vaccination levels for British Columbia. But certainly, there was at that time a number of people who worked for the BC Public Service who hadn't become vaccinated. It was also interesting in this email that Ms. Wanamaker made the following comment saying, "We also know vaccination is the safest, most effective measure to reduce transmission of the virus in our communities." And she indicated that she had met with Dr. Bonnie Henry at the end of September and decided, following that conversation, to make vaccination against COVID-19 a requirement for all BC Public Service employees.

Wayne Lenhardt
So that would include you? You were unionized at this point, were you? You weren't exempt?

Philip Davidson
No, I'll clarify. I was actually an excluded non-union member of the BC Public Service, so it was excluded management. And the policy applied to all members, both non-union and unionized as well.

Wayne Lenhardt
So I assume that you didn't comply, is that correct?

Philip Davidson
Yeah, my position was that I wasn't going to disclose my vaccination status to the employer. I didn't see, frankly, the need to, especially as I had been working remotely quite a bit, although I had been going into the office. But I was perfectly able to work remotely as the majority of my colleagues were doing. The policy was ostensibly to protect the health and

safety of employees in the workplace. Since the majority of my colleagues and many across the public service had been working remotely from home for well over a year by that time, there was a desire to bring people back to the workplace, in-person work, and this was seen as a safety measure to ensure that 100 per cent of the people going into the office can prove their vaccination status. And so, I didn't feel comfortable doing that,

[00:10:00]

and later requested to be able to continue work remotely from home, but I was denied that request.

Wayne Lenhardt
So if you could give us a bit of a timeline then. I'm assuming they started laying on deadlines where you had to do this. When did that happen and what happened? Eventually, I gather you were put on leave without pay at some point. So tell us that story.

Philip Davidson
Yeah, absolutely. So the policy came into effect on November 1st, 2021. By November 22nd, all employees had to prove their vaccination status by showing their BC Vaccine Card to their supervisor, in many cases virtually online through the computer screen. And if they didn't do so, they would be placed on leave without pay, we were told, for three months. At the end of which time your employment could be terminated.

And on November 19th, 2021, the provincial government passed an Order in Council, creating a new regulation under the *Public Service Act*, the COVID-19 Vaccination Regulation. It made proof of COVID-19 vaccination a term and condition of employment. And it deemed dismissal for noncompliance with that requirement to be dismissal for just cause: so termination for misconduct, willful misconduct. And so that came in actually on the Friday before the Monday that the requirement to prove one's vaccination status came into effect.

Wayne Lenhardt
So did requests come in then that you do this? Did you get something in writing? I assume you didn't comply. Tell us the story here.

Philip Davidson
Yeah, in my particular case, I had a very cordial relationship with my executive director, and we waited to have this conversation to the last day, essentially. And I was just clear that I wouldn't be sharing that information with the employer, and he sort of apologetically said, "Well, there's not much I can do for you. And so, you know, you'll receive a letter." This policy and the implementation of it was administered centrally through the BC Public Service Agency. So while many members of the BC Public Service work in different ministries and have supervisors and bosses that they report to, those supervisors or bosses really didn't have any individual control over things. They were following a plan that was being implemented centrally.

Wayne Lenhardt
So when were you terminated or placed on leave without pay?

Philip Davidson
I was placed on leave without pay on November 24th, I believe, and continued in that status until June of 2022, for about seven months. And then I was terminated.

Wayne Lenhardt
And that was by a letter from someone. Who sent you the letter?

Philip Davidson
The process when one is deemed to have committed misconduct in the BC public services—there's a recommendation from your supervisor for termination to the deputy minister and then the deputy minister terminates the employee.

Wayne Lenhardt
Was that a termination or just a leave without pay?

Philip Davidson
It was a termination.

Wayne Lenhardt
Okay. So what did you do after that?

Philip Davidson
Well, I might rewind a little bit to say that when this was announced in October of 2021, it caught a lot of people by surprise in the public service. And there was a lot of activity amongst people who were opposed to such a heavy-handed policy. And so there emerged a group of people who found each other online and began to discuss and to see what could be done in terms of responding to this policy. I'll also add that for the majority of the BC Public Service,

[00:15:00]

the employees are required to be members of a union, in this case, the BC General Employees' Union [BCGEU], one of the largest unions in British Columbia, not the largest. And the union really, in my estimation, did nothing to represent its members regarding the employer's mandate and sided pretty much entirely with the employer on the mandate. I wasn't a unionized employee, but a lot of these employees weren't finding any assistance from the union regarding this mandate. And so, they began to organize themselves.

An online Telegram group that was created eventually grew very quickly to 1,700 members. And so out of that, a group was born that came to be called the BCPS Employees for Freedom. And in March of 2022, I and four other colleagues incorporated a not-for-profit society for this group in order to advocate on behalf of BC government employees

and to defend their medical privacy and bodily autonomy. We undertook some legal action to seek a petition for injunction and judicial review of the Government's Order in Council and COVID-19 Vaccination Regulation. And we did have a hearing for the injunction in March and April of 2022.

Wayne Lenhardt
Okay, and that was heard, correct?

Philip Davidson
It was heard, and our petition for injunction was denied. The judge in that ruling ruled essentially that we hadn't met the test for irreparable harm, and so we weren't able to stop the termination of employees. It is interesting that the provincial government on March 10, 2022, announced that it was withdrawing the BC Vaccine Card, the vaccine passport, as a requirement for entry into public spaces like restaurants and gyms, et cetera. On April 8, 2022, is when that happened. But that the BC Public Service maintained the requirement for the vaccine passport for employment for almost a full year after that. It was just rescinded on April 3, 2023.

So terminations began in March of 2022 and to date, my understanding is that over 300 BC Public Service employees have been terminated. Also understand that a significant number of BC Public Service employees retired early to avoid termination from the mandate and that number we understand to be somewhere between 2,000 and 3,000 people. There's been a large number of vacancies with the BC Public Service over the last year and a half or so. And I know, personally, a number of people who retired early because of this mandate.

Wayne Lenhardt
And that would have negative financial consequences, would it? If you retire early, you don't get your full pension usually. Is that fair?

Philip Davidson
Absolutely.

Wayne Lenhardt
Okay. Are any of your lawsuits still continuing? Because typically an injunction is a part of a general damages application. If the injunction is not successful, usually the damage claim continues. So are there any of these claims still outstanding before the courts?

Philip Davidson
Yes. I can confirm I'm part of a group of employees that are involved in legal act regarding the mandate. Those of us who are non-union excluded employees are involved in an action as well as members of our society who are unionized members have filed section 12 failure to represent claims with the BC Labour Relations Board against the BCGEU.

When in the fall of 2021 to the winter of 2022 this grassroots group of BC Public Service employees was forming, the leaders of it at the time—I wasn't involved until later on—were seeking legal representation, and it was very difficult to find lawyers in British Columbia,

[00:20:00]

or anywhere in Canada, willing to represent employees and to take forward an injunction action. We did find a lawyer initially, that relationship didn't continue. Then I had personally sought legal representation and found a lawyer and recommended it to this group. And so we're represented to this day by Omar Sheikh of Sheikh Law, Victoria.

Wayne Lenhardt
And so those lawsuits are still pending and still proceeding, are they?

Philip Davidson
Yes, they are.

Wayne Lenhardt
I'm going to stop and ask the commissioners if they have any questions for you.

Commissioner DiGregorio
Thank you so much for coming today and sharing your testimony with us. I wanted to explore a little bit more about the injunction that you applied for, to make sure I fully understand what the circumstances were. So this was a request to the court to stop the termination of employees for not complying with the employer mandate. Is that right?

Philip Davidson
That's correct.

Commissioner DiGregorio
Okay, and so you've mentioned that that injunction was denied. Just a step back, how long did it take between the application for the injunction, for it to be heard by the court?

Philip Davidson
The application was filed in about mid-February 2022, and we had a hearing in mid-March. So it was relatively quick.

Commissioner DiGregorio
During that time, did terminations occur or was there a pause? Or they were on hold during the time that the injunction had been applied for, but had not been heard yet in the court?

Philip Davidson
I can't say specifically, but it is my understanding that terminations did commence on or around that time. I myself was warned that I would be terminated by February 24th, 2022. That didn't happen. I ended up being terminated several months later, but I am aware of other individuals who were terminated in March.

Commissioner DiGregorio
Thank you. And so the other side of it, then, is what the analysis that was done by the court was. I think I heard you say that the reason the injunction was not granted was because the court did not find irreparable harm. And that, I think, is one of the requirements under the common law in Canada to grant injunctions.

How could the court say that there was no irreparable harm? What was advanced as the basis for the harm that would underlie the application for the injunction?

Philip Davidson
Well, I wish I could get into more specific detail about the legal specifics of our case. Being a non-expert in this area, I don't want to venture too far. But my takeaway from the ruling is that by ruling that there was no irreparable harm to allow the termination to continue that the justice was suggesting that the harm was reparable. In other words that we could proceed with legal action and, through the courts, obtain some sort of award or monetary compensation for the harm caused to us. That is yet to play out, but that's my takeaway from that.

Commissioner DiGregorio
So essentially, the argument being that there is still an opportunity for the employees to have compensation say if they lose their jobs—not finding that losing your job is irreparable harm. Was there also a reason given perhaps that employees could go and find other employment, or do you know if that was a piece of the reasoning? And I'm sorry if I'm asking you details that aren't at top of mind.

Philip Davidson
No, that's fine. I don't recall specifically, but I'm sure those details could be found in the judge's reasons themselves, which are available.

Commissioner DiGregorio
Okay, and perhaps our commission will be able to access the reasons to that because I'd very much like to read them.

Was the decision on the injunction appealed?

Philip Davidson
No. It was a two-part action, so it was a petition for injunction and judicial review. We haven't yet proceeded with the second part, and we're sort of determining the next steps on that.

Commissioner DiGregorio
Okay, thank you.

Commissioner Drysdale
Good morning. In your testimony, you discussed a certain policy that I believe came out in September or October of 2021, which talked about the public service did not have the legal ability to ask questions about vaccine status.

[00:25:00]

My question to you is do you have a copy of that that you can submit to the Commission for the record?

Philip Davidson
Yes, I do. Actually, I submitted it maybe a couple of weeks ago to the Commission [exhibit number unavailable]. But I'll just specify that that was a workplace policy specific to where I worked in my office. It wasn't a Public Service Agency policy, which would override an individual worksite, but it did state the following: "A person's health status is private information. This includes staff, clients, and the public. Public Service staff do not have the right to inquire if someone has been vaccinated or whether the person has had a communicable disease infection."

When I read that, I was a bit puzzled that the very next day, the head of the Public Service could come out with a communication to all staff saying that not only did the Public Service have a right to inquire, but it was a duty and obligation and a term and condition of employment for Public Service employees to prove their COVID-19 vaccination status.

Commissioner Drysdale
Thank you.

Philip Davidson
Sorry, to add to that. I think it's important to emphasize that the Government of British Columbia legislated this. They passed an Order in Council on November 19, 2021, and created a new regulation requiring this under the *Public Service Act*. I'm not aware of any other jurisdiction in Canada that did that. And that was the basis for our petition for judicial review as to the constitutionality of such a law.

Wayne Lenhardt
We have another question. Heather, go ahead.

Commissioner DiGregorio
Sorry, one more question. Actually, it was about that Order in Council. Do you know if that is still in effect, or has it been repealed? Or has it expired?

Philip Davidson
It's my understanding that it was rescinded on April 3rd, 2023.

Commissioner DiGregorio
Thank you.

Wayne Lenhardt
Are there any final questions? No. Okay, on behalf of the National Citizens Inquiry, I want to thank you for submitting your testimony today.

Philip Davidson
Thank you.

[00:27:38]

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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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 4: Dr. Matthew Cockle
Full Day 1 Timestamp: 03:27:44–04:50:25
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Dr. Matthew Cockle. Could you give us your full name and spell it for us and then I'll do an oath with you.

Dr. Matthew Cockle
Yes, my name is Matthew Evans Cockle, M-A-T-T-H-E-W, Evans, E-V-A-N-S, Cockle, C-O-C-K-L-E.

Wayne Lenhardt
You may have to get the microphone a little bit closer to you so that this can all be recorded.

Dr. Matthew Cockle
Better?

Wayne Lenhardt
Go ahead yes.

Dr. Matthew Cockle
Is that good?

Wayne Lenhardt
Good, okay. Dr. Matthew Cockle, do you swear that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. Matthew Cockle
I do.

Wayne Lenhardt
I gather you're a professor at the moment. Could you maybe give us a little background on what you do and your qualifications?

Dr. Matthew Cockle
I don't teach at a university. I teach kids privately. My PhD is from UBC. I'm a Renaissance and Reformation specialist, and my masters from the University of Paris and the École Pratique des attitudes in History of Religions. I've been working with the Canadian COVID Care Alliance for a year and a half, two years, with Deanna McCleod and Liam Sturgess and many others in the external communications committee.

Wayne Lenhardt
I gather you're going to talk about conflict of interest and advancing the public good. So I'm just going to perhaps let you proceed and turn you loose, and if I have anything that I think needs clarifying, I'll just pop in briefly.

Dr. Matthew Cockle
Sounds good. All right, so advancing the public good or promoting cultural barbarism. What are good schools for?

The other day, a friend and I were discussing the talk that I would give here at the National Citizens Inquiry and with her talent for powerfully concise formulations, she provided what I think is a perfect introduction to my topic. When we turned to discuss universities, she said something along these lines: when I think about our universities, I can't help thinking about their sad and harmful failure over the past three years.

Since March 2020, they have failed to provide public access to much-needed information, and they've failed to foster and host balanced debate about the decisions being taken and the policy measures being implemented in response to COVID-19. It's not like these decisions and policies were of no public significance and, therefore, somehow beneath academic discussion.

On the contrary, these decisions and policies threatened all aspects of society, economic and political, social and cultural, education and health. These decisions and policies **suspended and sometimes extinguished rights: They forced mass submission to medical experimentation; they destroyed small businesses; they mandated loss of employment and disentitlement to employment insurance; they denied timely access to medical diagnosis; they denied access to medical treatment, including access to early or effective COVID treatment; they criminalized non-compliance and lawful opposition; and they denied access to effective remedies and to due process.**

In relation both to COVID-19 and our national and provincial policy response to COVID, our universities could have provided public access to much-needed balanced evidence-based information. Our universities could have provided forums for balanced interdisciplinary public debate. Instead, our universities bullied, suspended, and fired faculty who questioned or criticized.

Wayne Lenhardt
Dr. Cockle, in the interest of partly our time, I think perhaps if you could maybe sort of summarize a bit rather than just reading from your script as to what your points are and that will give us an opportunity also to jump in.

Dr. Matthew Cockle
I can only read. I've done a great deal of work here to bring this together, and I absolutely can't just summarize on the fly.

[00:05:00]

It's hard. Okay. I can try.

Wayne Lenhardt
I understand. I've been an academic myself prior to going into law, but I think in this forum, I think it would work much better.

Dr. Matthew Cockle
So when we think about our universities, there are two things that spring to mind. First, we think that our universities are there to advance the public good. And second, they're there to make great strides forward by fostering specialized knowledge. We generally, as Canadians, we think of universities acting towards advancing the public welfare, towards promoting societal health and well-being. Now, few people will deny the incredible benefit that we've drawn from this, but there are harms associated with this specialization.

Wayne Lenhardt
Do you regard COVID as a scientific type of an issue or do you regard it as more of a cultural type of thing or both? What I'm trying to do is home in on your topic, advancing the public good. I'm an old analytic philosopher. What do we mean by that? How are we advancing the public good, and how have they not done that if that's the case here? And now you talk about conflicts of interest, and I'm sure there are tons of them involved in this.

Dr. Matthew Cockle
We can go right into conflicts of interest, but I'll have to follow some notes for this. So taking Dr. Shelly Deeks. She is the current chair of Canada's National Advisory Committee on Immunization [NACI] and very early on in the pandemic, she received a 3 point [sic][3.5] **million dollar grant as part of the Canadian Immunization Research Network's [CIRN] COVID-19 vaccine readiness program. The CIRN grant was issued several months before there was any randomized control data available, yet it seems to have presupposed that mRNA vaccines were the only viable answer to COVID-19. This was a precipitous conclusion aligned with the interests of global organizations involved in setting Canada's national research priorities.**

Now one such organization is GloPID-R, the Global Research Collaboration for Infectious Disease Preparedness, and in a promotional video, they refer to themselves as "GloPID-R, the global coalition of research funders." On the GloPID-R website, we read that members of our global coalition are funding organizations investing in research related to new or re-emerging infectious diseases that share the goal objectives and commitments of GloPID-R.

Now clearly, the primary investors in research related to new or re-emerging infectious diseases are likely to be pharmaceutical corporations, and indeed as one of its developmental milestones, GloPID-R created its industry stakeholder group in October 2017. In their own words, "GloPID-R members agreed on the importance to reach out to industrial pharmaceutical corporations to increase the efficiency of the global response to outbreaks." In order to achieve this objective, they discussed the best way forward and decided to set up a specific industry stakeholder group.

So this organization, GloPID-R, played a key role in coordinating the pandemic response and research efforts internationally. It coordinates research funding that advances research and development of pharmaceutical products with a major focus on vaccine development. In addition to its industry stakeholder group, the membership of GloPID-R includes both the World Health Organization, GAVI, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations, alongside 30 other private organizations and public institutions among which many national research councils and the Canadian Institutes of Health Research.

I think most Canadians would find it somewhat startling that the research priorities adopted for Canada's COVID-19 response were largely set in the global COVID-19 research roadmap, developed and published in March 2020 as a collaboration between this global pharma-backed research organization that prioritized vaccine research and the WHO R&D blueprint team.

Fortunately, no one has to take my word for it. We can read the words of Charu Kaushic, the Scientific Director of the Canadian Institutes of Health Research,

[00:10:00]

Institute of Infection and Immunity [III].

She also happens to be at the same time, the chair of GloPID-R. She has written a letter published on the CIHR website entitled, Message from the Scientific Director: The CIHR response to the COVID-19 pandemic. In this letter, we read:

> Since the beginning of this pandemic, Canadian science and scientists have shown tremendous leadership nationally and internationally. In February, CIHR, Canadian III researchers and leading health experts from around the world participated in a World Health Organization [WHO]–Global Research Collaboration for Infectious Disease Preparedness [GloPID-R] joint meeting in Geneva to assess knowledge, **identify gaps and work together to accelerate priority research to stop the outbreak. Shortly thereafter, CIHR and other federal agency partners launched a Government of Canada rapid research response, and the response from the Infection and Immunity community was remarkable. This resulted in a total investment of $52.6M to support 96 research projects across the country to rapidly detect, manage and reduce the transmission of COVID-19 . . . .**
>
> **As a result of working closely with GloPID-R and the ongoing coordination from WHO, we have seen [Charu Kaushic writes for the CIHR], unprecedented levels of international cooperation between**

> **funding agencies and international researchers in the response to COVID-19.**

So in this letter, Charu Kaushic, the Scientific Director within the CIHR Institute of Infection and Immunity, refers to CIHR Canadian III researchers.

Again, reading from CIHR's own website:

> **. . . these initiatives . . . offer funding opportunities related to identified priority areas. Each of these initiatives involves collaboration between the Institutes and a wide range of partner organizations, including:**
>
> - other federal and provincial government . . . [organizations]
> - international, national and provincial funding organizations, and relevant territorial departments
> - health charities
> - non-governmental organizations [such as the WHO and]
> - industry [such as Pfizer]
>
> The purpose of these initiatives is to offer funding opportunities focusing on a specific research agenda.

The problem here is we're taking great strides to advance science without similar attention being taken to advance humane governance and to limit destructive excess.

The CIHR is deeply entrenched in a program of global public–private partnerships that allow extremely powerful private interest to play a major role in setting Canada's research agenda. The $3.5 million grant received by NACI chair, Dr. Shelly Deeks, to encourage COVID-19 vaccine readiness, fits neatly into this larger framework of a research agenda set by global interests.

Again and again and again throughout the documents that I've read in preparing this talk, one sees the assumption that by quite simply continuing full speed ahead according to the research priorities identified and funded by global coalitions of research funders, one will be making significant contributions to the public good and that one's industry in advancing these select research priorities, provided by public–private global partnership organizations, is deserving of heartfelt thanks in and of itself.

As an example of such bizarrely naive assumptions of altruism, we can read the title of an article published on the CIHR website. The article appears to be written as an introduction **to Dr. Scott Halperin, nominated principal investigator with the Canadian Immunization Research Network and Director of the Canadian Centre for Vaccinology.**

The title reads, "Heralded as one of the greatest medical breakthroughs of modern times, why are proven-effective vaccines suddenly getting such a bad rap?" The title hyphenates the word proven and effective to create a compound word and the compound word then represents the conclusion that vaccines have indeed been proven effective.

On the face of it, this sounds absurd. How have all vaccines been proven effective? But then, too, if one wanted to argue that not all vaccines are effective, the author might counter by saying, "Yes, but here we're only referring to the ones that are proven effective, hence the hyphen."

So as we read the published material on these official Government of Canada websites, we might get the impression that there's considerable effort being made to obscure matters of importance and to present information in an intentionally misleading manner. By way of illustration, another bit of tricky phrasing can be found at the end of the first paragraph on the same page to which I've just referred.

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"Dr. Scott Halperin," we read, "has dedicated his career to inspiring confidence amongst Canadians, that the most effective way to prevent the spread of infectious diseases continues to be through vaccination. By demonstrating the judicious testing that each vaccine undergoes before being introduced into publicly funded immunization programs, Dr. Halperin is combating misinformation with fact, reassuring us that the decision to vaccinate ourselves and our children is a wise one."

In these two sentences we're confronted with just a barrage of assumptions.

First, that vaccination is the most effective way to prevent the spread of infectious diseases. Second, that as this continues to be the case, it has been so for a good long time and therefore is a settled matter of scientific fact not open to dispute. Third, that each and every vaccine introduced into publicly funded immunization programs is subject to judicious testing. Fourth, that the decision to vaccinate ourselves and our children is wise. And because there is no context given, the suggestion is that it is always wise, presumably because of the judicious testing upon which we can always rely. And fifth, that anything which might shake one's assurance in the wisdom of vaccinating oneself and one's children is misinformation.

So all across the board, we see that Canadian researchers are being encouraged to simply assume that whatever work they do, so long as they're advancing the research priorities set within the established global research agenda, they're doing the right thing.

We might reflect that it's not advisable to separate the pursuit of specialized knowledge from the service of the public good. But here we see that our researchers are not doing this—at least they don't think they are. They're encouraged at every possible turn to believe that they're altruistic agents whose industry is unquestionably being directed towards the general health and well-being of Canadians. And there's a powerful and familiar idea at work here.

When we say that we want our children to go to good schools, we mean we want them to flourish, we want them eventually to be esteemed by their fellows, we want them to be valued in professions and in the roles they go on to play in their careers. And when we say good school, we tend to assume that the school in and of itself is already fulfilling such an important socially beneficial role, that the mere fact of entering the good school, you're already contributing, you're already doing good for your fellows, and this is a very common assumption.

And I think we see a very similar assumption being promoted in relation to all those participating in Canadian Institutes of Health Research initiatives on these official government website pages. Now it's a wonderful assumption to make if it's true. So long as it's true, it's wonderful to be able to make the assumption that our good schools are doing good. And this is why we say good for you, worthy endeavors. And they are. They're worthy

so long as the good school isn't actually doing anything unlawful, unethical, or contrary to the public good.

So when I read Charu Kaushic, the Scientific Director within the CIHR Institute of Infection and Immunity, I might be inclined to take her at her word when she says, "I know each one of us is trying our hardest to contribute in every way we can, whether it is being a source of authentic information to counteract all the misinformation that is out there, providing sound advice on infection prevention and control, or discussing the scientific evidence on social distancing, latest therapeutics, testing, and vaccines."

When I read her saying these words, I'm tempted to believe her. I'm tempted to believe that she believes what she's saying. And I'm tempted to believe this, that she's in earnest, even though social distancing and masking recommendations were never anywhere near constituting sound evidence-based advice on infection prevention and control, even though there is no scientific evidence that social distancing was effective, even though relatively little and poorly designed research was done into therapeutic treatments for COVID-19, particularly those like hydroxychloroquine, even though it was manifestly clear from the beginning that the mRNA COVID-19 genetic vaccines hadn't even come close to meeting reasonable testing criteria.

So why am I inclined to believe that Charu Kaushic believes what she is writing, in spite of what might strike one as its manifest absurdity? Well, I think it's entirely possible that she believes the system as a whole because it is so wonderfully powerful and productive, because the sky is the limit when it comes to all that we can accomplish that she believes the system is necessarily and assuredly good.

When Charu Kaushic writes to the collective community of the CIHR,

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when she writes to every one of you, "my heartfelt thanks," she's giving clear expression, whether she really believes it or not, to the idea that their participation in any and all CIHR projects is itself an entirely unproblematic ethical good: something to be lauded, something worthy of spontaneous yet profound respect. What we're dealing with then is a rather sophisticated "get-out-of-responsibility-free" card.

If I am a Canadian researcher engaged in top-level research for initiatives funded by the Canadian Institutes of Health Research or if I am engaged in research with one of the network organizations under the umbrella of the Canadian Immunization Research Network, then I know in my heart that the work I'm doing is good. It has to be good because the CIHR and the CIRN are public institutions of the highest calibre. They aren't predatory corporations. They exist merely to serve the public good and advance the cutting edge of scientific research on behalf of all Canadians. Well, it feels good, but is it real?

What I do know is that Charu Kaushic can't quite use this line of reasoning to absolve herself of responsibility. And the reason is, in her role as the Scientific Director for CIHR III, and this is from a government website, Dr. Kaushic is responsible for making investment decisions nationally and internationally and representing "CIHR and the Government of Canada at various national and international forums related to infectious diseases," and at the same time, in this very same capacity, she serves as the Chair of GloPID-R, the global consortium of funders in pandemic preparedness and emergency response research.

So it's possible that a great many well-meaning Canadian researchers are operating under the impression that the work they're doing must be good because the CIHR and CIRN are public institutions that function altruistically. It might be possible for many such well-meaning Canadian researchers to imagine that the CIHR and CIRN are so constituted that they will not and perhaps even cannot function in the manner of predatory, profit-driven corporations.

If this is the case, if it's true that many Canadian researchers possess such a view of these powerful public institutions, Charu Kaushic is very unlikely to share their candy-coated illusions because as Scientific Director within the CIHR Institute of Infection and Immunity, Kaushic is involved with the CIHR's Global Governance Research on Infectious Disease initiative.

From the CIHR's own website, the CIHR Institute of Population and Public Health and Institute of Infection and Immunity have been leading efforts to build an international network for social science research on infectious diseases that will be supported by a central coordinating hub funded by the European Commission through its Horizon 2020 work program.

The intention of the international network is for participating funders to establish the support centres, initiatives, or networks within their own jurisdictions, which will then be networked internationally through the EC-funded central coordinating hub. This international network of networks will facilitate bigger and more robust scientific inquiries that respond to the needs of global policymakers. This international network is intended to facilitate policy relevant opportunities, networking, cross-country learning, bigger science, and knowledge transition opportunities.

The point that needs to be driven home here is that, given the state of our current national research bodies, it's very unlikely that they're representing anything like what the average Canadian imagines as the public good.

Not only are our Canadian national research bodies correlating their research with the priorities set out in the WHO and GloPID-R's coordinated global research roadmap, but our public CIHR is actively contributing to global governance programs that will facilitate the transfer of its national decision-making agency as a Canadian public institution into the hands of global public–private partnership organizations.

Rather heroically, the CIHR website refers to its leading efforts to build an international network of networks. Nowhere does the CIHR mention the goal of securing bigger profits for the corporate stakeholders who stand to gain from these publicly funded webworks.

No, according to the CIHR, the international network of networks just promises bigger science. There's similarly no mention of profits on the GloPID-R site. The overriding aim of our work, they say, "is to impact global health by saving lives.

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"To coordinate the work of funders, we are active on several fronts."

But as a reminder of the mode of operations one might expect from GloPID-R's industry stakeholder group, we could take a quick peek at the United States Department of Justice website under the heading, "Justice Department announces largest health care fraud settlement in its history: Pfizer to pay $2.3 billion for fraudulent marketing." In this press

release, dated Wednesday, September 2nd, 2009, we read, "American pharmaceutical giant Pfizer Inc. and its subsidiary have agreed to pay $2.3 billion, the largest health care fraud state settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products."
The press release quotes Tony West, the Assistant Attorney General for the Civil Division, as saying that "illegal conduct and fraud by pharmaceutical companies puts the public health at risk, corrupts medical decisions by health care providers, and costs the government billions of dollars."

It quotes Mike Loucks, then acting U.S. Attorney for the District of Massachusetts, as saying, "The size and seriousness of this resolution, including the huge criminal fine [of $1.3 billion], reflect the seriousness and scope of Pfizer's crimes. Pfizer violated the law over an extensive period of time. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, [Warner-Lambert], Pfizer was itself in its other operations violating those very same laws. Today's enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated."

Now why would Canadian public institutions want to get into bed with corporations that demonstrate blatant and continued disregard of the law? Does the Canadian public believe it's worthwhile to give up the autonomous governance of our national research programs and to partner with corporations that pay out billions in healthcare fraud settlements just for the sake of bigger science?

So over the course of the pandemic, it's the declared pandemic, we've assumed that, well, at least our legacy media and our national public broadcaster have worked overtime to create the impression that the COVID-19 response in Canada has been led by independent scientists and elected representatives whose primary motivation has been to promote public welfare.

In reality, our COVID-19 response has been largely directed by individuals and corporations with ideological and financial interests independent of and in some cases contrary to public welfare. These individuals and corporations have guided pandemic policy in order to ensure outcomes in line with their own private interests with little regard to the general well-being of Canadians. And here, speaking generally, we're talking about public–private partnerships.

Public institutions are rooted in the public sphere. They tend to have laudable goals, mission statements, and mandates clearly aligned with the constant underlying purpose of serving and protecting the public good. Increasingly, however, of the past decades and most acutely during this declared pandemic, leading figures within our public institutions, like Charu Kaushic, have chosen to engage in partnerships with private sector entities. And as a result of these choices, public institutions have become to greater or lesser degree dependent upon external and private sources of funding. In doing so, they've compromised the integrity of these public institutions whose intended purpose is to promote the public welfare. Additionally, though, they've normalized, they're in the process of normalizing the public–private partnership model.

On the face of it, public–private partnerships sound good. It sounds like we're all pulling together towards a common set of goals. But when it comes to the interests of powerful corporations capable of exerting influence on a global scale, there's little evidence that their interests ever meaningfully intersect in positive, healthy, and peaceful ways with the interests of the average global citizen.

It should be an ever-present consideration for anyone advocating on behalf of the public good that it's absolutely essential that public institutions remain independent from the private sphere, particularly when one is dealing with public regulatory bodies. It's vital that the regulatory body remain independent of the private sector industries they regulate.

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But they must also remain independent of any overreaching state and federal bodies that might themselves be leveraged by private sector interests. Over the course of the declared pandemic, the most obvious and flagrant example of private sector influence upon the public regulatory bodies as well as upon public organizations more generally is the influence exerted by our pharmaceutical industry.

Pharmaceutical companies have a clear mandate to pursue financial gain. Their primary goal is to increase shareholder profit and investment. And it's not in their mandate, it's not a marketplace requirement, it's not even a marketplace expectation that they determine the nature of the public good, let alone promote or protect it.

The COVID-19 crisis presented global corporations, including pharmaceutical companies, with an unprecedented opportunity to consolidate their wealth and power. And the transfer of wealth that has taken place, a transfer from the working class to the global billionaire elite, has been measured in the trillions. According to a recent Oxfam report, the richest 1 per cent grabbed nearly two-thirds of all new wealth worth 42 trillion created since 2020, almost twice as much money as the bottom 99 per cent of the world's population. So it's worked for them. The pandemic has worked very well for them. It's gone off without a hitch.

At the same time, the COVID-19 crisis has presented the global public with an opportunity to see just how much power the corporate sector can wield. We've seen its ability to influence public organizations, including regulatory bodies. We've seen its ability to direct the emergency response, including the legislative processes of sovereign governments. And through the hold it has upon legacy media and the new social media platforms, we've seen the influence it's able to exert in shaping the understanding of and the reaction to these policies in populations around the globe.

In other words, we've observed that there are corporate power structures ready, willing, and entirely able to shape global government policies, and then to shape the global response to the policies they're promoting. Policies, ostensibly in service of the public welfare, but manifestly serving to increase the wealth, power, and finally control of these corporations over an increasingly captured public sphere.

So where does this lead?

Now I'd say that where this leads is a state of cultural barbarism as a new norm. But the word "barbarism" poses a problem just because we have two sort of definitions floating around. There's the language-based definition that refers to the Greek term barbarous. And the barbarian is someone who when they talk, it just sounds like bar, bar, bar. We don't understand what they're saying. It's a foreign tongue. But when we say barbarian, when we say barbarism, what we mean is someone who chooses domination over empathy. We mean the inclination to use violence and coercion to persuade others to do as we wish. But these two definitions, they're related. And this is really the crux of what I wanted to say here today. These two definitions of barbarism are related by the idea of specialization.

To illustrate, I'll very shortly have a look at scholastics in the Renaissance, if that's all right. So the term barbarism gets used in an interesting way by Erasmus around the end of the 1400s when he refers to the scholastic doctors of theology, the doctors of divinity in the theological schools. And he calls them barbarians because they don't speak Greek. And why is that important? Well, it's important because the New Testament, the Bible that they're interpreting, is written in Greek. And it's not written in Attic Greek. It's not written in a very high Greek for the educated. It's written in what's called Koine Greek,

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marketplace Greek: Greek that's accessible to anybody at all, anybody who can speak it. If they hear it, they understand it.

So the scholastic doctors of divinity, they're reading their Bible in the Latin translation and it's an ancient translation. So already, it's like how many of us read thousand-year-old English and just understand what we're reading? Not many of us. So it's an ancient text and then on top of this, they developed this really complicated Latin, and they bring in all kinds of new terms so nobody except for them can understand the interpretive process they're using, the interpretive method they're using. And so now, you've got a population that's cut off from the sacred text that apparently is the foundation and wellspring of their sense of what the public good is. And you've got a clique of specialists who can decide for them. And if you can control that clique of specialists, then you can shape expectations in relation to the public good. So that's one part, that's an important part of barbarism—when you have walled off domains of learning, domains of thinking that have real public significance, when you've walled it off from the public.

Now how does this contribute to sort of a cultural barbarism, where you're oppressing others, where this becomes the default mode?

Well, if every domain of learning—we take our universities—every domain has its specialists. So no matter what we're talking about, we're going to defer to the specialists: ask the experts, trust the experts. And maybe those experts will be helpful. But the specialization of all agency—the specialization of knowledge and agency in all domains of human activity—this is a signal for cultural barbarism. And the reason is that the default position now becomes, no matter what the question is, "there are experts who are dealing with it." And the question should be given to them. And no matter what the problem, it's not my responsibility because I'm not the specialist. It's someone else's responsibility.

Now the universities saw incredibly high compliance with the mandates and with very little debate, which is really shocking to a lot of us. But we can understand it because everybody's deferring to the next specialist. And so when you create a culture like that, you basically, you've laid the foundation. When you have domains of learning and activity that are specialized and you're encouraged to trust the experts rather than coming to your own determinations, then not only are you cut off from the learning and the skill involved in that domain, but you're also cut off from the possibility of taking responsibility in that domain.

A specialized domain is not the responsibility of the non-specialist. What happens, however, when the entire network of human activity has become specialized is that for any given thing, the grand majority of people are not responsible. Not only are they not responsible, but they cannot take responsibility and taking responsibility becomes a question of accreditation.

By creating and legitimizing and normalizing the extraordinary authority of the expert, of the specialist, the university has legitimized the adoption in the general population of a very unhealthy default position: Whatever the matter at hand, it's not my responsibility and that's not a problem. If I trust in the good schools, then I know that whatever the problem, there are experts whose responsibility it is, there are specialists looking into these things, and the specialists looking into these things are the trustworthy product of our trusted universities.

So we have this uncritical acceptance of the idea that universities are a public good and that the specialization in all areas of human inquiry that they cultivate is public good. And as a result of this accepted notion, the default position for individuals is that they're not responsible. And once you've convinced the population that they are justified precisely when they do not take responsibility for important public issues,

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then you open the door to coercive policies and abuse.

You open the door because you've created the conditions for acquiescent acceptance of anything and everything in the general population. They will accept whatever policies are handed down, no matter how oppressive because they know they've been handed down by individuals accredited within a system they trust. They believe that the system is trustworthy because it goes without saying, it represents a public good.

So I think I can wrap up here.

In relation to these reflections, you know, we can all hear the voices of our friends and our family and the legacy media. And they're going to say things like, "Oh, come on, don't you think you're exaggerating a little? How bad can it be? Are you really telling me that we can't trust our universities now? What about our medical journals? Is that next? Are you going to try and tell me that not only our universities, but our public research agencies and the world's leading medical journals are somehow corrupt? Come on, kid, give your head a shake."

And unfortunately, that's exactly where we're at, but it's above my pay grade to say so.

But we don't need me. We've got Richard Horton, he's the Editor-in-Chief of *The Lancet*, one of the world's most highly respected medical journals. And he penned an article on April 11th, 2015. It appeared in *The Lancet*, and it was entitled "Offline: What is Medicine's 5 Sigma?" And it's kind of mind-blowing. It starts like this:

> **"A lot of what is published is incorrect." I'm not allowed to say who made this remark because we were asked to observe Chatham House rules. We were also asked not to take photographs of slides. Those who worked for government agencies pleaded that their comments especially remain unquoted, since the forthcoming UK election meant they were living in "purdah" —a chilling state where severe restrictions on freedom of speech are placed on anyone on the government's payroll. Why the paranoid concern for secrecy and non-attribution? Because this symposium—on the reproducibility and reliability of biomedical research held at the Wellcome Trust in London last week—touched on one of the most sensitive issues in science today: the idea**

that something has gone fundamentally wrong with one of our greatest human creations.

Now in relation to the short series of excerpts that follow, remember that this is the Editor-in-Chief of *The Lancet* speaking about scientific literature. And as he makes no exception for *The Lancet*, we can assume that in writing this, he considers his own journal to be among the offending publications.

Wayne Lenhardt
Could I maybe stop you and just ask a couple of questions from, I think, our perspective?

As you're talking, I'm thinking to myself, you know, maybe the problem is that money is a source of all evil, okay? And universities have incentives built in the same way as corporations have incentives built in. And the incentives that are at the university, I mean, I saw this first time, is that if you're a young academic, the way to make your name and also make more money is to, number one, publish in respectable journals. And that's where you mentioned *The Lancet*, which is a very prestigious journal. So if you're able to get a paper, an academic paper published in *The Lancet*, that's a real feather in your cap and you're apt to go up from associate professor to full professor, your salary will go up, your prestige goes up, et cetera, et cetera, et cetera.

So if you have globalists behind some sort of a pandemic, it's useful for them to have academic credentials for their shot, whatever it is. So it's in their interest then to try to corrupt the system in some of the better universities. And it's not that difficult to do in the sciences, in the hard sciences: one of the ways you go up as a young professor is to attract a bunch of research grants. So all of a sudden, I've collected 20 million in research grants, but my little competitor,

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professor over here, has got 100 million. So he's going to go up faster than I will. And that leads to all kinds of abuses, some of which have been uncovered.

You know, there was a professor at Memorial University in Newfoundland that was falsifying results. It actually happened in Duke of all places where also they ended up retracting, I think, a dozen papers and firing this guy, who was actually making up his test results. But it happens everywhere. I mean, *The New York Times* had a guy 20 years ago, I recall, who had actually fabricated a news story about an eight-year-old drug addict in Atlanta. He sat in his apartment for a week, and it was pure fiction, and he passed it off as being real. These are all financial incentives. So I think as far as the university goes, it's **certainly not immune from that.**

Dr. Matthew Cockle
Richard Horton says poor methods get results.

Wayne Lenhardt
I'm sorry?

Dr. Matthew Cockle
Horton said poor methods get results: the case against science.

Wayne Lenhardt
Sure. Well, East Anglia University was one of the best universities for global warming at one point. Until there was no global warming for 19 years and they tried to hide the decline and somebody hacked their emails. So is this the problem with conflict of interest and advancing the public? But I'll stop. I'm not a witness here, but just trying to wrap your presentation.

Dr. Matthew Cockle
Alright so, okay, I think his comments are a good wrap-up for me if I just can finish that would be great.

Wayne Lenhardt
Maybe this is the good time to ask the commissioners if they have any questions so we can go off on that. Go ahead.

Commissioner Kaikkonen
Good morning. I have a number of questions, and probably not as many, or more than I can ask here. We've heard testimony, as we go across Canada, elaborating on how our institutions have failed Canadians.

And at the same time, we also recognize, or many of us recognize, that our universities have moved away from their original foundations of academic inquiry to this group-think mentality. And I'm thinking, in my own case, groupthink came in around early 2000s.

So where, in your opinion, did universities go off the rails? And this is where I'm going to ask a number of questions.

Do you think the unionization of faculty members has been a contributing factor, where it used to be tenure was a job for life, which allowed the professors to dissent or offer research that was dissenting from the public narrative? Or could it be that the funding agencies, which narrows the perspective as you alluded to, NSERC and SHHRC, where professors who apply for grant funding have to apply within the criteria offered by the federal government?

Or is it simply because the arts and social sciences and humanities have lost their way, as many of us who taught in the arts tried to warn as early as the early 2000s? Or is it because universities have climbed onto the skills-based academic programs and, by extension, given colleges that degree-granting status?

And the reason I ask this is because there's a number of parents right now who are looking at universities as an option for their children. And there are some plusses to universities in terms of academic inquiry and learning how to research and critically think and critically write. And I know it's getting harder to find them, but they still exist.

And I'm just wondering, they went off the rails, or collectively, stereotypically, we say they've gone off the rails as universities go— But at what point did they really go off the

rails that money, as Wayne has alluded to, is the root of all evil, or the love of money is actually the root of all evil? And to the point where we're going to discourage parents from sending their children to universities, when there are some positives there that we should be considering as well.

So just where did they go off the rails? At what point do you, in your opinion, do you think that they stepped out of being a university that included academic integrity,

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to where they are now?

Dr. Matthew Cockle
I think it's right that it's linked to the incentivization process and I think that the damage has been done at the university level and also at the federal and provincial funding levels. By starving universities of federal funding, you open them up to private funding and then by walling off the decision-making committees from the public, in terms of where funds are going to be allocated and for what reasons, you create this sort of culture of secrecy that allows terrible things to happen.

And so way back in the '90s when I was at SFU— Jerry Zasloff had created the Institute for the Humanities, and he created it in the first year, in the year of SFU's inception, I believe. And it was an independent body within the university that was not subject to administrative control. And what that allowed it to do was to operate as a kind of conscience for the university and thank goodness it did. And one of the things it did was that Jerry—and many others in collaboration with many others around Vancouver—organized a public forum, and it was on the persistence of the influences from fascist institutions and Nazi institutions and totalitarian institutions, the persistent influence into the modern day. And one of the panels was on SFU's involvement in Indonesia at the time. So federal funding was coming in to SFU, and SFU was sending engineers into Indonesia to train Indonesian engineers and to boost their engineering program. And at the very same time, Indonesia was in East Timor genociding the East Timorese. Now that's insane.

And while this is happening, the CBC is somehow being leveraged by the federal government, and they come out and they say that they don't think that what's happening in East Timor is newsworthy. So at this panel, there's an archbishop who's seen people slaughtered in the street in front of his church. And then there's John Stubbs, President of the University, who's trying to say, as long as we're advancing education, it's got to be good. And we're advancing engineering in Indonesia, and this is going to be good for the people of Indonesia. And therefore, it's going to be good for everybody that they have anything to do **with.**

And at one point, there are these two— They look like Indonesian military. They look absolutely terrifying. They're the most terrifying men I've ever seen. They're not sitting together. They're in different parts of the audience. And at different moments of people's testimony, they would get up and they would vociferously maintain that nothing was happening in East Timor. So then John Stubbs, President of SFU, is on their side?

And so what this illustrates is there's clearly a problem when money can be coming from the federal government, and it can be moving through a university, and it can be of such significance that the president of that university can't stop a program from happening even

when it's supporting a genocidal regime in the act of genociding another people. That's mind-boggling.

And I think that we're just further ahead into that process. And so that's why I think that the answer to a lot of this— We have people coming and saying, the problem is socialism. It's not. That's absurd. The problem is our public institutions, which are our bulwarks, they're the things that can protect us, they're the things we need to strengthen, they're being undermined by the private sphere. Of course, they are.

If we see that something is rotten to the core—whether it's the CBC or whatever it is, some public institution—the answer is not to defund it and dismantle it. The answer is to figure out what's wrong: which parties are trying to undermine it; if there are any such parties, what they stand to gain from it; and what we can do to fix it, to heal it, and to strengthen it and protect it from further corruption so that it can actually do a job for us.

Our public institutions are like guards at the gates. We've got a city. You've got seven gates. There are big guards there. And the corporate walls cannot get in. But they bribe the guards and every now and then, they make raids. And now they make more raids. But what they'd love is if they could convince the population in the city's walls to get rid of those guards completely: "The public institutions are the problem.

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"Just scrap them. The private sector will take care of you much better." Well, then you've got no guards and you've got no defence.

And the public owns the public sphere but needs to take it back. Because right now, it's in the hands of networks, coordinated networks, of corporate powers. And they pay a lot of very smart people to strategize how to best go about this process of undermining the public sphere and capturing it.

Commissioner Kaikkonen
So we are going to get a copy of your research paper as evidence, yes?

Dr. Matthew Cockle
I'm sorry. It was the wrong format.

Commissioner Kaikkonen
No, it's okay. I really like it when you speak from the cuff. It's actually very refreshing and enlightening to all of us because you're actually giving us your passion.

You mentioned the New Testament and I'm not sure which direction you were going, so I'm just going to say that "Tindale" or "Tyndale," depending on how people pronounce his name, translated the Greek to English in the New Testament, and he did so, so that every farm boy would have access to the Scriptures. He did it under threat of death. He moved from the U.K. to Europe. They killed him once and then his secretary, Matthew, took over, and they thought he had come back to life, so they dug up his ashes and re-killed him.

I'm just wondering, are we at that place in society where we don't have access to the Scriptures anymore? Are we at that place where censorship has taken such a direction and

influence in our lives that we don't have access to what was or what these people stood for in principles? Or is there still hope for this country?

Dr. Matthew Cockle
Okay. That's a really interesting question. So I don't think that there's any need to privilege one scripture or sacred text over another. I think that a lot of the time we look at some sort of—let's use Trudeau's term fringe—some fringe group whether it's the Wahhabis movement in Islam or some puritanical sect in Christianity, you can find bad people everywhere.

But if you've got a community of people who are using a sacred text and its traditions to try and create an integrated communal identity, and then within that community, you've got individuals who believe that the tradition they've inherited and the text that they're working with actually allow them to sort of own themselves. They are autonomous in their decision to adopt the structures of this tradition. So then, it allows them to become self-possessed. I think that's a very powerful thing.

And I think that what we see in the media now is a wonderfully cunning attack on faith communities of all kinds. And the reason is that whether or not you agree with the tenets or whether or not you're going to go out and buy yourself a Koran and spend a lot of time reading it, you can appreciate that if an entire community is clear on the ethical norms that they wish to live by, boy, it becomes hard to push them around when you've got a corporate agenda and you're pushing through the media and you just want it to go. And they keep getting in the way.

So you have to take measures: You've got to make sure that they're not getting together, so you better close the churches. You can leave Walmart open because the marketplace triumphs, and there's no problem with the marketplace. But you better close the churches. And maybe you close the Christian churches and maybe you leave the synagogues and mosques open so that the faith groups can fight amongst themselves instead of recognizing that what's happening is you've got to move by large corporate powers—they want to take over the public sphere. And they want to take away everything that protects people and allows them to make decisions for themselves because that population is a market and it's valuable as a market.

Commissioner Kaikkonen
And do you have any specific recommendations that will help ordinary hard-working Canadians to combat what is happening in our country?

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Dr. Matthew Cockle
Well, I think that the direction things are going is very ugly and one of the reasons is what's happened throughout the declared pandemic is people have felt that it's okay to turn their back when other people are excluded and abused.

There are somewhere between 4,000 and 4,500 nurses in BC who have either been terminated or have left the profession because of the vaccine mandate. And one might wonder, why aren't all the other nurses standing with them and standing up for them? It seems ludicrous.

And then when you think about the Hippocratic Oath to do no harm and the sort of ethical investment that we expect of our physicians and then we see that the College of Physicians and Surgeons of BC is threatening to take away the licences of any physicians who speak out against the policies, even though it's their fiduciary duty to speak out. If they think that a policy is going to do harm to one of their patients, it's their lawful duty to speak out. And how is it that they're not?

How is it that we've come to this place where, en masse, precisely those professions that we've looked to as the most enlightened or the most ethical have completely failed us. Not that individuals within those professions have failed us because I work with amazing people. That's the great thing about the pandemic is I've met amazing people, and I'm constantly startled by all that they know and I absorb as much as I can. But en masse, this sort of abandonment of our fellows, that's a really dark turn.

Commissioner Kaikkonen
Thank you very much.

Wayne Lenhardt
Dr. Massie.

Commissioner Massie
Thank you very much for your testimony.

I think one of the points you raise in terms of the specialized knowledge and the big science, which from a technology point of view calls for the major investment in facility—if you are going to do, for example, genomic science, high-level sequencing, and that kind of activity, you really need to build infrastructure that not every scientist can actually have in his own lab, but at least would have the ability to access.

So that calls for some sort of governing system that would allow, I would say, a fair access to scientists to the facility in order for them to carry on their research. Somebody has to decide that this project should have more access to the facility than the other, and that's not an easy thing actually to equilibrate in some way in terms of resource allocation and so on. It's always been a struggle, and as you mentioned, the incentive is really driving what behaviour you're going to get from people.

So one of the things I've been struggling with as a scientist over my career is that I'm old enough to have had the pretty good, strong training in humanities. But the new scientists or the younger generation don't seem to have had that opportunity to have this training in humanities that would give them a perspective on ethical principle. That's one thing.

And the other one, which I think is very important is what I call, in this branch of philosophy called epistemology: How do we generate the knowledge that we have? And how does that evolve? And when you do it carefully, you realize that the driving force to get to the truth in science is debate. So any institution that is sort of suppressing debate, how can we think that they're doing that for common good?

So what's your perspective on the so-called common good as a sort of excuse to push a given agenda in those institutions? Isn't that something that will actually affect all of the activity we're doing in university, would it be in science, natural science,

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or other branches of knowledge in university? So what is your thought on that?

Dr. Matthew Cockle
Well, I think that it would be hard to find a department that didn't have ethical standards and that didn't insist that researchers and professors within the department met those standards.

The problem is that those standards aren't being applied to the funding or to the parameters being set by funders. Of course, your question has many parts. One part, the debate part: so how is it possible that universities that are the place of debate—there's no question we associate them with the debate of ideas—how can they not have done that and how can they have so openly and blatantly stifled anybody who wanted to?

I think that they would defer, in BC, UBC would defer to Bonnie Henry, would defer to Adrian Dix, would defer to David Eby and before him, John Horgan. And if John Horgan, if the premier of a province is up there saying these people who are vaccine-hesitant, "well, it's okay to call them covidiots." Well, if the premier says it, then certainly the university doesn't have to waste any time hearing what these people have to say.

And if Bonnie Henry is up there saying, "I have very little patience for health care workers who don't want to be vaccinated," she's setting the agenda from the top down. And people feel comfortable following the lead of these very important public figures.

How it's happened? I know university professors who simply refuse to think about these things at all in spite— They're brilliant. Some of them are Oxford-educated, there's no question that they're intelligent and capable of critical thinking, but they feel that they're authorized not to look at it. I think that leading by example has done that.

The question of how can we actually make research ethical?

Well, the one way to stop it from being ethical is to allow private stakeholders to meet in closed-door meetings and determine what the agendas are. And you know, GloPID-R and the WHO R&D blueprint team, that's what they did. They created a roadmap, they published it. And then as Charu Kaushic, who is the chair of GloPID and the head of one of **our major initiatives within the CIHR, she says that most of the funding was correlated with that roadmap. And she's speaking globally. And you can watch her Cochrane Convenes' keynote speech, where she looks at— They're tracking. They have data tracking systems that not only track what the research priorities are but what research is being done and whether or not it corresponds with those research priorities. So clearly, the goal is control over as much research as possible.**

Now you made a great point, it costs money, so we need the private sector to invest. But then pharmaceutical companies have always used that excuse. We spend so much in R&D, but they spend relatively little in R&D compared to their spending in public relations and marketing. The people who spend for the R&D, that's the public institutions. So what they're doing is they're getting help from the public sector, but they're still deciding how

that public sector money is being spent. And if we look at COVID, we spent a lot of money on incredibly costly technology, but perhaps it would have cost very little to work on effective therapeutics. Imagine if we had a national program that had actually followed through

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and done this and looked at maybe inexpensive and readily available generics in combination with vitamin D and other commonly available things that we would expect to use in the treatment of respiratory disease.

I think that we could have done a great deal better with far less investment. And the only difference, the one thing we needed to do to get that better outcome, is not allow the corporate sector to call the shots.

Commissioner Massie
Thank you.

Wayne Lenhardt
Yes, Ken.

Commissioner Drysdale
I want to make sure I understand what you were testifying. CIHR is the Canadian Institute of Health Research. CIRN is?

Dr. Matthew Cockle
Canadian Immunization Research Network.

Commissioner Drysdale
You talked about a number of grants, and just running a number in my mind, it was in 10s to 50 millions of dollars you were talking about that they had set out grants to. What I've heard in the testimony over the last number of weeks and months is that, essentially, the vaccines were researched by the manufacturers, the government was given the information, whenever it was, and within weeks they had somehow authorized the vaccines.

Given that the CIHR, the Canadian Institute of Health Research, was giving out so much money, how much money did they give towards research specifically related to proving the safety and efficacy of the vaccines before they were put out to the Canadian public?

Dr. Matthew Cockle
Well, I certainly don't know the answer, the specific answer, to the amount of money spent in that direction. I do know that there was a great deal of money spent on initiatives to encourage vaccine uptake and those initiatives began well before there was any randomized clinical trial data available.

So we were giving out public money for grants to encourage vaccine uptake before we had the basis to say that they might be safe and effective. It's a very odd thing.

Commissioner Drysdale
That's almost like having your house on fire, but instead of putting your efforts to putting the fire out, you put your efforts toward telling the neighbours about it. The monies that you talked about, the bursaries or grants that you were talking about, more had to do with exactly what you said, the propagandizing, the vaccines, combating vaccine hesitancy, which I hadn't really heard of as a term before now in Canada, which is interesting.

Can you comment on how they would have anticipated that they were going to have this vaccine hesitancy when I wasn't aware of it in Canada at all before now?

Dr. Matthew Cockle
Well there has been a lot of work in the decade leading up to the WHO's declaration of a pandemic. GAVI, the Vaccine Alliance, and WHO, I believe they called the past decade the decade of the vaccine.

And there were a tremendous number of global initiatives really pushing the idea that vaccines were the answer. And you can read on the CIHR, on the Government of Canada websites, that vaccines are absolutely the best way to prevent the transmission of infectious diseases.

I'm not sure that that is settled, but it's certainly—you can read it on these Canadian websites as though it is settled.

Commissioner Drysdale
Were you surprised with regard to the change in language? We heard in testimony, I think it was in Red Deer, that the vaccines, and I think they were talking about the Pfizer one, was really ruled a biologic. But they allowed it to be tested under the name vaccine.

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And that the term vaccine that people have come to trust in Canada, like when you think of the smallpox vaccines, that this particular vaccine didn't fall within the definition, so they changed it.

Dr. Matthew Cockle
I think this goes back to this question of who decides what the ethical parameters are for progress within a society and for business as usual. And then, what recourse does the population have?

What we've seen during the pandemic is it doesn't matter how many letters you send to the premier or to the public health officer, you're very unlikely to get a reply. And we have no recourse to challenge these things.

And what we've seen with the introduction of Bill 36, which is the *Health Professions and Occupations Act,* and then fewer people know about the Emergency Act that's been passed in BC, and together with this, the ATP, the Advanced Therapeutics Pathways Program.

Legislation is being introduced in BC that is unlawful and anti-democratic. And some of the things that this legislation does is, with the *Health Professions and Occupations Act*, it allows the minister to appoint people who aren't elected, who don't have to be competent. Competence isn't part of the appointment. And these people are then allowed to change the definitions of words, establish ethical guidelines for treating physicians. They are given the power to suspend a physician's licence, prior to launching an investigation.

There's this all-out attack on individual human rights, and it's blatant and it's ongoing. And one of the strangest aspects of that *Health Professions and Occupations Act* is it would allow under this portal, this public health portal, it would allow legislation to be brought in—like copied and pasted, essentially—brought in wholesale into the legislative framework of BC's laws from other jurisdictions: Switzerland and not only from other jurisdictions but from rule-making bodies.

So that opens it to the WEF, the WHO. Well, what this means is now these— And what is the WEF? It is the world's leading public–private partnership. So it's the public sector overwhelmed, captured, and directed by the private sector. And now they are going to be able to write laws, to have their laws packaged and introduced in BC with no over— They won't pass through the legislative assembly, they may change— Like the *Health Professions and Occupations Act,* it would affect something like 133,000 health care workers in BC. But the changes that this makes, those health care workers have not been consulted.

And that *Health Professions and Occupations Act* was pushed through by David Eby when he closed the legislative assembly one week early. They had only read through something like a fifth, I believe. It was something in the vicinity of 270 pages; it was maybe the largest bill ever introduced in BC. And what David Eby is doing and what Adrian Dix is going along with— Because when you look at Adrian Dix, it looks like this is a man plagued by his conscience. I don't know if that's true, I'm not sure.

When you look at Bonnie Henry, she's cool as a cucumber. I don't know what's going on there, but she's okay with what she's doing. Adrian Dix, maybe not so much. But David Eby, he's a lawyer. He knows what he's doing. I believe that they may even be firing their legal secretaries, their legal staff, the experienced legal staff, to avoid running into obstruction when they introduce things that are absolutely not in the public interest.

Well, that bill was not written in BC. That bill is coming in

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from legal teams. These are being packaged elsewhere.

And I don't think they're being packaged in Saskatchewan. It would look like, if we look at the research funding, it's been coordinated by these global research funding coalitions. And I would assume that these bills are being created also at the global level by interested parties.

And those parties, what are they interested in? Well, they're interested in gaining control over markets. And the markets, you know—we're the market. We think that the public, that that means people like us: people that we don't want bad things to happen to; people whose lives matter; and people we want to thrive as much as possible, we want to protect if we can.

But that's not the way that they're being seen from a global perspective. It's markets. And these markets need to be exploited. It doesn't matter what they're doing with their hair or what shoes they're wearing. None of that matters. And I believe that it's unprecedented in Canada, we've got something like— There are these secret orders in council that the prime minister is able to pass. And I believe that Harper was the one who had passed the most, you know, this walling off the processes, the laws that you're passing. And maybe he passed five or seven. And Trudeau has passed over 70, I believe.

So Canadians can't— We can't find out what is happening. And we can't even get our premier to allow the members of our legislative assembly to properly read and debate the largest bill that's ever been passed, or close to it, in BC's history.

It's ludicrous. And then we think, well, you know, they're good people. They'll fix it. Well, they won't because they're the offenders here.

Commissioner Drysdale
Thank you, sir.

Wayne Lenhardt
Are there any more questions from the Commissioners?

Okay. Dr. Cockle, I want to thank you on behalf of the National Citizens Enquiry for coming and giving your testimony today. Thank you very much.

[01:23:00]

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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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 5: Deanna McLeod
Full Day 1 Timestamp: 05:34:45–06:41:30
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

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Wayne Lenhardt
Good afternoon. Our next presenter is Deanna McLeod. She's been on a couple of times before as an expert. Deanna, if you could give us your full name again and spell it for us and do the oath again, please.

Deanna McLeod
My name is Deanna McLeod, that's D-E-A-N-N-A, McLeod M-C-L-E-O-D.

Wayne Lenhardt
And do you promise that the evidence you give today is the truth, the whole truth, and nothing but the truth.

Deanna McLeod
Yes, I do.

Wayne Lenhardt
Thank you. I think I'm just going to let you launch into your presentation [Presentation exhibit number unavailable], but I gather that this time you're going to be talking about some of the Pfizer data, the six-month reports and the two-month reports, and then you're going to do some analysis for us.

Deanna McLeod
That's right.

Wayne Lenhardt
Okay, take it away.

Deanna McLeod
Thank you very much for having me today. My name is Deanna McLeod and I am the principal and founder of a medical research firm called Kaleidoscope Strategic. I've worked for about a decade in industry in many roles in medical marketing and sales. I have a background in immunology and cognitive psychology. And I founded my firm in 2000 because of what I came to perceive as undue industry influence on recommendations related to cancer therapy, and I wanted to create an opportunity for clinicians to basically make guidelines free of industry influence. And so my team and I have spent probably about 23 years now analyzing clinical data, especially relating to industry bias. And how they might, I guess, bias the information in their favour, which tends to include emphasis of benefits of a drug and minimizing safety issues.

Today what I'd like to do is I'd like to walk you through the cornerstone phase III trial used to support the use of the COVID-19 mRNA products that have been promoted by Pfizer as vaccines.

What I'd like to do is begin with the concept of Do No Harm, which is the Hippocratic Oath. It's the foundation of what we do: in the sense of medicine, meaning things that promote health, the very, very minimum needs to be that it's safe. We don't want to be doing additional harm when we're promoting a drug or recommending a drug for the general public. And that comes in direct conflict with industry's primary goal, which is to make profit. And so we're in a good place when we can balance the opportunity for innovation and profit against the— To ensure that they're also safe.

What I'm going to do today is I'm going to walk you through the phase III trial and the multiple stages of reporting that went on there. And I want to talk to you about how they manipulated the data to emphasize benefits and minimize safety issues in order to profit handsomely off of a world that was looking for a solution to the COVID-19 crisis.

So many of you may or may not be familiar with hierarchies of evidence, but in science not all science is the same. We've heard lots of people talk about how we need to follow the science. In my area, what we know is that not all science is the same: Some science, some trials are designed in a way that can prove something. And other science is meant to generate hypotheses that then go on to fuel the concept of phase III trials that then can prove things.

And so what you see on this slide set is hierarchies of evidence and the top of the hierarchy of evidence is the Level I evidence and that is a phase III randomized controlled trial, preferably placebo controlled. And the reason why that is so important is that there's all sorts of factors that can influence the outcomes in research. And by randomizing patients to one arm or the other, what you are able to do is control for baseline factors or factors that might otherwise influence the outcomes. So we're generally confident at the end of a randomized controlled trial to see if there's a difference between the two arms that that's attributed to the actual product. The reason why we're looking at the phase III trial is because that is the Level I evidence that they used to promote this particular drug.

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One of the things that I do whenever I'm doing an analysis, the first thing you look at is conflicts of interest. And a conflict of interest means that you want to be looking to make sure that the people who designed the trial didn't have other objectives or influences in mind. For instance, the most obvious conflict of interest would be a financial conflict of interest. If somebody were to gain or stand to gain a lot of money for a trial to have a

certain outcome—like for instance a pharmaceutical trial being positive, knowing that the whole world would take your drug—then you'd have high motivation to make sure that the benefits of the drug outweighed the risks. And so what I'd like to show you today is that the actual trial that was used by Pfizer was actually sponsored both by Pfizer and BioNTech, meaning that all the money and the resources that went into running that trial came from the pharmaceutical company. So right away there, we can see that if something's sponsored, it's not independent research: It's something that's been developed by the company that has a lot to gain. It stands to gain a lot from positive results.

What I also want to highlight is that the two founders of BioNTech were part of the author list and they went on to gain at least $9 billion, their company went on to profit $9 billion. So again, this is high stakes. This is probably the highest stake trial that's ever been done that I can recall. The other thing that we want to be aware of is that the lead author and the senior author, the two authors that are responsible for the research actually either had stocks or were employees of Pfizer. So again, the key roles and the founders of the trial that were responsible for designing, running, analyzing, and reporting these trials all were people who stood to gain by the actual trial. Now that doesn't actually say that it was biased, but I'm saying that it has a great potential for bias.

The other thing that we need to remember is that Pfizer has a long history of fraud. They've been convicted of fraud and they've also been convicted of manipulating the data and that's on the public record. And so when we start to analyze a trial, we basically want to be looking at the actors: who ran the trial, how much they stood to gain, and whether they have an actual record in that particular department.

The other thing I want to highlight is that on the record, *The BMJ* journal published a whistleblower report actually indicating that Ventavia, which was the clinical research organization that ran the trial, actually was fraudulently manipulating data. And there's a case in courts right now where they've been accused of that. So as it relates to previous trials, they've manipulated data. And as it relates to this particular trial, there's a court case ongoing presently looking into the falsification of data.

So this is a very, very busy slide, and the thing that I'd like you to understand when you're looking at this slide is the amount of red. So red are the people in the system related to recommendations that are made for COVID that stood to benefit from a positive outcome.

Now it's a very complicated slide, and I don't want to spend too much time working through it. But I do want you to know that generally speaking, a guideline, which is that blue bar that's in the middle, is produced based on a group of scientists—that in this case and for immunization it would be NACI [National Advisory Committee on Immunization]—and that group of independent scientists are supposed to review the published literature. If you look to the top of the chart, you can see a rectangle that says published literature. So these trial results were published, they were presented to Health Canada, and in conjunction and under the guidance of NACI, they reviewed this particular trial and then found that the benefits of this particular drug, the COVID-19 mRNA product, were worth approving in Canada. And what that means is that they felt that it was sufficiently safe and effective and that—

Generally speaking, the test is that it's safe and effective and that the benefits outweigh the risks. However, there has been a lot of global industry influence in various aspects of the system. And I'm just going to walk you through some of those influences: for instance, the World Health Organization, which was quarterbacking the pandemic response, is actually funded in large part by the Gates Foundation that has investments in pharmaceutical

companies; the NIAID and Anthony Fauci, who is quarterbacking the response in the U.S., the NIAID has a strong relationship with Gates as it relates to viruses and vaccines; and

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in addition, they hold a patent for the spike protein that was used in some of these mRNA products, and they are able to profit, because they have the patent, by recommendations related to this.

We also know that there has been a lot of activity on the part of our government. There is a Health and Biosciences, Economic Strategy Table, that's been at play for the last four or five years. And that group of people have recommended that we deregulate our regulations. And they actually put a new test in for the mRNA product. And the new test was that it basically didn't have to approve safety anymore. All that it had to do was prove that there was sufficient evidence to conclude that the benefits outweighed the risks, which is a very loosey-goosey type thing. What they were able to do is push those products forward with preliminary data and in a way that made the public think that they'd been proven safe when they hadn't been.

I don't want to go on too much more. But I do want to say that these same global entities are directing the public resources that have directed the research related to COVID. And they've also made partnerships with our universities. So the experts that we rely on in order to be able to provide sound guidance to us are actually people who have partnerships with these companies that are producing these products. And then the media, the last thing, is also somebody that relies very heavily on these companies for advertising dollars.

So the long and the short of it is—almost through every channel that we have and check in our system to make independent analysis, there is some sort of financial interest in these particular mRNA products being put forward. And so when we go to look at the data, which we're going to do now, what I'd really like to have you think about is all of the motivation coming in from every sector of our guideline development process that was pushing for this particular product to be sold. And therefore the stakes and making sure that the benefits outweighed the risks of this particular trial, which was the cornerstone of the whole enterprise and all of the people involved, comes down to this particular study.

So let's just walk through the study. This is a chart, and I just want to take a brief moment to talk about this. Whenever you go to look at the design of a trial, the first thing you have to ask is, why are you making this product? And when we're going to look at the clinical trial, we're going to see if the trial was designed in a way that would tell us what we need to know and what we want to accomplish.

So this particular chart looks fairly complicated. And this is based on Stats Canada data from March 2020 to February 2021. It plots the number of cases, and that's the blue line that's floating along the top of a chart; the hospitalizations are the red line; the ICU admittances, which is a little blue line; and then the deaths, which is the red [sic] [dark blue] line. And it plots it for each of the age groups. So those less than 19 years to the left, moving forward to those that are 80 years and older on the very far right. And by looking at those lines, if we just were to follow, for instance, the red line, which indicates hospitalization, what we see is that the hospitalization for most of the segments is very, very low per 100,000. So within 100,000 people, it's not very high. But then when you get to 70 and older, and even the 80 and older, what we see is you have a lot of hospitalization. Also, you have an increased amount of death per 100,000 on that side of the thing.

And one of the things that is really interesting about that is that there's been two reports that have been written: one is the CIHI report that talked about the COVID response and long-term care homes, and the second one was an Ontario COVID Commission. And both of those reports basically indicated that the reason why you have high rates of hospitalization and death in the long-term care facilities is because they've been chronically underfunded. And, of course, you have susceptible individuals in there, and they were completely under-resourced, so they weren't able to stop the spread of the disease. So these long-term care residents were trapped, and the virus was circulating extensively through there. And so one of the things that we see when we're looking at that is that probably it means that the elderly are probably most susceptible to COVID-19. And then secondly, what it tells us is that there are physical reasons because of community spread

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that these elderly people were hardest hit.

And that is not something that can be solved by an mRNA product. However, that was used as the basis for creating the perception of a need for that product that we were then told that we needed to vaccinate everybody in order to protect these people. However, that actually probably wasn't based on the in-depth analysis that had been conducted, the reason; however, that's what was put forth.

This is another thing that I'd like to look at. This is Our World in Data, and it's basically a time analysis of the different variants. On the far left, you can see that there's a red patch, and the red patch there represents the original virus. And this particular trial that we're going to be looking at was conducted during the time when the original variant was circulating. And the very initiation of the vaccinations—the vaccine campaign occurred on December 2020 during the time that the original strain was circulating. However, what you can see very clearly by the change in colour moving to the right-hand side of the screen is that that original variant has been completely replaced in Canada. The original virus has been replaced by various variants, all the way to which we now have the Omicron variant, which is probably from about the middle part of the screen to the right. And the original mRNA product was not very effective, or it was considerably less effective, on these new variants than it was on the original product.

One of the things that we would say right away is that these results, before we even look at anything, are clinically irrelevant to a large degree because the pharmaceutical companies are arguing that you need boosters because the original injections are no longer beneficial. So if we're going to follow that line of argument that we need boosters, then that would mean that those products are no longer effective. And so therefore, the phase III trial that is the cornerstone of this whole campaign would be clinically irrelevant and should be disregarded out of hand based on that alone.

The other thing that we need to look at when we're looking at a clinical trial and whether it's been well-designed is the type of therapy that we're looking at. I work in the area of cancer, and so we work with biologics. And biologics are basically different human products that have been used for therapeutic purposes. And so this mRNA product is what the FDA would categorize as gene therapy and so would the Health Canada. And gene therapy, according to the FDA, has very many undesirable and unpredictable outcomes, and many of them can be very delayed. And so what that would mean is that we'd want to see a trial that extensively studies these products for a long period of time. The FDA recommends for many gene therapies that they be studied for 15 years.

What we're going to see when we look at this particular trial is that these products were put on the market after two months of phase III study. When we think about that compared to the amount of time that is recommended for this, we could, again, out of hand say that this trial was conducted— That the preliminary results should not have been sufficient for this type of product. And in our area of cancer, even when we're dealing with people who are end stages of life, we would never recommend a product that's been put on the market for two months. And yet what we did is we turned around and we gave these biologics to healthy people indiscriminately without exception. And right away, that should have never been done.

What we're going to look at now just very quickly, before we even get into the actual trial, is the phase I/II trials. Basically, before you conduct a phase III trial, you have a phase I trial. In the phase I trial, basically what they did was they wanted to see if the mRNA product could produce antibodies. So that chart on the right looks fairly complicated, but the two red bars are basically the reason why they felt that they should move forward with this product as a vaccine. So they chose the 30 microgram dose. And if you look at that after one dose of the mRNA product, you basically have some antibodies that are produced, and those are those little green dots. What they did right there in that phase I trial is they compared it to the antibodies of somebody who'd actually contracted and recovered from COVID, 14 days prior. And what you can see is that the number of antibodies and the level of antibodies is actually comparable between one dose of the mRNA product and one dose of natural acquired immunity.

So right out of the gate, we knew that these mRNA products were probably about as effective as natural acquired immunity.

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And yet throughout the pandemic, one of the main messages that we received was that natural acquired immunity was insufficient. And yet Pfizer actually published this trial that demonstrated that one dose of the mRNA product was equivalent to naturally acquired immunity. They went on to give a second dose and then argued that the level of antibodies produced by a second dose at a much later time frame was better than naturally acquired immunity. And they didn't go on to actually consider whether a person would naturally be infected again and also have the same stimulated antibodies.

The other thing that we need to remember is that antibodies at the time when they actually produced this trial were not considered a valid test for immunity. So they had no basis for thinking that these particular antibodies that were being produced would go on for immunity. And, in fact, the FDA and the CDC both indicate that antibody testing is not a proper measure for immunity. So they had no basis to move forward with this particular phase III trial.

Let's just take a look at the actual trial design. This is something that I look at all the time, which is a schematic of how the trial was run. And it's probably too complicated for most people in this audience, but I do want to underscore a lot of things about the trial design that were concerning for myself and my team. The first one: If you look on the far left, the blue box indicates who was involved in the trial. Now, if you recall that schematic that I showed you earlier—the only people who were really at risk of severe disease were people who were in long-term care facilities where the virus was circulating. These were people at high risk. And the people who were actually studied in this particular trial were healthy individuals. So this actual product was never tested within the phase III context in the

sense of being able to prove anything in people who were actually at risk for COVID-19. So that's the first thing.

The trial was run, as we looked at previously, in the pre-Omicron area. So we have questions as to whether the data is actually clinically relevant. And the other thing that's really important to note is that the study was run in people who had never had prior COVID. And yet the majority of people, even by the point when we started rolling out these vaccines, had been exposed to COVID-19. And, so again, this study would be clinically irrelevant and should never have been used as the basis for promoting these particular vaccines. What they did again was they compared two doses of the mRNA product to placebo. But again, as we looked at before, they'd already proven that natural acquired immunity was very active.

So what they should have done is they should have compared it to naturally acquired immunity or something along those lines or designed a study that would factor that in. So when you make a comparison that you know is never going to fail, that's called "stacking the deck." And that's one of the things that they did when they actually designed this particular trial.

The other thing that they did was they only measured immunity seven days after the second dose. So that's just one point in time. So when they were making their statements about this particular vaccine, what they really should have been saying is, "seven days after your second dose, you're protected." Because that's all that this particular trial was able to actually argue.

The other thing too is that they did minimal safety testing. When I say minimal safety testing, one would expect that you would want to do preclinical or subclinical as well as clinical testing, that you'd want to have these people in a clinical setting and monitor them very carefully. And yet what we find is that they really only monitored them very carefully for about seven days after each shot, and then allowed them to report on their own if they were experiencing any adverse events. And so that would be very concerning if using a biologic in cancer, and we would have never allowed that. And yet that's how this particular trial was designed.

And finally, the last point that I really want to make about this trial is that it was stopped two months after it began or after about two months of follow-up. So we never really understood anything long-term about this particular product. This is just looking at the actual design of the trial.

One of the last things that we want to remember is that this practice of mass vaccination is only reasonable if you have a product that is actually able to stop transmission. And in the actual primary publication of this particular trial, they indicated that one of the unanswered questions or the limitation of this particular trial is that they don't know if it stops transmission. So there was never any basis for the practice or the recommendation of mass vaccination or any of the catchy tags that they had about

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"the vaccine is the best way to protect you and your family" because they actually had no data to support that statement.

I'm just going to talk about the last point around trial design and that was that there were major groups of people, the high-risk people, who weren't included in this particular trial.

So I'm just going to walk you through— The immunocompromised, again, not studied; those with multiple comorbidities or non-controlled chronic illnesses, classified as high-risk, not studied; pregnant women, not studied, but recommended in there; the frail elderly, they weren't included in the trial either; and the COVID-recovered weren't included in the trial. And yet all of those people were told that they needed to take this particular product.

The first results of this particular trial were published in December 2020, and the trial was touted as being 95 per cent effective: "this is an incredible success; it's an incredibly effective trial." And the safety at two months, we were told, was similar to other viral vaccines. So they immediately approved these agents using this modified test that was an industry-derived test, a change in the regulatory status in Canada.

Then they basically did something where they said, "Now that we're giving this to everybody, it's unethical to allow the people on the placebo arm of the trial to continue. So what we'll do is we'll cross them over, and we'll give them the opportunity to receive the vaccine." And so, 89 per cent of the people who should have been on the control arm, which would have allowed us to prove harm, were actually put over onto the mRNA product arm. And what that did was that it erased the ability for us to show both that it was safe long-term but also any way of showing that it was harming anybody long-term.

And so one of the reasons why pharmaceutical companies like to cross over early is because then they can promote their drug, and there would be no recourse in the sense that nobody would be able to prove that the drug is harmful, and so they do very well in the courts.

Let's take a look at efficacy. We move on, and they published results six months later, and again, promoting it as highly effective with a 91.3 per cent efficacy for stopping COVID-19 and 97 per cent efficacy for stopping severe disease. That was going to go on as, you know, "I got COVID, but at least it wasn't as bad as it could have been," and that was based on this particular trial.

So there is the data, and I want to show you right now that there's different ways of reporting data. You can report the investigational agent relative to the placebo or you can just talk about absolute benefit. And one of the things that companies like to do is they like to talk about relative benefit because it makes the numbers seem really exciting and really big. And that's what they did with this particular product: they said that it was 91 per cent effective in terms of symptomatic cases and 97 per cent effective in terms of severe cases.

But if you actually look at the absolute risk change, which is the far-right corner of this particular table, only about 4 per cent of people actually benefited from this particular vaccine, and in terms of stopping severe disease it was 0.1 per cent. The numbers, for instance, 1 versus 22 [sic] [23] are very low. And if you actually look at the number of people that were lost to follow up just before they reported these results, it was in the hundreds, and so therefore, if you have that many people lost to follow up and an event rate that is at 23, you should have said, "The data is unreliable and we can't move forward with this particular thing." But instead, what they said was, "It's highly effective, let's keep going."

Another thing that they did to make this result seem a little bit more favourable than they were, is they combined two cohorts. They reported the adult cohort at six months with the younger cohort that had less than six months. And because the efficacy of this particular

vaccine wanes, by combining and rolling in the outcomes for the younger cohort, what they were able to do is bump up the efficacy and make it seem like it was being more beneficial in adults than it was. And in the subtext of that particular article, it talks about how the vaccine efficacy was dropping from about 6 per cent every two months. So they knew that the vaccine efficacy wasn't holding, and yet they continued to promote it.

This is a quick chart from another paper,

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and it's a matched retrospective cohort paper that's really complicated again. But what this particular study did was they did that trial where they compared the vaccine to natural infection. What they actually found was that when you compare natural immunity to vaccine-induced immunity, that you get a 50 per cent lower relative reduction in the chance of catching COVID if you have natural acquired immunity compared to the vaccine; so therefore, the natural acquired immunity is substantially better than the vaccine. And yet again, this has been published for a while now and hasn't been emphasized.

And again, this particular paper talks about severe COVID-19, and it shows that you're 80 per cent less likely to get COVID-19 if you have naturally acquired immunity compared to whether you're being vaccinated at one year. In my particular field, if you get something that has a hazard ratio of 0.24, it's a home run, and everybody— Practice should have changed immediately, and yet they continue to promote these particular drugs.

Let's just talk about safety. So I would say, if we were to summarize efficacy, they made the wrong comparison in order to be able to show that their drug is better. They used a metric for conveying the benefits of that drug that emphasized the thing, and then they combined cohorts in order to emphasize the benefits of this particular drug.

Let's just consider now what they did in terms of safety in manipulating those data. So here we have what they called reactogenicity, and that just means that seven days after you receive a vaccine, they measure how you react to it, the adverse reactions. And then they basically dismiss that as just a normal course of getting a vaccine.

But one of the things that I want to highlight in looking at this is that the little orange bars above each— Well, let's just start at the beginning: With each dose, at least 60 per cent of the people who received that dose actually experienced COVID-like symptoms. These vaccines are actually inducing the same type of illness that we were trying to prevent. Now, you can't call it COVID because the definition of COVID is these symptoms plus a positive PCR test. But of course, these people wouldn't have the code for the full virus because they weren't there. But if you actually did encode for the spike protein and tested that, then you would probably say that these people have the part of the virus that causes illness.

And so, what we're doing is we're inducing COVID-like illness in the people that we are giving these doses to. But we're calling it "not being infected," that wouldn't be technically correct. And the other thing too is that 3.8 per cent at the very least, and for some other things more, at least 3.8 per cent of the people are getting so sick with this COVID-like illness that they're not able to carry about their work. And yet the people who are promoting these mRNA products basically said that these vaccines were safe.

So we're causing 60 per cent of the people who get them—and this is based on their own data—to get ill, the illness that we're trying to prevent by actually giving these products. And we're causing 3.8 per cent of them—and I can use the word "cause" because this is a

randomized controlled trial—are getting so sick that they can't carry about their daily activities. And this is only because we're looking closely for the first seven days. And they don't look carefully after that. So it could be going on much longer, but we wouldn't know because they stopped looking.

And another way to minimize your safety issues is to not test for it. So the fact that they stopped testing at seven days is probably a clue right there. And the other thing to recall is that this happens with each dose. So we're causing people to be sick with each dose. And the other thing too is that the amount of adverse effects increases with each dose. And yet we recommend boosters without any further safety studies.

So what I would probably say here is that they managed to dismiss considerable adverse reactions or safety issues by calling it reactogenicity and dismissing it. And also, by only measuring for seven days, you have much fewer safety issues if you don't look for them.

But they did have one group of people, and they did look fairly carefully. And these were people who were able to report if they had an adverse effect at some point after

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they received the shots within the first month. For those who were reporting severe adverse events and serious adverse effects, they were able to follow those people for six months. And then after that, they stopped looking. So again, not long enough for a biologic, which should be studied for 15 years—at least gene therapy.

I'm just going to talk about severe adverse events. Now a severe adverse event as defined in this particular trial is something that interferes with your daily activity, requires medical care, an ER visit, or hospitalization. So this is not something to be taken lightly. And what we find when we actually look at the study is that there were 262 people who experienced severe adverse events in the mRNA product arm, and only 150 in the placebo arm. Even though the people in the placebo arm had more COVID documented, they actually had less adverse effects, one could assume, related to illness. They had less illness or less adverse reactions than the people who actually received the mRNA product. And that was an increase, a relative increase of 75 per cent.

So when they were telling you that it was 91 per cent effective at stopping COVID, that would mean mild COVID potentially. What they weren't telling you is that there was a 75 per cent increase in the number of people who are actually getting seriously ill from these shots. And they buried that data in the supplements of the actual trial so that it was very hard to see. And they didn't talk about it when they were making their conclusions.

And the other thing, too, is that if you look at serious adverse effects—which are basically those adverse effects that require in-patient hospitalization, are life-threatening, result in death, or permanent disability—this is serious. You actually have 127 people on the product arm and 116 on the placebo arm.

Finally, I just want to look at deaths. And what we see here is that there's 15 deaths that occurred on the mRNA product arm and only 14 on the placebo arm at the point before unblinding. And then we went on to have five additional deaths after those people who received the placebo went over and took the product. So at the end of the study, at six months, in the six months report, we had 20 people who had died after receiving the mRNA product and only 14 who had died after receiving the placebo. So again, that would have been a reason to pause and for sure not promote these vaccines as life-saving. There's

nothing in this data here that would support them being beneficial in terms of preventing death.

And if you look at the types of death that occurred, what you see is that only one less COVID death occurred because of the mRNA product, but you had four additional cardiovascular deaths that occurred on the product arm. And so, what I would say, and what our team would say immediately when we looked at that, is that that is a signal for causing death or it's probably fueling cardiovascular disease. What we would have wanted to see is all of these adverse reactions categorized and analyzed. But that was missing from the report. So we really didn't know why we had those deaths, but we would have definitely saw that as a signal and basically put the brakes on this particular product.

On the point of all-cause mortality, one of the things that we feared when we saw that particular chart way back in December 2020, and the reason why our firm started doing pro bono work in this particular area, was that we feared that when this was rolled out to healthy Canadians that this would actually end up causing harm and even being fatal to younger people who weren't even at risk of COVID-19.

This particular chart is data pulled from Health Canada. It's data that goes from about February 2020 to February 2022, and it basically maps out what we would call excess death from those 0 to 44 years: so it's the younger population that was not at risk of COVID-19 from that first graph. What you see is that the moment that the pandemic was declared and we went into lockdowns, it was excess death in the younger category or the younger group. And then again, when these little squiggly lines at the bottom of the graph after the second dose of the vaccine was administered, you see another spike in excess deaths.

So what that suggests then is what we feared: that these particular mRNA products may very well be causing death. And the little blue line at the bottom is the number of COVID-19 deaths that occurred in this particular cohort. And you can see that these people weren't dying from COVID-19,

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they were dying from something altogether different that was timed very closely with delivery of that particular vaccine.

This is the end of my presentation.

One of the things that I'd really like to highlight in all of this is that this would seem, at least based on our particular analysis, that there was a high likelihood of a biased representation **and reporting—there was a lot on the line for these particular companies. And that they presented the data, although they went through the steps, they basically did not align their conclusions with the data: for instance, we weren't alerted to the fact that there was additional death; we weren't alerted to the fact that there were more serious and severe adverse effects that were proportional to the benefit of the product. And finally, I think that this is potentially what I would expect to see from manipulation on the part of a pharmaceutical company.**

However, I would say that this is gross regulatory failure on the part of our government in protecting Canadians. This drug should have never been put on the market. This trial, if scrutinized carefully, one would have seen the biased reporting. And finally, if they had been looking carefully, they would have been able to see where the real-world outcomes

are lined up and would have been able to respond and pull this particular product appropriately. That's all that I have to say today. Thank you for giving me the time.

That's it.

Wayne Lenhardt
At this point do the Commissioners have any questions? Yes, Dr. Massie.

Commissioner Massie
Well thank you very much for this presentation.

I think we've seen part of that in previous testimony. I'm not even sure if I will come back with the same question, but let me know if you already answered my question. My first question has to do with looking at the pandemic as we were trying to look at the cases and hospitalizations and death.

One of the questions I have with that is, a lot of that is based on the PCR testing, very often without symptoms depending on how you qualify the symptoms. Do we have an issue with describing the extent or the severity of the cases by the attribution to COVID, in this case, because we've seen that from previous results that it's clearly affecting more elderly population, people with comorbidities. So to what extent can we actually be convinced that this is what we are trying to address with these measures, in this case with vaccine?

Deanna McLeod
So I think you raised a really excellent point: that clinically speaking, the primary role in diagnosing somebody should always be based on their symptoms. And up until now, you use a test, for instance a PCR test, to validate the symptoms. However, what we did was we flipped things on their head with this particular pandemic, and we led with the PCR test. And we would even consider somebody to have disease if they weren't symptomatic. So that's a very unusual arrangement; it's not something that we see anywhere else.

And the other thing, too, is that if you were to rely on a test like that, what you should have done is validate that test. That test was never clinically validated, to my knowledge, and therefore, it should never have been used. And to your point, if you hadn't been using that test, then they basically would have been causing symptoms that they were trying to prevent in the people that they would see, and it would have been obvious.

But by the use of a test that they could actually change the outcomes to—by either running the test more times or lower, based on the threshold that they used—they can game the results for that particular test. And on that note as well, they didn't actually report the threshold that they were using for positivity in that trial. So that was another way that they could have been manipulating things. And, of course, if I were a pharmaceutical company and I wanted to make sure that my product looked the best, then I would make sure that I used a test that I could manipulate for sure.

Commissioner Massie
One of the questions that was confusing at the beginning is that I guess everybody was hoping that vaccination would be one way to accelerate the way out of the pandemic,

presumably by reducing transmission. And there's been the admission that this was not formally tested.

Would there have been a way to somewhat come up with a surrogate marker for transmission? And I'm thinking now that if we agree that

[00:45:00]

to some extent, the threshold of the PCR cycle is an indication of the viral load. I mean, if you have very low PCR cycle to get a positive result, you assume it's because the viral load was higher to begin with. Whereas if you have to really push it to a high level, maybe the viral load is very low. I'm thinking that if you have a very high viral load, maybe you're a good spreader because you have a lot of virus. If you have very low viral load, you're not a very good spreader. So would that not have been a way to measure that in fact you can suppress or reduce transmission following vaccination?

Deanna McLeod
For sure they could have done viral assays and assessed the level of virus in people. So I think it was feasible. However, I think that one of the things that seems to be clear to me now, after having looked at a lot of the conflicts of interest, that this was intended to go forward regardless of results. And therefore, there was a selective focus on certain results in order to push the ability to produce these products globally. Although I think that they probably could have devised a test, and in fact tests are validated all the time. I think that there was a lot of motivation not to do that so that they could continue with their narrative. That would be my thought on that one. But I'm not an expert in testings per se, but more in clinical trial analysis.

Commissioner Massie
The other thing I'd like to ask is about using the antibody titer as a surrogate marker, knowing that on the FDA side, it's clearly spelled out that this is not a reliable marker. It follows from there that other markers should or could have been used as a surrogate marker, like T cells and other markers of other immune cells. I suppose that, based on my knowledge of immunology, these kinds of assay are not that complicated to run if you have the resources to do it.

Why haven't they been deployed in this assay to really prove that the vaccine was very close to what you would expect from natural immunity, that is, it was mimicking the kind of immune response you were getting from natural immunity? Is it something that was too cumbersome or too difficult to run in a clinical trial?

Deanna McLeod
That's a really great question. I think you touched on something called a surrogate. A surrogate is something that you test right now that points to an outcome that you could get in the future. When you're running a clinical trial, it might take too long to figure out if it's going to stop hospitalization or death. So then you measure something up front in order to see, and you hope that it points to something in the distance, so for instance, hospitalization or death and that that would be lowered. So if the surrogate's lower, then that would be lower.

However, in order to use a surrogate marker in a clinical trial, you actually need to validate that surrogate, and it's called a correlative prevention when you're looking at vaccines, and that is not established. So the use of antibodies was completely out of bounds in terms of the surrogate for protection because even the *New England Journal of Medicine* recently indicated that it's not a correlative prevention, especially not now that we're in the post-Omicron era. And so, of course, that would have been good and they could have done it.

But again, I think that we need to really consider that the course of the disease is 14 days. So using clinical endpoints would have been the better thing, and you can figure out within two months or three months whether somebody's going to die from COVID. And so, the actual clinical endpoint was well within reach of this particular trial, but they didn't actually measure it.

And so my question then is why did they use a non-validated surrogate instead of something that could have been measured, which is the actual outcome? And I would again say that it's easier to game a trial and the results if you use surrogates, especially non-validated ones.

Commissioner Massie
I guess my last question has to do with the two-dose regimen that has been the standard. We've heard, I think, from some of the health public authorities that once you get the first dose, I mean, you're fairly well protected, even though it's not perfect, you have a very good protection. And this was probably used as a common message in some areas where, for some reason, the stock of vaccine were not coming as quickly as possible.

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I know in Quebec, they actually decided to space a little bit the second dose, which it seemed in retrospect was probably good in terms of boosting immune response. My question is, okay, you do a second dose and then you see an increase in antibody, it's not going to be a big surprise.

So what is the threshold that we can expect in these first or second or even third doses to establish as a baseline to match up natural immunity?

Deanna McLeod
I think you would probably have to devise studies like the Qatar study that actually compared the vaccines to natural acquired immunity. But again, as a company, if you want to promote your product, then you don't want to compare it to something that is actually effective. What you want to do is you want to compare it to something that's ineffective so that you look positive. You can't win a test whenever the candidates are well matched, right?

So as citizens, what we would want to see is compare it to the most clinically relevant outcome, which would be natural acquired immunity. You know, and I was even saying—I'm already immune. And even up until this point, if you had natural acquired immunity, nobody would expect that you would actually need a vaccine.

However, again, for this particular enterprise of vaccinating people and rolling out a vaccine in record time and proving that we are innovative and working together globally to do something together, we were part of this whole movement. That's inconvenient, I would

say. And therefore, even though I think I agree with you, it would be the best comparison, it certainly wasn't the best one to forward their agenda.

Commissioner Massie
Thank you.

Wayne Lenhardt
Are there any other questions from the Commissioners? Yeah, Ken.

Commissioner Drysdale
Hello again. Good afternoon. I recently read an article, and I'm just wondering whether you've heard of it or can validate it or not. But I recently read an article that a group in the United States has sued the FDA in order to find out what the placebo was that Pfizer or BioNTech used in their testing.

So my first question on that is, have you heard that? And secondly, how important is it in the selection of the placebo in a test?

Deanna McLeod
Generally, a placebo would have been considered saline, so I'm curious to know what this particular group is thinking it might have been.

Commissioner Drysdale
According to the article I read, the judge ruled that they would not reveal the placebo because it was a trade secret.

Deanna McLeod
A trade secret water or sugar water, that's interesting. So yeah, maybe it was the lipid nanoparticle product without the mRNA, but I'm not familiar with it.

I do know that it did cause side effects, potentially adverse effects, so it is possible that it wasn't inert, which is what you'd hope for in a placebo. But again, I think one of the things that I find concerning is all the secrecy surrounding this. Transparency is often a good sign for honest enterprise. And when you start to see contracts that can't be revealed and things that are cloaked in language of trade secrets, I think that that would be a good sign as consumers, or potential people who would be considering these things, to not take it based on that alone. They're not willing to share the results. If they're not willing to explain to you how it's done, if you don't see the quality control studies then I would probably say that it's something that shouldn't be considered.

Commissioner Drysdale
Did I also hear you right that they never tested this for cancer effects and carcinogenic effects?

Deanna McLeod
Yeah, so that's a very good question. There's this whole phase of clinical research that should occur before you go into clinical trials. So clinical trials is the testing that you do in humans. There's phase I, II, and III, and then there's preclinical. And if we were to think about it in broad strokes, you'd want to test it in cells, and then tissues, and then systems to make sure that it's safe.

What they did was they used an adaptive clinical trial design: the FDA and Health Canada allowed them to collapse all of those things and kind of do it in tandem. And part of that was they didn't do all of what they normally do. So what they normally do is tests about reprotoxicity. That's reproduction toxicity. You want to make sure that it's not going to hurt somebody's reproduction.

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Oncotoxicity, which is the one that you're talking about, that it's not going to cause cancer. Teratogenicity, which isn't going to cause defects, or genotoxicity, which isn't going to cause genetic harm. And they failed to do all of those tests, which would have normally been done. Again, that would be another reason why it would have been unethical to even enroll people to clinical trials without those tests done, but certainly not to give it to healthy people under the guise of a vaccine.

And as it relates to oncotoxicity, that's my particular area of specialty. So whenever you're dealing with biologics, they can either turn on pathways that lead to cancer or turn them off. We're hoping that we use biologics that turn them off. That's what I've been studying for 23 years, maybe not 23, but maybe about 15. And we immediately went and looked to see if they were turning on some of the pathways that lead to cancer and published a video on our YouTube channel stating that we were concerned about this, and our video was taken down as misinformation. But that is definitely an area that we're going to be pursuing more recently because there's certain databases that now are emerging where we can actually look at some data to see how this has had an effect on cancer rates. So more to come on that area.

Commissioner Drysdale
Throughout the pandemic I kept hearing criticisms of other potential treatments like hydroxychloroquine. And what they were saying about that was there weren't any independent peer-reviewed studies.

Would you consider this study done by Pfizer to be an independent peer-reviewed study?

Deanna McLeod
Certainly not independent, I think we could check that box off. Peer-reviewed, it did pass peer review. However, I think that what we really need to remember is that the *New England Journal of Medicine*, which is where they publish this, has partnerships with pharmaceutical companies and, at least in the area of cancer, they've signed a first priority deal. I don't know what it is. But the moment that breaking news comes out that they get first shakes at it. And they've been working with pharmaceutical companies for a long time to get ground-breaking publications out the same day that the results are presented, for instance at a conference or something along those lines. And that even some of the senior editors of the journal actually are the Principal Investigators of a lot

of the mRNA trials. So there's conflicts and, of course, the sponsorship of the journals is from pharmaceutical companies. So you know they're tainted, as well.

So it is peer-reviewed for sure. But the reviewers, I would have liked to see their conflicts of interest because I don't know if it was unbiased. How about that?

Commissioner Drysdale
I also want to be clear on something that you talked about. You showed a chart, and the chart was about adverse reactions, and I believe it showed that seven to fourteen days following injection that patients would develop symptoms that very much mimicked COVID-19 itself.

Deanna McLeod
That's correct.

Commissioner Drysdale
And I note from that, and from a previous testimony, that most jurisdictions I'm aware of said you were unvaccinated for 14 days following the shot, which was a period of time that you would be demonstrating, potentially demonstrating, side effects from the shot.

And do you have any opinion as to whether or not side effects following vaccine may have been counted as COVID-19 cases in what they defined to be "unvaccinated" people.

Deanna McLeod
It's a good question. I definitely think that the term of "unvaccinated" was such that anybody that was suffering from side effects from the shot that it wouldn't be counted. Or if they did have a strong reaction, whether it was confirmed via PCR test or not, would have been categorized as unvaccinated. So for instance, if receiving the shot would have caused you to be hospitalized immediately following the shot, then you would have been hospitalized, but you would have been considered unvaccinated. In those charts that they showed in Ontario, for instance, they said, "Oh, my goodness, it's a pandemic of the unvaccinated," that very well could have been based on that definition, people who were having reactions to the shots.

Commissioner Drysdale
Right. So the potential symptoms of the shot could have been mistaken as COVID, and I wonder whether even a PCR test would have detected that. On other testimony, we heard that

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the PCR tests weren't testing necessarily for the COVID virus but bits and pieces of material that could have been attributed to dozens, if not hundreds, of different viruses.

Deanna McLeod
I'm, again, not an expert in the testing. But I can say that if they hadn't tested and they assumed that it was COVID, then that definitely would have been attributed to somebody

that's unvaccinated, even though they were vaccinated because of that pause. I think that again if we were to be thinking about it— I'm always thinking about mode of action because that's how you think when you're developing cancer therapies as you always start at that point.

But if we knew that the component of the virus that caused illness was the spike protein, how could it possibly be logical that we would ask the body to produce the very pathogen that we know to be the issue, and in copious amounts, and not expect any outcome from that. You know, it's nonsensical just from a biological point of view or mode action point of view. So I think that what they really want to do is they like this mRNA technology and they want to use it in many different areas, and they needed a way to get it promoted, and so they used the crisis as an opportunity.

But the reason why they like mRNA technology is when you're developing a drug, there's a clinical development stage that is very expensive. And so, if you can collapse the clinical trial, do this adaptive trial design, then you can get it done much more quickly, and if you can use surrogates then you get it done more quickly, so the cost of producing your drug goes down.

The other part that's expensive, especially when it comes to vaccines, is the manufacturing of the drug. So there's a lot of living systems and isolation and testing and standards. But what if you could imagine, if you had a 3D printer, an mRNA printer, in the back shop, and all you had to do is hit a button and then it could produce something? It's very cost effective to produce the mRNA shots. And so, industry wins in the sense of low cost for development, and industry wins in the sense of low manufacturing capacity. And then if you can position it as a vaccine and give it to absolutely everybody, then the sky is limited in terms of your market.

So really what this is, it's a product that's been strategically positioned by global entities to make maximum profit. And again, I would argue, at the expense of the global citizenship because they certainly didn't prove that it was safe or do rigorous enough safety testing to ensure safety before it was pushed forward on global citizens.

Commissioner Drysdale
It is my understanding of the mRNA technology, at least to be used in humans large scale, because my friend Dr. Massie will tell me that the technology has been around for a long time but not to be used in humans. So you would think that something like this—that has never been used in a mass of humans before and the effects could not be known—would have taken a much longer time to evaluate and it would have many, many different studies to evaluate different things.

Would that not be a typical expectation for some new technology platform?

Deanna McLeod
Yeah, I think you're absolutely right that when you're looking at novel technology, it's novel because you don't know very much about how it works and, therefore, safety should be your primary concern. And thoughtful, careful testing over time would be the best way to move forward, unless you're a pharmaceutical company wanting to profit off of a crisis and then expedited testing would be better because that gets it out on the market. The argument is that people needed it, they were dying of COVID-19.

However, if you harm the masses in order to try and treat a group of people, it breaks the ethical principle of minimal intervention, which is you should always look for the intervention that is least invasive or intrusive. And it also does something that we call a morbidity transference: so basically, you're transferring the morbidity or the sickness from the elderly people and you're putting it on the backs of the healthy people of the world calling it vaccination. However, that would probably be an inappropriate term because a vaccine, although some could enhance immunity—immunomodulator would be the proper term—

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there would be no basis for mass vaccination unless you can prove that it stopped transmission. And in their very first publication, they clearly stated that the study was not able to do that. So again, what I would say is that we've got capture from entities in our healthcare system. Our health authorities had other motivations or other interests at play other than our well-being in order to push these particular products.

Commissioner Drysdale
My last question is, based on your review of the testing protocols and data, in your opinion, is this a safe and effective vaccine?

Deanna McLeod
I would say that it fails the efficacy test. I would say that the trial is probably clinically irrelevant because it doesn't compare it to naturally acquired immunity and it's been done on a virus that's no longer circulating in the sense that other variants are circulating. So right away, I don't think that there's any evidence to say that it's beneficial to people who've got naturally acquired immunity, and there's no evidence.

And in terms of safety, I think that the studies prove that it's the opposite; I think it proves that it harms. And in terms of efficacy, at least based on the actual phase III trial, that I would probably say that there is negligible benefit.

Commissioner Drysdale
I have many more questions but thank you very much.

Deanna McLeod
Okay, thanks.

Wayne Lenhardt
Are there any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you for providing your testimony.

Deanna McLeod
Thank you very much.

[01:06:58]

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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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 6: Serena Steven
Full Day 1 Timestamp: 06:42:04–07:16:15
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
So our next witness is Serena Steven. Serena, can you hear me?

Serena Steven
Yes, I can. Can you hear me?

Shawn Buckley
I can hear you. So can I start by asking you to state your full name for the record, spelling your first and last names.

Serena Steven
Serena Dawn Steven, S-E-R-E-N-A S-T-E-V-E-N.

Shawn Buckley
Serena, do you swear to tell the truth, the whole truth, and nothing but the truth?

Serena Steven
I do and may it set us free.

Shawn Buckley
Now my understanding is that you were a nurse at the time that the COVID pandemic hit us.

Serena Steven
Yes.

Shawn Buckley
And my understanding also is that you are a little apprehensive about testifying today.

Serena Steven
Yeah. I am.

Shawn Buckley
Can you share with us why?

Serena Steven
Ah, fear of retribution on different levels.

Shawn Buckley
Okay, can you be any more specific than that?

Serena Steven
Well, one of the ones that hit me kind of hard today was Bill C-36 and the implications of being somebody who works in, or formerly worked in, healthcare who speaks out against anything that is being propagated—for fines and jail time. So that's one of them. And the other one, well there's a few, is the name-calling, as we all know, from people in our daily lives but also prime ministers, et cetera, for being "unacceptable."

Shawn Buckley
Okay. Many of the people that are going to be watching your testimony are not from the province of British Columbia and will not understand what you're speaking about when you say Bill C-36. So can you just briefly explain for them what Bill C-36 is and why that's a concern?

Serena Steven
It's a big concern for many reasons. I have yet to read the whole thing, portions of it that I am aware of— So Bill C-36 has been pushed through without being fully read. It's been pushed through our provincial government, and it is changing some of the healthcare implications. I was briefly reading some of it today. It's changing quite a few things.

But as far as I'm concerned, for the purposes of this testimony, if a health care worker, presently or formerly, speaks against what is being touted by our upper-ups in healthcare throughout the province, throughout Canada, health care workers can be fined. My understanding is that can be up to $200,000 in fines and jail time or jail time. If I'm saying something that is, I think, spreading misinformation or hate speech, they could fine me, I suppose.

Shawn Buckley
You know it's interesting because we had a witness earlier today also speaking about that bill. I forget the page number but over 200 pages and that the legislative assembly was

really not given the time to read the bill and understand the bill and yet sweeping changes. So it's interesting that you brought that up as a specific concern today.

Now you were working as a nurse during the earlier parts of the pandemic, and my understanding is you saw some things that didn't fit with the official narrative. I'm curious if you can share your experience and your initial thoughts of what was going on in the hospital system at the beginning of the pandemic.

Serena Steven
Okay, so I'll just speak from my personal experience so that I don't spread any misinformation. So things that I was seeing, things that I was reading, things that I was experiencing at work were not matching up. So for example, I'm working in this healthcare system and it's quite regimented as a healthcare system ought to be for various reasons. I don't even know where, I feel a bit lost.

Shawn Buckley
We were being told that the hospitals were full and basically being overrun, and we all basically had to do our part, like don't go to the hospital because they can't handle it. What was your experience when that messaging was going on?

Serena Steven
So what I was told and what I had read from my hospital emails—when I was told by people who were upper-ups

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in the health authority that I worked for—is within the Vancouver Island Health Authority [VIHA], there were two hospitals designated for COVID patients. So if someone was going to get admitted to the hospital and tested positive for COVID, they would be shuttled off. I worked in a small rural community hospital. So they would get shuttled off to one of these two hospitals that are designated for COVID-19.

Now, I was only working from the time of declared lockdown pandemic stuff until the time I left, for approximately four months, maybe a bit more. So I only saw the early days of that. So what was happening was our hospitals were emptied. We have 21 beds in the hospital, but we had sent a lot of people home. People do heal better at home. They heal faster. They have their own comforts, their own space, better food, all that stuff. People tend to heal better at home. So people were sent home before they may have been sent home prior to the pandemic and making space in the hospitals for maybe an onslaught of people that might have been coming in.

So we were as hospital staff, as nurses, I can speak for myself, we were being paid extra money for pandemic pay, I guess dangers. Yet our workload went down. And also, we were being directed to send people home if they came to the hospital seeking help. Basically not any words from anybody else, I'm just putting this into layman's terms. But if someone was blue in the lips or having a heart attack, bring them in. But if they were just coming for some minor complaints, which a lot of people do, send them home.

What I was seeing, as somebody who was on the front lines and going outside and greeting potential patients to come into the hospital, I was told to send them home after questioning

to make sure they didn't need proper medical attention, like emergency medical attention or not. People were coming in with a lot of fear. And as a health care person, that's part of healthcare. That's mental health, part of healthcare, and we were sending them home.

Shawn Buckley
My understanding is that you were starting to get stressed out by what you were seeing and also by the messaging that you were getting. I'm just wondering if you can speak about both your stress and the messaging you were getting.

Serena Steven
So I was getting emails, which I consider indoctrination-style wording, which was saying stuff such as, "These are your only sources of truth," and then they would list the WHO and VIHA, and there was one other. So these are your only sources of truth. With health sciences background, my experience is that there's not just one source of truth, and there's lots of avenues to look into in healthcare, in anything. And then I was seeing what was happening in the hospital with it being empty.

Shawn Buckley
Serena, can I just slow you down?

Serena Steven
Yes.

Shawn Buckley
Who were you getting these emails from?

Serena Steven
My health authority. So basically it gets filtered down. So then it comes down from management.

Shawn Buckley
Okay so these are actually emails; so they're work emails.

Serena Steven
Yes.

Shawn Buckley
So they're coming to you because you're a nurse employed in the hospital, and they're basically telling you what the trusted sources of information are for COVID.

Serena Steven
Mm-hmm.

Shawn Buckley
Had you ever experienced anything like that before, where your employer was sending you a barrage of emails telling you what are verified sources and what aren't on any health issue?

Serena Steven
No. No, not like this. There are sources that you're supposed to trust, like *The British Medical Journal* or certain sciences for certain papers for published studies and whatnot.

But this type of stuff was very bizarre because when I was reading it, I could tell that the language being used—it felt indoctrination-like. I would literally look to my left and my right and see doctors and nurses, and no one was batting an eye. Now, maybe they weren't reading the same email at the same time, but it felt weird.

Shawn Buckley
And how did you react to that personally?

Serena Steven
Well, between stuff like that, between what I was experiencing at the hospital being told to send people away, yet our hospitals were empty, the setups that were happening, policies changing sometimes,

[00:10:00]

literally, on an hourly basis. And then what I was doing, my own research, reading worldwide studies from other parts of the world and looking at worldwide data, information that wasn't available here in British Columbia; you had to go outside the province, the country really, to find what was happening.

Things weren't adding up and I guess, well I don't guess, I know I was having inner turmoil, inner arguments with where I was at with it. Because here I was doing everything I was supposed to in my profession, but everything I knew and learnt was not adding up. So I started having stress, a lot of stress to the point where I had my very first ever panic attack and another second anxiety attack a couple weeks later, which I both reported as workplace injuries because they were directly related to stuff that was happening at work around all of this.

Shawn Buckley
Okay, so had you ever had a panic attack before this?

Serena Steven
I've never experienced anything like that.

Shawn Buckley
Okay, so you basically started having work-related panic attacks because of what was happening at work.

Serena Steven
Yes.

Shawn Buckley
Now, my understanding is that you decided to get vaccinated.

Serena Steven
Yes.

Shawn Buckley
Okay. And can you tell us why?

Serena Steven
Basically, I can sum it up in a nutshell. It's a lot more than that. The coercion basically got me. It got to me even though I knew that I didn't want to. I knew that it wasn't working. I knew that people were having vaccine injuries. I don't call it a vaccine. Basically, I feel like I was inoculated. Even a specialist, who read my Holter monitor later on, acknowledged that my body does not respond well to this. He used the words, "the modified spike protein." So yeah, coercion, basically.

Shawn Buckley
Okay, and so did you just march down there and get your vaccine?

Serena Steven
No. I basically had to build myself up to it. I knew that I didn't want to do it. But then taking my hard-earned profession away from me, which was the coercive threats, would bring me fear, the fear tactics. So I would crumble a little bit and think, "Maybe I'll just get this, maybe I'll just take this inoculation and hope that I'll be okay." I'd get strong within myself again, knowing that it wasn't right. This went back and forth for quite some time, well over a month. Basically, it was like I desensitized myself by trying to drive myself several times to the health clinic to take this. So I didn't just march in and take it, no. When I went in, I went in fully aware that it was under coercion. I went in eyes wide open.

Shawn Buckley
I just want to make sure that people understand what you're sharing with us. So you literally would get in the car and start driving and then turn around and go back. And this happened a number of different days because of this inner turmoil. So you felt you had to get it. You used the word coercion and you had to keep your job. But at the same time you were so apprehensive and scared that you would turn around. Is that accurate?

Serena Steven
I would literally start shaking and crying, yeah. My body was telling me not to do it, literally, yeah.

Shawn Buckley
So when you went to get the vaccine, can you share with us where you basically give an informed consent? As a nurse, you'd understand what that is? Can you share the experience with us on the information that you were given?

Serena Steven
I wasn't given very much information. In fact, I gave the inoculating nurse, the nurse who I allowed to inoculate me, I gave her more information than she gave me. I told her why I didn't want to do it. I told her I'm just praying that I'll be one of the people that are okay.

Shawn Buckley
Okay.

Serena Steven
So she didn't tell me much, "a sore arm, you might feel some flu-like symptoms," type of information, but she didn't give me information.

Shawn Buckley
And to use your words, were you one of the people that were okay?

Serena Steven
No.

Shawn Buckley
So what happened?

Serena Steven
I'm going to try and make the story as short as possible. I know we're limited for time. Within an hour, I started having my first heart palpitations. I kind of brushed them off, thinking, "Oh, that wasn't the vaccine. That wasn't that inoculation. I'm just a bit anxious about having taken it," although I hadn't felt heart palpitations like that before.

[00:15:00]

And then that night, that evening, it was early evening, maybe late afternoon, I was sitting on the couch, and I started feeling extreme headache, very, very unwell. You know, I expect a sore arm, especially because I had the— I actually told the nurse I wouldn't take the injection unless she withdrew on the needle, which can make the arm more sore. So I did expect to have a sore arm. That's par for the course with taking a lot of intramuscular injections.

But I was having a bit of shortness of breath. Then when I was changing, I noticed the whole left side of my body, the corpse, was in a full rash. It was the side that I had been inoculated on. Through talking to someone else who I know on the phone, who's a nurse—

“Should I take some Benadryl tonight?” I took some Benadryl, and it knocked me out and then the rash went away.

But the next day I was on a hike and my heart started pounding so ferociously, I got really scared. I was up in the forest by myself. No one knew where I was. I thought, “Maybe this is it. This is one of the unlucky ones with this inoculation.” I got really scared and I basically had to work my way out of the forest very slowly. I did some medical maneuvers on myself, like the Valsalva maneuver, to try and slow my heart rate and got out of the forest. My body started having, over the course of 10 days, I had several different physical reactions. And then on the 10th day, I finally brought myself to the hospital because I thought I was having a heart attack.

Shawn Buckley
And I’m just going to slow you down. My understanding is that for that 10 days, following what you’re speaking about, you literally would write down passwords for your bank accounts, and the like, in case you didn’t survive the night.

Serena Steven
Yeah, there’s no tissues in here. Yeah, I was literally deathly scared on several occasions, and I didn’t think I was going to wake up some mornings.

Shawn Buckley
Okay, so after 10 days, you end up going to the hospital. And my understanding is because when you go to the hospital, you’re literally having typical heart attack symptoms.

Serena Steven
Yeah.

Shawn Buckley
And what happened at the hospital?

Serena Steven
They did an ultrasound on my heart. They did an echocardiogram. They did a lot of blood work and they sent me home with a prescription for a Holter monitor.

Shawn Buckley
Right, and what did the Holter monitor show?

Serena Steven
By the time I got my Holter monitor, it was over two weeks, maybe even three weeks, since I first took the inoculation. My heart rate had started to not be as severe as that first 10 to 12 days, although, it was still quite bad. It was showing heart rates up to almost 160 beats per minute while I was at rest, just sitting on the couch, thinking I was relaxing.

Shawn Buckley
Right, okay. So my understanding also is that this exacerbated your asthma. Can you share with us that and then how the tachycardia kind of complicated you treating your asthma?

Serena Steven
Right. So I have asthma, which is very, very mild. You know, it comes on with allergies. I maybe taken inhalers two to three times a year.

I basically had difficulty breathing, shortness of breath, and wheezy breathing every single day, almost all day long. But I wouldn't take my inhaler because one of the side effects of the inhalers is increased heart rate, which I experience when I take that inhaler the two to three times a year that I need it. I was so afraid already that I was going to have a heart attack and every time my heart pounded like crazy, I was very genuinely terrified. So I didn't take any inhalers to treat my respiratory system. And it's still not good. Yeah, it's been a year and a half.

Shawn Buckley
And you're still avoiding inhalers.

Serena Steven
Yes.

Shawn Buckley
Now something else happened that actually made it difficult for you to leave your house for a period of time. Can you share with us what happened?

Serena Steven
Yeah.

[00:20:00]

So I became incontinent of bowel. I'm a very healthy person. I've never had issues with my bowels in my life. And basically, yeah, incontinent of bowel. I wouldn't even feel anything. People, as humans, we know if you're going to pass gas; you know if something's going to happen. I wouldn't feel anything and I would be basically soiled. But it was so— And still is, it's very embarrassing to say this on a camera. It was so traumatizing for me that I started—and didn't realize I was doing it—but I was mentally blocking it out.

And then, I don't even know how long later it was, I decided I'm going to go on a walk. Fortunately, it was in the forest not far from where I live. It happened again. It kind of all came tumbling in from my subconscious back to my conscious that, "Oh, yes, this has been happening to my body. I've been putting it aside and ignoring it and pretending it wasn't happening and not saying anything." So once I acknowledged that, I got brave enough to slowly, slowly start telling people about that.

Shawn Buckley
Right, including your doctor.

Serena Steven
I didn't. No. I haven't seen my doctor since she gaslit me. But I did go back and see the specialist who read my Holter monitor. And I told him.

Shawn Buckley
I have to ask you about the gaslighting, just the way you introduced that. So can you share with us what happened?

Serena Steven
Well, I have a doctor who might fire me if she ever hears me saying this now. But she gaslit me on a couple of occasions. One time was over the phone, prior to taking the vaccination, when I tried to explain to her my concerns of taking the inoculation. She gaslit me on the phone and said, "Oh, it's just a little mRNA vaccine. I don't know what everyone's so worried about." And poo-pooed the fact that I was going to her with anxiety around this, which was the point of the doctor's appointment.

And then the second time she gaslit—well, I think she gaslit me more than twice—but another big time that she gaslit me was basically downplaying the results on my Holter monitor to me, in front of me, in her office, which surprised me because knowing full well that I'm a nurse and, in fact, worked alongside of her in the small hospital.

Basically, she said, "Well your heart rate was only up to 130 beats per minute. And really, we don't pay much attention to anyone whose heart rates are less than 35 beats per minute." Well, I know that that's not true. If someone comes in with excess heart rates, we're going to pay attention to that. And second of all, my heart rate was almost 160 beats per minute. So she just basically gaslit me, downplayed what was going on, and didn't even acknowledge that my condition was as bad as it is.

Shawn Buckley
I'll just ask you to speak about one more topic. And that is after you were injured by the vaccine, you tried to get an exemption so you wouldn't have to take a second dose. And can you share with us what happened and what steps you took?

Serena Steven
Yeah, I had to go to see my doctor. So the time that she gaslit me about my 130 beat per minute heart rate, during that appointment it came out that, yes, I do want to talk to the specialist who read my Holter monitor. So I had to push for that. She got me an appointment with him.

I got an appointment with him. And when I went in there it was about an hour-long appointment, and he was lovely and very gracious. And he agreed with me that I should not take any more of this inoculation. He, in fact, called it the "modified spike protein." He acknowledged that my body didn't respond well to it. And then he wrote a note to my doctor, which I later on got a hold of— I wanted my medical records. When I was talking to him, he was saying, "Oh, your heart rate was 150," which of course it was more than that. And then he sent the letter to my doctor saying that "Serena does not want to take any more of this.

[00:25:00]

"Her heart rate was up to 140 beats per minute." So it was a bit of a downplay, as well. So when I read this letter that he sent to her, I was kind of beside myself.

And then about a week later, I decided that this wasn't okay. So I sat down and hand-wrote a two-page letter to the specialist, typed it out and went and delivered it to his office, in person to make sure that it was there. The very next day, I got a phone call from his office saying that he would like to speak to me. He would like to have an appointment to follow up on that letter that I sent to him. So I was able to get an in-person appointment with him, which was about another week or so later, maybe even two weeks later.

I know that letter must have hit him or touched him because when I went into his office, he had all the paperwork laid out on his desk. He was, indeed, filling out all the paperwork to report my situation as a vaccine injury, and also, to start the process to request a medical exemption, which went to the medical health officer of VIHA, who then denied my medical exemptions, this is over the course of months.

So I insisted, through support from somebody in my community, to have a follow-up appointment with that medical health officer. I did. It was over the phone. He's never met me. He only had apparently read what the specialist had sent to him for the information. When I was talking to him on the phone, I asked him basically why he denied me a medical exemption when all the evidence is right there. And he said, "Oh, just a minute." He says, "Oh, I'm just reading this now. Oh, so yes, okay. Basically after this phone call, I think I will support you in pushing this medical exemption request up the chain of command." But the way he indicated that he's just reading it now, presented to me that perhaps he hadn't even read my whole medical record at the time for this. Because he admitted that he was just reading it or just seeing it at that time.

Shawn Buckley
I don't know which inference is worse: that he changed his mind now that you were calling on him or that he hadn't read it in the first place and denied your exemption.

Serena Steven
So it got sent up to the Public Health Office of British Columbia. And many, many, many months later, I think it was in February of this year, I finally got a letter from the provincial health office granting me what they call a temporary medical exemption that they can revoke at any time under specific conditions, you know, wear a mask, do this, do that.

Shawn Buckley
Okay, I know those are the questions I have for you. I'll ask if the commissioners have any questions of you.

Serena Steven
Okay, thank you.

Shawn Buckley
And there are questions.

Commissioner Drysdale
Good afternoon. Thank you for coming out and telling us your story. When you were talking about you were working in a hospital and the pandemic came and the hospitals were emptied out, and you were getting extra pay or pandemic pay, how much training did you get in the British Columbia emergency pandemic plan prior to that or during that?

Serena Steven
What training? The only education I have had on any type of pandemic training or anything like that was in nursing school, and it was touched on very, very briefly.

Commissioner Drysdale
You didn't mention how many years you have been a nurse.

Serena Steven
Yeah, not very long. I went to school late in life, so I graduated in 2016.

Commissioner Drysdale
Okay, did you get any training in the Canadian influenza pandemic plan?

Serena Steven
I didn't know there was one.

Commissioner Drysdale
We've heard testimony over the last several weeks about informed consent, and I'm curious about that. Nurses are trained in informed consent, are they not?

Serena Steven
Yep.

Commissioner Drysdale
It's legislated under the nursing regulations, isn't it?

Serena Steven
Mm-hmm. Yeah, yes, yes.

Commissioner Drysdale
We had testimony a day or two ago, I can't remember if it was in Saskatoon or in Red Deer, where, I think, it was a doctor testifying.

[00:30:00]

They said that part of informed consent on the part of the practitioner is that if they get a sense that their patient is being influenced by a third party, then they're obligated to know that they're not getting informed consent if they're influenced by a third party. Is that your understanding of that as well?

Serena Steven
No, no, no, basically for me, it's more like making sure— As a practising nurse, which I'm not allowed to call myself a nurse anymore, so I'm talking in past tense. If I'm going to be administering you a medication or a procedure or a treatment of some sort, I have to ensure that, let's say aspirin, I have to ensure that you are aware of potential major side effects of it. No nurse has time to go through every single side effect. So that's just one example. If I'm going to be doing wound care, I have to talk to you, tell you what the procedure is, what's going on, let you know this might sting. Are you okay with me doing this? That's basically the scope of my informed consent. Doctors would be very different, I imagine.

Commissioner Drysdale
Okay. Because I was really aiming at, and my follow-up question, too, after hearing your answer, was going to be, well, if you've got a patient there and you're going to give them an aspirin, and the patient says, "Well, I really don't want to take that aspirin, but the person outside in the hallway is telling me I have to take it."

Serena Steven
I would tell that patient that it's their choice.

Commissioner Drysdale
Okay. Okay. I was curious on some of the last things that you talked about. You talked about that you went to the specialist and through a process or other, as your doctor, he, in his opinion, wanted to give you an exemption, but it had to go through a third-party bureaucrat who was not your doctor.

Serena Steven
Two, two different bureaucrats.

Commissioner Drysdale
Two different bureaucrats? Doesn't that violate the sanctity relationship between a patient and a doctor when a third or fourth party is making the decision on your medical treatment?

Serena Steven
Well, there's a lot of my medical stuff that has been violated since this whole thing went down. Just like confidentiality.

Commissioner Drysdale
Thank you very much.

Shawn Buckley
And there are no further questions. I just want to make sure that people understand what you're meaning when you're speaking about confidentiality.

It's one thing to go to your doctor and speak to your doctor about your conditions. For example, one of your conditions you found extremely embarrassing. It's another thing for other people that you don't even know and aren't even aware of getting access to your medical records to make decisions about you without even speaking to you. That's what you're referring to, right?

Serena Steven
That is one of them. But the other one is, with this whole declaring what your status is in this day and age, a new manager at my place of employment has privy and is very aware of what my inoculation status is. He or she can go in and find out if I have taken one, two, three, four, five or however many boosters people take these days. Sorry, a little bit cynical about that at this point. Yeah, they have that information.

Shawn Buckley
Okay, and well those are our questions for you, Serena. On behalf of the National Citizens Inquiry we sincerely thank you for coming and testing.

Serena Steven
Thank you very much.

[00:34:18]

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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

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 7: Dr. Christopher Shaw
Full Day 1 Timestamp: 07:32:29–08:39:45
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we continue on our first day of the Vancouver hearings. Our next guest is Dr. Chris Shaw. Dr. Shaw, can I ask you to state your full name for the record, spelling your first and last name.

Dr. Christopher Shaw
My name is Christopher Ariel Shaw, C-H-R-I-S-T-O-P-H-E-R, last name Shaw, S-H-A-W.

Shawn Buckley
Dr. Shaw do you swear to tell the truth. the whole truth, and nothing but the truth, so help you God?

Dr. Christopher Shaw
I do.

Shawn Buckley
Now, you have a PhD in neuroscience, and you're a full professor of ophthalmology at the Faculty of Medicine at University of British Columbia.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And you have been 35 years as a faculty member at the UBC Faculty of Medicine.

Dr. Christopher Shaw
Yes, correct.

Shawn Buckley
And in addition to being a full professor, you have a number of cross-appointments of significance, one at the Department of Pathology.

Dr. Christopher Shaw
Yes.

Shawn Buckley
One in the Program of Neuroscience.

Dr. Christopher Shaw
Correct.

Shawn Buckley
And one in the Program of Experimental Medicine.

Dr. Christopher Shaw
Also correct.

Shawn Buckley
And you've held those appointments since January of 1988.

Dr. Christopher Shaw
The one in pathology came about in 2014. But the other three have been there since 1988.

Shawn Buckley
And you're going to explain in a minute about being on unpaid leave, but you are also now co-chair of the Scientific and Medical Advisory Board of the Canadian Covid Care Alliance.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
And Commissioners, I'll advise you that Dr. Shaw's CV is entered as Exhibit VA-6. It is 45 pages in length, so I didn't give you copies, but that would be available for you to review and it will also be available for the public to review.

Now, Dr. Shaw, I had mentioned that you're on unpaid leave. Do you mind sharing the story with us of what happened?

Dr. Christopher Shaw
Not at all. In the summer of 2021, Bonnie Henry put down one of her edicts, I think in August or September 2021, requiring that all people in the Coastal Health and other health regions be fully vaccinated no matter what they did. Whether they were faculty, staff, janitors, drywall layers, people delivering packages, whatever it was, you had to be fully vaccinated. And that came out from UBC. UBC took that and basically said, it was in September 2021, they said, "Okay, well, here are the new guidelines. We expect everyone to declare their vaccine status."

And we had three options. Option one: "Yes, I'm fully vaccinated." Option two: "No, I'm not fully vaccinated, but I will be." Number three: "I have no intention to get vaccinated." Number four: "I'm not telling you." I chose the "I'm not telling you" option. My chairman at the time came back, he was an interim chairman, and said, "Well, you kind of have to disclose." And I said, "Well, kind of, I don't. It's personal medical information." And a few weeks later, he wrote to me and said, "Well, you know, we're coming up on a crunch here. We have to obey Bonnie Henry and moreover, Patricia Daly, who is the Vice President of Vancouver Coastal Health. We expect you to declare and then go get vaccinated if you want to keep your job." And since I didn't, and I explained to him the reasons I would not.

I said several reasons: One, "I don't think this is a legitimate health order." Number two, "I do not see patients. I'm not a medical doctor. I'm a PhD researcher. I'm in a building that has only one clinical site at the bottom floor, only one clinical laboratory. I don't go in that way. I don't have any connection with that laboratory. There's a back door I can use. My laboratory is on the third floor. I won't see patients. And I'm not going to. So that really is no danger. And I'm ready to go along with the weekly serology test. And I can move my laboratory up to UBC. Or you, my chairman, can move my laboratory up to UBC. And of course, we can do the various things that we need to do at UBC." And again, you'll hear from Professor Pelech tomorrow what he had to do at that time, which was essentially nothing. That wasn't good enough. My chairman said—

Shawn Buckley
Can I just interrupt because I also understand that you had had COVID.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And that you developed natural immunity.

Dr. Christopher Shaw
Yes.

Shawn Buckley
And the reason I want to bring this up is, and we don't have to do it right away, but I want you to explain that there's actually a heightened risk for somebody who has natural immunity

Dr. Christopher Shaw
Absolutely.

Shawn Buckley
getting this vaccine.

Dr. Christopher Shaw
Yes. And that's true. Now, let me come to that.

So in December, my chairman said, "Well, okay, we've reached the deadline. You have to take the shots regardless or get an exemption." But as you probably realize from some of the hearings that the exemptions were almost impossible to get. And in my case, I went through the list of possible exemptions.

[00:05:00]

I didn't qualify for any of them.

And I tried to explain to my chair that I had had COVID-19. I know that from tests from Steve Pelech's serology laboratory. And you'll hear about that tomorrow. I probably had COVID in the summer of 2020. I had very, very robust antibody levels to almost everything in his test. Some of them had faded, which allowed him to put a timeline on it and say, "Okay, this probably was around here."

I told that to my chair. He didn't care. He said, "It doesn't matter what you've had. You have to get the vaccines or we're going to put you on unpaid leave probably in December followed by termination." So December came and on December 10th, I was put on unpaid leave. He didn't care in the slightest that I might be at risk for some of the complications that have been noticed. Something called antibody dependent enhancement in which the antibodies generated by the natural immunity can be compromised by antibodies from the vaccination. So I didn't want to go that route. I told him that. I told him the reasons for that. I actually had a letter written by Lee Turner, who is an attorney out of Kelowna. He wrote a very long detailed letter to my chair that explained this in enormous detail. And I can provide to the committee that letter. My chair did not respond at all. Nothing. I don't know what he did with it, but nothing happened. On December 10th I was notified by the university, by my chairman, that I was put on unpaid leave, followed by termination at some future point.

So that's kind of where it went. And I should stress that I offered to teach on campus. I offered to move my laboratory. I offered to teach in any form they wanted. I offered to continue teaching by Zoom because we'd been teaching by Zoom at the beginning of the pandemic. And I said, "Well if that doesn't work, I can do administrative stuff. And I want to fulfill my obligation to the university and I want to keep working. I want to do some research that I think is very important."

And we just had received a very large grant from a private neuroscience group in the United States to study early phase markers for Lou Gehrig's disease. I don't know if you know about Lou Gehrig's disease, but it is an absolutely horrible neurological disorder for which there is no cure. And there are very few treatment options, which are not very effective for very long. So the need in the field of ALS research has been to come up with an

early way to detect ALS when it's first starting, so we actually have a therapeutic window in which one, in principle, could do something.

We were well into that study when I was terminated. I was not allowed into my laboratory. The consequence of that is my two technicians— I wasn't allowed to distribute the funds I had. My two technicians, I had a technician and a postdoctoral fellow, they basically had to be let go. And the money that was still in the grant for research was grabbed by somebody at UBC, either research services or my department, and used to pay off the deficits of another researcher.

Shawn Buckley
I just want to be clear here. So you actually were in the process of running a study to look into the causes of Lou Gehrig's disease for early detection, and that study, which assuming that it fail or succeed, it would add to the science for Lou Gehrig's disease. So that now is a casualty of this COVID policy.

Dr. Christopher Shaw
Absolutely. As were the technician and postdoctoral fellow. They were casualties as well because they all had to go find other employment.

Shawn Buckley
And the grant money, which would have been specifically given for the purpose of your study, has disappeared.

Dr. Christopher Shaw
Not all of it, but a considerable fraction of it, yes.

Shawn Buckley
Okay. And the reason for this was basically because of the public health authorities and then, Patricia Daly, following—

Dr. Christopher Shaw
The reason for it was my chair, at the time, did not feel he could go against Patricia Daly's order, which, of course, came from Bonnie Henry.

Shawn Buckley
You wanted me to play a video.

Dr. Christopher Shaw
Please.

Shawn Buckley
And then to comment on it.

Dr. Christopher Shaw
Oh, by the way, I shared this with my chairman, he didn't care.

Shawn Buckley
Okay, so David, can you cue the video that we had for Dr. Shaw?

[Exhibit VA-6a: a video clip was played with Dr. Patricia Daly explaining the use of vaccine passports. Below is a transcript of the audio content.]

[VIDEO] Podcaster interviewing Dr. Patricia Daly, Vice President, Public Health and Chief Medical Officer for Vancouver Coastal Health
Podcaster
We aren't allowing unvaccinated people into restaurants, but they are still allowed to visit patients in acute care. Is this true? If so, what are the risks?

Dr. Patricia Daly
Maybe I can answer this just briefly. The vaccine passport requires people to be vaccinated to do certain discretionary activities, such as go to restaurants, movies, gyms. Not because these places are high risk. We're not actually seeing COVID transmission in these settings. It's really to create incentive to improve our vaccination coverage. But we still allow people to continue with essential things,

[00:10:00]

like going to the grocery store, going to the pharmacy, going to visit relatives in acute care, going to access healthcare services. And by the way, when those people come to our acute care, they're going to be screened and they're going to be given a medical mask. And we're not seeing transmission from visitors. We've seen occasionally visitors to health care facilities have been a source of COVID, but they're actually lower risk than staff because they tend to only visit one person, have contact with their relatives, and then leave. Whereas health care workers who may have had COVID and been in the infectious stage, unknowingly might have had contact with many more people. So visitors are actually low risk to introduce virus into a facility. They're screened, they're putting on a mask, but, you know, and again, most of them are going to be vaccinated, but the vaccine passport is for non-essential opportunities, and it's really to create an incentive to get higher vaccination.

And it's really to create an incentive to get higher vaccination.

Shawn Buckley
Dr. Shaw, there will be people watching this online that are not familiar with British Columbia and who Patricia Daly is.

Dr. Christopher Shaw
Patricia Daly, at the time, was Vice President of Vancouver Coastal Health and her immediate supervisor, I suppose, would have been Bonnie Henry who is the Provincial Health Officer.

Shawn Buckley
Right, so Patricia Daly was one of the people for her region that was basically issuing this dictate

Dr. Christopher Shaw
Yes.

Shawn Buckley
that we needed vaccine passports. And for those that are watching in countries that don't understand vaccine passports, you had to have a government identification paper showing you had had two doses of an approved vaccine to access many services. And she's saying in this video when we all heard her that this really wasn't about health, it was an incentive for vaccination.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
And what are your thoughts on that as a medical doctor?

Dr. Christopher Shaw
Well, I'm not a medical doctor. I should stress that I am a PhD researcher. But as a PhD researcher who is familiar with, for example, the Nuremberg Code, and I can explain why that would be true, this is a violation of the Code. Because as Dr. McLeod was saying earlier, one cannot incentivize informed consent. In other words, informed consent is freely given with no incentives, either negative or positive. And of course, at the time, we know that throughout British Columbia and elsewhere, they were incentivizing people to take the shots either with punishments, which it was in my case, or with, for example, in Downtown Eastside with Tim Hortons donuts and five bucks. In either direction, incentivizing the use of a product that has not been fully explained to people and where the dangers and/or the benefits have not been fully explained, I think, is a violation of that Code. And that was one of the things I had pointed out to my chair and again, that didn't matter.

I should mention that since then, I don't know if you want to get into that now, but I've since been— We have a new chair person, who said in principle that I can, I might come back to work. They will move my laboratory, that's all good. But now, the new Bonnie Henry directive that came out about two weeks ago probably makes that impossible. Because again, anyone who works in any health setting, and at the university, has to be fully vaccinated. So that's taken me probably out of that possibility of re-employment.

And again, I should stress that was 18 months of unemployment where I've been living off a pension. Just as a sidebar, I used to do marine search and rescue here in the province, here in Victoria. And about the same time, I was told that unless I would get fully vaccinated, I shouldn't do that either. Because we all know that people on burning boats that are full of kittens do not want to be saved by anybody who's not vaccinated. So I was put out of search and rescue at the time.

The third thing is I've been trying to seek employment ever since UBC put me on unpaid leave. And I trained— Again, I maybe haven't explained it very well in my background material, I'm a trained medic. I was an army medic, and then I was trained to EMR, emergency medical responder level, which is kind of the lowest rung of the primary care paramedic system. But you can still go around, you can be licensed, and I am licensed, you can go around and ride in ambulances and help people, but I can't do that now, either. So basically, all sources of income of things I can do have been cut off.

Shawn Buckley
Before we switch gears, and again it's just because some of the people that are watching internationally will not understand that in Canada and the Province of British Columbia in May of 2023, that actually, Bonnie Henry the Chief Public Health Officer is still mandating full vaccination for all health care workers and health care facilities.

Dr. Christopher Shaw
And a booster now. The booster was added to her most recent proclamation.

[00:15:00]

Shawn Buckley
Right, right, so two shots and a booster. I just had to add that because in some countries, the pandemic is long over and they're not facing anything like this, so they may not actually understand.

Dr. Christopher Shaw
No, they may not and, for example, I would imagine in Denmark where they're not giving COVID shots anymore, they probably don't understand why we're still playing this game. And why British Columbia of all the provinces is probably far and away the most extreme in continuing with these mandates and enforcements and coercions. I don't understand it. Let's get Bonnie in here and find out. But right now, it is a bit of a mystery why BC is almost alone in this extreme level of response.

Shawn Buckley
I didn't check, but I expect that we issued a summons to Bonnie Henry and that she has respectively declined to attend.

Dr. Christopher Shaw
I'm sure she did, yeah.

Shawn Buckley
So now you know a lot of doctors. You are working in the Faculty of Medicine. Can you tell us how doctors have been reacting throughout the COVID crisis, and where they are now because the narrative is changing.?

Dr. Christopher Shaw
Well, a few researchers at the beginning, when those orders came down from Bonnie Henry, basically contacted me and asked what I was going to do. And I said, "Well, I'm not doing it. I'm going to not disclose. And if I'm forced out, then I'm forced out."

One researcher I know about, a junior researcher, had come up from the United States. She had acquired a very, very large grant. And she was basically facing the same sort of thing. What was she going to do if she couldn't work? And she basically said, "Well, I'm going to take all my grant money, and I'm going to take all my lab stuff, and I'm going to the States. I have another offer there. I'm not going to stay and put up with this kind of stuff."

Another one actually got her lab moved. Her chair was sympathetic, moved her up to UBC, where she had another laboratory. I have a colleague in ophthalmology, I won't mention his name, who believes the same things I do, knows everything about the COVID vaccine, as well as I do, he's an MD. And he decided not to fight for whatever variety of reasons. He got the shots, and he has continued to work.

But a lot of people have approached me, other faculty, other students, a number of students, nurses, saying, "What can I do?" And a lot of them are certainly desperate as you've probably heard over the course of these commission hearings. A lot of people are desperate. They've been forced out of their jobs or coerced into taking the vaccines and running the risk, a very serious risk in my view, from my perspective from my work on COVID Care Alliance, that they can be vaccine-injured by these particular vaccines and there will be long term consequences, which I'd like to touch upon a little later.

Shawn Buckley
Actually, later or now. I mean we're on that topic because you came here with some thoughts about a bunch of things that could have been done differently and perhaps should have been done differently. And it matters not what order we go in. It's interesting you were talking about people coming to you. And I have to say I would get a lot of calls from health care practitioners from British Columbia to my law office, asking, "What do we do?" And judging the legal climate at the time I said, "Just find something else to do, but you're sure going to be needed in three or four years as a health care practitioner."

Dr. Christopher Shaw
Well, Dr. Henry very proudly put out some stats. I think it was last summer when she talked about the physicians in the province who had done the right thing, in her view, and gotten injected with these experimental vaccines. So she said, "98 per cent of surgeons are fully vaccinated now"—that was before the boosters—and whatever percentage of all the other specialties in medicine and so many of the paramedic specialties.

And for me, that actually— And we didn't really touch upon it today, at least what I've heard; Dr. McCloud has mentioned in brief, some of the adverse effects that have been occurring. And I'm sure you've probably heard from Dr. Makis, so you know that there are quite a number of things that are happening.

If Dr. Henry's estimates of how many health professionals have taken the shots are correct, I think we're looking at a lot of sick health professionals. And if that's true, I don't know where we're going to find the people who are going to do the surgeries, who are going to do the anesthesia, who are going to do the OBGYN and the child and pediatrics and all those

kinds of medical services. Because I think we're going to actually lose a lot of them to the health profession as they become sick. And I think they will become sick.

Shawn Buckley
Okay, do you want to speak about that or do you want to move on to a different topic?

Dr. Christopher Shaw
Pretty much at your call, Mr. Buckley, whatever works for you. I could address the questions that were posed to all witnesses. The first one was, what could have been done to mitigate the impact of the pandemic on citizens? So let me just put a few of those out there, if that's possible.

[00:20:00]

Shawn Buckley
Sure.

Dr. Christopher Shaw
So one of them was, a more appropriate response would have been that of Sweden. Sweden was heavily castigated for what they were doing, but basically what they decided— The chief epidemiologist of the country is a guy named Dr. Anders Tegnell. And he basically said, "Look, let's cocoon the most vulnerable. Let's make sure they are as best protected as they can be. Let's try and keep them away from sick people. If there are vaccines when they come out, let's use those on those people first and let's let everyone else live their lives."

And I think the recent data that I've seen from Sweden, and I can again provide a reference, seems to suggest they have weathered the pandemic vastly better than we have, and most of Canada has, both in terms of the number of people who were ill and/or died. And also in terms of the impact on society, whether it was education, children's health, and psychology. Whether it was in terms of almost anything across the board, they have weathered the pandemic far better because they didn't subject their population to the same source of mandates and restrictions. So that would have been one thing.

Why didn't we do that? Because we didn't have a government at any level in Canada that was being rational. Media sources were being irrational and essentially making the public panic. And I think we've all seen that. The fear mongering by media and government was out of control to the extent that a lot of people were terrified. And they were so terrified **that a lot of people did go out and get the vaccines voluntarily. And for those who did not, they had the punishments or the incentivization. And so again, we heard about the nurse who just spoke earlier; we'll hear about it and more this week, I'm sure. But again, those were the instances where both fear and coercion succeeded to get those numbers as high as they were.**

Shawn Buckley
And I'll just ask you to perhaps consider that if the media with the help of the government is stoking fear that that is coercion of a type.

Dr. Christopher Shaw
Absolutely, it is coercion. And the other, the more rational approach to have taken to any pandemic— And I should mention at the outset that we have known about the potential for infectious disease pandemics for a long time. Certainly since 1919, but of course in history we know there are many other pandemics that have occurred. The fact that we knew these could happen, the fact that people have predicted them, means that Bonnie Henry, who's the Public Health Officer who has been there for quite a while, should have been more prepared for the possibility of a pandemic, especially when they began to see things coming out of Wuhan. She didn't. She waited till it was full blown and then she launched into, you know, essentially, "mandates and vaccines are going to be the only way out of the pandemic," and our prime minister said the same thing.

So those kinds of things didn't have to happen in that way. You could have approached the pandemic from simple measures for infection control, hand washing, masks, if they were appropriate. And masks were not appropriate, as we know, because surgical masks do not stop the virus. The manufactured hysteria, hysteria that drove a lot of the response, was really based on—I hate to use the terms, but it's very appropriate in this case—misinformation and actual disinformation. They told the public things that were simply not true. And Bonnie Henry was one of the leaders in that.

Shawn Buckley
So can you share some examples of things that we were told that simply were not true.

Dr. Christopher Shaw
That basically herd immunity was inferior to vaccine-induced immunity, and that's not true. As we heard from Dr. McCloud, that's not correct. And it's never been correct. So that was a perfect example.

The idea that the people who were vaccinated could neither transmit nor catch the disease, that was not true. If you remember our prime minister saying at one point, "I will not allow unvaccinated people to sit on a bus or an airplane next to vaccinated people." Well, actually, that was totally irrelevant because now we know, and we knew then, actually, that the people who were vaccinated could be just as easily spreading the disease.

The level of deception, and again, coercion—those were the two hallmarks of the government and media response—was basically to instill enough fear into the population to force them to take the vaccine.

Shawn Buckley
Do you know we've had the Vice President of Pfizer being examined under oath in Europe saying that they never tested on the issue of transmissibility, which means their data set provided to Health Canada could not have shown that it prevented transmission if they're not even testing for that. Would you agree with me that that Health Canada would have had to have known then?

Dr. Christopher Shaw
Yes, I would.

Shawn Buckley
So really then you're speaking about the core messaging that was used by the government to basically totally infringe upon our lives.

[00:25:00]

So we were forced to stay in our homes waiting for a vaccine that would get us out of this by preventing us from catching COVID and preventing us from transmitting it. And that was a core message.

Dr. Christopher Shaw
That's right.

Shawn Buckley
And the issue of natural immunity— Because by the time the vaccine came around, we had been in the pandemic for a full year, if not longer, with data that we're finding now. And that is for a disease that's highly contagious. Can you estimate of what levels of natural immunity would have been in the Canadian population by the time the vaccine came out?

Dr. Christopher Shaw
By that time? I think Dr. Pelech will address that tomorrow. But his numbers, I suggest, are probably, at that point, something like 80 per cent of the population of BC had been exposed to the virus.

Shawn Buckley
Okay, so—

Dr. Christopher Shaw
The numbers may vary a little bit, but basically by that time, most people had been exposed to COVID-19, at least the original Wuhan version, and therefore, should have had natural immunity and should have been, therefore, largely immune.

Shawn Buckley
Right, and my understanding is that the vaccine was for the original Wuhan version when it came out in early 2021.

Dr. Christopher Shaw
That's correct.

Shawn Buckley
So I just want to be clear. Basically, if the BC numbers applied to all of Canada— So we're making that assumption, but one would wonder why that wouldn't be the case. There was 80 per cent natural immunity by the time the vaccine rolled out. Am I correct that would basically totally negate the need to vaccinate to get herd immunity anyway?

Dr. Christopher Shaw
Yes, based on the original statements by Teresa Tam and Bonnie Henry, you should have been at herd immunity already. So the need for vaccines on top of that as an emergency measure were, in my view, unjustified.

Shawn Buckley
Right. But even more importantly is, as you mentioned, that if you have natural immunity, which most of British Columbians did, that there's actually a danger then of getting vaccinated. So actually, on a cost–benefit analysis, the public health authority should have been saying, "We better test for natural immunity because there's a danger." Is that right?

Dr. Christopher Shaw
That is correct, in my view.

Shawn Buckley
Okay, and then basically, we're being locked down until enough are vaccinated so that we stopped spreading it. And that whole thing was a lie.

Dr. Christopher Shaw
And that whole thing, at the least, was misinformation. And of course, now we know that with the endless boosters— And I heard of someone today who's had five, at least it was in Quebec. But I'm sure that'll come here.

Every time you take a booster, you're giving yourself a trillion more spike protein. And the spike protein, whether it comes from the natural infection or from the vaccine, is one of the most pathological entities in the whole disease. And so, if you are giving repeated doses of spike protein through the mRNA injections, you're going to have people who are more chronically ill. And that seems to be what's emerging. And I think that was part of Dr. McLeod's presentation. I think you'll see something like that from Professor Pelech.

So you're actually not only damaging your ability to fight off COVID, as we've seen, because it was not the pandemic of the unvaccinated, certainly not in the last year. It was really the pandemic of the vaccinated who were catching COVID and going to hospitals and going to the ICU in greater numbers—to the extent that they were vastly outnumbering the people who were unvaccinated. So every time they do that, they get more of these spike proteins and the adverse effects increase. So you have now, potentially, a population of very chronically ill people who will always have damaged immune systems.

Shawn Buckley
And I'll just ask you to kind of slow it down a bit and give us an explanation. Because some people watching you might not understand that the spike protein is actually the part of the virus that causes damage in our bodies.

Dr. Christopher Shaw
Correct.

Shawn Buckley
I'm wondering if you can explain that and then after you explain that, kind of in a slower way, explain this issue of— How many do you get when you get your first shot, your second shot, your boosters? Why continuing to get more shots is a problem?

Dr. Christopher Shaw
Continuing to get more shots— And again I think as Dr. McLeod mentioned, all vaccines have to some extent, almost all have what's called secondary vaccine failure. In other words, the ability to stimulate immune response declines over time. Antibody levels, T cell levels, tend to go down, even for something as relatively effective as an mRNA vaccine. And we're not even talking about harms right now.

I remember one of my first interactions with Bonnie Henry back in 2019 when she was trying to instill a measles mandate,

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based on fairly flaky premises.

And I remember asking her about that at the time because I was writing an article on the subject of the measles mandates. And she said, "Well, listen, measles vaccines, once you've had them, they're for life." And I said, "No, actually they're not. I mean they may be for a long time, but they're not for life, neither for antibodies nor T cells." And she just said, "No, it's impossible. That can't be possibly true." So she was even then pushing an agenda. I'm sorry, I've lost the thread of the rest of your question.

Shawn Buckley
Right, well, I was basically wanting you to explain that the spike protein is the dangerous part, that it's contained in the vaccine.

Dr. Christopher Shaw
It is.

Shawn Buckley
And then why additional shots are more and more problematic. Cause you started touching on that.

Dr. Christopher Shaw
Thank you for that.

So spike protein, as we know, binds to the ACE2 receptor and it gains ingress into the cell through that method. And in the case of a natural infection, that's what it'll do.

The mRNA does the same thing. It's got the mRNA. The lipid nanoparticles allow it to get into the cell. Lipids are a very good way to get things into cells. And we've used them before in a different context because it will actually cross different membrane barriers, including blood-brain barrier. So it can be a very effective way to get stuff in the brain.

So when I first saw this, I began to get concerned that what happens if you get this into your brain? And now we know from the very few biodistribution studies that have been done that both the spike protein and the mRNA go everywhere. There's no protected zone in your body that I know of. So if you're going to get a shot, the trillions of spike proteins will find their way, that your body is manufacturing, pretty much everywhere.

The mRNA shows up even in the brain in the animal studies. And there was an animal study that came out in 2012 by a sub company out of Moderna that actually clearly showed that. And they didn't pay attention to it, and apparently the regulators didn't either. And they didn't follow up. So until recently, there have been very few biodistribution studies. And you mentioned some anatomy pathology from Germany that highlights the fact that this stuff is getting in the brain. So if you want to know what it will do in the brain, I have a lot of speculation about that, but none of it's good. And none of it's good in the sense that I think it's going to do you any benefit, it's only going to do you harm.

Shawn Buckley
Right. But before we get there, I was still just wanting people to understand that the spike protein is toxic to the body.

Dr. Christopher Shaw
Spike protein is toxic. Yes.

Shawn Buckley
Anywhere it goes, it causes damage.

Dr. Christopher Shaw
Yes, yes.

Shawn Buckley
And the vaccines basically teach your body to make spike protein.

Dr. Christopher Shaw
That's true. So the mRNA that goes into the cells serves as the platform on which it binds to ribosomes and it causes the ribosome to make a lot of spike protein, which now decorates the surface of the cell. The idea is that your immune cells will see this, recognize it, and go, "Aha, let's now deal with it by making T cells, memory cells, antibodies," and that will then control it. Problem is they wander around.

Shawn Buckley
So—

Dr. Christopher Shaw
And when you have an infection, a viral infection and/or a vaccine-induced spike protein, you're killing that cell. That's just what's happening. That cell is dying. If you do that on the brain, you're going to have a bigger problem. Then if you do it and if it goes to your liver or

your left toe, it's just going to be that much more dramatic. We don't replace a lot of neurons in the brain over the span of a lifetime.

Shawn Buckley
Okay well let's go there. So the vaccine puts mRNA in our bodies which gets our cells making these spike proteins

Dr. Christopher Shaw
Yes.

Shawn Buckley
that are released from the cells, and they bind with other cells.

Dr. Christopher Shaw
The spike proteins combine with those cells.

Shawn Buckley
Right. And now if this happens in the brain then— So a cell has a spike protein in it, a brain cell. What happens to that brain cell once the immune system recognizes it?

Dr. Christopher Shaw
The immune system once it recognizes that there is a pathogen and/or a damaged cell either a microglial or a vascular cell or a neuron— And you know much of the literature, so far, has been on vascular cells and the spike protein is causing a kind of lesion in the vascular cells, which they do. What's going to happen is your innate immune system in your brain, which is largely composed of microglial cell that are derived from other glial cells in the periphery, are now going to attack that cell. Yeah, it's just no question that's going to happen. And when they attack that cell, they are going to destroy it. When they destroy it, not only have you lost a neuron that you're not going to replace, but you've also got a release of more spike protein, which was, of course, in the neurons that you just killed.

And, of course, if the mRNA has generated a lot of that throughout the brain, you're going to have neurological lesions in those regions of the brain where it's gone. So when you look at the brain fog in people who have the disease, probably spike protein. When you look at the brain fog in people who have the shots,

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especially repeated shots, that's almost certainly spike protein that has migrated into the brain either through the mRNA or through the blood-brain barrier and is now breaking things. And the consequences of that, again, when you look at the number of people who have the shots and are experiencing neural consequences, you're going to have a problem.

Keep in mind that neurological diseases do not usually occur overnight. They are, especially when you're looking at things that I study, like Lou Gehrig's disease, Parkinson's, Alzheimer's disease, these take a long time to manifest. So you can't expect that you're going to see massive neural damage to the point where you're expressing a neurological

disease like ALS in a week. You know, it's not going to happen. But it will happen if you have enough damage to the nervous system, either the brain or the spinal cord. You will start to get those sorts of damages that will begin to resemble neurological disease.

My main concern, the thing that keeps me up at night, is what happens when that's happened to a lot of people? What do we do when we have a neurologically compromised population, whatever percentage that may be? Just think of Alzheimer's for what it is or ALS in the classical forms. When you have one of those diseases, not only is that person going to be sick for the rest of their lives—and these are progressive diseases, they get worse—but someone in the family, unless they have a lot of insurance money, someone in the family is coming out of the workforce to take care of them until they die. Now you've lost two people out of the workforce.

So this is not trivial, not to mention— So when we look at all the people that are not showing up for the ferries, all the people who are not showing up in their clinical rotations, all the people who are not showing up for police work, all the people who are actually not showing up at UBC. They are, in many cases, I suspect, damaged by the vaccines, whether these are all neural or myocarditis or the whole range of other things that we've been learning about. I think we have a chronically ill population now, if it's 80 per cent of the population, a certain fraction of that is going to have neural consequences. And I don't think we can realistically deny that that's possibly going to happen. And when it does, I think we have a huge societal problem that actually terrifies me.

Shawn Buckley
Okay, so you just said that you know 80 per cent of the population is basically sick.

Dr. Christopher Shaw
Well, if Theresa Tam's and Bonnie Henry's numbers are correct, yes, that's my opinion. They may not have expressed full dysfunction, but insofar as they've had spike protein and mRNA go into their brain, they have damaged brains.

Shawn Buckley
Right, and I just want to make sure that people understand. I mean, you're speaking about lesions in the brain. Other researchers have actually done brain slides and shown— When you say lesion, it's basically

Dr. Christopher Shaw
Dead cells.

Shawn Buckley
dead cells. So like parts of the brain that are dead.

Dr. Christopher Shaw
Parts of the brain are dead. And that's essentially what's happening in the major neurological diseases. Parts of the brain are dead. So for example, in Lou Gehrig's disease, you begin to show the symptoms of the disease, which is the lack of motor control, after you've lost about two-thirds of the motor neurons in different parts of your spinal cord.

Until then, you're compensating. The nervous system is very, very good at compensating for a long time. And then you hit a threshold. And then all of a sudden, it starts to go downhill very rapidly.

And so these diseases, once they start, it's what we call a cascading failure. And when you look at, for example, Lou Gehrig's disease, both in animal models and in the actual disease, people kind of keep at some sort of—it's a declining level of functionality. And then all of a sudden, it just drops off.

And the basis of the research I was trying to do with ALS was to find at that point when it's still kind of above the threshold for a neural function, get in there and be able to do something therapeutically useful before it totally crashes. And unfortunately, we don't know when that is. So again, when they took away the money and the research ability for that project, it took away the capacity to actually find an early phase place to begin treating ALS victims and the same would apply to Alzheimer's and Parkinson's.

We don't know where anybody is who's had the shots. The longer they've been, the more boosters they have, more neurologically compromised they are, I suspect.

Shawn Buckley
Okay, I'm wondering if I'm interpreting what you're saying correctly. Are you basically inferring, you are definitely saying, "Every time you get the shot, you could be doing more damage."

Dr. Christopher Shaw
Yes.

Shawn Buckley
Including damage to your brain.

Dr. Christopher Shaw
Yes. In so far as the stuff gets into the brain. And we know that blood-brain barrier gets more compromised as you get older. So older people have, and people with head injuries and people who've had any kind of head trauma, have leakier blood-brain barriers.

Shawn Buckley
And we also know that the lipid nanoparticles that surround the mRNA in the shots are actually specifically designed to cross the blood-brain barrier.

Dr. Christopher Shaw
Well, they're supposed to cross any cellular barrier,

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and that's why they did it. Because when they were first coming up with the mRNA concept, originally what they were going to do is they were going to have two needles. One was going to inject the actual mRNA, and the second one was going to pass a current. And that

current would do something called electroporation. It would basically make membrane holes so the stuff could slide on in, the membrane was supposed to close. And I think they realized that no one was going to tolerate two needles at once. So then I think the companies at UBC that we know about, Arcturus and Arbutus, basically started to play with— Well they've been playing with the lipid nanoparticle technology for a while. And then they realized, well this is not the way to do it. We'll just use the lipid carriers that already exist in most cell membranes, and we'll get the stuff in that way. Which from that perspective was a clever idea.

Shawn Buckley
Before we get into too much detail, because I just wanted you to [agree] these lipid nanoparticles. So the vaccine basically is designed so that we're going to get this mRNA or we know it goes into the brain amongst other places. So for any given shot on any given person, we can't say where it's going to go. You use the term biodistribution. But you seem to be implying that people may not be manifesting brain injury now, but you are worried going forward that that's going to start to manifest and become apparent. Did I understand what you were saying?

Dr. Christopher Shaw
That is correct. I'm concerned that it will become apparent in many more people than it has so far. And again, like the progressive nature of neurological diseases, such as the age-dependent ones, ALS, Parkinson's, Alzheimer's, it will become progressively worse.

Shawn Buckley
Okay, so we have a trend where a lot of people don't show up at work. We have, I believe, an increase in accidents happening. And we have person after person describing brain fog. Could all of those things be connected to brain damage caused by these COVID injections?

Dr. Christopher Shaw
I think so.

Shawn Buckley
And not only do you think so, but you're personally worried about Canada going forward because of the number of shots that people get.

Dr. Christopher Shaw
Yes, I'm worried about the consequences overall for society from the perspective that we will have, I think, an awful lot of neurologically invalided people in the course of the next few years, and I think we already have some. We just again, as you suggest, we don't know that they were all injured yet because they haven't fully expressed the disease, and again neurological diseases do not express overnight, as a rule.

Shawn Buckley
I wanted to ask you your thoughts on vaccinating children with these COVID-19 shots.

Dr. Christopher Shaw
Okay. I'm trying not to swear here. It's a poor idea. It's a poor idea for a number of perspectives. Number one is children do not routinely get sick at all or very sick with COVID-19. It has to do with the number of ACE receptors they display. And if it seems—

Shawn Buckley
Can I just slow you down. Because again people need to understand. So an ACE receptor is a type of receptor on a cell that a respiratory virus, like coronavirus, will attach to. And the reality is children actually don't develop these until they're older.

Dr. Christopher Shaw
That's correct, so the ACE2 receptor. Yeah.

Shawn Buckley
Yeah, so young children are basically, just by the way we grow, they're naturally immune without even being exposed to the disease.

Dr. Christopher Shaw
Yes, pretty much. Yeah.

Shawn Buckley
Okay. So I just wanted to make sure that the people watching you understood.

Dr. Christopher Shaw
Injecting children, strikes me again—without knowing whether or not they have the potential to get sick from the virus or get very sick from the virus—giving it to them, strikes me again as part of an agenda because there's really no need to do it. They are not likely to become severely ill. Again, you could make a case where some children may need to get some sort of vaccine under some circumstances. And if one had made the case that children are extremely vulnerable, leaving aside all the marketing and hysteria and the side effects in the general population, I think it would have been a hard case to make. But one could possibly make that case the children were as much at risk as 80-year-olds, and that's simply not true. It is definitely not true.

Shawn Buckley
Right, so they're at low risk.

Dr. Christopher Shaw
They're at low risk of getting it, they're at low risk of being severely compromised. And the only children that I know of who actually died in Canada, they had fairly serious comorbid and all other conditions that were contributing to their overall health status. Yes.

Shawn Buckley
Right, yeah, if a child's dying of other things and happens to test positive for COVID, it doesn't mean they died of COVID, is what you're saying.

Dr. Christopher Shaw
Precisely.

Shawn Buckley
Okay, when you were speaking earlier

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about the fact that the vaccine basically gets our bodies making spike protein and the spike protein is the dangerous part— I wonder what your thoughts are because they could have created mRNA that would make a non-lethal part of the virus for our immune system to recognize. What are your thoughts of them actually choosing the part of the virus that causes the damage?

Dr. Christopher Shaw
Okay, the problem with that is, you're assuming that the only part of the virus you need to detect is the spike protein. And one thing that Dr. Pelech's work will touch upon, I suspect, is the numerous antigenic sites on the spike protein that you probably should really be looking at. So if you only test the spike protein, then you are going to be, I think, misled into thinking that that's all you need to do. And all you have to do now is run your PCR to look for a spike protein product or mRNA product. And I don't think that's correct.

I think that that's a very one-sided view of how viruses infect cells. I think as Dr. Byron Bridle said the other day, Bonnie Henry's understanding of immunology and vaccinology, let alone epidemiology, seems to be fairly rudimentary. And her last document was one that would have not, at least three years ago, survived a master's thesis defence. It's simply incorrect in almost everything it says. And not believing that natural immunity exists or is as effective as vaccine-induced immunity is kind of a fundamental flaw in understanding both vaccinology and immunology, as far as I know.

Shawn Buckley
Thank you. When we were speaking earlier, pre you taking the stand, you had spoken to me **a little bit about the Eastside and kind of raised a question about that. Basically, why were people that, let's say they lived in a refugee camp or something like that, why didn't COVID basically sweep through? And you were going to use the Eastside of Vancouver.**

Dr. Christopher Shaw
As a medic, I've been in Syria and Iraq and there are a lot of refugee camps there and refugee camps that are full of hungry, sick people with lots of different diseases. Downtown Eastside has the highest level of HIV, hep C, a huge range of infectious diseases. People are poor. They're malnourished. There are high levels of drug addiction in the area. People are quite sick. There are a lot of very sick people.

So the concern—and I think it was not an unwarranted concern at the very beginning when we knew very little—is that these people with comorbid conditions were going to be especially vulnerable and therefore there was an urgent need to get them all vaccinated. And they tried to incentivize it with donuts and cheques. But most of the people in the Downtown Eastside, I suspect, were not vaccinated. And to the best of my knowledge, there was no wave of deaths in the Downtown Eastside.

From fentanyl, yes. From other drugs, yes, but not from the disease. Same happened in Northeast Syria, where I've served as a medic, because they were also concerned. They have large refugee camps, full of people, again, malnourished, living in tents. One would have expected, and they did there. The Kurdish Red Crescent Society was terrified without the vaccines that the camps would be just devastated. The people would just all die. And it didn't happen. They never got the vaccines because no one would give them to them. And so they went through the whole pandemic with no vaccines, and there was no massive loss of life in the refugee camps.

So the idea that this was going to be—which should instruct us to what happened in the population at large—the possibility that this was going to kill everybody was never, never really realistic. And on top of which, it certainly wasn't true in the population that wasn't suffering those comorbid conditions: so in other words, the general population of western countries, in particular in Canada. So it was simply that fear was never realized because it was an unrealistic fear. The idea that this was such a deadly disease that it would kill everyone it touched, it was simply not correct.

Shawn Buckley
Right. So ironically, people like Syrian refugees living in a refugee camp going forward might have better health outcomes than Canadians.

Dr. Christopher Shaw
Almost certainly. Almost certainly. And you know, one of the things that we speculate about with the Downtown Eastside and with the refugee camps, these people are often chronically ill with other respiratory diseases. And they're living in tents in the winter in Syria. It's pretty hot there in the summer, but it's pretty wet in the winter. The people there, they all have some COVID virus. And the speculation has been that the other COVID viruses,

[00:50:00]

in those cases where people are chronically ill with some kind of COVID, provide some sort of cross-protection against COVID-19. And I think that's a pretty reasonable hypothesis.

Shawn Buckley
I'm about to turn you over to the commissioners for questions. Is there some point that we didn't go across that you were wanting to share with us before I do that?

Dr. Christopher Shaw
Yes, there were a couple. I think this comes back to kind of your second— What can we do differently in the future? I think we need to ask some questions about what happened.

So for example, do you remember that officially with COVID-19 vaccines, we needed cold storage? I know UBC went around and asked all the laboratories on campus, do you have a minus 80 freezer? Because that's how you had to store it. What happened to that? That turned out not to be correct. Because they were assuming that both the mRNA construct itself, not to mention the lipids, would break apart very quickly if they weren't under cold storage. Well, that's not true. The biodistribution studies that have been done demonstrated that's not true.

What happened to influenza? In 2021, where was influenza? Did it go away? Well, apparently it did. Or were they conflating it with COVID? And I don't know the answer to that question. But clearly, influenza in the Province of British Columbia, I think it normally kills a couple thousand people a year according to the official public health officer. In 2021, I think the numbers were numbers you could count on your fingers in one hand.

Shawn Buckley
Okay, and this is an important point, I think, for people to understand, and again, for the international community. So in Canada, we have what we call a flu season every winter, which is really just a low vitamin D season because being northern hemisphere, we don't get enough sun. And so we get the influenza sweep through our population. And you're saying in British Columbia, annually, there will be several thousand deaths caused by influenza or what we just colloquially call the flu.

Dr. Christopher Shaw
Correct.

Shawn Buckley
But in 2021 or 2020,

Dr. Christopher Shaw
And 2021.

Shawn Buckley
and 2021, we have just a handful, instead of thousands. And you're saying well, obviously those were counted as COVID deaths or COVID illnesses. I've heard—

Dr. Christopher Shaw
I don't know that they were, but again you have to wonder where all those other thousands of cases went. The official explanation was, "Well, there was more masking so the virus, the influenza virus couldn't get you." Well, okay, but they could still get COVID, which doesn't make a huge amount of sense. We can talk about the size of these particles, but it doesn't matter. A surgical mask is not going to stop either of them. As an explanation, it sort of fails. There's never been an explanation from Bonnie Henry or any other public health officer where influenza went that actually made sense.

Shawn Buckley
Okay. And in fact, you know, you just talked about masks and virus in relation to particle size. I saw a funny little picture and I just want to ask if it's true. So basically, there's the caption, a person wearing a mask, "I'm going to stop a virus with a mask." And then at the bottom half, there's a chain link fence. And it says, "I'm going to keep mosquitoes out with a chain link fence."

Dr. Christopher Shaw
Pretty much, yeah.

Shawn Buckley
So the viral particles are so small that the idea that the masks that we would wear, stopping us breathing them in or out, is really just science fiction.

Dr. Christopher Shaw
It is science fiction. And not only will the masks not do it, but also they're not even fitted properly. I've seen people walk around with masks under their nose, or kind of down, down over there. And in any case, I'm sure you've seen the demonstrations where people take a lung full of smoke and then they put on the mask and they blow out, and it comes out every place. Well, that's a surgical mask.

A surgical mask is not intended to stop viruses. It is not. It's intended to stop bacteria. You want to keep your surgical field clean, and if you're doing cell culture, you want to keep the inside of your cell culture chamber clean. You don't want to put your bacteria into it, and you don't want any messy, sloppy stuff coming out of the patient or the cell culture chamber to get on you. But they're not there to stop viruses. They're just not. There are masks that will, but those are not the ones in common use.

Shawn Buckley
Right, okay, and then is there another topic you wanted to touch on before we—

Dr. Christopher Shaw
So we talked about the refugee camps, we talked about that.

Biodistribution studies, we have not done them. We have really not done very good biodistribution. There's that German study that you mentioned. There was that study by **the offshoot of Moderna that actually did a pretty good job of looking at— And it's a pretty much unknown study, but they did it and they found the mRNA everywhere. The mRNA will lead to spike protein, and so you have spike protein in brain and testes and liver and kidney and all that kind of stuff.**

What's the other thing? Where was the government's— Where did they invest money into looking at alternative treatments?

[00:55:00]

Ivermectin and hydroxychloroquine, which have an enormously good track record, unless you misuse them. Was there any study on that? No. None of that, that I could tell. Yeah, I

think those are primarily the key points. What else did I want to mention? No, I think we've covered it, Mr. Buckley. I think we're good.

Shawn Buckley
Yeah, well and usually the commissioners bring out some pretty interesting points also. So I'll turn it over to the commissioners if they have any questions for you. And they do have questions.

Commissioner Massie
Thank you very much Professor Shaw. I'd like to focus my question on the neuropathology issue that has not been covered in many of our previous witnesses. Based on your experience what would be the hallmark of neuropathy induced by spike?

Dr. Christopher Shaw
I'm sorry, can you re-state that?

Commissioner Massie
How would we recognize that a neuropathology is developing based on the location of spike in the brain? Do you have any idea?

Dr. Christopher Shaw
Sure. I mean, spike proteins can be labelled. We could do tracer experiments, see where it goes. You could, of course, just do histology because there are antibodies for spike proteins, so some very good ones. I mean, Steve Pelech has them as well. You could do a detailed serology study of whole body. That would take some, you know, it's doable. It would be some work, but it's doable.

You'd basically go in there and you'd section and do thin sections of any organ in question and you would look for the antibody presence, and those are seen. And I think, again, the pathology reports that Mr. Buckley is talking to suggest, and they show, spike protein in various blood vessels, they show it in organs like brain, they show it in lung and in various tissues. So we would have done a comprehensive study on that. And we didn't, and we haven't done that since.

And as far as I know, the government has not funded any study to actually look at bio-distribution. Because that would suggest that if it's someplace other than just in your deltoid muscle, that it could be doing things you don't want it to do. So I think there's no incentive for them pushing an agenda to actually go and look at the possibility that it could be doing brain damage or kidney damage. And look how they've tried to discount myocarditis, which we know is very real.

So again, that would be something that you would have thought a government that really wanted to know the answer so you could design more rational therapeutics— If it only goes to your lungs, what are you going to do? If it's going to your brain, what are you going to do? If it goes to other body parts, what are you going to do? And they didn't do that, they've never done that. And they don't fund research to do that as far as I can tell.

Commissioner Massie
So the concern about the people that have received the vaccine, they might actually be very worried what's going to happen down the line.

Dr. Christopher Shaw
I am very worried.

Commissioner Massie
So until we develop these analyses, it's hard to propose any remedy because we just don't know exactly what's going to happen.

Dr. Christopher Shaw
It's very much impossible. There are various things that are being proposed. You could try and find a way to dismantle spike protein wherever it is. Various botanical and other compounds have been suggested. Would they work? We don't know.

You could try and target certain areas for more protection. You could say, "Well, if we're worried about brain, maybe we need to increase our antioxidant levels, maybe we need to do various other things." We don't know.

So in the absence of that knowledge, you cannot design any specific therapeutics. You could do maybe generic ones. Let's control antioxidants. Let's do something about mitochondrial function. Those are the kinds of things you could probably do. But you know, again, with a lot of drugs, they don't get into brain. And if you have brain issues and you're trying to put a drug into brain, it's really, really hard. And you could try, I guess you could put lipid particles on it and maybe do it that way. Or you could do what's called a prodrug. But otherwise, when you have brain damage, you're trying to get something into fix that or stop the process, it's pretty hard to do. But again, you don't know.

Commissioner Massie
So one of the things with neurological diseases, as you mentioned, they take time to develop

Dr. Christopher Shaw
Yes.

Commissioner Massie
before you can actually see that.

Dr. Christopher Shaw
Yes. Decades maybe.

Commissioner Massie
Yeah. So it's going to be hard to predict exactly what would be—

Dr. Christopher Shaw
Absolutely.

Commissioner Massie
But based on other diseases that are either induced by viruses or the type of toxin in the environment, what would be a good estimate in terms of lag time for the onset of serious disease?

Dr. Christopher Shaw
I guess it depends how you define serious. If you define serious as the earlier discussion, if you have to go into an ER because of something that's happening, if you have to seek specialized medical services, if you have a life-threatening event, those would be some of the things you would see.

[01:00:00]

And I would expect you would probably see them in the course of a couple of years because in neurological diseases, again, the traditional ones that I've mentioned can take decades, but we don't really know.

But I've also heard of cases of Lou Gehrig's disease. And there was a case, one of the diseases I studied, and it's in my CV, is a disease on Guam called ALS-PDC. And that's a disease that mimics the features of Parkinson's, Lou Gehrig's, and Alzheimer's. And you would get people as young as 19 with ALS-PDC, which is very unusual. You don't really see the presentation of Alzheimer's until people in their 60s, 70s. All ALS is a little bit younger. Parkinson's is somewhere in between. So you would see that probably in the course of— If it follows the timeframe of something like ALS-PDC, you'd be seeing something in a couple of years. And I think we are here. I think the brain fog people, if they don't miraculously recover, I think they're going to go on to a more acute neurological disease state, in my view.

Commissioner Massie
So one of the things that people have been trying to develop to really reduce transmission is this so-called nasal formulation in order to get the virus or the antigen in the right place.

Dr. Christopher Shaw
And you know where it's going when you do it nasal, right.

Commissioner Massie
Yeah, but as you do that, I mean, don't you risk, also, the possibility that they can actually get to the brain through the—

Dr. Christopher Shaw
Absolutely. That's exactly what it'll do. When you put a molecule like that, that has the capacity to pass the blood-brain barrier into your nasal sinuses, it's going right into your

olfactory bulb. It goes from your olfactory bulb to your piriform cortex, now you're in the brain. So yes, you've got the particles in your brain.

Commissioner Massie
So the fact that in natural infection, people do get some sort of issue.

Dr. Christopher Shaw
Yep, it can do.

Commissioner Massie
Do you think it's because the spike protein is expressed on the surface of the virus and the spike would have some ability to cross the blood-brain barrier? Or is it something else going on?

Dr. Christopher Shaw
Okay, I think I think there are two things happening. I think number one, the lipid nanoparticle is a big piece of what gets it into your brain or into any cell.

I think the second thing is, I think the damage done by the spike protein may be doing damage to your blood-brain barrier, which of course also happens as the course of aging. But when you do it to your blood-brain barrier, you've now made it leakier: So things, larger molecules of various kinds are going to get in. Larger proteins that should never get in, are going to get in, and something like an mRNA or a spike protein would probably find it fairly easy to get in if your blood-brain barrier is compromised.

We don't know if it is, no one's looked. But it is certainly something we know that happens, and we suspect it has a large part of what causes kind of the final stages of Alzheimer's, you're just letting a lot of crap in because your blood-brain barrier is definitely compromised.

Commissioner Massie
So for kids, for example, where the blood-brain barrier is in better condition, you would hope or you would think that the likelihood that spike or the mRNA liposome would get there is lower than for older people.

Dr. Christopher Shaw
I think it's more likely that it will get there, however your blood-brain barrier is compromised, either through your age in either direction or through other head damage over your lifetime. You know, for example, one of the strongest coincident factors that's possibly involved in Alzheimer's is head damage, head trauma. In other words, if you've had a concussion before, the incidence of people with concussions with Alzheimer's disease is vastly higher than people without. So that's one of the risk factors, one of the severe risk factors.

So yes, I would assume that if you have any way that stuff is going to get into your brain, it's going to do harm. Again, children don't have the ACE2 or don't have it in the same extent. So I think they're somewhat buffered from the fact that they have a leakier blood brain

barrier. But for elderly patients who do not have a robust blood brain barrier, I think a lot of that stuff is going to go straight in there.

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Thank you, Dr. Shaw. I've been looking at the movement "quiet quitting" for some time now and wondering what has happened to all the people who are not showing up for work and volunteering. So I thank you for your testimony, but I also thank you for offering a very good insight into what is happening in this country.

[01:05:00]

It's very insightful.

Dr. Christopher Shaw
Thank you.

Commissioner Kaikkonen
But my questions go differently. Does BC have privacy legislation that prevents government agencies from sharing personal health information with other publicly funded institutions, and vice versa?

Dr. Christopher Shaw
It doesn't anymore with C-36. It's not C-36, but Bill 36—the government can take your private information from your physician, and we have no idea what they're going to do with it. They can presumably share it with anyone they want to, other health ministries, other agencies, maybe corporations. I don't think under these circumstances, your private health information is private any longer.

Commissioner Kaikkonen
And did UBC at any point rewrite your employment contract?

Dr. Christopher Shaw
Have I what? Sorry I didn't hear that.

Commissioner Kaikkonen
Oh, sorry. Did UBC, the University of British Columbia, at any point rewrite your employment contract?

Dr. Christopher Shaw
No.

Commissioner Kaikkonen
And going further, if BC Health authorities already have access to your personal health records, then why does UBC as your employer, and most particularly your chair, believe they are entitled as well to your personal health records? And if you disclose to UBC, would the university then send the same personal health information to BC Health who already has it? I know it's a rhetorical question.

Dr. Christopher Shaw
Well, it's a good question. You know, I don't know what, I guess you'd have to ask them. So it's a kind of limbo. I don't know where my health information is because I don't think there's anything to stop them from disclosing it.

Commissioner Kaikkonen
And my final question is, do you know if UBC, as an institution that's publicly funded, is provided with extra funding from government for strong-arming citizens into submission?

Dr. Christopher Shaw
I don't know, but if you told me it was true, I wouldn't be surprised.

Commissioner Kaikkonen
Thank you very much, I appreciate that.

Shawn Buckley
So there being no further questions Dr. Shaw on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Dr. Christopher Shaw
Thank you and thank you for having me here today.

[01:07:40]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 8: Alan Cassels (Parts I and II)
Full Day 1 Timestamp: 08:46:34–08:48:59/08:56:35-10:00:38
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

PART I

[00:00:00]

Shawn Buckley
Now switching gears, I'd like to announce our next witness, Alan Cassels. Alan, can you please state your full name for the record, spelling your first and last name?

Alan Cassels
My name is Alan Kenneth Edward Cassels and it's spelled, A-L-A-N C-A-S-S-E-L-S.

Shawn Buckley
And Alan, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Alan Cassels
I do.

Shawn Buckley
Now just to introduce you, much of your professional experience has been in studying pharmaceutical policies and reporting on medical evidence [Exhibit VA-3, CV].

Alan Cassels
That's correct.

Shawn Buckley
You have a master's in Public Administration. You have worked on over twenty separate pharmaceutical policy studies over the last twenty-eight years and have published dozens of peer-reviewed publications on many aspects of drug marketing, evidence-based medicine, and rational prescribing. Is that correct?

Alan Cassels
That's correct.

Shawn Buckley
For the last four years, you worked for the BC UBC Therapeutics Initiative, and I'm wondering if you can explain for us what that is.

Alan Cassels
So the Therapeutics Initiative [TI] is a group at UBC that's funded by the provincial government, by the Ministry of Health. It's been in existence since 1994, and I've worked for this group on contract many times in the past. I was hired on salary in 2018. They produce probably the best and highest quality drug information of any agency of its kind in Canada and does so sometimes at great cost in terms of criticism from the pharmaceutical industry. When the NDP were campaigning in 2017, the then health critic, a guy named Adrian Dix, said if the NDP took power, they would double the funding of the Therapeutics Initiative, and that's exactly what happened. And that's how they got the money to hire me.

Shawn Buckley
Right, but I want people to understand. So this is an initiative that evaluates drugs without pharmaceutical industry influence?

[00:02:25]

PART II

[00:00:00]

Shawn Buckley
We welcome you back to the National Citizens Inquiry. We were starting with Alan Cassels, and we were discussing the UBC Therapeutics Initiative project, and then the power went out, and our systems went down, and we would have lost a bunch of people following us on the various platforms. We apologize for that. It was an item that was out of our control.

So we're going to pick up. Alan Cassels is still on the stand. Alan, I'll remind you that you're still under oath. Can I ask you again, because we're not sure where we cut off, if you can describe for us the UBC Therapeutics Initiative?

Alan Cassels
Yeah, so the Therapeutics Initiative was formed in 1994. It's funded by the provincial government, the Ministry of Health, through the pharmacare program. It does hard-hitting critical analyses of drug evidence and publishes that information in newsletters that's distributed to something like 9,000 doctors in British Columbia and pharmacists on a website. It does presentations and does basically pharmaceutical education for physicians and pharmacists.

Shawn Buckley
And just again, so that people fully understand. So this is an initiative that analyzes pharmaceutical drugs to determine their safety and efficacy and whether or not they should be used. And it's completely independent of the pharmaceutical industry.

Alan Cassels
Yes.

Shawn Buckley
And you have participated for four years. Which is just getting back to the fact that you are an expert in evaluating pharmaceutical interventions.

Alan Cassels
I've got a couple slides of my bio if you want me to throw it over.

Shawn Buckley
Oh, sure, sure. So yeah, let's launch into your slide presentation [Exhibit VA-3a], and then I'll just ask you questions as they arise.

Alan Cassels
Right. So are my slides up there? I can't see.

Shawn Buckley
Your slides are up.

Alan Cassels
Yeah, so the most important thing you need to know when someone's talking to you about drugs is where they get their money from. And it's very important to have a disclosure statement on any presentation. My disclosure: I'm a former employee for the Therapeutics Initiative, and in 29 years of doing this kind of work, I've never had any financial conflicts of interest with companies that manufacture pharmaceuticals or sell pharmaceuticals. Currently self-employed, and I do receive some money from the sale of books I've written.

Just to add to the brief bio: I graduated from the Royal Military College with a degree in English. I served for 12 years in the military as a Naval Lieutenant, did two peacekeeping tours. I've got a master's degree in Public Administration from the University of Victoria,

and I started doing drug policy research in 1994. I've probably been involved in more than 20 research studies in that area in Canada and BC independently, usually funded by either CIHR [Canadian Institutes of Health Research] or provincial funding bodies.

I've published quite a few pieces, including probably over 400 articles. I was a columnist for *Common Ground Magazine* for 12 years. And I've lectured to university classes in a variety of subjects in journalism, actuarial science. They had a really cool grant that I won about 15 years ago where I travelled to every single journalism school in Canada to give them a workshop on how to report on prescription drugs. And I'm sure those students have lost those lessons now.

One of the things I'm very proud of, in 2012, my Member of Parliament Denise Savoie awarded me the Queen Elizabeth II Diamond Jubilee Medal, and she cited my work as an author and a pharmaceutical policy researcher and a consumer advocate. And those are the books that I've written, including *The Cochrane Collaboration*, the last book.

Cochrane Collaboration, a very important organization, does what I would consider to be gold standard drug evaluation evidence, meta-analyses of high-quality evidence, and try to get the truth out. They've undergone a fair bit of controversy in the last few years, though the Cochrane Collaboration researchers, people like Dr. Tom Jefferson and Carl Hannigan, were people that formed part of that book, and they were the ones that were instrumental in doing the major analysis of the masks and determining that masks simply—there's no evidence that they have any effect.

I've written for *Reader's Digest*, there's just an example.

[00:05:00]

So the thing that I really focused on over the years has been kind of this gap between what the evidence says about drugs and what the marketing says. And usually there's a large gap.

And there's almost always controversy regardless of whether you're talking about a drug or a vaccine because those who create the product want as large a market as they can and those who use it want to be using it in the most appropriate way possible. And those two values conflict with each other.

Let me just say a little bit more about the Therapeutics Initiative. I told you that it critically evaluates drugs. The TI has a history of doing some really important things in British Columbia. For example, the COX-II inhibitors, drugs such as rofecoxib, also known as Vioxx, which came out in the late 1990s, was on the market a number of years. The BC Therapeutics Initiative was probably the first group in Canada to raise the alarm that there were problems with the trials. The trials were fraudulently reported. The BC government subsequently restricted the use of those drugs to a small population in BC, probably saving 500 to 1,000 lives. It's really important to get the evidence right because people's lives are at stake.

Again, I was hired as a communications director in the last four years. And I can tell you, not being able to say anything sitting at my desk while COVID was unrolling was very difficult. One thing that I really found personally quite difficult was the language that journalists and neighbours and friends would use against people that weren't vaccinated, using language that I would consider to be quite bigoted and discriminatory. And so I wrote a letter to the editor of *The Globe and Mail*, and this is part of my story because it might have been the reason why I got fired. It was 142 words long, and I'm going to read it to you,

and it goes like this. I was responding to an editorial that was entitled "Driven by Misinformation," the thrust of that being that people who were vaccine hesitant or otherwise questioning the value of COVID vaccines were ignorant and moronic.

Responding to The Globe stance, I said:

> I don't see my unvaccinated friends, neighbours, or colleagues as misguided, misinformed ignoramuses who spout conspiracy theories and propagandistic clichés. Maybe I don't get out enough.
>
> They are mostly highly educated, a class that includes university professors, engineers, researchers, doctors, librarians and even some journalists. I find that these are intelligent people with nuanced interpretations of science who spend a lot of time reading the annoying small print of research studies and asking awkward questions. I therefore find it tiresome when they are labelled as misinformed ignoramuses who don't "follow the science."

And I end this by saying:

> In the drug-safety world, there's a truism: Drug safety never leads, it always follows. It is a sentiment that might be best summed up by a line from the singer Tom Waits [who said]: "the large print giveth and the small print taketh away."

So that is the simple three paragraph letter to the editor where I was talking about how The Globe was characterizing our unvaccinated friends as being stupid ignoramuses.

This is what happened next to me. Several days later, I was called into the office of my bosses with very stern and dour looks on their faces, and they said, "You can't be out there publishing letters like this critical of government policy." To which I said, "Excuse me, but I don't know if you've read my letter. I didn't talk anything about government policy. I didn't mention Adrian Dix or Bonnie Henry or anything about vaccine mandates or any other things. I mentioned The Globe stance, their bigotry against unvaccinated people, the same kind of bigotry that we see expressed by even politicians, such as our own prime minister." And I was told specifically, "This could jeopardize our funding." And I sat back and said, "Wow, these are crazy times we live in if that's the case."

Shawn Buckley
So the way that I read your reply, is really you were replying to what in normal times we would have considered hate speech, and you were saying, "No, this isn't appropriate."

Alan Cassels
Yeah.

Shawn Buckley
And you actually are getting sanctioned for that from your employer.

Alan Cassels
Yes.

[00:10:00]

And I don't know how they could have made the leap between me criticizing *The Globe and Mail* and me criticizing government drug policy, but you know this crazy world that we live in. Anyways, three months later I was told to pack up my desk, hand in my keys, hand in my computer, and I left the building. And so I've never worked for those guys again. Unfortunate. And I was never really given a proper reason why. Because this is called fired without cause: they don't have to tell you why.

So let's get on to my talk. What does the research say? And I realize that you've got some very smart people presenting here. I'm going to stick to a very specific thing that I know a little bit about, probably more than other people. And that is the regulatory requirements when it comes to information about a pharmaceutical that's granted a licence for sale in Canada. First of all, I'll talk about Health Canada's product monograph. This is a really important document.

So what is a product monograph? In a nutshell, a product monograph is like the owner's manual for your drug. When you buy a new car and you open the glove box, you get an owner's manual; it tells you everything about it. A product monograph does the same thing about your drug: It tells you the properties, the claims, and the indications. These are essentially the conditions of use that may be required for the optimal safe and effective use of the drug. Very important. We call it a product monograph in Canada; in the U.S., they call it the approved product label. It's a very hefty document. The approved product label for the Pfizer COVID vaccines is about 83 pages long, a significant document.

The most important word, in my opinion, in a product monograph is the word "indication": Indication means, what is the drug used for? What is the approved use of that drug for treating a particular disease? So if the regulator, Health Canada or the FDA, determines there's enough evidence to approve a drug for the indication, that is the treatment of the disease, the indication becomes a labelled indication. They've essentially determined that there's enough evidence to suggest that the indication will have some help in a particular type of patient and that the drug company is able to market their drug with that information. For example, if they say this drug is used to treat toenail fungus, that's the indication, toenail fungus. They cannot go on to say, "We think this drug is good for lowering cholesterol." That's a non-approved indication. That's a really important distinction.

So the manufacturers are not allowed to market their drugs for indications for which they have not been approved in Health Canada.

I'm going to give you an example. This drug—this also happens to be a Pfizer drug—but it's now generic, made by many generic manufacturers. And this drug, by the way, was probably the world's biggest blockbuster drug ever produced. As you know, Pfizer is the world's biggest drug company. This drug made the company billions of dollars over the years. It has a very, very specific indication, and I'm going to show it to you.

It looks like this. It's a 56-page document. This is on Health Canada's website, the "Product Monograph—Atorvastatin/Lipitor." So there's the three indications. Just to be clear, it's indicated to reduce the risk of myocar — Let me translate this. It'll reduce the risk of having

a heart attack in adults, not kids, that have high blood pressure, hypertension but not clinically evident coronary heart disease, but with at least three other additional risk factors for coronary heart disease: such as you're over 55; you're male; you have abnormalities on ECG, et cetera. And it's also indicated for patients with type 2 diabetes and hypertension, without clinically evident coronary heart disease. And it's indicated to reduce the risk of myocardial infarction in patients with clinically evident coronary heart disease.

One thing you should know is that high cholesterol is not a disease. High cholesterol may be a risk factor for a disease, but thanks to the marketing genius of the pharmaceutical industry, they've taken high cholesterol and turned it into a disease in and of itself. However, that does not mean that the company's able to market this drug

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beyond the indications that are in the product monograph. So you've got an 85-year-old man with high cholesterol but no history of heart disease. Should he be able to take Lipitor? How about a 70-year-old woman who has normal blood pressure, smokes, and has high cholesterol? How about a 50-year-old male bricklayer who has a stent in his heart, et cetera? A 27-year-old pregnant woman or a 32-year-old woman who has toenail fungus? Again, the answer to this, this is one of my skill-testing questions, is that none of these patients are indicated to take that drug.

I can tell you if we have a hundred people in this room over the age of fifty, probably forty of you are going to be either on a cholesterol-lowering drug or have been offered a cholesterol-lowering drug in your life to reduce your risk of a future heart attack. And if you don't have coronary heart disease and never had a previous heart attack, the drug is doing nothing for you. You're wasting your money and you will have no effect of lowering your cholesterol. If you have had a heart attack and you fit the description in the indication, you might have a risk reduction of about three per cent. That's the best that we've seen cholesterol-lowering drugs perform, which is to say that of the 100 people that get prescribed the cholesterol-lowering drug, 97 of them will have no effect. They will have wasted their money. Three per cent might have a reduction in a future heart attack.

So most important point here, companies cannot market their drug for off-label purposes—purposes for which it hasn't been studied or approved. So why don't they market their drugs for off-label? You can imagine if you're a drug company, you want as much stuff in the label as possible. You want your drug not just for adults who have coronary heart disease and high cholesterol and hypertension. You want it to be used for everyone. That's where the market is. It's for everyone. You want it to be used in pregnant women, in kids, because that's what grows the market. And the way it was described to me, an official at a pharmaceutical company once said to me, we go to war for the label, which means that's the make or break. We get as much stuff into the label as we can because that determines how big our market can be. Because if it's not in the label, they can't market for that, but they do.

And here's an example of, okay, I'm not picking on Pfizer, but this just happens to be Pfizer again was caught illegally off-label marketing a number of drugs: Bextra, Geodon, an anti-psychotic, an antibiotic, and several other treatments. Ended up paying the largest healthcare fraud settlement in history. This is a criminal fine of more than two billion dollars. You might say, "Well, that's a pretty big fine for a drug company," but if you realize how much they made off even the sale of one of those drugs, it would be like getting a parking ticket for you.

So let's look at the vaccine. The product monograph, and I'm just going to use the example of the Pfizer vaccine because it happens to be handy here. Again, it's an 83-page document. Strange though, the product monograph didn't hit the streets until September of 2021. I'm not sure when they started actually injecting this drug into the arms of Canadians, but I'm pretty sure it was before September 2021. Which is to say, none of the physicians, nurses, or anybody administering this vaccine had actually read the product monograph, and certainly none of the patients getting injected could have read the product monograph to know what it was indicated for.

Shawn Buckley
So can I just interrupt? So for informed consent, physicians and nurses, if they're administrating a treatment, are supposed to be able to tell the patient about risks and benefits and the like. And that's the information that would be in the product monograph.

Alan Cassels
Absolutely.

Shawn Buckley
And so basically, without that even being available, physicians and nurses administrating this vaccine—

Alan Cassels
What were they administrating, on the basis of what? I don't know. I can't answer that. But they certainly weren't doing it on the basis of the product monograph. They might have had an interim something that was provided by Health Canada, maybe. But let's look at what the actual product monograph for this vaccine says. By the way, if my slides are available, every document I'm talking about is linkable in the slides.

Shawn Buckley
I can tell you that the slides have been made an exhibit in these proceedings. So they'll be available to both the commissioners and the public.

[00:20:00]

And I believe it's [Exhibit] VA-3a, it will be your slide presentation.

Alan Cassels
Okay. So this vaccine—I don't even know how to pronounce this, this is weird. Comirnaty, something like that, is that how you pronounce it? Anyway, let's call it the Pfizer vaccine. It's "indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 [SARS- CoV-2] in individuals 6 months and older. Page five of the monograph sets out in black and white what this drug, and I'll call it a drug, is indicated for. So the primary endpoint, you have to actually go further into the product monograph to figure out what do they mean by "active immunization," what is the actual endpoint. And the primary endpoint on page 62 is defined as any symptomatic COVID-19 case confirmed by the PCR test. So you have to have

two things: You have to have a symptom, and the symptoms are listed in red, one of these symptoms—fever; new or increased cough; new or increased shortness of breath; chills, et cetera. And you have to have a positive PCR test. That's basically the case. And that is what the product is indicated for.

So my question to you is, if someone is out there saying this product is good for toenail fungus, what are you going to say? You're going to say, "Well, is it in the product monograph? Has it actually been tested to treat or prevent toenail fungus?" Well, no, it's not in the product monograph. "Does it prevent hospitalizations? Does it prevent deaths? Heart attacks, strokes, cancer? Does it prevent viral transmission?" And the answer, of course, is no. It did none of those things. The product monograph states that all it does is reduce symptomatic COVID with these kinds of symptoms and a positive PCR test.

And this is what drives me crazy because the public health people are saying things that the pharmaceutical companies are not allowed to say. They would get criminally charged for saying those things. But yet, you've got people telling me, "This vaccine is going to keep you out of hospitals; it's going to prevent deaths; it's going to prevent heart attacks, strokes, et cetera; and it's going to prevent viral transmission." And I really want to focus on the viral transmission because I think that's probably the most important part of my talk. And it's the most important part of what transpired in COVID. It has to do with transmission.

You know, I looked at the flu vaccine more than 15 years ago. And I can tell you, if the flu is any indication of what this disease became, none of the flu vaccines are approved to prevent transmission. To actually prove that your vaccine prevents transmission, you would have to have a massive trial, enroll hundreds of thousands of people and take several years. It's just not going to happen. It's way too costly. You're never going to be able to do it. So transmission is definitely a non-starter.

Here's a skill-testing question for the crowd. So how many of the six federally approved COVID-19 vaccines in Canada are indicated to prevent viral transmission? The man at the back has it right with the big goose egg. None are approved to prevent viral transmission. So, in fact, I've read through every single one of these product monographs. And it's a lot of reading. And the word transmission does not even appear in the product monograph or any of its correlates. Did they say viral conveyance or passing it on or anything like that? No, not in the product monograph. Therefore, again, I'm reiterating the point: the manufacturer is prevented by law from claiming that their vaccine prevents viral transmission to other people.

So you ask me, why are you focusing on transmission, Alan? Because I think the key marketing strategy for the vaccine, and I would call it a marketing strategy, the fear was a big thing. My first book, *Selling Sickness*, was really about the marketing of fear: It wasn't a marketing of fear for pandemics, it was a marketing of fear of the lipids in your blood; the level of your blood pressure; the score on a test that can test whether you've got early signs of Alzheimer's and so on. Fear is a very important motivator.

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As the marketers like to say, "You don't sell the steak, you sell the sizzle," in the sense of, if you want to drive your market as big as possible, you have to get people motivated. And one of the main ways that we motivated people to get vaccinated other than— I won't say this was evil but genuine appealing to people say, "This might actually save you from getting COVID." You might say, "Well, I don't care if I get COVID." "Well, that's fair enough. Oh, but it's going to help you protect your grandma because you will not be able to transmit

it to grandma." And it's like, "Wow, okay, that's a reason for taking it because it's going to save grandma." It's not true though. None of the vaccines have been studied to prevent transmission and none of them have been approved. So whether you were vaccinated or not made no difference to grandma.

And so we said, "Let's follow the science: where are the research studies indicating that the COVID vaccines prevent viral transmission?" They're not available. They don't exist. Again, why is this important? I think the mandates and the force pressure on the public really caused very deep rifts in our society. I refuse to get a vaccine passport just on the principle of the thing. Because allowing this kind of discrimination in facilities seemed to me just so wrong on so many levels. As I explained to some of my friends: if you lived in Victoria a hundred years ago, they would have signs in restaurants or in saloons that would say "No Indians or dogs allowed." It was perfectly allowable at the time, a discrimination of a certain class of people. And that's exactly what I saw the vaccine passport as. There's a sign of the royal Simba Club: "No Dogs or Indians" allowed.

So the vaccine passport became a very harmful thing to do. I mean sure, encourage people to get vaccinated, do that, but to say that they can no longer go in to see their parents in a hospital or to go to a movie theatre or go out. In the case of British Columbia, we couldn't go to restaurants for what was it, seven months, or something like that?

Further on, not just the science that didn't go into the product monograph, this was kind of reinforced by epidemiological studies. A number of epidemiological studies were done in the U.S. and Germany and Vietnam and Israel, and they basically found that the vaccinated people are equally able to carry the virus as well as the unvaccinated, or should I say that there was no difference whether you had been vaccinated or not. You could still be a vector for the disease. And when I argue with my fiercest critic on this, who happens to be my wife, she says "Yes, but wouldn't the people who, if the vaccine reduces your symptoms, then wouldn't you be less likely to pass it on?" And I said, "Yeah, show me the study." No, there's no studies. Sounds good in theory, but I'd like to flip that over. What if getting the vaccine is more likely that you pass it on because you can go out into the community and you have no symptoms, and you become the vector for the disease? So this is kind of my main thesis: anything that can help you, can also harm you.

And any theoretical idea such as "the vaccine might prevent some level of illness in the person, therefore it's going to prevent them from transmitting to others," that's a leap in logic that hasn't been studied. And when we have looked at it through epidemiological study, there's no difference. My summary: based on my review of the studies of the approved COVID vaccines, there are zero randomized trials that have shown any effect on viral transmission. And this is the kind of thing that I think good journalists would have asked right at the beginning: "Show us the evidence, show us the beef. Where is the research that shows that these vaccines are preventing viral transmission? Because your whole vaccine coercion apparatus—your passports and so on—is based on it preventing viral transmission."

Something really interesting, I just had to add this in the last few days or so.

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This group in the U.S., they call themselves The Coalition Advocating for Adequately Labeled Medicines. They're concerned that products are on the market, but the regulator, in this case it's the FDA or Health Canada, don't actually go back and revisit the label. When you get new information, you should be rewriting the label, so people can stay up to date if

they use the product label as something to guide their behaviour. This group, CAALM, had a petition that they sent to the FDA about three months ago, I think it was the end of December—no, in January. And they asked the FDA, "Can you make these amendments to the product monographs of some of the vaccines?" They said, for example, can you "add language clarifying that phase III trials were not designed to determine and failed to provide substantial evidence of vaccine efficacy against SARS-CoV-2 transmission or death?" They're just being nice and say, "Can you just re-write the—because we know this is a true statement and that should be reflected in the label."

The response from the FDA is hilarious. This guy Peter Marks responds, and this was in the letter that he responds. He basically told this group—he kind of told them in a sense to piss off, "we're not going to change the label very much." But he did say, to that point about "Can you add something in there about the vaccine doesn't prevent viral transmission?" He says, "The vaccines are not licensed or authorized for prevention of infection with the SARS-CoV-2 virus or for the prevention of transmission of the virus, nor were the clinical trials supporting the approvals and authorizations designed to assess whether the vaccines prevent infection or transmission of the virus."

So he's essentially saying what I'm saying: there's no evidence—"We didn't actually approve these treatments to prevent transmission of the virus." And he's right. They didn't approve. But everyone else from Bonnie Henry all the way up to Joe Biden was telling you, they're making this claim that these vaccines were preventing transmission.

So another way to say this: They basically said, "Could you revise the label stating that it doesn't prevent infection?" The guy says, "We never said it. The FDA is not making that claim that the vaccine prevents transmission, but others, you know, high officials in the U.S. health establishment, politicians, media pundits, and so on. So we're off the hook here." I found that really interesting because it's kind of like— Who is doing the marketing for these vaccines? I mean, imagine making a product, and the pharmaceutical industry spends more than a third of its budget on marketing, communications and marketing. It's very important. They have to sell the drug to the physicians and the pharmacists; they have to spend a lot of time convincing people of the value of the drug.

But in this case, they just have to stand back because all the politicians, the pundits, and the public health people are going out there making claims about their products that aren't true. So they're off the hook. They're not going to face three-billion-dollar fines, and they can stand back and be perfectly innocent. I mean, it's so crass and savvy at the same time.

Just a little bit about—and I think other speakers are going to go into this in great detail—about the post-market adverse reactions and so on. This is actually in the label, and I don't think you would have seen it in the earlier versions of the label. This is now in the label that the following adverse reactions have been identified: cardiac disorders, immune system disorders, musculoskeletal conditions, et cetera. Knowing that that's in the Health Canada approved product label, could you make the statement that these treatments are effective and safe? Well, you would have to have a very interesting concept of the word safe in order to make that statement, given the list of potential serious adverse reactions.

But probably the most important study, and I hope others will be talking about this at your hearing, was this study that was published online in August 2022. They looked at the two mRNA vaccines, so the Pfizer one and the Moderna one, and they combined the results of them and looked at what was the likelihood— Now these are big trials by the way, there's 40,000 people in the Pfizer trial, and the Moderna trial is equally as big. When the trial is that big,

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you know that the risk of the condition is very small and the likelihood of any benefit from the treatment is also very small.

Anyway, they looked at these very closely and found something that we have suspected for quite a while. We suspected this when we first saw the first published trial of the Pfizer vaccine, which was spoken about earlier today, that the adverse events outnumbered the reductions in hospitalizations. For example, in the Moderna trial, they were two and a half times more likely to suffer a serious adverse event from the vaccine than being hospitalized with COVID. This is not Alan Cassels speaking; this is published data in *Vaccine*, probably the world's premier peer-reviewed journal in vaccine research. Has anyone ever seen any report in the mainstream media about this? And the Pfizer harm: serious adverse events, 10/10,000 [subjects]; hospitalizations, -2/10,000 [subjects]. So the Pfizer vaccine harm was four times higher than the reduction in hospitalizations.

Shawn Buckley
Can I just stop you there because you're making a really important point. You're basically pointing out that Pfizer and Moderna's own clinical trial data shows that the vaccine caused more hospitalizations than COVID would. But my question is, what was the age population? Could we— And then I want to move to kids because my understanding is that children have basically a zero risk of being hospitalized. And so can you kind of explain how much worse the situation is for us vaccinating children?

Alan Cassels
Yeah, I don't know exactly how many children would have been included in this trial. I think it was mostly adults, depending on your definition of child whether it's five to sixteen, or five to seventeen, so I don't know the actual answer to that. The principle here is—the only reason you would take a treatment that might have a risk is that you're at high risk of having the condition in the first place. And we know that children were at very low risk of developing any complications and serious adverse effects related to COVID. Therefore, your risk reduction changes.

So if I'm a 50-year-old guy with high cholesterol, high blood pressure, diabetes, and a bunch of other things, my risk of having a heart attack in the next ten years might be ten per cent, whereas someone who's my age but is a super-fit cyclist and doesn't have any of those things might only have a risk of three per cent. So the likelihood of any benefit from whether it's a drug or a vaccine is different. For the guy who's got a ten per cent risk, you can reduce that: you might even reduce it down to five; you could cut it in half. Well, the guy whose risk is three per cent or two per cent to start with, he has a very low chance of benefit. And that's the same principle with children: that if you've got a low chance of being harmed by the disease in question, you have an even more infinitesimally smaller chance of having any benefit from the treatment.

Shawn Buckley
And just my last thing, and then I'll let you carry on. What struck me with that is that the Nuremberg Code does not address just consent. But one of the provisions is that once you are aware that a treatment that you're testing is causing more harm than benefit,

then you're violating the Nuremberg Code; you have to stop immediately. So it seems odd that this product wouldn't have been withdrawn from the market.

Alan Cassels
Oh, any other product would have been torn off the market in a heartbeat. Because this is not a vaccine. It's like a whole different sacred territory. I can tell you that there are many drugs that have been taken off the market for much less harm than this, let's put it that way, okay. Though it's very difficult to get a drug taken off the market. Often what happens is that they will change the label, and they'll say, "Well don't use it in this population; don't use it in kids anymore." So they'll change the label. But actually to withdraw a product off the market, it's time-consuming. You got to be dedicated to it. And the fact that there are still public health people promoting the life-saving benefits of these vaccines in light of published research like this is, frankly, part of these crazy times we live in.

Shawn Buckley
So I have to comment, and then I'll let you go on, because you say it's really hard to take a drug off the market.

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I've spent 29 years as a lawyer where roughly half of my practice is standing up to Health Canada on behalf of manufacturers and vendors of natural health products, which are drugs and regulated as drugs. And any complaint, however minor, and that drug is off the market immediately with the full force of Health Canada.

Alan Cassels
That's because it's not a level playing field, as you know. Natural health products get treated way differently than pharmaceuticals. Because the pharmaceutical companies will say, "We have double-blind randomized controlled trial evidence that proves the effectiveness of our treatments. Plus, we have lots of money that we give to Health Canada to keep their operation running, whereas you natural health people, you can't patent your product and you're a threat to our business model."

Shawn Buckley
I think you've hit the nail on the head in so many ways. And when you say, you can't patent the product because the new drug approval process is about protecting intellectual property rights.

Alan Cassels
Yeah. I remember a Health Canada employee once saying, I said something like, "Well, what about the patients at the end of the day?" And her response was, "Well, we're not in the patient-safety business; we're in the patent-protection business." It's like, oh my God, the truth comes out.

Shawn Buckley
I know and let me tell you a funny story. I'm not supposed to give evidence, but I just, I can't resist. So I'm running a trial where Health Canada has charged a company for selling a natural health product without a drug identification number. And this was before 2004 when we had the NHP [Natural Health Products] regs, so you really couldn't. And I'll tell you that the client was found to have contravened the law, but the court acquitted the client, saying it was legally necessary or more people would have died. Because people died, and the court found as a matter of fact that Health Canada restricting this product caused deaths. And in fact, the Canadian Mental Health Association would hold a press conference every time there was a death to shame Health Canada.

But I have a Health Canada inspector on the stand; I think her name was Sheila Wheelock. And I think I'm setting her up for a trap question down the road. And one of the questions, my setup—and I just thought it was "a gimme" because I didn't understand that it's not about health at Health Canada—is I said something like, "Well, you know, as a Health Canada inspector, you're there to protect our health."

"No." Like what? And I keep trying to circle around and get her to agree, and she explained to me, quite rightly, "No, we're there to enforce the law, which is the *Food and Drugs Act* and Regulations." And I challenge anyone to find in the *Food and Drugs Act* or Regulations anything that puts an onus on Health Canada to protect health or actually even the public interest or to have good health outcomes. And would you agree with that statement?

Alan Cassels
Yes, I think the regulatory capture of our drug regulators, as I can only speak of that with some insight, has been almost complete. When I say regulatory capture, you say to Health Canada, in the drug regulatory side of things, "Who is your client?" You know, anybody in this room—if you ask Health Canada, "Who's your client?" you say "It's the population of Canada. The government pays for us to regulate products to keep Canadians safe." That's what everyone in this room would say; everyone watching this online is going to agree to that. But no, that's not the case. Their self-proclaimed purpose is to ensure that the people who are paying them, in this case the pharmaceutical industry, is getting what they want. The pharmaceutical industry is "the client," right? When you've got more than, say, 60 to 70 per cent of the regulator getting its funding from the companies that it is actually regulating—this is an ass-backward situation.

It would be like saying, let's fund an organization with the major oil companies and we'll put them in charge of Canada's climate science regime. That would be great. Or let's get all the tobacco manufacturers and let them decide which cigarettes should be sold in Canada and how they should be sold. It's absurd. There's no way in the world we'd stand for that. But drugs is part of the crazy world.

Anyways, just very briefly, and I'm almost finished here. So there was a very interesting briefing document. This came to light actually this week, but the briefing document, which was released under a FOI,

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acknowledged that the rationale for imposing mandates, back in August 2021, [was] kind of questionable. Why? Because there's emerging evidence that COVID-19 cases, in this case the Delta variant, this was three or four variants ago, in "fully vaccinated people may have similar viral loads than unvaccinated cases." So I'll just summarize here: The vaccine

mandates were premised on what I would consider to be a faulty and unscientific, untested, and ultimately non-approved indication for the COVID vaccines, and that was the ability to stop transmission.

The pharmaceutical manufacturers were also quite savvy not to promote their vaccine stopping transmission because they could have faced criminal fines for doing so. They just allowed the public health people to do that kind of promotion. And so the public health people took up this banner of "the vaccine will protect your grandma" language, and thus massively deceiving the public. And I believe continue to do so, especially in this province. I guess the point that I would make to all consumers is that if you're going to take any drug, any drug, read the product monograph. If you don't understand it, email me or phone; talk to your doctor, say, "Who is this drug indicated for? Am I the patient that is mentioned in this indication for this drug?"

And the other thing you should ask is, "Who is this drug contraindicated for?" Many drugs are contraindicated for use in pregnancy, for example, which is to say they should not be used in pregnant women, though this happens all the time, where either the prescriber or the consumer doesn't know that the drug is contraindicated, and they use it in an unsafe manner.

So speaking of grandma—that's my mom. Claiming that the COVID-19 vaccine stopped transmission was unscientific and ultimately damaging. And it affects many people, including a lot of the older people in our lives who were denied the ability to be seen by their family in care facilities and so on.

And I'll just leave it with a quote from Gandhi here, which is "An unjust law is itself a species of violence. Arrest for its breach is more so." And I would say that in many ways, citizens in our country who've made personal decisions that might have been different than what the public health people wanted them to make, in many ways, have been arrested either through sanctions, through discrimination, really based on an unscientific and a non-evidence-based statement of things.

Shawn Buckley
Before I turn you over to the commissioners for questions, I actually felt optimistic because here we have, you know, these COVID-19 vaccines. So this is the biggest public health issue in our lifetime, and I'm confident that the Therapeutic Initiative at UBC would be evaluating these without pharmaceutical influence. Can you comment on that?

Alan Cassels
Because I don't work there anymore, I'm not sure, but we did nothing about the vaccines. Colleagues of ours that work for similar organizations—there's a group in Spain, there's one in France—they did some pretty deep dive analyses of the COVID-19 vaccines, very reliable and very respectable. Our group didn't, and I think the last that I saw, they did an evaluation of the Pfizer drug treatment Paxlovid, which is an expensive, mostly useless drug to treat COVID. I say mostly useless, it's not completely useless, I'd make that distinction. It might have some use in some patients for some small reasons, but you always have to ask, "compared to what?" So no, the Therapeutic Initiative has not been doing vaccine-related analyses.

Shawn Buckley
And I was being facetious because I knew that they hadn't, and my understanding was they were even discouraged from doing so.

Alan Cassels
Yeah, it's a very interesting question. I can only hypothesize. Yeah, I don't really know. What bothers me at the moment is that we could do some really weapons-grade research in BC. We have linkable data sets. We have individual personal health numbers that can be linked to— So you have a PHN, that's your own personal health number: it can be linked to hospitalizations, doctor visits, drugs dispensed, vaccinations,

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and then ICD codes, codes for the type of illness you have. All this data is linkable. If we wanted to do a vaccine-harm study, we could do it overnight. We have the resources in place. I know the people that would be working on that study. If the Minister of Health said, "It's time to release the dam, we could do that research overnight." Is it being done? I don't think so. Nobody would touch it.

But we could do it. In fact, the people at the Therapeutics Initiative, the people I worked with for more than 25 years off and on, those people are the experts in doing this kind of drug analysis research. They could do it. They would have to get the call from the Minister, though.

Shawn Buckley
Right. Well, thank you. I'll ask if the commissioners have any questions of you.

Commissioner Massie
Thank you very much for this very interesting presentation. I have a question about this indication that you mentioned in the description of the Pfizer vaccine, for example. Do we find that indication would specify a certain category of age, or is it something that is usually not specified?

Alan Cassels
Age, did you say? Yes. In fact, in that monograph, it was for anyone age five and older. So it wasn't for babies. Though oftentimes it will state the age that the drug is indicated for.

Commissioner Massie
And it's my understanding, and subsequently, some sort of additional trial has been done to expand the indication.

Alan Cassels
Yes.

Commissioner Massie
And this was approved by FDA as an indication—to have it offered to smaller —

Alan Cassels
I would say, and I don't know for sure, I would say that if the vaccine is actually being administered to babies, and I don't know if it is, then that would have to be mentioned in the product monograph, that the vaccine is approved for that age.

Commissioner Massie
So what about contraindication? As you mentioned, some drugs are not recommended for pregnant women. Was that specified on this particular product?

Alan Cassels
No.

Commissioner Massie
No contraindication?

Alan Cassels
I didn't see any contraindications. I'm confusing both the Lipitor product monograph and the Vaccine monograph. The Lipitor product monograph is contraindicated for pregnant women. It says it right specifically, and it's also contraindicated in children. You don't give children cholesterol-oriented drugs. I mean, children meaning under, I think, the age of sixteen or seventeen. I don't know about the vaccine. I don't think it's mentioned. Does anyone know? No.

Commissioner Massie
So what about the use of any treatment off-label? My understanding from talking to doctors is that a large quantity of drugs are actually prescribed off-label. So why is it that the health authority had made some special policy to prevent the off-label use of some drug, based on what?

Alan Cassels
Sorry, why didn't they make—?

Commissioner Massie
In this case, I'm talking about the generic drugs, for example, that have been used in other countries freely, and sometimes encouraged by the government. In Canada, it was prohibited.

Alan Cassels
Yeah, well, it's who's calling the shots here. Let's say that you wanted to prescribe hydroxychloroquine off-label, which is approved to treat arthritis, but you're using it to try

to prevent a person from having a worse case of COVID. That would be an off-label use. Doctors can prescribe that perfectly legally; they can do that. Though the companies could not market the treatment as being a sort of COVID preventative. So, yeah, you're right, off-label prescribing happens all the time. I was hoping somebody was going to ask me about this.

Off-label prescribing happens all the time: that doesn't mean it's safe, and that doesn't mean it's wise. I mean I would prefer that my drug got tested in the kind of patient that I am, for the reasons that I'm taking that drug. If the doctor's using a drug off-label, saying to me, "Oh, you've got toenail fungus,

[00:55:00]

so I'm going to give you a cholesterol-lowering drug," you might want to ask some questions. Because if the companies could have got the drug approved to treat toenail fungus, they would have. They go to war over the product label. They want as much stuff in there as they can get.

Sometimes—and this happened when Pfizer faced that huge fine. They were promoting things that the FDA specifically told them not to do. For example, it was about a dosage size, saying this drug is approved, say, in a three hundred and a five hundred milligram dose. Then the company is out there in the community, promoting thousand milligram doses, even though the FDA said to them specifically, you cannot; it's contraindicated to give a higher dose. Again off-label is a very complicated thing, but I think that most people— So much of prescribing is not evidence-based, the least we can do is to make sure that the treatments that we're getting is as close to the labelled use as possible. And sure, your doctor might prescribe you a drug for an off-label use. You have to ask some deep questions though—"Where did that information come from? Who's promoting it as an off-label use? And is there really any evidence of benefit?" Because if there was good evidence of benefit, it wouldn't be an off-label use. It would be on the label and the company would be marketing for that purpose.

I know I sound a little religious on this topic, but you see so many people harmed by the injudicious use of drugs for stupid reasons. It happens all the time.

Commissioner Massie
So about marketing, you demonstrated that any marketing of a drug off-label can actually be punished by law. But that requires, I guess, that somebody will find a case against that, otherwise it won't happen automatically.

Alan Cassels
Yes. That's right.

Commissioner Massie
So during the COVID vaccination campaign, it seems to me that, at least in Canada, that the company maybe have not formally advertised their product off-label, but it seems that the Health Agency or a lot of people have done it, but they're not liable for that?

Alan Cassels
They're not liable for it, which is amazing. They're not covered by the same law that the pharmaceutical company is covered by.

Commissioner Massie
Should they be?

Alan Cassels
Shawn probably knows this better than I do. But what law is there to prevent public health people from saying drugs are good for some purpose when there is no evidence that that's true? Where is the law that prevents them from basically lying to the public? I don't know if there is such a law, is there?

Shawn Buckley
Yeah, actually section 9 of the *Food and Drugs Act* would prevent any fraudulent advertising, and that's what they would use to go after a pharmaceutical company if they were to go criminally. And you know, the thing that jumped out at me, like we had this relative risk advertising by Health Canada. "The drug is 95 per cent effective," which conveyed to the public, "Oh, I've got a 95 per cent chance of not catching COVID," is what people would think. Where the absolute risk—the chance that it would do anything for you at all was less than 1 per cent.

Alan Cassels
It was 0.048 per cent.

Shawn Buckley
If I had a client ever advertising relative risk, I mean Health Canada would be all over them saying, "You know, you stop this or we're going to charge you." So it was just ironic to see Health Canada basically violating their own rules.

Alan Cassels
Talk about a double standard, huh?

Commissioner Massie
Thank you.

Commissioner Kaikkonen
I liked how you tied our journalists, our mainstream media, with public health authorities. And I'm just wondering about the bias and inaccurate and false, misleading comments that have been made. And I know there's a section in the Criminal Code that talks about publishing. If you publish harm, it is against the law. And I'm going to go a little bit further, but my notes are not very good: So he or she who publishes something that "is false and

that causes or is likely to cause injury or mischief to a public interest is guilty of an indictable offence and liable to imprisonment" and fines.

So I'm just wondering, we've sent out summonses to the politicians and I believe also to the chief medical officers: they're not here. Mainstream media: we've been going across the country and they're not here. So I'm just wondering how does that work? They've been publishing for the last three years all these false and misleading statements.

[01:00:00]

They've obviously been biased in their presentation.

What are your thoughts on how we get some accountability towards both of those industries or both of those professions because at this point, here we are in Vancouver, we've travelled across the country, all of us, making this point and yet neither are here. Even the politicians who have received summons, the chief medical officers who received summons have not come to tell us their story. What are your thoughts?

Alan Cassels
Yeah, that's probably a legal question, not a sort of drug policy question. But you know, policing misinformation to me seems like a very, very slippery kind of slope. Whose misinformation and in whose interest? What I noticed during the pandemic is those who were proclaiming, you know, pointing the finger at misinformation were the misinformers: people who hadn't actually read the product monograph, people that were making statements that were easily, factually wrong. So I don't know what remedy there is to try to ensure that, say, politicians or public health people or the media should generally conform to statements of truth. It's a really tough business. I don't know. Do you know, Shawn?

Shawn Buckley
I have no comment.

Alan Cassels
Sorry. Bad answer.

Commissioner Kaikkonen
That's a good answer. Thank you.

Shawn Buckley
So before I thank you, you had indicated, and you showed some books that you've written, and you also indicated that you had been writing for several years for *Common Ground Magazine*. And so for people watching that aren't from British Columbia, or not even from Canada, won't understand that *Common Ground Magazine* is a magazine that's published in the Lower Mainland that would allow somebody like you to have a forum, and it's been strong on environmental issues and social justice issues and health freedom. And I just wanted people to understand, when you mentioned *Common Ground Magazine*, that it's kind of a gem that would allow somebody like you to have a regular column, and we just don't find that, very rarely. And I note that the editor, Joseph Roberts, is in the house today so I wanted to do a shout-out for him.

Alan Cassels
Absolutely. I mean, *Common Ground* is a real resource and a fabulous sort of thing, Joseph's labour of love. And yeah, I had a column every month for 12 years. So I've got 150, 145 columns, and they're like mini essays. I mean, I've written about— If you went back into *Common Ground* ten years ago, you'd read all the stuff they wrote about the flu and the stupid policies that were being brought in to protect us from H1N1, the nasty, the last pandemic. You remember that one? Yeah, it was a very good gig and good, strong journalism, independent journalism, and we need more of that in this country.

Shawn Buckley
So Alan, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing with us today.

[01:04:03]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Witness 9: Sean Taylor
Full Day 1 Timestamp: 10:00:54–10:27:38
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Wayne Lenhardt
The next witness is going to be Sean Taylor. Sean, can you give us your full name and then spell it for me, and then I'll do an oath with you.

Sean Taylor
Roger that. Sean Taylor, S-E-A-N T-A-Y-L-O-R.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Sean Taylor
I do. And like Serena, I think it will set us free as well.

Wayne Lenhardt
I think I may move you through this a little more quickly because we're getting fairly late, but you were enrolled in the military services for Canada, I think somewhere in the early 2000s. Can you just give us a quick snapshot of what you did and how you proceeded through the ranks?

Sean Taylor
Sure. Listening to the excellent testimony here today, I've been thinking about what it is that I'm going say, and if it's cool with you, I'll just— I've got kind of a unique experience through this, given my background.

A bit of my resume for the last 25 years: I've been a paramedic, a firefighter, an emergency nurse for 16 years. I served 19 years in the Canadian Armed Forces, 17 of that in the

infantry, and I finished the last two years as a nursing officer to work for 12 Field Ambulance, here in Vancouver. In 2009–2010, I deployed to Afghanistan where I was second in command of a tactical psychological operations team. I signed up as a lay witness, but I am an expert. My psyops background gives me— I'm an expert in BS, and being a lifelong learner, I find the last three years, I've done subspecialties in bat and chicken shit, as well.

Before most people, I was paying attention; COVID-19 was on my right radar in December and—

Wayne Lenhardt
December of what year?

Sean Taylor
In December 2019.

Wayne Lenhardt
Okay.

Sean Taylor
We were looking at this atypical pneumonia that was over in China and all the stuff that was coming out, and my initial response was, yeah this is a nothing burger. And people that I trusted were putting out information that was quite alarming, and it made me re-evaluate and I'm like, maybe there's something to this.

And it was funny because I was working in the emergency at the time. I was completely out of sync with my co-workers. I was steeling my mind, getting ready for chaos and death, as a frontline health care worker, right? Like, this is what you play for, when everyone else was, you know, joking about their run on toilet paper and all the ridiculousness that we were experiencing, None of it made sense: the numbers didn't make sense; the way they were presenting the story didn't make sense. And within a couple weeks I was like, no, this is a nothing burger, just as everyone that I worked with was starting to become really afraid of this.

We've heard a lot of testimony today, and the fact that we're still calling things mistakes that obviously aren't mistakes, you know. We talk about truth. They lied about everything and witnessing that and the negative impact on patient care— There was one day, they were starting to ramp things up big time. I was working in Kelowna at the time, and sometimes we'd have changes in policy and procedure two, three times a day. Clinical instructors are running around; it's changed on the change. I got dragged up to triage one day. And we were talking about how if we have a pre-hospital arrest, when the people are brought in by EMS, we stop: we stop CPR, we stop respirations, we cover them with a tarp and then we move them to the COVID room while everyone dons their PPE and carry on.

Wayne Lenhardt
Let me stop you for a second. At some point here, you moved from the army into doing civilian work.

Sean Taylor
Yeah, I was a reservist.

Wayne Lenhardt
Okay. And when did that happen?

Sean Taylor
From 2002 to 2021.

Wayne Lenhardt
Okay.

[00:05:00]

Sean Taylor
So I was a reservist, but I was working as a civilian nurse during this. We started Operation LASER, which was the pandemic response for the Canadian Armed Forces. I volunteered to deploy to the long-term care facilities in Quebec and Ontario, but they didn't have any roles for me. And I said "I'm good to go if there's a mission, but right now I'm serving the community that I live in. And if you're going to have me sit in an office, like if you have a mission, I'm good to go, but I don't want to be sitting in an office counting paper clips when I could be doing something in my own community."

Wayne Lenhardt
So you were working in a civilian

Sean Taylor
In a civilian hospital.

Wayne Lenhardt
office in BC, but you still had some ties to the military.

Sean Taylor
Yes. So I'm watching these changes to policies and procedures that were completely incongruent with good patient outcomes. And I was like, why are we stopping resuscitation on patients? Because they might have a cold with a 99.97 per cent survival rating? It wasn't conducive with good patient outcomes, and I was quite vocal about it. Medical professionals have professional responsibilities to question questionable practice and to advocate for the best patient care possible.

Wayne Lenhardt
And how were you vocal about it? What were you doing?

Sean Taylor
I said, "This is insane."

Wayne Lenhardt
You said that to who?

Sean Taylor
The clinical instructors. A little ways in, I confronted one of our— He was a former chief of staff and had moved up a couple rungs, Devon Harrison, Kelowna. He was working a minor treatment one day and I approached him and I'm like, "This is crazy, what's going on. We're absolutely terrifying the public, the hospital."

This is the thing: we keep talking about this pandemic. I never saw a pandemic. I've been an emergency nurse for 16 years, right? This massive global pandemic was the best cold and flu season I'd ever seen: 2017 was a really bad year; 2015 was rough, there was an increase in pediatric mortality in 2015; 2017, yeah, we had 25 patients in the hallway, people were dying in the hallways, the ICUs were full. It was crazy. Not a single news story about it.

During the pandemic, everyone was too scared to come to the hospital. We were seeing cardiac patients that instead of coming in as soon as they had chest pain, they'd sit on their couch for three days and come in in cardiogenic shock and die.

Wayne Lenhardt
At this point, you were licensed with the College of Nurses in BC, correct?

Sean Taylor
Yes, I was.

Wayne Lenhardt
When did you first get that licence?

Sean Taylor
2015.

Wayne Lenhardt
Okay.

Sean Taylor
Most of my practice has been in Alberta. I practised all over. I did three years pediatric emerge. nursing at Calgary Children's, Alberta Children's. I've been a contract nurse all over Western Canada. I worked in Vernon, Kelowna, briefly in Penticton, and Grand Forks.

Wayne Lenhardt
And you got your training through the military, is that correct?

Sean Taylor
No. I did a component transfer after I came back from Afghanistan. I put in a component transfer to switch over to a nursing officer and it took them nine years to get the paperwork through, but I finally switched over in 2018.

Wayne Lenhardt
Okay. So what happened then, in December 2019? COVID came along— No, that's prior to COVID. But you were still doing your nursing.

Sean Taylor
Well, COVID—

Wayne Lenhardt
Sorry.

Sean Taylor
COVID was happening, they were talking about it over in China, right? And I was just saying that the incongruencies between what they were saying and what appeared reasonable was overwhelming. And I dismissed it as something not to worry about. So when we started to ramp up in Kelowna, they emptied the hospital. I've never seen the hospital so empty. Yet the narrative on the news was completely different.

I remember, I was working—

Wayne Lenhardt
When was this, when did this happen? When did they start this ramping up, you're talking about?

Sean Taylor
March of 2020.

Wayne Lenhardt
Okay. And were you asked to take this jab, at some point?

[00:10:00]

Sean Taylor
No.

Wayne Lenhardt
No, but did you see it coming?

Sean Taylor
Yes.

Wayne Lenhardt
Okay.

Sean Taylor
I made my thoughts very clear about that, that I would not be taking that.

Wayne Lenhardt
Okay. So after being fairly vocal about it, you actually terminated your employment, you quit prior to the mandate?

Sean Taylor
No. I got involved politically in 2018, and I was the PPC candidate for South Okanagan–West Kootenay. And I was fired five days after the last federal election for the things that I said during the campaign.

Wayne Lenhardt
And you were fired by?

Sean Taylor
Interior Health.

Wayne Lenhardt
Interior Health.

Sean Taylor
Yeah, and I was retired by the army.

Wayne Lenhardt
At the same time?

Sean Taylor
A little previous.

Wayne Lenhardt
Very close.

Sean Taylor
Yeah.

Wayne Lenhardt
Okay.

Sean Taylor
Can I just discuss the evolution of what—

Wayne Lenhardt
Sure.

Sean Taylor
Okay. I was down in Grand Forks, and we were doing the drive-by swabbings where people would drive up to the hospital, we'd swab them, and they go away. We're swabbing all these young healthy people and I'm like, "Why are you doing this?" And they're like, "Well, we were in Kelowna." "So?" "There's a massive outbreak in Kelowna." "Okay, I didn't hear about that." So I watched the news that night and Dr. Bonnie Henry was on the news, and there was a massive outbreak in Kelowna, hundreds of new cases. Several health care workers had gone down, and I believe her words were, "We are on the edge here."

Wayne Lenhardt
What year is this again?

Sean Taylor
That would have been 2020.

Wayne Lenhardt
2020. Okay.

Sean Taylor
On my days off, I went up to help out in Kelowna. And yeah, the hospital was very quiet. I worked in the COVID zone. I jump around a lot; I worked in all the areas of the hospital. And when I was working triage, the people were so terrified. And I've got people in triage, they're crying, they're apologizing: "I'm so sorry," "I'm just so sick," "I've been in my basement for the last three months," "I'm so sorry to be here." And it's just like, there's no COVID here. We didn't have a single patient in the hospital at that time admitted with COVID.

The amount of people that— The relapses. While they extended all the hours to the liquor stores, they cancelled all Narcotics Anonymous and Alcoholics Anonymous meetings. And people with long-term sobriety that had their support systems completely cut out from underneath them, relapsing. It was, yeah, the suicides, the OD, it was insane. And the health care workers that went down. There were actually five nurses nailed for contact tracing from the Cactus Club. They were all asymptomatic.

Throughout this thing— Like I said, coming from a psyops background, I look at things a little differently. When you see the lies— Like we all saw the videos from New York where they had the drone shots of those mass graves. Well, they've been doing that for 300 years.

It's called Potter's Field. They were just wearing costumes at the time. Everyone was done up in PPE. So the misrepresentation that we were seeing consistently in the news. And the fear. You had a witness in Red Deer, Lieutenant Colonel Redman, and he talks about, you don't use fear. That's trauma-based mind control. You don't try to scare your population. You inspire confidence, you're saying "Hey, we got this, Canada," you know. "We got some bumpy road ahead, but we're going to do fine."

One of the key indicators too was the changing of the definitions of words. In 2008–2009, just before the last fake pandemic, the WHO changed the definition of pandemic, taking out "morbidity" and "mortality" and changed it to "caseload," So anytime that you're seeing people changing definitions of words, it's a key indicator that they're lying to you. Just like they called this mRNA gene therapy a vaccine. So putting all this together, I was quite vocal at work.

When I approached a former chief of staff in the department and said,

[00:15:00]

"Why are we locked down? This is summertime in the Okanagan. We should be aiming for the highest transmission possible right now, given the elderly population within the Okanagan Valley. As contagious as this thing is, it could whip through here like a California wildfire. We should be doing this now, so we don't get completely hammered come cold and flu season." And the response I got was "You're absolutely right. I hope we start making better clinical decisions."

At that point, I realized that my shark-infested mouth was going to get me to lose my licence. So I took a job in Grand Forks and left tertiary care. The silliness soon followed us into the rural, but it was consistent. The consistent lies in the news, at work, after they rolled out the vaccines. We were seeing an incredible amount of vaccine injuries at work.

One of the co-workers, she worked in the facility that I worked with, she had a vaccine injury and was paralyzed after her first Pfizer dose. I heard about it in the community and I asked, and they denied it. It was just, from the very beginning, they lied about everything. You look at the testimonies and the punishment that people have received. You see the amount of people that are telling lies and they don't seem to be punished, but the people that are telling the truth, they're the ones that are being punished.

Moving forward, the lack of recognition, it was really incredible. We'd been fractured into these different realities where I'd be standing at the bedside, we'd be watching an acute vaccine injury: respiratory, neurological, persistent tachycardias, all these things, end stage COPD presentation with no history of asthma or COPD. We're seeing these things and doctors that I've worked with for a while now, and they're good doctors, just scratching their head like "I don't know, we're going to have to send them to Kelowna for a neuro consult." They just seemed incapable of being able to see it. It was really a remarkable thing to witness and the lack of ability to question anything. Like policies and procedures rolling out that were obviously bad for patient outcomes and just going along with it.

Wayne Lenhardt
Okay. Let's stop and ask the commissioners if they have any questions at this point. Yes, Dr. Massie.

Commissioner Massie
Thank you very much for your testimony. It seems to be a common theme, from what we've heard from the other witnesses, that there's been a lot of deception, let's put it this way. It's still quite surprising that people that are highly trained professionals in the medical system would not be able to exercise critical thinking in this particular time.

So because you've been in the system for quite some time, is this something that you have experienced only during COVID or is it something that was kind of there already, but was just revealed during the COVID period?

Sean Taylor
I think the latter. Like the doctors that we've listened to today, I find they're defective. They've gone through their education. The point of education is to educate you out of the capacity or impair your ability to be able to question authority. And those that did that, you look at the instant retaliation, anyone who spoke out against this. And the amount of the people that actually did, it's such a small number.

So I haven't nursed in two years. They fired me September 25th, 2021. I've got a disciplinary hearing coming up in July because it turns out that out of the several thousand nurses that were fired in the Province of British Columbia, I was the one guy that was fired for my mouth, and they're going out of their way to punish me for it.

[00:20:00]

I think I've been pretty consistent in a life of service. I take my oath seriously. I advocated for better patient care, and I've been punished since. Even after not working for the last two years, they still feel the need to come after me. I've had two careers blown up. I've been kicked out of the army. I served for 19 years. I've been fired from nursing. Both jobs that I love, that I was good at and to try to get us to do a better job.

The consistent theme though, is when you look at the amount of deception, I don't see "accident." Don't get me wrong. I spent a long time in the army. No one does stupid like army stupid. Healthcare is a pretty close second, but I always, throughout my career, I've always defaulted to incompetence rather than actual malice. And I don't think we can do that anymore. This whole experience has been revelatory. It's shown us what's going on. I believe we're witnessing the beginning of the collapse of allopathic medicine, and it can't happen quick enough, I think. It's an interesting time, but I think this has brought a light on it.

Commissioner Massie
Thank you.

Sean Taylor
Yeah.

Wayne Lenhardt
Are there any other questions? No. Okay. On behalf of the National Citizens—

Sean Taylor
Can I just finish with one thing?

Wayne Lenhardt
Sure.

Sean Taylor
Alright.

> A nation can survive its fools and even the ambitious, but it cannot survive treason from within. An enemy at the gates is less formidable, for he is known, and he carries his banner openly. But the traitor moves amongst those freely within the gate. His sly whispers rustling through all the alleys, heard in the very halls of government itself, for the traitor appears not a traitor. He speaks in accents familiar to his victims, and he wears their face and their arguments. He appeals to the baseness that lies deep in the hearts of all men. He rots the soul of a nation. He works secretly and unknown of the night to undermine the pillars of the city. He infects the body politic so it can no longer resist. A murderer is less to fear.

This has shone a light on where we are as a nation, and the testimony that we've heard so far today is alarming. I think we're in for a rough patch. But I'm also full of hope because they say sunshine's the best disinfectant, and things like this are so important, especially with the pass of Bill C-11. They're shutting down dialogue in this nation. They're controlling the narrative like nothing else. We're preaching to the choir here. I'm sure you've all seen Died Suddenly. You can watch that on Netflix in the States. The ability for our state to control the passage of information in this country is appalling, and we're about to experience the results of this subversion that has occurred for a long time. We're at war, we have been for a long time, but we're just figuring it out.

But I thank you. I feel honoured to be able to speak here today, and I congratulate you on the effort that you're bringing light to the situation because it is dire. But we'll make it through. We've been here before, and we'll do this again.

Wayne Lenhardt
Does this remind you of any of your experiences in the military in any way? And I don't want a lot of detail.

Sean Taylor
In Afghanistan, we were mostly intimidation, intelligence gathering, and working with electronic warfare. You look at what's happened to our military, and previous people that have testified in these hearings and what they're saying, it's alarming. The reason why I got in so much trouble, I was reported to the College and when I received the paperwork for it, it turned out it was from my own chain of command.

[00:25:00]

So a person who represented himself as a concerned member of the public actually was my captain in the military and a director of operations for the health authority that I work for.

You couldn't be further from the public than this guy, and the information that he was provided was all in military memo-style format; it was transcripts of stuff you can't even access on the internet.

So you look at what's going on and this isn't just in healthcare. We've gone through chief of defence staff after chief of defence staff. Is every general in the Canadian Armed Forces a rapist or is there a purge going on? We have to start having better discernment about what's going on in our country because it's going to take us to bad places. And from the testimony that was given today, it looks like a lot of these bad places are unavoidable at this point.

But like I said, endeavors like this NCI, they're shining a light on things, and the accretion of the people that see what's going on is gaining momentum. I've been travelling, and this is the first time I've ever actually talked about my own experience, but I've been travelling this country for the last few years, screaming this stuff at the top of my lungs and we are seeing movement. I am hopeful. So yeah, just keep up the good work and thanks again for inviting me to come down.

Wayne Lenhardt
On behalf of the National Citizens Inquiry, we thank you for your testimony and thank you for your military service to the country as well. Thank you.

[00:26:57]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 1**

May 2, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 1 Timestamp: 10:27:50–10:30:19
Source URL: https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html

[00:00:00]

Shawn Buckley
So that just about concludes our first day of hearings in Vancouver, British Columbia. It's certainly nice for the National Citizens Inquiry to be on the West Coast.

I think the last three witnesses have been very interesting, and there's a bit of a theme. We just have basically heard that we need to take action from this gentleman. Mr. Cassels, who was before, Alan Cassels, I found it very interesting when he's talking about how the issue about infection and transmission were not indications in the product monograph for the vaccine, meaning that the vaccine was not approved to prevent you from catching COVID, and it was not approved to prevent you from transmitting COVID. Yet those clearly were the two messages that were used to drive us in fear to do this. And then, we had Dr. Shaw, preceding Mr. Cassels, who was basically telling us that as a consequence of what we've done, he is anticipating some bad outcomes for us going forward.

One of the themes that we've had in our openings is that we have to stop living the lie because if we can just admit that we have a problem— It's almost like an Alcoholics Anonymous, we're like, you just can't admit you have a problem. We can't go on. In Red Deer we had retired Lieutenant Colonel Redmond who was adamant that we have to stop pretending. And the first step is we have to admit we made a mistake because if we don't admit we made a mistake, then we can't come together and mitigate the damage. Because **we basically have a broken country, we have a divided country, and we have a number of people that are severely injured and need help. They need help physically, they need help emotionally, they need help economically, and we can't help them and we can't talk and we can't come together.**

So I just want to close this first day. I'm very encouraged by the bravery of the witnesses and the willingness of people to share. And just implore you that it's time to come together and stand up and make this country great again.

[00:02:29]

Final Review and Approval: *Margaret Phillips, August 25, 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
VANCOUVER HEARINGS

Vancouver, British Columbia, Canada
May 2 to 4, 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.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa **Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams**

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 2 Timestamp: 01:26:58–01:57:53
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
We'd like to welcome you back to the National Citizens Inquiry as we begin Day 2 of our hearings in Vancouver, British Columbia. Commissioners, for the record, my name is Buckley, initial S. I'm attending as agent this morning for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to introduce what the NCI is for those that are participating who have not heard about us. We are a citizen-organized and -run group of volunteers that have decided to put together an independent inquiry to literally travel across the country. Here we are on the West Coast to inquire independently what happened in the last three years and how can we do this better but more importantly to give Canadians a voice.

One interesting thing is that as we've travelled across, we've run across witness after witness after witness who has dropped out at the very last minute because they're afraid. They're afraid of economic repercussions at work. They're afraid of social consequences from their friends and family. They're afraid of shaming online because their story does not go in line with the government narrative. We had a doctor at our last set of hearings in Red Deer who said, on the stand, "I expect there's going to be repercussions. I'm stepping out to tell the truth." Because there's actually a cost for not telling the truth. There's a cost to us—inside—for staying silent and pretending that a lie is truth.

I'm just stating this so that you understand that the witnesses that are testifying, many of them are afraid. But it's so important to them to tell their stories and it's so important for you to hear their stories. We're getting thank you, after thank you, after thank you from these witnesses because they feel relieved that they've been heard. Because we need to be heard. It's part of the human condition to have a voice. So we are thankful that you're participating. Understand that your participation is important because it gives the people testifying a voice.

I'm always asked by our organization to please, please, please go to our website, National Citizens Inquiry; sign our petition. We want that to have a large number of signatures so that it shows that the public is behind this. We also ask that you would donate, and there's

ways of donating online on our website because this is citizen-funded. We don't have a single large donor. Every set of hearings of three days costs us roughly about $35,000, and it's truly amazing that we're here. We just stay ahead of paying our bills. At our last meeting earlier this week, it's like, well, we don't have enough to finish; we really do need people to keep funding. But it's happening and it's exciting. I feel honoured and grateful to be a part of what's happening here. I'm volunteering. And it's just exciting to be a part of, really, what's become a movement.

Now I'm going to start with a little bit of comedy today, but it's real-life comedy. I am very, very pleased to announce that today is the United Nations World Press Freedom Day. And the United Nation reports, about this Freedom Day, that freedom of expression is the driver of all human rights. Now the sad part about that is that it's true. Freedom of expression is the driver of all human rights. Whenever we experience censorship, we should be trained: we should be trained to resist and to stand up and not allow it to happen. Every single citizen of Canada has a responsibility to stand against censorship of all types. It doesn't matter if the voice is a voice you support or whether it's a voice that you don't support—so the part of you that goes, "Well, I'm glad that person's being censored." No. Because censorship leads to slavery. If we don't have a voice, which is what the NCI is all about,

[00:05:00]

we end up in tyranny. Time after time after time, history has shown us that. You are going to really appreciate our first witness this morning, who's going to have some things to say on tyranny and police states and where Canada is.

But you laughed when I said this was United Nations World Press Freedom Day because it is somewhat ironic. We could ask, for the last three years, where was the United Nations when in Canada voice after voice that went against the government narrative was being censored as misinformation and professionals like doctors and nurses were losing their credentials for speaking out? Where, literally, we had corporatism—corporatism—in our media.

We have government-funded media, the CBC. But we have mainstream media that in the private sector should be competing amongst themselves and should be competing with the government broadcaster CBC. We would think we would then have different voices. This was the most important and impactful experience of our lives as Canadians, this COVID experience. We would have expected to have different viewpoints and debate and scientific debate in our media. But we had one voice. We had one voice and that was the government voice. And we had the media actually participating in censorship. That, in my opinion, happened because of corporatism.

Just so you understand the word corporatism. That is a word to describe where the interests of corporations and the interests of governments become intertwined so that they basically start working together. So the word is corporatism. Now when that happens, when government and industry start working together—which would explain why the media spoke basically just with one voice and that was the government's voice—when that happens, there's another term for it. For those of you who are aware of the Italian dictator, Mussolini, he would correct people and say, "Don't use the word corporatism; a better word to describe that state of affairs is fascism." It's interesting because fascism is now one of the buzzwords that to censor people, you're labelled a fascist. So we label people with that term. But the term is just meant to describe the state of affairs where corporate and government interests merge, and it creates a situation where the public interest isn't served.

It's with some irony that we have World Press Freedom Day this week, when last week the Senate passed and the Governor General signed into law Bill C-11, which would allow the government for the first time to censor the internet. So we truly are in a Brave New World. I wonder if this adventure— Here we are, the National Citizens Inquiry, allowing people, allowing ordinary Canadians to take the stand, allowing expert witnesses to take the stand and give a voice to opinions that go against the government narrative. We know the trajectory is for this to become illegal, for there actually to be sanctions. I wonder if even a year from now, if in May of 2024, if it will be legal to do what we're doing today because we have a clear trajectory. And as I shared with you yesterday, we are being censored.

This is an incredible adventure. Nowhere in history has a group of citizens gotten together in any country, appointed independent commissioners, and somehow managed to march them across the land, having the world's best experts testify and having ordinary citizens share heart-wrenching stories. This should be front-page news. Every single day that we have a hearing day like today, this should be front-page news. We should have three or four camera crews in here. Instead of the two media tables we have that are empty, we should have five or six media tables. But they're not here, and they're not here for a reason. And we know what that reason is—because they're not allowed to go against the government narrative.

[00:10:00]

I shared with you how we're being censored on social media. And even how Twitter, which is supposed to be now the one platform that is not censored, that we seem to be search censored. People have sent us screenshots where they have done a search for the NCI on Twitter and we're not coming up. Yet other people do the search and we do come up. So I would ask again—I think it's appropriate—let us celebrate World Press Freedom Day by continuing to contact Elon Musk on Twitter and asking him to take off all restrictions on the National Citizens Inquiry and to start promoting the National Citizens Inquiry. Let us all celebrate World Press Freedom Day by tweeting out anything that you do remotely related to us and tagging NCI, hashtag NCI. And use your other social media programs. We have to get it out there. This is totally reliant on you. If we can get the country watching this—and we're getting more and more and more, it's incredible—then we can come together as a country.

Because there's a real problem with the truth. There's just a fundamental problem and there's nothing we can do about it. The reality is that truth resonates. And you can't stop it. It's a problem for the government, which is why we have censorship. If we can get people watching this, watching the truth, it's going to resonate.

Now I want to segue. We had Alan Cassels on the stand yesterday, and he's an expert in evaluating pharmaceutical drugs with the *Food and Drugs Act* and the drug approval process. I quite enjoyed him because I practise in that area or have practised in that area extensively in my legal career, and he and I had a bit of a dialogue. He made it very clear our drug laws are to protect intellectual property rights. Let that sink in. So Health Canada that manages our drug laws, they are there to protect intellectual property rights. I've lectured on that also. They're not there to protect our health. You cannot find in the *Food and Drugs Act* or regulations anything telling Health Canada that they are there to protect your health. There's not even a duty on them to act in the public interest. It is not there.

He explained how they are largely funded by the pharmaceutical industry. So they know where their bread is buttered. They refer to the pharmaceutical industry—and I've seen it in Health Canada emails that I've had disclosed to me during files—they refer to the

pharmaceutical industry as their "client." There's an absolute conflict of interest with Health Canada approving drugs that are to be used by the Canadian public. It's literally the fox guarding the hen house and it is corporatism. So we basically have a situation where the interests of the pharmaceutical corporations and the interests of the government regulator, Health Canada, are aligned. Because the government regulator, most of their money, their salaries, comes from the pharmaceutical companies.

Health Canada is the organization that you have relied on, that you have trusted, when they told you that the COVID-19 vaccines were safe and effective. When they weren't telling you, well, actually, the approval test didn't even mention the word safe and effective. So your health and the health of your family, for those of you that chose to get the vaccine, basically depended on your trust of an organization that is not there to protect your health—that is not there in the public interest—but is there to protect intellectual property rights and has a conflict of interest with the pharmaceutical companies.

He is deceased now, but he was a champion of truth, Dr. Shiv Chopra. He was a drug approval scientist for Health Canada for 30 years. For a period of time, he ran the veterinary branch of their drug approval process. But he worked most of his career on human drug applications.

[00:15:00]

He became a whistleblower over adding growth hormones to our dairy and into our dairy herd. He forced the Senate to call—I think it was four—drug approval scientists that worked at Health Canada to speak about conflict of interest in Health Canada. He wrote a book about this called *Corrupt to the Core*, which you can access. You can still get copies online, used copies.

But I remember one of the drug approval scientists, Dr. Margaret Hayden, gave an interview at the CBC after she was forced to testify. And it was chilling. She said after you've been a drug approval scientist at Health Canada for a period of time, you get to learn how they're going to get around your recommendation that it's not in the public interest to approve a drug—so, basically, the risks outweigh the benefits. And she says, "Well, what happens is that the management who are not doctors and who are not scientists, they will appoint an outside panel of experts." So panel of experts outside of Health Canada. "This panel of experts will then review the drug approval submission. They will recommend that the drug get approved and then the management will approve it based on these expert recommendations." And so these poor drug approval scientists in Health Canada. Can you imagine the moral distress because they're seeing that it's not in the public interest to approve a drug? Yet then, as soon as they say no, there's this pattern that they anticipate will happen: because it happens enough that she describes it as a pattern. This is the organization that, basically, you put your trust in.

I wanted to share with you my experience with Health Canada. It's really my road to Damascus experience. It's funny. I used to lecture and I would use that phrase, "It was my road to Damascus experience." Twenty-five years ago, I could use that phrase and everyone in the audience knew what I was talking about. But I've recently learned—because our education system has deliberately excluded our Christian history and the Christian values that support our legal system upon which our society is based—it's been deliberately excluded. This isn't about whether you believe in God or don't believe in God. Our society is based on principles that flow from the Christian experience. And if you want to undermine our society, you don't teach our history; you don't teach why we have that.

I had given an opening in Red Deer explaining how the second commandment is the foundation of our legal system. The second commandment is simply that you love your neighbour like yourself. In other words that you treat your neighbour, you treat other people, in the exact same way that you want to be treated. It's only societies based on that principle that are free. You can go and watch that opening, and I might explain it a little later. But I feel the need to explain "road to Damascus." We have these cultural references. When you hear, "Oh, that's my road to Damascus experience," or "I saw the light." That's another phrase that we hear, "Oh, yeah, I saw the light." You know it means somebody changed their mind.

But I'll share the story with you just so that you understand. So Christ had been crucified and He'd risen from the grave, and He'd been on earth interacting with people for about 40 days and He ascends to heaven. But the disciples and the Christians that were left behind, they were on fire. They were going all over the place preaching about Jesus. This posed a real problem for the religious authorities because they were rule-based. Their religious system was rule after rule after rule, starting with the Ten Commandments. And the religious authorities used it as a tool, really. It became oppressive, much like we're experiencing today.

I was out for supper last night and two different people at the table live rurally, one in British Columbia and one in Quebec. And they're both sharing with me how every animal now has to be reported. So you have to get every chicken, every chicken registered, and they're actually limiting how many animals you can have. This is to take control of our food supply and to ensure that people can't be self-sufficient. But it's just an example of how these rules are coming down on us and being oppressive.

[00:20:00]

Well, in Jesus' day, it was the same thing; it was just downright oppressive. He became a huge threat because He's basically speaking about the rules; they called it the law, although they're religious rules. He's speaking about them in such a way that was freeing. And so the second commandment, He's saying, ignore all these rules. Well, not ignore them, but He's saying if you love God and you love your neighbour like yourself, that is all the rules. It's as simple as that. All these rules are just really specifics on how to love your neighbour. That's all it is. And that's a much more freeing way. Because if our rules are just to love our neighbour, then we end up in a free society. Because societies that are based on treating others as you would treat yourself, first of all—they're not murdering each other; they're not stealing; they're not sleeping with somebody else's spouse because they don't want their spouse sleeping with somebody else. They're treating others as they would treat themselves, and it creates a free society.

So Jesus was this upstart, and that's why they killed Him, to get rid of Him. It didn't work. They had the same problem with the disciples and new converts; they were going about saying the same thing. So they had to stamp out these Christians. One of the leaders doing this was a man named Saul. He had just participated in persecuting Christians in one place—they had stoned Stephen to death. He's now on the road to Damascus to find the Christians in Damascus and basically persecute them and put them in line. Killing people—like stoning Stephen—that sends a strong message to others. "Don't you dare convert to this." It's fear. "Don't you convert."

So he's on his way to Damascus to find and kill Christians, and he's blinded by light. There's this bright light and he's literally blinded by it. And out of the light comes a voice, "Saul, Saul, why are you persecuting me?" And he's like, "Who are you?" And He says, "Well, I'm

Jesus who you're persecuting." And now he's converted because he realizes he's on the wrong side. He has to change his mind.

Changing your mind actually is a physical thing. When you have your mind made up strongly about something, you actually have neurons wired in your brain. A belief you don't even have to think about. It's a belief: just bang, it's there. No, I believe this. There's no thought; there's no decision.

But when you change your mind on a belief, your mind actually changes: it takes physical energy; you have to rewire different neurons. So he changed his mind. That was his—it's a conversion. When you hear the phrase "road to Damascus experience," or "I've seen the light," it's referring to this story. So it's a social reference.

Now my road to Damascus experience with Health Canada involved an herbalist named Jim Strauss. In 1994, I was working at a law firm that had the federal contract in the area; it was in the interior British Columbia. An herbalist named Jim Strauss was suing Health Canada—he was importing herbs from the United States—and Health Canada hated this guy because he was selling unapproved products. But the whole natural health product industry was illegal. Back in 1984, if you walked into a health food store, 100 per cent illegal, literally, because our drug regulations didn't allow for it. So he's importing these herbs, perfectly legal for him to import. But because Health Canada hated this guy, they seized the herbs at the border and took them. Now there's a very technical legal term to describe what just happened and that's theft.

So Jim Strauss was suing Health Canada to get his herbs back. I get the file, and I'm talking to Health Canada. I'll let you know I got permission from Health Canada before I left that firm to actually talk about this. So I'm not violating solicitor–client privilege. But I mean, basically, their position was, "Can you believe how dangerous it is to have a rogue herbalist?" That was the term, basically selling treatments that people would come to rely on. Well, I'm a young pup; I'm just soaking all this in: "Yeah, this is dangerous as can be, what a rogue." I go to court and I have this case thrown out because he's in the wrong court. But he and I got along like really well.

[00:25:00]

Actually, he took me out for lunch after I had his case thrown out of court, which speaks to his character.

I leave that firm and I start my own firm. And then he gets charged with practising medicine without a licence. And so he hired me to defend him. There's a provincial law that says only doctors can practise medicine, and it defines medicine as including treatment claims. He claimed to be able to treat heart disease. In fact, he drove around with a white van, red letters across the whole side, "We cure heart disease." And the story is, just so you know his age, he flew for the German Air Force in the Second World War. His family—he's from Austria—his family had been traditional healers for four centuries. So he was trained by his grandparents to be a traditional healer.

Now he's working for BC Hydro as an electrical engineer. He has a heart attack. He's rushed to the hospital. He's told that he has one artery completely blocked, another one, three-quarters blocked, and he has to have a double bypass or he's going to die. And he thought—he didn't like that idea. So he went home, and he developed the Strauss heart drops and he treated himself—thirty years later, never having had bypass surgery, he died in an old folks home and not of heart disease.

So then he went into the family business and he's selling these heart drops. And this is why Health Canada was so mad. Then he hires me to defend him. I'm thinking, "Well, the law says you can't make health claims unless you're a doctor, you're making health claims." If I put him on the stand—back then all the judges in Kamloops were older men—I know what would have happened. He would have been on the stand, and he would have looked at the judge: He would have peered. And then he would have pointed. He would have seen the crow's feet, the judge's ears, a sure sign of heart disease. And he would have said, in this Austrian voice, "Your Honour, you have heart disease. You need my heart drops."

So I mean, there's no way—how am I going to defend this guy? And then I reminded myself, "Well, I am a constitutional lawyer. Why don't I attack the law for being unconstitutional?" We were basically going to attack the law for violating freedom of expression. Now this law had been on the books for almost 100 years. If I'm going to convince a judge to strike down a law on freedom of expression—although freedom of expression protects lies—psychologically, I'm going to do better if I can convince the judge that there's truth here. So I go to his little herb shop and I say, "Jim, obviously we don't have any clinical trial evidence. But is there any way we can show that you're telling the truth?" And he literally gives me, I think it was three or four boxes filled of letters that people wrote to him.

I take these back to my office. We're talking thousands and thousands of letters, and they're all the same: I had heart disease. I was sick. I was dying. I took your heart drops. I got well. Now I can't enter that in court; that's pure hearsay. But I can call the authors of those letters. That's the best type of evidence, strongest type of evidence there is. So on the day of trial, I had five middle-class professional witnesses, who had all had heart disease, who had all had at least one open heart bypass surgery—one of them had had two—who had all then continued to have heart disease. And so, they needed another bypass surgery.

Here's where they differed. Some of them were too weak to survive the surgery. So they weren't candidates. They were basically sent home to die. And one way or another, they come across the Strauss heart drops, and they get well. A couple of them, they'd had so many complications from the previous surgery that just to buy another year or two, it wasn't worth it. So they declined the surgery and then they find these heart drops. The most telling thing was—is for years and years and years, none of these people had been able to work. At the day of trial, they were all working full-time. And that was my road to Damascus experience.

You see, because before, when I was working for Health Canada against this man, my belief was it was dangerous to allow people to choose to take a treatment that Health Canada hadn't approved of. That's what it boiled down to. The government hadn't approved it. But after preparing for that trial, my belief was, no—the danger was actually taking away this treatment from people. I could have given you, at that time, the names, phone numbers, and addresses of thousands of people who were only alive because of this product. It just illustrates how dangerous it is for us to give our power to the government and not be allowed to make our own choice. Because the law in Canada is you can't treat a serious health condition like heart disease with something that isn't a chemical pharmaceutical. It's basically the effect of our law. And Health Canada has been taking and taking and taking away products that we would otherwise have the right to choose to use: it violates a very fundamental freedom. So I'll leave us with that.

But most importantly, it violates the second commandment. The second commandment that I talked to you about—treat your neighbour like yourself—that is a touchstone. For you can judge laws: are they valid laws or are they not valid laws? It's not a valid law to say to your neighbour that your neighbour does not have the right to choose how they're going

to treat themselves when they're sick. Or that they don't have the right to choose to take something to prevent themselves from getting sick. That violates fundamental freedom.

[00:30:56]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 1: Dr. Greg Passey (Parts I and II)
Full Day 2 Timestamp: 01:57:54–02:53:57/03:11:34–04:00:15
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

PART I

[00:00:00]

Shawn Buckley
I'd like to introduce our first witness. Dr. Greg Passey is here today. Dr. Passey, can we start by asking you to state your full name for the record, spelling your first and last name.

Dr. Greg Passey
Dr. Donald Gregory Passey. D-O-N-A-L-D, first name. Last name, P-A-S-S-E-Y, but I go by Greg.

Shawn Buckley
Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Greg Passey
I do.

Shawn Buckley
Now I'm going to introduce some of your bona fides, but I know I can't do them justice. So if I don't, please feel free to fill in. You are a physician for 22 years in the Canadian Armed Forces. And now you've been a physician for over 42 years.

Dr. Greg Passey
Correct.

Shawn Buckley
You have practised in family medicine, emergency medicine, PTSD [post-traumatic stress disorder] and associated medical health assessment and treatment. You've also trained in nuclear, biological, and chemical warfare (NBCW) as a senior officer in the Canadian Armed Forces.

Dr. Greg Passey
Yes.

Shawn Buckley
You actually were deployed in Iraq for the first Iraq war when there was a real concern that Iraq would be using chemical and biological weapons. So you were trained, and trained quite seriously, in the proper use of PPE.

Dr. Greg Passey
The first part is not correct. I didn't deploy to Iraq, but I was trained. I had advanced training in nuclear, biological, and chemical warfare and the preparation of our troops that were going overseas at that time. And yes, I do have very good knowledge in regards to the type of equipment that's necessary to protect a person under, especially, chemical and biological warfare conditions.

Shawn Buckley
Okay. Then the next thing I want to stress is your expertise in post-traumatic stress disorder. You're actually recognized internationally as an expert. You have received an American College of Psychiatrists' Laughlin Fellowship in 1995 and the International Society for Traumatic Stress Studies' Sarah Haley Memorial Award for Clinical Excellence in PTSD in 2004. The point being, you are recognized internationally as an expert in post-traumatic stress studies.

Dr. Greg Passey
Yes.

Shawn Buckley
You're here today to share various thoughts, including on PTSD, later. But I'll just ask you if you want to start your presentation.

Dr. Greg Passey
Yes. Is it up now?

Shawn Buckley
Yeah. Your slides are on; we see a slide, The "Ascent" of Man.

Dr. Greg Passey
[Ascent of Man]
If I'd had more time, the next piece of this would have been this last gentleman huddled in a cave, wearing a mask, and having a needle stuck out of his arm.

[CV]
We've gone through my CV [Exhibit VA-1].

[Disclosure]
Disclosure. So I actually contracted COVID in March of 2020, coming out of Africa when I went through London. I had it for about eight to ten days. At that point, I started doing research in regards to the virus, potential treatment, et cetera. I received articles from all over the world, and I have maintained that. A number of my patients are continuing to forward me stuff. So I'm inundated with articles in regards to COVID, vaccinations, masks, et cetera.

I was vaccinated with the AstraZeneca vaccine. I refused to have the mRNA vaccine because it was experimental in my view. My plan had been to wait for two years to see what the safety features looked like at that time. I have not been boosted since that time.

Despite my vaccination, I got reinfected in January of 2022. On day three, I decided I didn't want to go through another week or so of being sick. I treated myself with ivermectin, in addition to zinc, quercetin, vitamin B6, vitamin C, D3, K2, and PQQ10, as well as low-dose aspirin. I was improved 90 per cent,

[00:05:00]

within 24 hours and rapidly recovered.

It was interesting because, at the same time, there was a group in the United States that developed this Frontline COVID-19 Critical Care Alliance protocol, which basically included those types of compounds, supplements, et cetera. We were suppressed; we were censored. I was not allowed to talk about my experience. I was not allowed to talk publicly about potential treatment. The U.S., Canada, and other countries spent billions, billions of dollars rapidly developing an experimental gene-therapy treatment. Period.

Now when we had HIV and AIDS, we attempted to develop a vaccine. We never were able to because we could not develop a vaccine that was effective. The virus mutated too quickly, just like COVID does. So what did we do? We spent billions of dollars on treatment. Not on a vaccine. Treatment. And guess what, AIDS went from almost 100 per cent fatality rate to now you can live a full life. You need three different medications from two different **types of categories, and you will live a full life.**

I have absolutely no idea why our government and our public health people did not pursue a treatment research regime while they were attempting to do vaccines. Makes no sense, at all.

I consider myself part of the outraged, moderate majority in Canada. I also consider myself a defender of Canada. Not the Canada that we have today. The Canada that "was," where there was freedom of speech. You could share medical ideas. You took care of your neighbours. You didn't ostracize; you didn't point fingers. You didn't attempt to segregate people.

Our Canada has changed. This Canada was not the country I spent almost 43 years taking care of its citizens and 22 years of my life in the military, including overseas duties. That's not the Canada that I spent my time on. I sacrificed my time on.

[CV]
We've already covered that, don't need to do— I'm going the wrong way, that's my problem.

[Change of Definitions]
One of the things that was really interesting is that the original definition of immunization was "the act of introducing a vaccine into the body to produce immunity to a specific disease." Once COVID arrived, they changed the definition. It's no longer immunity: it's been switched to protection.

The term "vaccine" also got a makeover. The CDC's definition changed from "a product that stimulates a person's immune system to produce immunity to a specific disease," to the current, "a preparation that is used to stimulate the body's immune response against diseases." I can inject anything into your body, and it will cause an immune response. But that doesn't mean it's going to help you with a disease. So basically, in order to accommodate the RNA injections, the definitions were changed in regards to vaccines versus gene treatment.

[Topical Quote]
A member of the European Parliament, Rob Roos, I saw in an interview. He stated that he's really scared with the state of the world, the state of his country. He said that "science that can't be questioned is just propaganda." And I agree.

[00:10:00]

The propaganda or the authority narrative or the government narrative can also be called "political science." It's usually interlaced with lies. When Trudeau said, "Follow the science," when Bonnie Henry said, "We're following the science," what they didn't tell you was that they're following the political science, not the medical science. The evidence is clear; it's out there. They've been offered debates. Our experts will debate your experts. Let's do this. Let's televise it. Let's inform the public. Never happened, nor will it.

Coupled with the authority narrative is the loss or suppression of critical thinking. So I was taught in medical school and certainly in the military to be a critical thinker. I have the ability to look at two sides of every situation and come to an informed decision about what is factual. With this government public health narrative, it's been suppressed. We're not allowed to do that. I hate to say it, but our education system is not training critical thinkers. They're being taught narratives, and they're being taught to accept whatever that narrative is.

When I'm doing treatment with my patients, I always say to them, you know what, it's easy to judge. It's easy to judge anyone. A three-year-old can judge you. But it takes time, energy, and intelligence to understand. The authoritative narrative depends on people just judging. They don't allow you to see both sides of any issue. They present one: Trust me. It's correct. And you're supposed to accept that.

I've been in countries where if you accepted the government narrative, people died. Rwanda, 800,000 people died because of the Hutu government narrative. I don't trust any governments. I don't know any person who served in the Canadian military that trusts any

government. We've seen what absolute power can do. It will corrupt people, and they will use that power.

[Masks]
I'm going to talk briefly about masks. I'm sure it's been done. But with my background, I just want to put this to rest. So the CDC back in 2020 said that they didn't find "any evidence that surgical-type masks are effective in reducing laboratory-confirmed influenza . . . ." And that doesn't matter if it was worn by the infected person or people in the general community to reduce their susceptibility. They affirmed that "surgical masks are worn in the health-care settings not to prevent transmission of respiratory infections but rather to protect accidental contamination of patient wounds and to protect the wearer against splashes and sprays of bodily fluids." Period.

CDC furthermore specified that the SARS-CoV-2-type specimens must be processed in a Biological Safety Level 3 lab space using biological safety level 3 procedures. Very, very particular. This typically requires a Tyvek full-body suit, gloves, and a HEPA-filtered, powered air-purifying respirator. Not an N95, not a surgical mask. You will not find people wearing those in there for their primary protection.

Shawn Buckley
Before you go on, can I just clarify? So the CDC quote refers to influenza. But your opinion would be, that's equally applicable to coronavirus.

Dr. Greg Passey
Any respiratory virus.

Shawn Buckley
Right.

Dr. Greg Passey
So anything that's— So the respiratory viruses are airborne. They may be spread by droplets, but they're airborne also. So yes.

Shawn Buckley
Then your other point, in pointing out that it's a Level 3 as a biological hazard. Literally, if you are trying not to catch it, you have to be in a full bodysuit and a respirator with— So your point is, this was just meaningless, the masks.

Dr. Greg Passey
[BSL 3 PPE]
Here's a photo. If they wanted us not to catch or spread it,

[00:15:00]

that photo, that's what we needed to dress as. I was absolutely astounded that the Canadian military— You know, good on them. The Ontario government asked them to go in and help

out in the chronic care facilities, right? So we're going to send all our medics in there, and I thought, great.

Then they sent them in with surgical masks and N95. We've got full-on NBCW suits and we got gas masks. We trained to use those; it's like, wow, that would have been a great training exercise. Instead, we've put them into a hazardous area without the appropriate equipment. A number of those medics got sick. Not necessary.

I still see people, it blows me away. People are driving by themselves in their car and a mask on. That's fear. Are they afraid that the car is going to give them COVID? It's fear. It's lack of information. It's the government narrative.

[Beginning of the COVID Narrative]
I want to talk briefly about Dr. Bonnie Henry. She served with me in the military. I was her superior officer at that time. She served for, I believe, it was 10 years. She would have been trained in nuclear, biological, and chemical warfare because she was in the military through the Gulf War. So she knew about what was necessary in regards to respirators and safety equipment.

We had a procedure where it didn't matter what the patient was contaminated with. We could decontaminate them, and then we could treat them in a safe manner. We never brought the contaminated person into our medical facility. Why do you want to contaminate your facility? It made no sense.

And she's worked on other things: polio, Ebola, SARS, et cetera. So she's knowledgeable.

[Beginning of the COVID Narrative, #2]
She should have known about the designation for masks, that they aren't effective for COVID. She should have known about the Spanish flu pandemic. Back in Boston, for instance, they used to take patients out of the hospital, expose them to sunlight and fresh air or they treated them in tent facilities. They called this open-air therapy. It decreased the mortality from 40 per cent to 13 per cent, just doing that.

So despite the knowledge of the medical science, she and other public health officials in Canada recommended mask mandates and indoor lockdowns—when we know fresh air is good for you: it's unlikely to be spread in fresh air. We know exercise helps counter illness, and yet, we told people, "Don't exercise. Lock down. Isolate. You can shop in the big-box stores with all those people in there. But you're not allowed to shop in a mom-and-pop grocery store," that I've shopped in 20 years. That gets closed down.

Shawn Buckley
Or go to the gym, or other

Dr. Greg Passey
Or the gym.

Shawn Buckley
exercise activities.

Dr. Greg Passey
Absolutely.

So why did they do this? Knowing what the medical science stated, why? The government narrative. They followed the political science. Well, how did that happen?

[Be Kind]
Okay, so Bonnie Henry, in her spare time during the pandemic, writes a book, *Be Kind, Be Calm, Be Safe*. My opinion: she left out "tell the truth, be ethical, and do no harm." Page 41, quote: "I was fully aware, however, that if I were wildly offside with what the provincial health minister and government believed . . . ." Not what the science showed, but what the government believed: what the government's narrative was. ". . . it could make my position challenging, and that if I was too far off the mark, too often, the government would render me ineffective or fire me altogether," from my $340,000 a year job.

She goes on to say, "It's a fine balance to be effective in the protection of the public's health and to promote that larger goal in a way that encourages without alienating."

[00:20:00]

Alienating who? The government? Why do I care if I alienate the government if I'm protecting my patients?

"Or, as my mentor often said in reference to the challenge and delicacy of this role, 'You can make a point or you can make a difference.' What this meant in practice was that, as much as we may wish to, we didn't have to immediately take on the cause of every injustice."

So—"Let's not look at medical science if it's going to be a problem. We'll deal with that later." So this public health officer surrendered to the government's narrative.

Shawn Buckley
Can I just expand on that? Because you're making a really important point. Because people in British Columbia would have seen her on TV, time and time again, making these orders and believed that the government—the premier and the cabinet—was not dictating what was happening but that she was in control. And what you're sharing with us is, no, actually this was political. So it was smoke and mirrors: So we can blame her and say, "The premier and cabinet aren't dictating to her." But actually, what she's telling us is, "No, these were political decisions that I was following."

Why this is important is we learned the same thing for Alberta. So there, Deena Hinshaw on cross-examination, I think the lawyer—either Leighton Gray or James Kitchen—was saying, "Well, on cross-examination, basically explained, 'No, these weren't my public health orders, only in name.'" Basically, she would attend at the cabinet and be dictated. I think the point you're making— I think it's important for Canadians to appreciate that although the appearance was the government wasn't making the decisions—and we may have all been frustrated; why did you give up your power?—the reality was these were political decisions made by the government.

Dr. Greg Passey
Absolutely.

Shawn Buckley
Okay, thank you.

Dr. Greg Passey
In her words, she admits it right there.

So it's interesting, too, because in the military, as a doctor and as a specialist, I can make recommendations. But the chain of command can override me. But when they override me, I get them to sign. I'm not accepting any medical responsibility for your decision. She was aware of that. She could have done that. But she sacrificed medical evidence for the political science, in my estimation.

Shawn Buckley
And despite the cost to the populace for her doing so.

Dr. Greg Passey
Correct. What a difference it would have made, had she said, "Let's put some money into treatment because there's other countries who are doing it with actually reasonable outcomes equivalent to the vaccine." But nobody—nobody—not the federal government, the provincial government, the public health officers. Nobody except a few brave doctors would talk about treatment. Total censorship.

Shawn Buckley
What a difference it would have made if she had stood up for science and stood up for the most competent medical decisions that could be made in the science, even if she publicly lost her job over it.

Dr. Greg Passey
I think part of what we're taught in the military is integrity and responsibility and accountability, and she is a total disappointment in regard to the medical officer corps. Sorry to say that, but truth bears it out. So basically, this public health officer surrendered to the government's narrative, and the political science overshadowed and suppressed the medical science.

Not just there. But the colleges, the colleges of physicians and surgeons. Now doctors treat people with medication off-label all the time. What does that mean? That means they're using a medication— So for instance, there's certain types of antipsychotics that are used for PTSD. There's no research on it. But the college allows it to occur. So doctors will prescribe off-label.

But we weren't allowed to talk about or prescribe ivermectin. Ivermectin received a Nobel Prize. It's an antiparasitic, antiviral, anti-inflammatory medication.

[00:25:00]

And it's cheap, probably costs $20, $25 to treat somebody. And it's safer. I remember CDC and FDA, "Oh, it's veterinarian medicine, you're going to die." Why would you use the veterinarian medicine? There's ivermectin pills for people. It's safer than Tylenol or

ibuprofen. That's how safe it is. Nobody's ever died of an ivermectin overdose, ever. But people have died from Tylenol and ibuprofen. Yeah, it continues to astound me.

[Trudeau and Canadian Narrative]
I just want to talk about Trudeau and the Canadian narrative. So this is written by Andrew Chan. So Trudeau explained that misinformation is sometimes used interchangeably with "disinformation," though the former involves a "deliberate choice to spread and share falsehoods for a particular purpose, whether it's political, personal, or to create chaos."

Translated to me, disinformation, misinformation is a lie. You're lying. Let's not call it anything else. It can be hard snow, powder snow, wet snow. It's snow. Period. So misinformation, disinformation: they're talking about lies. The question is, who's lying?

[Trudeau and Canadian Narrative, #2]
April 26, 2023. Trudeau said that scientists and medical experts "understood that vaccination was going to be the way through the COVID-19 pandemic."

Which doctors? Which scientists? Because there's a lot of us that thought treatment would be the way through. But we weren't allowed to talk.

Furthermore, it goes on: "And therefore, while not forcing anyone to get vaccinated. . . ." Really? Really? Do you want to work? Do you want to go to the store? Do you want to do anything? You had to be vaccinated.

". . . I chose to make sure that all the incentives," or coercion or punishment, "and all of the protections were there to encourage Canadians to get vaccinated. And that's exactly what they did."

You can call this misinformation or disinformation: I simply call it a lie. There was no funding for treatment research, no informed consent, and extreme coercion. I've already mentioned HIV. We never developed a vaccine, but we developed successful treatment. And we were never given the chance with COVID.

There's been studies where they have compared— So the treatment of choice, it used to be Remdesivir. And now, they're talking about Paxlovid. It costs hundreds, if not thousands of dollars, right? They did a study with ivermectin. And ivermectin turned out to be more effective than either of these. Part of the reason was it hits four different protein areas, enzyme areas, on the virus. Whereas these other two very expensive, patented medications only hit one. With Paxlovid, you can get treatment. And you may have a relapse when you stop it.

[The Evolution of an Authority's Narrative]
The other thing, I'm a history buff. I used to read and watch a lot of stuff about Second World War. Joseph Goebbels: "If you repeat a lie often enough, people will believe it, and you will even come to believe it yourself." Have a look at our news agencies. Have a look at Twitter. Have a look at Facebook. Have a look at what they're doing.

Elon Musk on Friday with Bill Maher, it was pretty funny. He said, "Part of our problem is we have a woke brain virus." I thought, well, that's kind of cool. But then I thought about it. Well, what would my definition of that be? Well, woke brain virus is caused by a specific "authoritative" narrative founded on an emotional belief, usually fear, lacking substantial proof that then causes specific brain dysfunction that accepts the narrative without question. It drives censorship behaviour, which attempts to cancel, suppress, ostracize, and

vilify any voice or opposing view, even when those views are clearly supported by evidence to disprove the narrative.

[The Evolution of an Authority's Narrative, #2]
So part of our problem— A lot of beliefs are based on emotion. So part of the belief system around COVID,

[00:30:00]

the government generated and public health generated this story of great danger, which made us all afraid. So we start to believe that it's dangerous. The problem is, when a belief is based on emotions, it's very difficult, if not impossible, to change. The research is really clear on this phenomenon. A person will look for anything to reinforce their belief and will dismiss any evidence to the contrary. We're hardwired to do that.

That's why you have to train someone to be a critical thinker. A critical thinker can change their mind on something. I've changed my mind on many things. I used to think fats were bad for you. I've changed my mind on that. Sugar is bad for you. I didn't get taught that.

So basically, it came to—I choose to believe Dr. Henry and our government. This is a quote from one of my patients. "I choose to believe Dr. Henry and our government, not your so-called medical evidence." What do I do with that?

So here's some other examples of authority narrative: Once upon a time, the narrative was the Earth is flat. If you attempted to say it was round, you could be convicted of heresy and killed. The universe, the sun, the planets revolve around the Earth. Well, the scientist that actually developed that theory, it's only a theory until you can prove it, he had to retract what he knew was clear science evidence.

Shawn Buckley
Copernicus.

Dr. Greg Passey
Yes. "Change your belief or we're going to kill you. I changed my belief." Right?

Thalidomide, so here's a good one: I lived through this error. Government and the drug company said, "Thalidomide is safe for pregnant women to treat morning sickness."
And lo and behold, what happened? A whole lot of babies got born without arms and legs and it got pulled from the market. Trust the pharmaceuticals? Trust the government? I don't think so.

So the other narratives: "Masks are effective." "Lockdowns are supported by science." There's no science that supports lockdowns. There's science that will support segregating people that are sick until they're better and treated. There's no science that supports locking down a healthy population. The healthy population are going to do fine. They've caught something called natural immunity.

So—"Injections are safe and effective." "Trust your government."

[Real Danger]
Let's talk about real danger versus the narrative danger.

Case fatality rate [CFR]: that's a proportion of people diagnosed with a disease who end up dying from it, expressed as a percentage. So if you caught smallpox, 30 per cent of the people would die. Thirty people out of 100 would die. Were there lockdowns with smallpox? No.

Polio, CFR for kids: 2 to 5 per cent of kids would die with polio. Fifteen to 30 per cent of adults would die of polio. I lived through that era. I remember that. Were there lockdowns? Did we close the Canadian society during polio? No. Pretty high death rates, though. Three adults out of ten are dying? Or out of a hundred, I should say. No. Three out of ten, yes.

1918-19, influenza pandemic: CFR was 2 per cent, described as a horrific pandemic, and it was. But the case fatality rate was only 2 per cent. Did they lock down? No.

Canada COVID, up to March of 2023: This is done by John Hopkins University. The case fatality rate, or risk,

[00:35:00]

was 1.1 per cent. What did we do with that? We had extreme lockdowns and suppression of Charter rights. Why? We didn't do [it] with all these other infections, epidemics within the country, far more lethal. So why?

Shawn Buckley
Well, I think you could also add that with COVID, we had learned that as far as case fatality rates, they were almost exclusively people that are very elderly. Whereas with things like smallpox and the Spanish flu, the case fatality rate would include younger people. So even less of an argument for COVID for locking down the population.

Dr. Greg Passey
Yes, actually, I'm coming to that.

Shawn Buckley
Oh, sorry.

Dr. Greg Passey
[Real Danger, #2]
So let's look at the real danger versus the narrative danger. So in Canada, as of January of this year, there were 8,195,791 people, 19 and under. How many people died over the last three years in this age group that we had to lock them all down? We had 72 people aged 19 and under die in three years with COVID. That averages out to 24 young people dying per year. The odds of you dying as a young person is 0.00003 per cent, right? Or odds are one person out of about 113,000 people would die with COVID. Do you know how many people, young kids, die of accidents every year? Far exceeds this.

Where is the real danger? It wasn't with the kids. It wasn't with the young adults. It was people over 80. There's a little over 1,760,000 people, age 80 and above. And there was over 20,000 deaths in three years, which means one death for every 86 people. Well, okay, that's a risk. That's a real risk. That's a real danger. So we need to do something with that population. But it worked out about a 1.14 per cent chance of dying.

The other thing that no doctor can explain to me that follows the government narrative— If you're vaccinated, why would you worry about anyone that's unvaccinated? When I got polio vaccine as a young kid, I didn't worry about my neighbour that had polio. I had a vaccine. I'm immune. That's what vaccines do. So why was the government and public health narrative, why was it that vaccinated people should worry about the unvaccinated if the vaccine's effective? Oh. Maybe it's not effective. Maybe they knew it wasn't effective and they didn't tell us that. That would make sense then.

So the other thing I was very concerned about, and I actually wrote my college, is they were pushing to get everyone vaccinated. They want a 100 per cent vaccination, okay? This is still an experimental vaccine. Well, it's not a vaccine; it's an inoculation. It's still experimental. If everyone's vaccinated, you have no control group. You then cannot determine what are the side effects, short-term and long-term, if you don't have a control group.

Not only that. The other thing that blows me away— Doctors were discouraged and, at times, outright told not to report the side effects. I got a family member, I got a spouse of a patient, and I got a patient that had a stroke after getting the Pfizer vaccine. All three of them after the vaccine. How many of those were reported by their doctor? None. Why? Well, I said, "Ask your doctor to report it."

[00:40:00]

"I asked my doctor, but he said it had nothing to do with the vaccine."

Well, how would he know that? It's still in the safety range, right? We're still looking at safety. You record everything as possible side effect. That's what happens when we actually go through drug regulations and we do all the safety stuff, everything. Let's say you took Ativan. You got a cold after Ativan: that's a potential side effect. It gets listed. But not with COVID vaccines. Discouraged.

Shawn Buckley
Before you move on, I just want to emphasize your last point, so can you put that slide back up, David. Can you go back to the slide you just had up?

Dr. Greg Passey
Which one?

Shawn Buckley
[Real Danger, #2]
The one about the no control group because you've made a point that I don't think any other witness has yet made. You say here, public health organizations and governments knew it was not—meaning—knew it wasn't effective. And they wanted 100 per cent vaccinated, so no control group. I think people watching your testimony might not understand what you're saying. I just want to make sure that I understand, and so that it's emphasized.

Because we'd heard evidence actually yesterday from a doctor that by the time the vaccines came out in British Columbia, there was roughly about 80 per cent natural immunity already. So COVID had marched through us. And you don't need anywhere near a 100

percent vaccination rate. Let's say there's zero human herd immunity: to have herd immunity, the percentage is much lower.

And so you couldn't get your head around, why are they pushing for a 100 per cent? Because they were: they were pushing for every man, woman, and child. But if they know it doesn't work, and they get 100 per cent of us vaccinated, then we can't blame the bad results—any side effects—on the vaccine. Because we have no control group to say, "See, it really is the vaccine." And that's an important point.

I didn't want us to jump over that without people understanding what you're saying.

Dr. Greg Passey
Yes. It's very important that you do have— Here's all the people that took the drug. Here's similar people, similar health, similar age: they didn't take the drug. Oh, all these people are having heart attacks, double the heart attack of these guys. Well, heart attack's probably a side effect of that drug, right? So without a control group, we have no idea. Trudeau and Bonnie Henry and the other public, they were pushing for 100 per cent. That's unethical. It's unethical.

Shawn Buckley
The other interesting thing is we've had other witnesses tell us— So Pfizer, and most of the shots in Canada have been Pfizer shots, actually took away their control group after a short period of time and vaccinated them. Which, again, robs us of the ability to determine whether side effects are created by the vaccine. So we really are flying blind so to speak.

Dr. Greg Passey
Yes. Yes. It's interesting, too, so there's good data out of the States. The life insurance companies, they've seen a huge increase in unexplained deaths. So taking into account COVID, okay, take that off the table. Anywhere from 20 to 40 per cent increase in unexplained deaths. And when did it start? January 2021. When did we really roll out the vaccinations? January 2021. So that data is being looked at now with what's going on there. Someone said, "Oh, it's because of the lockdowns." No. No, I don't think so. We need to look at that data. There's a smoking gun in there.

[Real Danger, #3]
Just quick, and I'm going to move on. Real danger versus narrative. So we got this narrative right now, carbon dioxide is a pollutant and we've got to get rid of it. It's not a pollutant. Plants need it, okay? It's a narrative pollution.

Carbon monoxide, that's a real pollutant and that's real dangerous. I got a carbon monoxide warning device in my house. I've travelled in Africa and I've travelled around this country. The real danger, not the narrative, the real danger: Herbicides. Pesticides. Plastics. I've seen a river in Africa you could almost walk across, it was so choked full of plastics. Industrial waste. Everyone in this room has got microplastics in their body now.

[00:45:00]

I'm not going to die from carbon dioxide. I may die from the microparticles and the other types of pollution.

We need to look in a different direction. Sorry, that's off topic, but it just bugs me.

[Use of fear]
So how do you get these narratives to go? You utilize fear: fear of punishment, sexual abuse, physical abuse, psychological abuse. They use fear. They use danger. You do the same thing with populations. Fear, punishment. I got bullied as a kid. I still remember the three guys' names, but I outgrew them and that stopped. But I remember the fear, and I remember my friends being afraid to be around me because they didn't want to be punished like I was. So the narrative: the bully uses the fear narrative to affect the people around. The government does the same thing: it uses fear, the fear narrative.

Anti-vaxxers. What's that about? Why are you afraid of that? You got vaccinated; why are you afraid? Because the government says you need to be afraid.

[Use of fear, #2]
I want to talk about this because this fear narrative— They use fear, punishment, dehumanization. They make them a threat.

Mao Zedong basically identified a large subpopulation in China as being enemies of the revolution. And he killed the most people in all of history. Everyone talks about Hitler. Hitler was in the minor leagues compared to this guy. I'm going to get in trouble for this, having said that.

Number two, Stalin: Enemy of the proletariat revolution, enemy of the state. There's the gulags. He killed anywhere from three million plus Ukrainians in the early 1930s by starvation. He continued to kill. He wiped out the officer corps. Killed them all. Didn't trust them.

And then, we get into Hitler, and he identified Jews, Communists, the infirm, even war veterans that were crippled: "We don't want them around. They're taking up space. They're taking up food. They spread disease. They take away jobs."

They demonize: the states, the government, demonizes.

[Use of fear, #3]
Pol Pot, in Cambodia: I would have been killed. I don't have calluses on my hand. Well, I'm an intellectual: "You're a danger to the proletariat. You're not a farmer. You're gone."

Rwanda: The Hutu government demonized the Tutsis, and most of that genocide occurred with machetes. Brutal, brutal.

Yugoslavia: Interesting, it was the Serbs versus the Croats versus the Muslims. And they all blamed the other, demonized and didn't think twice about killing them.

[Canada]
Why did I go there? Because I want to talk about our prime minister.

He basically told a Quebec audience that people that do not get vaccinated against COVID-19 are often racist and misogynist extremists. This is the head of our country. There we go—well, they must be dangerous then, so we should be afraid of them. People of Quebec are not the problem. But he questioned whether the rest of Canada needs to "tolerate the unvaccinated." Well, in Stalin's Soviet Union, "We didn't tolerate people. We got rid of them."

I don't like that language. It's dangerous language. It's scary language.

Shawn Buckley
You see a parallel to what's happened historically that you're sharing with us.

Dr. Greg Passey
Absolutely. Absolutely. He's using the same language, different terms, same process. The authoritative narrative. And he goes on to say, "We all know people who are deciding whether or not they are willing to get vaccinated and we'll do our very best to try to convince them." "They don't believe in science, progress, and are very often misogynist and racist." Well, that's a lie. "It's a very small group of people, but that doesn't shy away from the fact that they take up some space."

[00:50:00]

Jews took up space in Germany, and the Nazis got rid of them.

We take up space. "This leads us, as a leader and as a country, to make a choice. Do we tolerate these people?" What? If you don't tolerate them, then what? Are you going to send them someplace? Are you going to kill them?

This language is dangerous. It's scary. You all should be afraid in this country right now because of what our leader is talking about. The language he's using, he's dividing people based on a political narrative, not based on real danger. The unvaccinated were never a danger to vaccinated people if the vaccine was safe and effective, as he was saying.

[Psychiatric Impact]
Let's talk about the psychiatric impact of all this. So for the individual adult. People that had anxiety disorders; people that had depression, depressive disorders; people that had fear of germs—all of those got worse. The sense of fear because there was not effective treatment for the virus, and it was difficult to continue being treated for their mental health issues.

I was able to switch over so I could do pretty much everything by phone or by video. But a lot of people didn't have that option. The social isolation, the lockdowns. Solitary confinement has been declared by our Supreme Court as being cruel and unusual punishment.

There were tens of thousands of single people that basically, because of the lockdown, ended up in solitary confinement: Stuck in their basement suite. Stuck in their apartment. **No ability to talk with people, face to face. It increased fear. There was anger, loss of jobs, loss of finances, forced to shop in big-box stores. All of these things, these are all costs.**

It's bad enough for the adults. What about our kids? So especially the very young, they have to listen and see to learn. In order to develop appropriate social cues, be able to understand communication, you need to be able to see an individual's eyes, face, and their body language. So now you isolate the kids from other kids. Now they're not getting that ability to interact, learn, develop appropriate communication and social skill sets. That's all been taken away. Throw them in masks, even when they do go to school. Again, you're probably losing up to 40 per cent of the communication that's occurring.

Communication is not just by language. I seldom listen. When I say listen, I seldom believe what a person says, let me put it that way. I believe what they do and how they behave. So you can say to me, I like you. But if you're throwing rocks at me and stuff, it's like, you don't like me. So you need the ability to see and watch. And this was taken away from the kids.

We know that nervous parents, anxious parents, they can pass that on to their kids. And so, I'm expecting an upswing in mental health disorders in adults but also in children. And it'll be anxiety issues; it'll be behavioural issues; it'll be mood disorder issues. There'll be drug problems. The drug usage, alcohol usage shot way up because of the lockdowns or during the lockdowns.

You have to think about all these things. What is the cost? Did anyone do a cost–risk benefit analysis on lockdowns?

[00:55:00]

Kids didn't need to be locked down. You already saw what their risk was of dying. There was no need to lock the kids down. And the thing was, "Well, if you don't get vaccinated, you could pass it on to my grandmother." Well, first off, I'm not going to visit your grandmother if I'm sick. And secondly, if she's vaccinated, why are you worried about me?

The narrative, it's a lie. It's been a lie. They fed us this thing. We believed it because of fear. There's still people that believe it because of the fear. They use this narrative, and they use it to ostracize. They use it to segregate, to generate fear, anger against other people.

[Fire Alarm]

That's just my college saying they want to talk to me now.

[00:56:01]

[A false fire alarm went off interrupting witness testimony. There is a separate two-minute commentary with Shawn Buckley making some observations about the interruption.
Moderator comments, Full Day 2 Timestamp: 03:09:34–03:11:33
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html]

PART II

[00:00:00]

Shawn Buckley
I would like to get back to our witness, and I do apologize, Dr. Passey, for the interruption. But I think you were near the end of your presentation. I'd like to invite you to continue and then allow the commissioners to ask you questions.

Dr. Greg Passey
Yes.

[Psychiatric Impact]
The other psychiatric impact, particularly on the medical staff, was the lack of trust. Again, even within my medical community there's ostracization, and the College came after people. Not based on necessarily any incompetence, but again based on the narrative. The College bought right into the narrative.

[Vaccine Evolution]
I'm just going to touch briefly on a couple more things and I'll stop. I just wanted to talk about the vaccine evolution. So Pfizer's actually really a three-party R&D alliance. There's Fosun, Pfizer, and BioNTech. One of the three is the Chinese Communist Party. Fosun is a huge Chinese conglomerate that owns a large number of global companies. Its chairman, Guo Guangchang, is a very high-ranking member of the CCP.

[Virus Evolution]
I was asked, and I wasn't sure if I wanted to talk about this, but I'm going to. I was asked about the virus evolution. So the narrative has been that the virus was a natural mutation into an animal population. I was receiving information back early in 2000, March, April, May, where there was certainly a different narrative. There was a high probability that the virus resulted from a gain-of-function research that was funded in Wuhan. And this was partly funded by the U.S.

Now the question is— If it was actually developed in the lab, was it accidentally released or was it an intentional release? I can't answer that question, but I'm going to give you some food for thought in the next couple of slides.

Shawn Buckley
[Vaccine Evolution]
Can I just have you back up to the previous slide to that one? Because you glossed over something that I don't think we're aware of. So you're saying that three parties got together to jointly participate in the development of mRNA vaccine technology, and that is Fosun Pharmaceuticals, Pfizer, and BioNTech. Because we hear about Pfizer and BioNTech, but we don't hear about Fosun Pharmaceuticals. But you're telling us Fosun Pharmaceuticals is basically an arm, or owned by, the Chinese Communist Party.

Dr. Greg Passey
This is information from Sasha Latypova. So yes, that's basically what's being stated.

Shawn Buckley
Did he [sic] [she] relate when this agreement between these three parties was entered into?

Dr. Greg Passey
I don't have that. Unfortunately, I didn't copy out the whole article.

Shawn Buckley
Okay, thank you. I'm sorry to interrupt. But it's just that I'm not sure that that sunk in with people. That Pfizer and BioNTech were participating with a company controlled, or potentially controlled, by the Chinese Communist Party and that the contract is excluding

the use of the mRNA vaccine in China. Your slide also says that. So it's curious that a company that is potentially connected with the Chinese Communist Party is participating in developing a vaccine that would not be used in China.

Dr. Greg Passey
Yes.

Shawn Buckley
That's what you're reporting. But this is based on somebody else's presentation.

Dr. Greg Passey
Correct.

Shawn Buckley
Do you have any thoughts about whether or not this is reliable information?

Dr. Greg Passey
I believe it to be reliable, but it needs to be checked.

Shawn Buckley
Okay, thank you.

Dr. Greg Passey
So, just going back. Virus—was it accidentally released? Was it intentional?

[Unrestricted Warfare]
That's to be determined. I'm not sure a) if we will be able to determine that. And b) even if we were, would it be released?

So I just wanted to talk briefly, *Unrestricted Warfare: China's Master Plan to Destroy America.*

[00:05:00]

This was co-authored by a major general in 1999. It's required reading at West Point in the U.S. West Point is the army facility that trains all the army officers. Basically, it's the People's Liberation Army manual for asymmetrical warfare. Asymmetrical warfare is not limited to things like bombs and bullets and nuclear weapons.

They talk about it not being an overnight victory, that it should be very slow, such that the enemy's knowledge—they don't even have knowledge, that the enemy is being attacked.

The strategy set forth in the book: You wage war on an adversary with methods so covert at first and seemingly so benign that the party being attacked does not realize it's being attacked. In the age of the internet, what seems like free flow of information is also an open-door policy for one country to insert its propaganda into the thinking and belief

systems of its enemies. So a country can do that: could be China; could be Russia. Could be a number of things: could be Facebook; could be Twitter; could be the Canadian government doing such things to the population.

[Asymmetrical Warfare]
I think about asymmetrical warfare: That can take the form of taking over financial institutions, taking over mining and critical mineral facilities. It can be taking over the broadcasting system, the news system. So that could be done by a big company. It could be done by a government, like Canada has done with our news industry. So there's many ways that you can insert propaganda or a narrative and cause harm.

It's sort of interesting because when I think about the Canadian population— I'm a Lord of the Rings fan. And the hobbits in the Lord of the Rings, there's all this turmoil and fighting going all around. And the hobbits are absolutely— They have no idea, nor do they care. I feel a good percentage of our population is like that. They haven't gone anywhere; they haven't really done anything in the big world. They're not aware of what's going on around them.

There's constant threats. There's constant threats from companies, from countries. It's always around us. So again, it can occur from outside. For instance, the World Health Organization, they want to take over and determine all sorts of health initiatives in regard to pandemics. So they'll tell us—they'll tell our government—they'll tell our population—if we have to lock down. That's not good. It's not good to have an external organization. Or Bill Gates, computer genius: What does he know about medicine? Why is he one of the top people with the World Health Organization? Why is he driving the vaccine initiatives? Why is that? And he's so big. They're so big; they can influence all aspects of our community and our society. I see this all the time: Big Pharma, news agencies, federal government, provincial government. It's scary stuff.

I wanted to talk about just a couple more things and I'm going to stop. General Eisenhower, President Eisenhower back in the '50s, he warned us about the military–industrial complex and that this could threaten democracy. It could threaten our country, all countries. What he failed to discuss was— What happens when the military–industrial complex forms a bond with the government? So now the threat is not the industrial–military complex, now the threat is the government and the military complex.

[00:10:00]

So that's something to be aware of. In Russia, you can't even talk against the "special action." You can't call it a war. If you call it a war, you can go to jail.

The last thing I wanted to talk about is the illusion. I always thought that Canada was the greatest democracy in the world. I thought we were way better than the Americans and the Australians and the British. I always thought that. What I've come to realize is it's all an illusion. We don't have democracy here: what we have is a dictatorship.

You all get to vote. The closest thing to democracy in Canada are the city or the municipal elections because a councillor can still go rogue and it's not a big deal. We vote for our MLAs and our MPs. It's the illusion of a vote. We get to put people in, let's say, Parliament. They don't get to vote freely. They don't represent me. They represent the party, and they are dictated in how they vote by the head of the party.

Unless we as citizens change this, we will be stuck in this dictatorship. We'll be stuck in the political narratives, and it's only going to get worse from here. It's only going to get worse. So until such time as it's illegal for any individual to coerce or force a person as to how they vote, until that happens, including in Parliament, we will not be a free and democratic country. That has to change.

I'll end my presentation there.

Shawn Buckley
So before I turn you over to the commissioners, I just wanted to suggest one thing. You were speaking about President Eisenhower and his farewell address where he warned about the strength of the military–industrial complex. Then you took it a step further and said, "Well, but what happens then when that military–industrial complex forms a bond with their government?" I'm wondering if you would be of the opinion that perhaps we should also be concerned about the military–industrial complex forming a bond with non-government agencies or foreign governments.

Dr. Greg Passey
Yes, absolutely. I could spend a lot of time on this. Basically, there are two very large corporations that we don't actually know all the shareholders. One is BlackRock and the other is Vanguard. I'm not going to go into it here but research them. Vanguard and BlackRock. You'll see that they have their fingers in pretty much every news agency, pretty much every other publicly owned company in the world. I didn't know about this. It's absolutely scary. They can dictate; they can change the market. They can do all sorts of things. Part of the problem is a lot of our politicians, they're not independent.

Shawn Buckley
I'm just going to slow you down because I need to open it up for commissioner questions, due to time.

Dr. Greg Passey
Yes.

Shawn Buckley
Are there any questions? And there are.

Commissioner Massie
Thank you very much, Dr Passey. I have a few more scientific questions or medical questions.

I'm curious as to the rationale that you use in your analysis to get vaccinated with the antiviral vaccine, knowing that you had been infected before. So my question is probably twofold. First, is it that you were confused with the messaging that natural immunity was not good enough? Or is it because you had suffered a severe COVID infection and you thought that given that, it would be wise to boost your immune system? And the second part of my question: why did you specifically and knowingly refuse the mRNA vaccine?

Dr. Greg Passey
Good questions. Thank you. Here's my experience.

When I grew up, I got the tetanus vaccine,

[00:15:00]

and I got the polio vaccine. All those other communicable diseases back then, there were not vaccinations for. I got measles. I got mumps. I got red measles or rubella. I got chicken pox. I got rheumatic fever. I got mononucleosis. My mom was a nurse. She brought everything home. Thank you very much, mom.

But it created for me a very strong natural immunity. And so, when I got COVID— To be honest with you, I had H1N1 coming out of Egypt in 2010. That's the closest I ever thought I've ever been to dying. That was brutal. COVID wasn't that bad in comparison.

So I knew I had natural immunity, but I have a company in Africa. We're trying to help African veterans and their families and child soldiers, et cetera. So I needed to be able to travel. The only reason I got vaccinated is because I needed to be able to travel back and forth to Africa at that time. I chose AstraZeneca because it was based on the more known and old-style vaccination production.

The messenger RNA. I looked at a lot of research in regards to animals and stuff, and there's been a lot of problems. So no, I wasn't going to get mRNA shots. That was my rationale for it.

Commissioner Massie
What we've learned from many other witnesses is that—would it be from the vaccine or the infection—one part of the virus that seems to be very involved in many pathologies is the spike protein. So at the time you got the vaccine, were you already aware of the potential toxicity associated with spike or was that something that was not well known?

Dr. Greg Passey
I'm trying to think back. Here's my rationale on this. We're injecting a product into the body that causes our cells to produce a toxin that can have pathological effects on pretty much every organ system. So my concern was, yeah, you may develop antibodies against that spike protein, but it's still circulating. You're not going to clean it up all at once. And in the meantime, you can get damage from that. And there's subsequent— I didn't know it at the time. But that was my concern. It's like, I'm going to produce something that potentially could make me sick regardless of if I develop antibodies. And I didn't want to take the chance.

The other thing I didn't reveal, but I'm a cancer survivor. I had serious cancer in 2020 and major surgery, and I survived that. My other concern was what effect will that vaccine or that inoculation have on my immune system? Subsequently, I've read and seen studies that indicate it potentially can block one of the enzymes that protects you against cancer. So I'm actually quite happy that I did not get the Pfizer vaccine.

Commissioner Massie
I have another question about the number that we heard officially from the John Hopkins analysis of the case fatality rate. Based on subsequent analysis of these attribution of death to COVID, do we still think that the case fatality rate that is officially reported is as important as it is, even in older people? Or is it, part of that, maybe, that's partially COVID, but the other part could be attributed to other reasons?

Dr. Greg Passey
Yes, excellent question also. Part of the problem is that the PCR test that we've used to attempt to diagnose and identify people that have the COVID virus was never developed, nor meant to do diagnoses.

[00:20:00]

I don't think I need to get into all of that piece today. Part of the problem, though, was individuals, especially if they were admitted to hospital for anything, they were tested. If they were positive then they're identified as COVID patients.

Now a person that is a terminal cancer patient and is likely to die in the next month, testing them and saying, "Oh, they've got COVID; they've died from COVID." Well, that's not appropriate. I think we weren't strict enough when we were looking. And again, because it goes against the narrative. Ideally, the medical community would have been very, very strict in regards to diagnosing somebody with COVID versus dying from COVID. They're two very, very different things, right? I don't think, anywhere in the world, we did a good job of actually being able to specify that.

Part of the reason was, there was suppression of any attempts to do that. It did not follow the public health and government narrative. So it looked better. In the States, the hospitals were monetized. If they diagnosed somebody with COVID, they got extra money. Then if they got the person with COVID into the ICU, they got extra money. If they intubated them, they got extra money. So out of the States, I don't think you can believe anything. We weren't like that here in Canada. But it's a problem. Did they die with or die from?

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good morning, Dr. Passey. You mentioned, along with other witnesses as well, the damage **to our children from the education perspective. More and more provinces of late are increasing the amount of mental health services that are going into the school and the amount of funding that is going into curriculum, specifically. It's sold under the guise, no health without mental health.**

There's things like coping strategies, which sounds all well and good, and how to identify our early warning signs of mental health within your peer groups. These programs are going into Grades 7 and 8, and the rollout is going to be earlier grades as well. And I'm just wondering, because we spent so much money focusing on the mental health of children, I'm wondering when it will be turned around—that we look at the mental health of the people who were perpetrators in damaging our children—where we can get to that point, where the millions of dollars are spent looking at what actions they took that damaged.

As one witness said, earlier, "Sixty years before our children will be able to get past what they have done." If we add to that the learning deficits these children have now had to endure, they will never catch up from the last three years.

How do we turn it around and say, "The mental health of the perpetrators, all the way down to the lesser magistrates, school boards as well, should be examined and looked at"? Given your background, I think you might be able to answer that question.

Dr. Greg Passey
If I had a lot of money. Truth. Truth. This forum is part of it. I'll get to the question in a second here. My concern is the belief systems are so ingrained. We can produce all of this evidence, all of this truth. And there's going to be a percentage of the population, probably including the perpetrators, that aren't going to buy it. It's like my patient says, "I trust Bonnie Henry and the government. I don't trust your medical science." How do I break through that? I think it's partly— We need to look at the studies.

I didn't talk about PTSD in kids. I mean, this has been very traumatic, very traumatic, right? You're ripped away from your friends. Your mom and dad are scared out of their skulls. I mean, there's a bunch of things going on there. It's a matter of bringing forward the truth. But there was a trial, once upon a time, the Nuremberg trial. Part of what came out of that is the necessity for informed consent and that governments and other agencies

[00:25:00]

are not allowed to experiment or use experimental drugs or treatment on us without our consent.

I believe laws have been broken. And so the way we address the perpetrators, the people that put together these narratives, is we need to go after them legally. I'm not sure I trust our judicial system a hundred per cent. A lot of the judges are political appointees, and a lot of them already have their belief system in place. So again, how do we deal with that?

We have to continue to show the truth. We have to continue to look at all the outcomes, all the side effects. The learning disorders. The maturation, I didn't talk about. Part of kids, they have to learn how to modulate and control their emotional state, especially important in teenagers. That's one of their primary goals. This took that away. You need to be able to have bad times, tolerate it, and then recover from it. We just had bad times. We're still trying to recover from it.

So I think the short answer: truth and legal action. I've been involved in class-action lawsuits against the RCMP. There's another one coming, a couple more coming against them. Also with the Canadian Forces. Civilians need to come forward; we need to document all of that. We need to sue. Part of the problem is the government has signed this immunity: No liability for the drug companies, right, unless there's fraud. And then, it's not there anymore.

Did you know Pfizer had to pay $2.6 billion in 2006 because they suppressed negative research outcomes, and they fraudulently marketed their product? And they just, this year, I think it's another $1.5 or $2 billion. And we trust this company?

Shawn Buckley
Dr. Passey, I'll just ask you to stay focused on the questions, just because we have some other guests that need to testify.

Dr. Greg Passey
Sorry, I'm famous for that. So basically, legal action, civil and criminal.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Good morning, Dr. Passey. I have a number of questions that span across a bunch of different areas. So bear with me, please.

Dr. Greg Passey
No problem.

Commissioner Drysdale
In one of your slides, you talked about PPE, personal protective equipment, and you showed pictures of what kind of personal protective equipment would normally be expected to prevent the spread or reduce the spread.

We've heard from other witnesses that part of the use of that personal protective equipment is also the disposal of it. And since the public were using these masks that they would wear for eight hours a day or more, I personally saw, and I'm sure everyone in Canada saw, these things blowing in the wind. They're in garbage cans. Kids were taking them off their faces like this.

Can you comment on how that lack of training or procedure in disposing of these biologically contaminated items may have affected the spread of this COVID-19?

Dr. Greg Passey
Well, the virus, for the most part, spreads because it's airborne and not because it's sitting on a surface. Although it can reside on a surface—I think the latest thing I saw—for two days. But you're not going to get it from the surface unless you touch that and then you start touching around your face, your mouth, and stuff. So I think it was a very poor job in regards to how do you handle masks, how do you dispose masks.

For people that use cloth masks, they should have been washed every day. Anyone using a N95 or a surgical mask, they should have been disposed of every day. In theory, it's a biohazard, right? I see them all around my neighborhood and it's like, what are people doing? So it is a problem, but it's also a problem from pollution perspective.

[00:30:00]

We haven't talked at all about the microparticles that get deposited in your lungs when you're breathing through these things all day. So I think the problem was, we shouldn't have gone that route to begin with, period. If you're sick, you're coughing, you're sneezing, wear a mask, yeah, fair enough. I'm good with that.

Commissioner Drysdale
I don't quite remember what your words were—about a different kind of warfare where the opposing side isn't even aware that they're under attack.

Dr. Greg Passey
Yes.

Commissioner Drysdale
But even if they're not aware they're under attack, would you agree with me that the goal of the opposing side would be to reduce your capabilities? If you're doing this against an army, it would be to reduce the capability of the opposing army, would it not?

Dr. Greg Passey
Yes.

Commissioner Drysdale
Were you aware that we had testimony from a Catherine Christian who said that as the result of the mandates that we imposed upon our military that we lost between 3,000 and 4,000 members out of a 17,000 force?

Dr. Greg Passey
I was not aware of the percentage. I am aware that there are a lot of veterans, individuals that left the force. I'm talking high level, like Canadian Special Ops Regiment, JTF2, that people left because of the mandate. And then, let's throw in side effects from the vaccines. Some of these people had severe side effects, and they were no longer able to remain within the military. Ideally, if I was going to attack the U.S. or us, I'd want to come up with a biological agent that knocked out the military.

Commissioner Drysdale
But a biological agent. Would it not be as effective to use a psyop against these people, where they would voluntarily reduce their effective army by 3,000 to 4,000 people out of a total of 17,000? Wouldn't that be more safe for you, for the perpetrator?

Dr. Greg Passey
Way less likely to be detected. Absolutely.

Commissioner Drysdale
You know, listening to your testimony, I learned a lot of things that I didn't know before. One particular one was that Bonnie Henry was in the military at one time.

Dr. Greg Passey
Yes.

Commissioner Drysdale
And you were in the military for over 40 years, were you not?

Dr. Greg Passey
Twenty-two years.

Commissioner Drysdale
Forty-two years.

Dr. Greg Passey
Twenty-two.

Commissioner Drysdale
Twenty-two years, sorry. What happens when the military or army, the people who are out there protecting Canada, our soldiers— If they're out and they're facing an army, and they turn around and leave the field? Is that a legal act? Is that an act that's justifiable because they were scared?

Dr. Greg Passey
In a war zone?

Commissioner Drysdale
Sure.

Dr. Greg Passey
If you leave the battlefield, you will be arrested at the very least. Potentially, you could be shot.

Commissioner Drysdale
So Bonnie Henry wrote a book. Her responsibility, at least in the minds of Canadians, was to protect Canadians' health and lead them through this. And she wrote in her book that she effectively left the field because she was afraid of opposing the premier and the political part of her party. Is that correct?

Dr. Greg Passey
That's my interpretation of what she's written, yes.

Commissioner Drysdale
I have another question. It pains me to ask this question, it really does.
Some of the most dedicated and brave people in this country, our police, our judiciary. We've heard testimony of our medical people. Our judicial system, we had testimony from a retired judge. It seemed that when they were facing a challenge, they were facing the enemy—where in judges' case, they were supposed to stand between the people and the government; in the police state, they were supposed to protect the people; in the medical system, they were supposed to treat you, despite whether or not you had a vax. All of these groups, all of these protective groups in our country, seem to have left the field of battle. Can you comment on that. What you think happened there?

Dr. Greg Passey
Well, first off, we haven't all left. Again, the narrative.

[00:35:00]

Tell a lie big enough, long enough, people believe it. Lack of integrity, I don't understand it. You know, a Hippocratic Oath to serve and protect, to defend my country. What happened to honour and integrity? Where did cowardice come from? Why does this narrative eliminate or attempt to eliminate the critical thinkers?

They used to talk about the thin blue line or the thin green line. It's not a line anymore; it's little pieces of people trying to stand up. A lot of people are afraid. I've got colleagues, I can't believe, they're so afraid. They won't say a thing; they won't go— I can show them the evidence. "Oh, well, that's, no, no, no" I don't know how to explain it. They're so brainwashed. The narrative at this point has won. We are the only thing that stands between the narrative and complete disaster. Truth, integrity, honour.

Commissioner Drysdale
You talked about a quote by our Prime Minister with regard to there was no forcing of people to take the vaccines. Can you comment on the case of the Alberta woman who was waiting for a lung transplant and was denied a life-saving lung transplant because she had not been vaccinated? Would you consider that forcing someone to get the vaccine?

Dr. Greg Passey
Your choice is you can die or you can have the vaccine, and maybe we will do the procedure for you. You might as well hold a gun to the person's head. There's no evidence to support that position. They'll tell you there is. They'll tell you there is. I'm absolutely abhorred by that. Not only that, but the fact that the judiciary system upheld that. That is wrong. That's why I say, I don't trust government; I don't trust public health. I don't trust my colleagues, anymore. I certainly don't trust my College, and I don't trust our judiciary system. It's not about justice. I don't know where justice went. It's about little legal technicalities. This is just wrong. I know right and wrong. You all should know right and wrong. This is wrong in this country.

Commissioner Drysdale
Although you didn't speak about informed consent, I believe you did talk about the way the government was recording case fatality rates. It's my understanding that case fatality rates

are actually the ratio of people the government reported or knew were infected versus the number of them that they reported or knew died.

I'm wondering how that would inform the public about their risk of COVID, considering that if, for instance, they only reported two people with COVID and one died, that would be a 50 per cent case fatality rate. As opposed to there were three infections and one person died, out of 5 million or 20, 38 million. So is that number useful to an ordinary Canadian like myself to understand what my risk to COVID was?

Dr. Greg Passey
That's why on that particular slide, I looked at people over 80, the percentage. But one out of 86 would die. That's important to know, rather than— You can play with percentages, right? All the COVID numbers, they doubled this week. Well, they went from one to two. Okay, double. Big deal.

That's why I also put the kids, the young under 19. One out of, I think it was 186,000 died. Okay, I'm willing to take that risk, right? I'm in a risk category here now. I'm getting there: one out of 86, I'd want to do something about that; I don't particularly like those odds. But one out of 80-some-thousand?

[00:40:00]

My grandson's not vaccinated, and he won't be. Not against COVID.

Commissioner Drysdale
One other number that I was curious that you didn't include in your numbers, and I don't know what the number is, and I'm asking if you do. I think you talked about 80-year-olds, and their chance was one in 86 or something like that. Do you know what an 80-year-old and above's chance of just dying from any cause, any year is?

Dr. Greg Passey
No, I didn't look that up. But I can tell you the difference between the expected life span versus being shortened by COVID is not really statistically significant. So what that means is most of the people that were dying of COVID were going to die anyway.

Commissioner Drysdale
They were beyond the expected life expectancy in Canada?

Dr. Greg Passey
Yeah, yeah. Or they're right at that. That doesn't negate— I mean, they're humans. They deserve to live, and it's usually the frail, comorbid, et cetera, are most at risk. Same with the kids. Healthy kids don't typically die of COVID, but diabetes, cancer, immune compromise, et cetera. Yes, they do.

Commissioner Drysdale
I have one last question. It's something that I puzzled about for years, even beyond this pandemic. I think in your testimony, you talked about how the Canada you believe in

and/or wanted to live in was one of educated people, of justice, of logical thinkers, et cetera.

You also mentioned, I believe, that you are a student of history, and I am as well. And I can think of another people that were considered the most advanced, most accepting people in the world in the 1930s and what happened to them in Europe and Germany. I'm wondering if you can comment on any parallels or concerns that you see between what happened to these two groups of people who were considered to believe in justice, to be educated, to be scientific. Do you have any comments on any parallels you see there, sir?

Dr. Greg Passey
Well, that's part of why I quoted our Prime Minister. He's using the same process that allowed the Nazis, the Stalinists, the Chinese to basically segregate a subpopulation. And to villainize them, to dehumanize them.

It only took about 33 per cent of the population in Germany to cause that narrative to become reality and for people to be killed. The Liberals were elected with 32 per cent of the population. They're running this very strong narrative, and he's using language that vilifies, ostracizes, dehumanizes. "They take up space." "Should we really tolerate them?" That's not too far from some of the speeches I heard Hitler. And now I'm going to get crap because I've compared my prime minister with Hitler. What I'm comparing is the process, and his words, although slightly different, are very similar.

Commissioner Drysdale
Do you have any comment about how our hate speech laws protected us from those words?

Dr. Greg Passey
Our hate speech laws didn't protect us at all from his words, at all. I believe in free speech. I believe as long as you're not attempting to hurt me, you can say what you want, and I'll counter it not by censoring you but by giving you—here's the truth. The truth is what's important. It's not hate laws. It's not censorship. Truth. Truth. Hate laws don't apply to politicians, apparently, at least not prime ministers.

Commissioner Drysdale
I have many other questions, but I feel a hook coming up behind my chair.

[00:45:00]

Thank you, sir, and thank you for your service to our country.

Dr. Greg Passey
Thank you.

Shawn Buckley
Dr. Passey. Oh, I'm sorry there are further questions.

Commissioner DiGregorio
Thank you so much. My commissioners have asked many of my questions already, but there's still one thing I'm hoping you can help me understand a little bit better. So you spoke quite a bit today about part of the problem being the way that Canadians are thinking: how their beliefs are formed on emotions; how that can be very difficult to change, particularly when you're trying to seek the truth; and that people may discard it if it disagrees with their beliefs. You said that the only way to really defeat that is to encourage critical thinking in people. And I'm just wondering if you have any comments on how we can encourage, support, and develop more critical thinking in Canada within the population.

Dr. Greg Passey
So two things.

First off, until we get the government to change the narrative, it may be impossible to change the beliefs. So this government that's in power now and our political system will not change the narrative. There's no reason for them to. They've basically proven who they are. Period.

Critical thinking has to be developed in elementary school, reinforced up through high school, and then again in university. Censoring speakers on a university campus is absolutely the opposite of what you need. Let the person speak. You don't like what they're saying, don't go. Or go, and then counter them. But you have to start in elementary school. I know teachers. Critical thinking is not being taught. Narratives are. They're being taught stuff. Why are they being taught that? That's things they can learn later.

Critical thinking: Here's a problem. These people say this; those people say that. Argue on that side, and once you finish that, go and argue on the other side. Or have debates within the school system. You're not allowed to debate: Oh, you're this; you're that. Oh, you're discriminating.

Shawn Buckley
And Dr. Passey, I'll ask you to stay focused to the question again.

Dr. Greg Passey
But that's it, right? You're not allowed to have the critical thinking because you're ostracized, you're called names, you're discriminated against.

Commissioner DiGregorio
Thank you.

Dr. Greg Passey
Thank you.

Shawn Buckley
I think that those are the questions. Dr. Passey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying. You've brought up some points that no other witnesses have brought up, and you've served this Inquiry well. We thank you.

Dr. Greg Passey
Thank you.

[00:49:02]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 2: Kim Hunter
Full Day 2 Timestamp: 04:01:40–04:21:20
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Stephen Price
Good morning. My name is Stephen Price. I am a lawyer, locally, and a volunteer to try and assist in this process today. We have a witness. The lady is Ms. Hunter, Kim Hunter.

Kim Hunter
Correct, yes.

Stephen Price
Excuse me?

Kim Hunter
Yes.

Stephen Price
Okay. Ms. Hunter, you're here to provide, I guess, an outline of your background and why you think this is important to testify today?

Kim Hunter
Yes. That's right.

Stephen Price
Okay. We'll try to keep it short, obviously, but you're here to testify and to tell the truth as you understand it.

Kim Hunter
Yes.

Stephen Price
Okay. What is your background, ma'am?

Kim Hunter
I'm an early childhood teacher. I taught in the classroom for over 20 years.

Stephen Price
Okay.

Kim Hunter
I now teach teachers and mentor, and I've had practicum students in my class for the last 15 years prior to my stepping out of the classroom.

Stephen Price
Maybe a sensitive question, but how long have you been doing that, ma'am? How long have you been doing that?

Kim Hunter
I've been teaching children, I did— Do you mean teaching teachers or teaching children?

Stephen Price
Both.

Kim Hunter
I've been working in early childhood since 1998, so that's 25 years.

Stephen Price
Okay. And what brings you to see the Commission today? What's your understanding of your input?

Kim Hunter
My input is to look at mask use on children and the implications of that.

Stephen Price
Okay. Can you explain why it's important to you and what your observations were?

Kim Hunter
Absolutely. When I was a child, I had a personal problem with masks. I couldn't even wear a Halloween mask without passing out. So when masking became something that I noticed in Canada, I became concerned about it because I thought, "Well, am I really at risk of getting this disease? Is there any validity to this?" And I started looking at the research, and the research all said masks did not work to prevent the spread of viruses. And as there was a change in the direction, we saw people starting to wear masks and eventually I could see the mandates were going to come into place. I started to get very concerned and speak out on it. And I was ostracized in my community for that. But I started to look at the broader context of mask use, specifically as it was oriented to children.

Stephen Price
Okay. In terms of the ostracization, how was that affecting to you? What happened to you that you could tell us about?

Kim Hunter
Oh, I was thrown out of my grocery store. I live in a small island community. And on the first day of the mask mandates in the Province of British Columbia, I didn't know that the mandates had taken effect in our region. I had heard they were going to be implemented in parts of British Columbia that I didn't live in. And I just went into the grocery store, and I was surrounded by employees and asked to get a note from my doctor. Took me a week to get to see my doctor. I did get a note.

I had written letters to the paper that were published. And it was pretty interesting to see how the local media dealt with that. So, for example, they printed only letters in response to mine that opposed my perspective. And over time, I came to find out that many people had written letters that were actually supporting my position. And some of those people were medical nurses and doctors and scientists.

Stephen Price
[Inaudible: 00:03:46] in regards to children.

Kim Hunter
Well, I'd like to bring in my testimony. Can I move to my slides at this point? [Presentation exhibit number unavailable.]

Stephen Price
Yes.

Kim Hunter
So there's just three basic points I'm going to make. The human rights protections that are in place to protect children from mandates is the first thing that I'll cover. And then I'll look at the impacts of children being obliged to wear masks, and also the impacts on children when people in their environment are wearing masks.

Stephen Price
Carry on.

Kim Hunter
So children's human rights are covered under the United Nations Convention on the Rights of the Child [CRC]. These are all things that are in this convention: The best interest of the child is a primary consideration; the right to survival and development; the right to express their views on matters that affect them; and the right of all children to enjoy all of the rights of the CRC without discrimination.

So the UN Declaration on the Rights of the Child

[00:05:00]

endorses in its preamble to the CRC— This is a quote, it says, "The child, by reason of his physical and mental immaturity, needs special safeguards and care."

For me that was really significant because I knew that as a child, I myself would not have been able to wear a mask. And for me, that's an indication that I'm not going to be the only person like that.

So it's our duty to abide by the strict legal obligations to protect children from harm. The WHO and UNICEF supposedly advocate the do-no-harm principle with regard to mask use for children by prioritizing the best interest, health, and well-being of the child. The health and well-being are really significant with long-term mask use in either way: either the child using the masks or there being masked people in their environment.

There are liability implications for decision makers. Making mandates for children must be supported by durable evidence that mandates do not impair children's physical, psychological, and psychosocial well-being. That has not been proven for mask use or other mandates.

The impacts on the young child being made to wear a mask, many of them are very similar to what adults would say we experience. There's strong evidence of the relationship between mask use wearing and difficulty breathing; hypoxia, which is low oxygen levels; high levels of carbon dioxide; increased heart rate and humidity; high systolic blood pressure, which is typical in activities that are anxiety-raising, such as speaking in front of this Commission, but also in terms of cardio exercise. That's particularly important for children because children have to move. In order for their brain and their physiology to develop, they have to be able to move, to run, to play, to move. So additional issues include high bacterial, viral, and fungal infections such as pneumonia.

These are some examples. This is in my classroom. The children lining up to climb up onto a stool and jump off. The children running. They just wanted to run all the time. Pulling a toboggan up the hill would be much harder with mask on.

Clinical symptoms of mask wearing include headaches, fatigue, shortness of breath, skin conditions, psychological effects, cognitive difficulties, and dizziness. High levels of CO_2 reduce blood pH, which may lead to long-term disorders such as cancer, diabetes, dental issues and neurological disorders. [Exhibit VA-14]

A person wearing a mask isn't supposed to touch it. A previous speaker spoke on that. The mask is then considered to be contaminated and it's supposed to be thrown away. Children cannot be expected to control themselves in this regard. It's unreasonable, especially young children.

So what happens to the child's development when the child is largely exposed to people who are wearing masks? And again, our last speaker spoke on this a little. He alluded to it. But the significance of bonding and attachment is diminished or not possible if the adults are nursing or bottle feeding a child, for instance. And this starts at infancy. It is the eye contact, the voice recognition—and that's especially for the mother—but also for other people, the father and other family members. Their voices are heard in utero, but when they're heard in real life, they make this connection. And this is really the foundation of social and emotional growth and both active and passive communication.

Mother nature, it's very clever. The best way—distance—for a child to be able to take in the facial expressions is in breastfeeding. And bottle feeding, if it's being done in the arms of a person, will provide that same experience.

So young children learn through imitation, and they need to see people's facial expressions to learn the nuances of human communication.

[00:10:00]

This is pivotal. I don't think we can really just brush over this. If you watch children play, you will see that their play is dictated by what they see and experience in their environment.

When people wear masks, communication cues are quashed and learning by osmosis is not possible. The mouth can't be seen. The sound is muffled, making learning language more difficult. I'm sure as adults we can also experience this. I mean, I've certainly had to ask people and—sort of embarrassed from time to time—I've had to say, "Can you please speak louder? I'm not understanding you." But I have a grasp of the language. Infants and toddlers are trying to grasp a language. When that process is blocked—and especially with something like masks—we're actively inhibiting that possibility. The neural pathways are formed for language very early in life. This is why people who have not learned a second language often have an accent. It's very hard to get rid of an accent later in life. But for a child, they have to develop their own language, their own mother tongue, and that's inhibited when they don't see the face of the people around them.

Unfortunately, this is kind of scary, but studies are showing a 20-point drop in the IQ of toddlers who were born in the first three months of the lockdowns in 2020. That's huge. That's a substantial drop. And I think a lot of it is because of the mandates—and probably most pointedly, the mask mandates—when we're looking at toddlers.

It is my position that masks should be voluntary and that ideally children aren't exposed to people wearing face masks. And a mask should never, in my opinion, be put on a child. That's the end of my testimony, and I'd be happy to take questions.

Stephen Price
Are there any questions from the Commissioners?

Commissioner Drysdale
Ms. Hunter, thank you for coming by this morning. Can you tell me, have you ever testified in front of a Commission like this before?

Kim Hunter
I've never even heard of another Commission like this before. I have been in court before.

Commissioner Drysdale
Do you feel nervous and uncomfortable sitting in front of us for the first time?

Kim Hunter
I feel a little edgy, especially because we're running late.

Commissioner Drysdale
Then why did you come and put yourself through this? Why would you sit before Canada, because this is being carried in social media across the country? Why would you come and put yourself through this uncomfortable and nerve-wracking situation?

Kim Hunter
For children. I haven't really heard a lot of people presenting on children. I'm not talking about it at the National Citizens Inquiry, but in general. I heard our public health officer—in fact, there's a fabulous clip that I could show you that the tech crew has, that's a two-minute clip of basic times when Bonnie Henry said masks don't work. They're all logged by date. And then there is a clip of her saying the opposite. And in fact, she actually said that she "never said that masks don't work. Masks do work." And they don't. There is no evidence that masks work for this brand of viruses.

Commissioner Drysdale
Did you listen to the testimony of the previous witness, who was before us?

Kim Hunter
Yes.

Commissioner Drysdale
How did it make you feel when he read the passage in her book where she said that well, she didn't really stand up and that she did what her political bosses told her to do, as my paraphrase?

Kim Hunter
That's probably true. That's probably exactly what she's doing. She's not standing up and she's definitely following orders from someone.

Commissioner Drysdale
What would your message be to all of those people out there—those teachers, those doctors, those lawyers—who are too nervous, who are thinking I would like to testify at the NCI, but they have not. What would be your message to them?

Kim Hunter
We need to testify. We have a committee called the Truth and Reconciliation for the horrible things that happened to Indigenous Peoples in this land. And I feel like this is the truth component of the horrors

[00:15:00]

that happened to the Canadian population because of COVID mandates. What we're going to need coming forward is reconciliation.

Commissioner Drysdale
Thank you very much.

Commissioner Massie
Thank you very much for your testimony. I'd like to turn it around and maybe put a challenging statement. Masks do work: they do harm people. And it seems to me that we have not really take that into consideration. I've often heard people say that "children are flexible, they will adapt to anything," and so on and so forth. In my own experience, the one thing that really connects people, and turns them on or off, is a smile. How can you see people smile under a mask? What kind of impact could that have on the overall being of a children that is put in an environment where they have to be connected in order to learn from each other and from the teacher? What do you think the impact of not seeing a smile, day in and day out, could have as an impact?

Kim Hunter
I think this is a question, again, it goes back to the broader context of learning communication. Smiling is one thing—and it's probably the best part of being an early childhood teacher—the fun of being with children and watching them, see them grow and develop. Facial expression also teaches children about when things aren't good and that's important for them to know too. It's important for them to know when somebody's sad and how to work with that, when somebody's afraid and how to calm them.

But there is a specific thing called mirror neurons, and it's to do with the mirroring that they see in their environment. And I think all of us are subject to this in one way or another, but young children are particularly so. And so you'll see a baby who is pre-verbal: they might be babbling, but if you go and smile at them, they're going to smile back. Sometimes you'll see an adult cry and they're crying for joy, but the child will cry. And they don't understand that distinction: It's just an imitative force in them as they learn what that is, what communication is. And so then it has to be explained, "Oh no, mommy's crying because she's so happy that—" whatever the story is. But you know, this is how we learn communication. So I think not being exposed to full opportunities to receive communication at a very early age is extraordinarily detrimental.

Commissioner Massie
My second question is, how is it possible that people—a lot of people working in education—would ignore that by thinking that magically depriving children from this very important aspect of communication would probably be okay?

Kim Hunter
You know at the beginning of the pandemic when I looked up the mask research, everything said that they didn't work. And that changed. Like they took the old studies down—the studies that were tried and true—and they replaced them with studies that said that they worked. So I think probably by the time average teachers looked into mask use in classrooms or tried to find data, it would have been reflecting something that was put there, in my opinion, by the government narrative, in a direct or indirect way. Because it doesn't— There's no explanation for why there could be 30 years or more of mask research that exemplified that masks do not work for the spread of viruses and then have all of that research thrown away and replaced.

Commissioner Massie
Thank you very much.

Stephen Price
Thank you, ma'am. Thank you for taking the time to come and testify and provide your views to this Inquiry.

Kim Hunter
Thank you.

[00:20:13]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Commentary: Shawn Buckley
Full Day 2 Timestamp: 03:09:34–03:11:33
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry in Vancouver. For those of you who are online, I'll explain what just happened. I'll begin by reminding you that in our proceedings here yesterday, while we were in the middle of a witness, we had a power outage and we had to stop our proceedings. Today we were in the middle of a witness this morning, and we had a fire alarm. There was no fire. Somebody in a different part of the building pulled the fire alarm, and we had to stand down and wait for the fire department to attend to reset the alarm.

Now something very interesting happened that I noticed when the fire alarm went off. There's likely over 200 people in this room. In normal times if we're grouped together in a room in a large building and a fire alarm goes off, we quietly and efficiently leave the building to ensure that we're not caught in a fire.

But that didn't happen here. The alarm went off, and I don't think a single person left the building, except later when we learned that we would have to wait for some period of time for the fire department to arrive. So some people left just because it was really loud in here.

That speaks to a change in psychology. It speaks to the fact that the people in this room actually didn't trust the fire alarm and interpreted this as a deliberate interruption. **Because these are live proceedings and this is a historical event, I just wanted that to be catalogued for the record, what happened in this room as we were disrupted.**

[00:02:00]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 3: Caroline Hennig
Full Day 2 Timestamp: 04:21:45–04:40:05
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
So good morning. Good morning, Commission. I'm Marion Randall. I'm local council and will be assisting the next witness who is virtual. I can see her name on the screen, but not her picture yet. There we go.

Ms. Hennig, can you see and hear me? Okay. So could you please state— I can't hear you. Are you muted?

Caroline Hennig
I shouldn't be.

Marion Randall
There we go. Okay. Thank you. So can you state your name for the record and spell your first and last name, please?

Caroline Hennig
Okay, my name is Caroline Hennig, C-A-R-O-L-I-N-E, and Hennig is H-E-double N-I-G.

Marion Randall
And do you promise to tell the truth, the whole truth, and nothing but the truth?

Caroline Hennig
So help me God, yes, I do.

Marion Randall
Thank you. So just to give some background to you. You moved from British Columbia—or I think British Columbia, but at least Canada—in 2007 to Costa Rica. You have five children. The testimony that you want to give to the Inquiry concerns sort of a back-and-forth thing and because your father and your other family, not your children, are here resident in British Columbia. Is that sort of correct summary of where you're going to start?

Caroline Hennig
Yes, I've got some children going to university in Vancouver, and my husband and I live here, but my husband works around Canada. But I'm usually here on my own.

Marion Randall
In Costa Rica?

Caroline Hennig
In Costa Rica.

Marion Randall
And that's where you're testifying from today, you're giving your story.

Caroline Hennig
That's right.

Marion Randall
So you can give us your presentation as to what happened with your father and particularly how the mandates impacted your care for him and the care he got.

Caroline Hennig
Okay, so quick background. We moved here in 2007, so we were well established. In 2016, my mom was ill with cancer and she died. That was the year I actually moved back to Vancouver to support my father. I was straddling two countries because we still had our home here. But we started the girls in school in North Vancouver and basically got my father back on his feet. And things went along really well. I just nipped back and forth to keep an eye on the house. We didn't have it rented.

And then in 2020, the beginning of the pandemic, my father was diagnosed with prostate cancer, and it had metastasized. So we began the whole medical treatment, a lot of doctors' appointments, and laboratory tests, and to-ing and fro-ing. And I basically moved in with him. He had a little studio flat just above his garage. And that was in 2020, let me just think, yeah, the beginning of the COVID, so that was January 2020. And I just stuck close to him, got him through his tests, got his pain under control and nipped back and forth to Costa Rica. And then I had to go back for Christmas to Costa Rica, and my dad didn't want to come; it was too much travelling. And then we had family here, and there was a lot of work to do in the house because it had basically been abandoned.

Marion Randall
If you could just slow down a little bit. I know I've told you there's time constraints, but you were moving back and forth.

Caroline Hennig
Sure.

Marion Randall
Thank you.

Caroline Hennig
Okay, so basically, by the time 2021 came along, I was now back in Costa Rica. My father was managing well. My mother had been gone for a number of years. The pain was under control. He had established a relationship with various doctors, and I was able to stay a little bit longer in Costa Rica and get things sorted out. Then my daughter, I found out my daughter was expecting a baby and she was living in Abu Dhabi. So I went to Abu Dhabi in, it was June 2021. She had a difficult birth. But my father and I stayed in very close contact. We were always writing, always phoning, always Zooming funnily enough, which is why I've got this set up.

And I didn't hear from him for a few days, maybe for a week. And I just thought he was giving me a bit of space because this new baby and my daughter was in quite a bit of pain. And then I got a call from him. And all he said was, "I'm really not well." And I knew what that meant. He was very stoic and he wasn't dramatic. So I knew that something really bad was happening. I had to go through a lot of rigamarole—understandably, this is not a criticism, but to get back to Canada and not have to go directly into quarantine. I was allowed to go directly to my father under compassionate grounds, which is what I did. And I arrived at my father's house, on Bowen Island, I should add, on July the 22nd, 2021.

Now I do have some photographs. There's only eight of them. They kind of speak a thousand words. I think my words will be inadequate. I don't know if the panel would like me— I've got them all set up.

Marion Randall
If you know how to set them out and can get them on the screen somehow.

[00:05:00]

I have no idea.

Caroline Hennig
Yeah, let's try it. I'm going to try it. So I'm going to share my screen and I've got to put my reading glasses on. And I've got it. There we go. Now I don't know if you can see anything. You should be able to see my father.

Marion Randall
Yes, we can. Yes.

Caroline Hennig
Okay, perfect. So this is just to let you know, just a terrible state he was in. This is after I've been there for almost a week and I have changed his bed. I've bathed him, but he's dying. And actually, this weekend that this picture was taken, the district nurse who my father actually arranged— There's a lot of protocol to get a district nurse to do a home visit. But she called out Squamish, a funeral home in Squamish, to alert them to an expected death that weekend. That's how ill he was.

But I persevered. It was around-the-clock nursing. I didn't leave his side and I gradually managed to get food into him because he'd been living on ice chips. And as you can see, he's got pain au chocolat and mango. Suddenly his appetite just started picking up. And he was clean. And you can see he's looking better already, but he's still bedridden.

And then here, he starts to do exercises in bed. He's determined to live. I really want to emphasize that. I'm still nursing him. I'm still at home and the district nurse is still making a visit, I think three times a week at this point.

Now he's out of bed. He cannot walk, but he's able to crawl and he's taking an interest in all the things that he loves. He's actually making his way there to his computer. He was a professor of computer science and psychology. He was a professor emeritus at Calgary University at this stage. So off he goes.

And then suddenly he's asking for his, what I call a Zimmerman. I think it's called a walker. He's just doing a daily constitutional up and down his driveway. So he's really making progress. And I've only been here maybe about two or three weeks.

And then the next picture, he's not able to drive and you can tell he's still very ill. The bruise on his face is actually where he had a terrible, terrible cut there. We weren't able to suture it because it was found too late. But he's healing and I drive him into town. We do some shopping and he visits his hospital, Lionsgate, to get blood tests done and all that sort of thing.

And then I think only maybe a week later, he's driving me, maybe 10 days. And he's still very thin, but he's completely, he's rallying in a really amazing way. And I have to tell you that, when I arrived, when I said the nurse called for an expected death, he was having terminal agitation. He was having visitors that no one else could see. He was having strange things like, they call it terminal lucidity. He was almost completely deaf. And he used, well, he didn't use a hearing aid, he used a modern-day version of it, ear trumpet. But his hearing came back. So he really was on death's doorstep, literally. So off we go. He drives me in.

And then in the middle of all of this—this enormous change for the better in his health—Trudeau announced his election for that September. So that's 2021, I think. And it was clear by Trudeau's rhetoric that he was going to make the unvaccinated a wedge issue for his campaigning. And that's exactly what he did. And I mean, all this talk about not being able to take an airplane, not being able to take the train. I mean, I was living on Bowen Island with my father. That's public transport. Suddenly I don't even know if we're going to be able to get off to see the doctor on the ferry. Never mind the fact that he kept changing the date. It ended up being November the 28th, 2021, that travel for the unvaccinated was cut off.

So once I got that date firmly pinned down, I had to pack up my father's house. I got some help from a wonderful woman called Sam on Bowen Island. And we managed to get my dad's entire house packed up. I mean, he had so much stuff. And we found him a retirement

home, not a care home. He was fit and ambulatory, as you can see in this picture. And he moved in on November the 15th. The house is now up for sale. It's empty.

And this is the state I left my father in. He was ambulatory, happy, and looking forward to life. But the truth is over the next four months, between then and when he employed MAID [Medical Assistance in Dying] to, I call it suicide. He used MAID to die. Basically, the isolation that Trudeau's vaccine mandates imposed on him extinguished all of his happiness and will to live. Which is why it's important for me to show you that he really wanted to live until the isolation got to him.

[00:10:00]

And then there's just the last picture is actually my dad's obituary.

So I'm just going to exit the screen.

Marion Randall
And then can you describe for us what you think happened, or you know happened, in the nursing home in the four months when you couldn't come back to visit.

Caroline Hennig
Well, basically there was no one anymore to take him shopping. He never once went out for dinner. If he went shopping, he got his own little scooter and managed to get there, to Whole Foods in West Van because Hollyburn retirement home was near to the Whole Foods. He seemed cheerful enough when I was talking to him. And actually, we talked about him coming down because he wasn't vaccinated either and couldn't come down with me. There just wasn't time to get that put in place. But he had asked if he could come and live with me. We had talked about it when I was living with him. And I was, “absolutely wonderful, daddy, come on down.” And he even bought a really marvelous scooter—mobility scooter—that’s Israeli made. It's really fantastic because it's so clever you can take it apart and take it on as carry-on. So he bought that. It cost a bomb. So he was really planning to come down.

What happened between— That was about at the end of February. I don't know what happened in that month, but I didn't get any signs. I mean he was sad and he still couldn't say my mother's name without crying. So there was grief still that he was dealing with. But he wanted to live and he wanted to come down to Costa Rica. But I don't know what changed. I think it was the isolation. I think it was the hopelessness because I kept saying, “Daddy just hold on. I know these mandates, I know the vaccine mandates are going to be lifted, just hold on.”

And of course, it was at the end of June that year, they lifted it. But he gave up. I think I got an email from him on the Friday telling me that he had called MAID to come in and they were going to perform this—I call it mercy killing or euthanasia—on Tuesday. What was really difficult for me was that I couldn't call him. It was so psychological. I was so scared that if I said, if I called him, then my words were going to be clumsy. And I felt like I was in the position where I was trying to talk somebody off the ledge. I really regret that. But we did email each other because I'm more careful with my words when I write.

I did everything. I mean my daughter works for quite a world-renowned physicist at MIT, and she talked to him. And he said, “Get your dad's CV down here right away.” He didn't

know that my father was thinking of MAID. But he said, "We'd love to have him." He was Cambridge educated, he was a mathematician, computer scientist. He was smart. And this physicist at MIT said, "We'd love to have him on board," on this project that my daughter's involved in. And I told my dad. And I think this is quite telling because his reply to my email, which said, "Daddy, we've got this wonderful opportunity with MIT, this wonderful professor, it would be such a great thing for you." He said, "You know sweetheart, in happier times I would jump at this opportunity." And that just told me all I needed to know. I couldn't— You can't support someone adequately from a great distance. Not like I could when I was with him. We used to go for walks.

Marion Randall
Ms. Hennig, if I could ask a question. You have brothers who lived here in Vancouver, and you did tell me in our discussion—and perhaps you could tell this Inquiry—about sort of a division between the vaxxed and the unvaxxed in your family. And why your brothers were unable to help him, although they were here in Vancouver?

Caroline Hennig
Yes, my brothers were very pro, especially my youngest. And that had some conflict with it—not so much my middle brother. But I don't really understand why. Maybe it's that little ditty that says, you know, "Your daughter is your daughter for all of your life. Your son is your son until he gets a new wife." And the fact of the matter was, I was just closer to my dad than my brothers and that's not to criticize my brothers. It's just the way it was. They weren't able to provide the emotional support that my dad needed.

My dad's nickname for me was Meg because Margaret was the daughter of St. Thomas More. And she's famous for apparently climbing up the trestle of London Bridge to bring her father's head down after Henry VIII executed him. I mean, a small detail, but my father and I were very, very close. I adored him. We were very philosophically in line and politically in line, and that just made it easier for me.

Marion Randall
And I think we're nearing the end, Ms. Hennig. But you had one final comment I know you told me you wanted to make regarding our efforts to remember an informed consent, you talked to me about. That you felt that we had learned nothing from our past.

Caroline Hennig
Yeah.

[00:15:00]

I think it's to Trudeau's enormous discredit that he failed to grasp the moral and ethical concepts encapsulated in the Nuremberg Code, the primary one being informed consent. And he completely failed to grasp that many people who declined the mRNA vaccines were, in fact, standing up at great personal cost for the human rights legacy that's not just simply laid out in the Nuremberg Code but was paid for with the blood of medical experiment victims of the Jewish Holocaust. I think that for the Liberal government to have betrayed—and it betrayed, that's the word I want to use—this ethical concept of informed consent by its coercion of Canadians to submit to a novel mRNA injection with all its unknown risks, I

think it betrayed not just the concept itself of informed consent but the Jewish people themselves who paid for it with their lives.

And I don't say that lightly. I think it was horrifying how casually informed consent was dismissed. And in my mind, it was a betrayal of such magnitude that I don't believe that those who are guilty of committing that betrayal have any moral authority to speak on anti-Semitism with any genuine legitimacy. I mean, the truth is the Liberal government failed at the very first opportunity to show solidarity, true solidarity with the Jewish people. January the 27th is the International Day of Holocaust Remembrance, and Trudeau had all the right words and platitudes. But actions speak louder. And I really feel that— I think the Jewish victims of the Holocaust that we pay homage to, they were failed. I think the government failed to align themselves, particularly with those victims of medical experimentation that was conducted by Nazi physicians. Because it's a huge legacy that we owe, that we're indebted to these people.

Marion Randall
So Ms. Hennig. Thank you for your testimony. Is there anything else you wish to say? Because if it's not, I'll put it over to the commissioners to ask you some questions, if they have any.

Caroline Hennig
There's one thing I will just finish on, and that is that I think Trudeau allowed, his government allowed, the sacred act of exercising one's humanity, whether it be devotedly caring for, showing compassion, or even just simply showing, you know, giving moral responsibility towards a loved one— I think to have reduced such humanity down to a government-issued privilege, to me, it just reveals a single most defining aspect of Trudeau's character and the government's undiluted moral weakness. I'll finish on that.

Marion Randall
Thank you. Thank you, Ms. Hennig. I'm told by the powers that be, there's a hard start for a witness at one, and I have to stop you. But thank you for your testimony.

Caroline Hennig
Don't you worry.

Marion Randall
Thank you very much, and that's from Costa Rica, so thank you.

Caroline Hennig
That's lovely. Thank you very much.

[00:18:20]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 4: Edward Dowd
Full Day 2 Timestamp: 05:22:43–06:18:15
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we commence day two of three days of hearings in Vancouver, British Columbia. I'm pleased to announce our next witness, Mr. Edward Dowd. Ed, can you hear us?

Edward Dowd
Yes, can you hear me?

Shawn Buckley
Yes, we can hear you fine. Edward, I'm going to ask, first, if you can state your full name for the record, spelling your first and last name.

Edward Dowd
Edward Pierce Dowd. Edward, E-D-W-A-R-D, Dowd, D-O-W-D.

Shawn Buckley
And Edward, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Edward Dowd
I swear.

Shawn Buckley
So by way of introduction, because a lot of people participating in the testimony will not know your background, so I'm going to introduce you, and if I get it wrong, feel free to correct me at the end. But my understanding is you've worked on Wall Street most of your

career. For 10 years, you managed a $14 billion growth equity portfolio at BlackRock. You are currently a founding partner of Phinance Technologies, which is a global macro alternative investment firm. Did I get most of that right?

Edward Dowd
You did.

Shawn Buckley
I appreciate you've worked at other firms. Now the interesting thing about Phinance Technologies is although you guys are an investment firm, you have what's called the Humanity Projects where you guys have undertaken to look into, basically, investigate total damage caused by the global COVID vaccine programs, both the human impacts, be they injuries, disabilities, or deaths, or the economic impacts. And you've also written a book called "*Cause Unknown": The Epidemic of Sudden Deaths in 2001 and 2002* [sic] [*"Cause Unknown": The Epidemic of Sudden Deaths in 2021 and 2022*]. Is that correct?

Edward Dowd
That is correct.

Shawn Buckley
So my understanding is that you are going to speak about some of the things involved with the Humanity Projects, and I'm going to ask you to just launch into wherever you want. But before you do that, I was curious if you could just share with us how you became interested in participating in those projects.

Edward Dowd
I was early on a skeptic of the vaccine. Personally, I didn't take it because my background on Wall Street afforded me some insights and just my discernment of being skeptical of most things. And I knew three things about the vaccine that made me skeptical.

One was Operation Warp Speed. That sounded like a disaster. I know how manufacturing processes actually work. When you go from a small tiny lab to scaling up to billions of doses, mistakes and errors will happen. That was my first concern.

Second concern was it was a novel technology that had never been tested on humans. And there had been animal trials, and they didn't end up working out so well.

I also knew that it takes, from my experience on Wall Street, seven to ten years for proper safety vetting of a vaccine before it's put into the arms of humans.

And one of the fourth things I knew was that Moderna, one of the winners in this awarding of the vaccine, had never had a public product that produced revenues. This was a speculative company that was focused on mRNA technology. I knew that the CEO, personally, it's my humble opinion, was a pathological liar.

So with those four facts, I said to myself, I would wait and see what happens with the vaccine. And then I was obviously very surprised in the early days of the launch when I saw the propaganda and the misinformation that they were spouting here on Maui, there in

early days before it was authorized under EUA, but the radio address saying it was approved by the FDA.

So there was just all sorts of warning signs for me. Then when the mandates came, I became very activated in protests on Maui. I certainly am a believer in medical autonomy, freedom, and I was not going to take the jab under any circumstances. I also, by this point in the summer of 2021, had multiple anecdotes from friend groups about injuries and people that they knew that had died mysteriously. So my statistical background would suggest that if it was truly safe and effective, I shouldn't be hearing any anecdotal stories, but I was.

So through my mandate protests, I met Dr. Malone, and I told him I would investigate the insurance company results and funeral home results to see if my thesis that the vaccine was causing damage was correct. And as time has rolled on, we've collected a body of evidence that I believe is overwhelming,

[00:05:00]

that something is going on in the populations of the globe, especially the Western nations. And if it's not the vaccine, what is it? And why aren't we talking about it? Because the numbers right now are horrific.

But that's why I got interested in this. I hooked up with Carlos Alegria and Yuri Nunes, my partners, in June of 2022. We tackled and started the Humanity Projects. We also have day jobs, which is raising capital for a hedge fund. We put that on hold because the Humanity Projects was so important. We needed to get the data out there. We also made a decision, ethically, not to be tied to any money so anybody could say we're doing this for any other reason, other than that it's a concern of ours. So the work we've done has all been pro bono and we've not received money or funds from anybody. This is done for free.

Shawn Buckley
And what have your investigations uncovered? What we're hoping you can share with us today—you've already made some comments to suggest that there's evidence that this is a disaster. And I'm just wondering if you can share with us the data you relied on and what your findings have been.

Edward Dowd
There's a lot of data on our website at phinancetechnologies.com, spelled with a Ph instead of an F. Just to give you an idea of the amount of data we looked at, we looked at excess mortality in all of Europe, the U.K., Germany, Ireland, as well. We looked at Australia and the U.S. We have not done Canada because there's data issues with Canada; they're not releasing the mortality numbers that we need to make any sense of it.

So we've done excess mortality. We've examined disabilities in the U.S. using the U.S. Bureau of Labor Statistics. We've also examined some peer-reviewed papers on the Pfizer mRNA and Moderna mRNA clinical trials, and we've been able to come up with interesting conclusions. We think we have what's called the "analyst mosaic" that points to the vaccine.

But to keep it simple, there's two things in my mind, and I'm going to focus on the U.S. because that's where we have the best data so far. There's two things in my mind that are

the smoking gun. I'm going to make a statement, and the statement is this: In the U.S. in '21 and '22 and continues in 2023, it's been detrimental to your health to be employed.

Now what do I mean by that? Well, the employed of the U.S., generally speaking, have much healthier health profiles by the mere fact that they are showing up to work and performing tasks. And traditionally, their health profile: you know, they tend to be young, working-age people between the ages of 18 and 64. And then they're in the labour pool, which in the U.S. is about 100, 110 million people. They tend to have the best health. So something happened in '21 and '22. And I'm going to talk about two data sets that point to the fact that something shifted, and that shift was, in my humble opinion, vaccines and mandates.

So I'd like to start with the first piece of evidence, which comes from the Society of Actuaries. These are not our numbers. This is a society, an industry group for the insurance companies, and they do surveys. And one of the surveys they do is for group life insurance policies. That's not the chart. It's the first chart. The other one with the heat map. It's the other, yeah, that's it. So let's just leave that up while I talk.

So the Society of Actuaries—

Shawn Buckley
Just hang on, Mr. Dowd.

David, we can't see the chart you have up. I'm sorry? Right, but that doesn't help the commissioners.

So Edward, our AV guy is saying the people on line can see your chart, but the people here, including the commissioners, cannot see your chart, which is going to make your presentation a little difficult. Okay, so we're going to get them printed off for the commissioners.

I'm just wondering if, while we wait for that to happen, you were talking that, traditionally, the working population in the United States is healthier. My understanding is what you were trying to communicate is, look, the people that are actually showing up for work every day tend to be a healthier subset of the population than people that are unemployed.

Edward Dowd
Correct. Let me provide some data for that that's in my book.

[00:10:00]

The Society of Actuaries issues what's called group life policies. The policies are basically a benefit to employees of Fortune 500 and mid-sized level companies. And when you onboard to one of these companies, you get offered a healthcare plan and you pick a PPO [Preferred Provider Organization] or an HMO [Health Management Organization], and you sign that. Then you're also offered a group life disability and death benefit, which, if you're employed at the time—you have to be employed to get this, to get paid a claim on death or disability—usually for death, you get one to two times your base salary.

And this is a great business for insurance companies. In 2016, they did a study to prove what they already knew: this subset, known as group life policy holders, dies at one-third the rate of the general U.S. population in any given year. Makes perfect sense—their age,

their ability to go to work. And so they're not retired yet. And this study was done in 2016. It's in my book; it's QR coded.

So the industry knew this is a good business. That's why they make a lot of money on it because they know how to predict the death rates. They're very stable. And this is an easy, profitable business for them. Well, it went off the rails in 2021. And the chart that I show there, you'll see, in 2021. For all of 2021—

Shawn Buckley
And if we can just hold off. We're just waiting for those to be printed.

Edward Dowd
We don't need the chart. I'm going to keep talking. We don't need it. This is simple stuff here.

For 2021, the group life policyholders—80 per cent of the revenue surveyed of the whole U.S. industry—experienced 40 per cent excess mortality between the ages of 25 and 64. Forty per cent. Just to give some perspective: 10 per cent, as stated by the CEO of One America, Scott Davison, for this working age cohort is a once in a 200-year flood and a three standard deviation event. Which in my world on Wall Street, it only happens 0.03 per cent of the time—it's way out of the range of normal. Forty per cent is incalculable. It's off the charts. This group experienced 40 per cent excess mortality.

What you need to know, also, is the general U.S. population experienced in 2021, 32 per cent excess mortality.

So something happened in 2021 to flip the traditional relationship between these healthy people and the general U.S. population; it became inverted. The health of those elite amongst us in the U.S. working at these companies were dying more than the general U.S. population.

It gets even worse when you look at— And when the chart becomes available, you'll see this. The age group 25 through 44, we call millennials, their excess mortality pre-mandates was running around 30 per cent. And then, in a very quick temporal time period, the rate of change went up to 84 per cent. August, September, October, it went up to 84 per cent. That was what we call an event—the rapid rise, the increase was so startling.

What was the event? Well, you don't have to think too long and hard to surmise. Maybe it was the vaccine. But then the job mandates forced what I would call vaccine-hesitant millennials into taking the jab or losing their job. That's why we had such a sudden slope increase in that death rate. So there was an event: the event was mandates.

Shawn Buckley
So can I just slow you down because I just want to make sure that the people watching your testimony understand. So this subset of the U.S. population that is the working age 16 to 64, I think, 18 to 64, are traditionally the healthiest subset of the population and they would traditionally, at least, according to 2016 data, die at one-third of the rate of the non-working population. But as soon as the vaccine mandate is imposed, they start dying at much higher numbers than the general population. And this is group life data. So it's big companies that would have imposed a vaccine mandate. It seems the variable you're

suggesting is this subset of the U.S. population that's traditionally the most healthy is also now the most vaccinated.

Edward Dowd
Correct.

[00:15:00]

And let me also say that you said that this group dies at one-third the rate of those not in the workforce. That's not true. It's the whole population. So it includes workers and other non-group life policies. So you have to understand, these folks have access to the best healthcare and tend to be the most highly educated in the U.S.—Fortune 500 and mid-sized companies. So that's why their health profile is so good versus the whole U.S. population.

Shawn Buckley
And just so you aware, the commissioners now have copies of your two charts.

Edward Dowd
Yeah, so I was talking about the event, and it's a heat map and these are claims [Table 5.7]. These are not dollars. A hundred is normal, what is expected. Anything above a hundred is excess. So you can see in the third quarter of 2021, again, they were running around 27 to 30 per cent excess mortality. I'm focusing on the age groups, 25 to 44: there happen to be two boxes here. One group rose to 79 per cent excess mortality, the other group 100 per cent: call it 84 per cent. We also verified this with CDC numbers in the general U.S. population. But these are the Society of Actuaries numbers. These are not our numbers; these are claims. And this is an event. And the event, I believe, were forced vaccine mandates at larger companies and mid-sized companies.

And the naysayers, the argument, the pushback that I get are the three following: there were a lot of suicides due to lockdowns; there were drug overdoses; and there were missed cancer-screening appointments. Let's go through each one of those quickly.

You can't convince me that the most elite amongst us in the U.S. with the best jobs decided to all commit suicide in a very short period of time in the third quarter of 2021.

You can't convince me that this group of people had fentanyl and heroin habits where they overdosed because, again, I want to remind people to get this claim, you need to be employed. So people who have opioid and heroin drug addictions tend not to stay employed very long.

And then, third, the missed cancer-screening appointment all clustering in the same three-month period, makes no sense. And traditionally, cancer-screening appointments really only happen if you present to the doctor with some sort of underlying condition. I've never in my life—I'm 56—had a pre-cancer-screening appointment, and that's not something you do when you're in your 20s, 30s and 40s. So that argument doesn't hold water, and for all three to simultaneously occur in such a rapid period makes no sense to me.

So I've been saying and pounding the table, this is the smoking gun, at least in the U.S. On our website, we have reams of other data that suggests that this is occurring in all major Western countries where there was a mix shift in 2020 for mostly old people who died of

COVID due to comorbidities to a mix shift to younger people dying of COVID. And this Society of Actuaries data points to that.

So that's number one, that's excess deaths. Let's look at a second data set, the U.S. Bureau of Labor Statistics [BLS]. And I don't know if you need to print that out as well to hand to the commissioners.

Shawn Buckley
We do have that.

Edward Dowd
Okay. Great. I'm going to speak to this data. So focus on the disability rate increases in the third line up. What I want to point out is prior to COVID vaccines in February of 2021, disability as measured by this U.S. Bureau of Labor Statistics—which, if you don't know what that department does, they give us the employment numbers in the U.S. every month. This is monthly data as determined by a telephone survey of about 60,000 individuals. So this is statistically imputed by the Bureau as a survey done every month. And it's self-identification of you having a disability; it's not tied to a doctor's claim or note or a social security application. This is someone self-identifying as disabled. And this number was running around 29 to 30 million for the prior four years, with up-down, up-down, up-down.

Then starting in February of '21, and with this data, we have runs to November of '22. It took off and by September of 2022, we had an additional 3.2 million disabled or an increase of 10 per cent in the U.S.

[00:20:00]

The rate of change was so fast, we calculated a four standard deviation event, meaning it's a trend change; something had happened. It was well above normal.

So again, this happened not in 2020, but in 2021, in 2022 with the introduction of the vaccines. The thing we want to note is we were able to break down the data because the data set allows you to do this. You can look at the employed disability rate change, and the employed disability rate change between February of '21 and November of '22 was 31 per cent increase in their disabilities. The general U.S. population had a disability increase of only 9 per cent.

Interestingly enough, there's something called "Not in Labor Force," which are people that are currently in transition. They're willing to work and able to work, and they're seeking **other employment. This group, we suspect, were those who were fired for not taking the vaccine during the mandates and/or quit because they refused to take the vaccine. Their disability rate only went up 4 per cent.**

And, again, this is another smoking gun—different database. Something happened to the employed in our country where not only are they dying more excessively, they're getting disabled more quickly than the general U.S. population, which generally speaking, does not happen. This again is a healthier group. The other thing that should be noted is of the 3.2 million in disabled that were added beginning in February of '21, 1.7 million were in the employed group.

So this is for me evidence that something has gone on in the U.S., and the employed of our nation have had worse health outcomes beginning in '21, '22, and continues in '23. I testified in front of Senator Ron Johnson in December. I gave exactly the same data to him that I'm talking about to you today, and I said, "This is not supposed to happen: If I'm wrong, let's pretend I'm wrong and it's not the vaccine, what is it? And why aren't we talking about it?"

And additionally, I believe we have a national security issue in the U.S. that something's going on with the employed of our country. I'm 150 per cent convinced it's the vaccine. I'm willing to be wrong, but no one's offered me a better explanation as to what's occurring to the employed of our country. I suspect, if we had the numbers in Canada, we could probably show the same thing, if there was data that we could analyze. Unfortunately, there's not.

Shawn Buckley
Right, I understand the Canadian data is quite poor, and we're hearing many witnesses tell us about that.

So just going back. So you're using, then, two different data sets and you're sharing now with us the BLS data. They're both showing such deviations that you actually wouldn't normally expect to see this in your entire lifetime what you're seeing.

Edward Dowd
Correct.

Shawn Buckley
My understanding is that it basically correlates, if you put it on a chart—which I know that your group has done—the disabilities in the working population ages 16 to 64 basically tracks, almost perfectly, the vaccine uptake.

Edward Dowd
Correct. I just wanted to keep things simple for this Inquiry. I could talk for hours about all the data that we put on our website, and it would take a long time. But you're correct: There is correlation. It's a .9 correlation, which in my world, is almost a perfect fit. You'll hear from people saying correlation is not causation. Fair enough, but we have other parts of our analyses, that we get at the correlation from different sources.

We looked at the mRNA clinical trials. They had a severe adverse event rate that was of the same order of magnitude that we're seeing in the U.S. population. We showed those numbers. What we proved in looking at the mRNA trials is the safety signals, even by their very narrow standard of what a severe adverse event was, was enough for them to halt the trials and stop, and to claim that the safety signal had been breached. They ignored it and they rolled it out anyway.

Eventually, what will come to light is that they knew this was going to do this. Or at least if they didn't know, they're the dumbest people on the planet because simple math, you can model this out, and it closely resembles what we're seeing in the US. It's a problem. We just have what we call the "analyst mosaic"

[00:25:00]

that suggests that there's so much evidence from different angles of this that the correlation versus causation argument doesn't hold water. Because you look at one thing, sure, but then you have multiple different ways of looking at this, and we think we've proved it.

The newest data we found was on injuries. Injuries were harder to calculate until we found the BLS data provides absence data in the U.S. and work-time loss data. It's only annual. And we were able to get the number of what we believe is 26.6 million people injured, meaning that they're chronically ill. They're missing a lot of work.

We got that number from the adverse event incidents from the Pfizer clinical trial. That's the number we came up with, and it's expressing itself in lost work time and absence, which went off the rails in 2022, well after the COVID pandemic, with the variance of the COVID-19 virus getting less virulent. Omicron is a cold at this point.

What we saw is there was a rise in 2020 of work-time loss. That's understandable, a lot of confusion; a lot of things going on, lockdowns. Then it went up again in '21. Then in 2022, it went off the rails: it's 13 standard deviations above normal 20-year history of lost work time. Regardless of whether I'm right on the vaccine, something has definitely occurred in the U.S. where our workforce is not showing up as much, and they're losing lots of time. We have a chronically sick workforce. Obviously, I blame the vaccines because it started happening in '21 and '22. But what my concern is that there's long-term damage and immune systems may have been compromised.

We can just look at this at a whole host of different areas. There was definitely, across the globe, a mix shift from old to young in '21 and '22 from 2020. Carlos, Yuri, and I, my two partners, we're of the opinion that it is the vaccine. We're incorporating it into our economic analysis, and we believe the matter is done. We're just waiting for the regulators and the scientists to catch up because that's what we do on Wall Street. We don't wait for authority figures to tell us what to do. We have to be ahead of the curve and the news flow. So we've proven it out, as far as we're concerned, and we're acting as if this is reality, which I believe it is, and we're making business decisions based on this reality.

Shawn Buckley
Right. And I just want to make sure that the people watching your testimony today are following. So my understanding is when you're talking about injuries, not severe, but the mild to moderate, where people are still working, you guys looked at the Pfizer clinical data. My understanding is also you looked at the CDC V-safe data, which would be people **self-reporting disabilities and that you guys basically concluded, you made some assumptions, that there was about an 18 per cent mild to moderate disability caused by the vaccine?**

Edward Dowd
Correct. Then we imputed that to the general U.S. population and that's how we come up with the number.

Shawn Buckley
Right.

Edward Dowd
And then that's being expressed in loss. So that's a theory: okay, how would it express itself? When we found the BLS work-time loss data, that was the missing piece. So you marry the two together. The BLS data is just data showing work-time lost is exploding. The Pfizer clinical trials, as reported by their own severe adverse events, mild to moderate: that's where we got the 18 per cent right out of their trial. And it makes sense. It makes total sense. And anecdotally, in the U.S., everyone is talking about people constantly getting ill and missing work, coming down with whatever it is.

Shawn Buckley
Right. Yeah, I know that's interesting. And again, just so that people understand what you're saying: we've got these two data sets showing a disability rate and then what you're saying is, "Well, people are disabled; they're going to be going off work, they're going to be calling in sick." And the Bureau of Labor Statistics data basically bears that out. I think you said the increase is a 13 standard deviation from the norm, which is just profound.

Edward Dowd
Yeah, that's what we call on Wall Street, a "black swan event." The 40 per cent excess mortality in the group life policy holders in 2021 is what we call a "black swan event."

[00:30:00]

So in two different databases, we have black swan events.

Now the question is, if it's not the vaccines, what is it? Well, what I find very interesting is no one wants to talk about it: the mainstream media, the global health authorities, and our governments. I would suggest the numbers we're seeing now in terms of excess deaths since the vaccine's been rolled out, this disability data, and now the injured data—if I was a health official, I would declare a pandemic right now. There's something going on mysterious with our population, essentially across the globe, but obviously, it's expressed from my U.S. data.

So the mere fact that there's silence on what's going on is, in my humble opinion, a cover up of what is the true cause, which I believe is the vaccine.

Shawn Buckley
I had another question. When I was reviewing the Humanity Project data, I noticed that for severe outcomes, disabilities, that you guys broke down a difference in sex. And I wrote **down the figures. So after May of 2021, for the 16 to 64 age group in the labour force, the change in disability rates for women was 36.4 per cent and for men was 15 per cent. And I'm not where I want to go yet. But I found that interesting.**

One of the things that happened earlier at this Inquiry is, first of all, as we started exploding on social media, we were told by our social media team that slightly over 70 per cent of the people following the Inquiry are women aged roughly 30 to 55. And I was trying to think, "Well, why is that? Is it mothers concerned about their kids?" And then we had a witness, and I forget the person's name, but he's connected with the group that is analyzing the Pfizer data, the same group that Naomi Wolf was part of. And he was sharing with us that the injury profile, it's the women aged 30 to 55, it's roughly over 70 per cent.

So it seems that our viewership is correlating with what we're being told is the demographics of vaccine injury. And that might be another consideration. I wonder if you guys have looked into that as another potential correlation. In the BLS data, does it break it down with people taking sick days: How many are men? How many are women?

Edward Dowd
Well, so I think we did. What I can say about the disabilities, we've known for a while that women, according to the disability data and rates—the difference between employed men and employed women—women are getting more adversely impacted than men for whatever reason. Then Dr. Naomi Wolf, her team is analyzing the clinical trial data, and that's the same thing she's seeing: seventy per cent of the adverse events were occurring for women.

Isn't it curious that what was happening in the clinical trials in Pfizer are also occurring out in the real-world population? Again, this is another piece: two different datasets, BLS and Dr. Naomi Wolf's team's work on what's going on with the adverse events in the trials.

Again, we're looking at this from so many different angles, it just begs the question: why are we not looking at the vaccines from a regulatory standpoint and a global health authority standpoint? I think I know the answer to that. This is the greatest cover-up I've ever seen in my financial career.

You're correct. Your audience mimicking the disabilities might suggest that people who are not feeling well are watching this Inquiry or people who know people aren't feeling well are watching this Inquiry. I've made a comment on Twitter and on other podcasts that I would love to see the feminists join us in coming after this question. Because if I'm a feminist, I would ask myself, "Why are women being more adversely impacted in the BLS data?" I would want to find out. We'd love the feminists to join our fight in finding out what's going on.

Obviously, I'm 150 per cent convinced it's the vaccine. But women are definitely taking the brunt of it and that's what the numbers are saying.

Shawn Buckley
Now the data you've given us is based on actuarial data and the CDC v-safe and the BLS data that's been available. Are you seeing in data, are we kind of out of the woods? Or are we able to say from the data, is the disability rate continuing to be high? Is the death rate continuing to be high?

Edward Dowd
So in the group life actuary,

[00:35:00]

I've got early looks at the numbers, so I'll tell you what I'm being told. The actual report won't come out until later this year to talk about what happened in '22 and what's going on in '23.

What I do know is that for millennials—I choose this group because these people should not die because by the very nature of their age—the excess mortality is still running around

23 per cent for millennials, and that's still way too high. That was the run rate going around into the second quarter of 2022. So we seem to be stabilizing at 23 per cent excess mortality, and that's bad. That's very bad. And the reason why I say that's bad is because a booster uptake is way down. So there may be some medium-term effects lingering.

The other thing that has me concerned, there's good news and bad news. On the U.S. disability data, the overall disability number is off from the highs, but it's still near the highs. And when we break it down by women, women went through a new high last month in terms of disabilities. So the rate of change has slowed, but the trend isn't broken, and it's not going back to normal. So that's alarming.

And this work-time loss data that we found, really, I've got to be honest, threw me for a personal loop when we put out that report about four weeks ago because the brunt of the acceleration came in 2022. So I'm concerned that even though some people are not disabled or dead, they are compromised, and these buckets that we've identified—injured, disabled, and dead—are not static. And my worry is that the injured can move into those two pockets.

And again, this is a devastating impact on the economy of the U.S. and the globe because it's a productivity decline that we're going to see. So those who are showing up to work when they aren't sick but are chronically ill are probably working at 50 to 75 per cent capacity. The workers who are healthy have to make up for their absence, have to do extra work for the absences of those who are chronically sick. And then as more and more people get disabled, then the economy has to divert resources to taking care of them.

So the trends, while off the highs from the initial mandates, are not improving. And that has me alarmed.

Shawn Buckley
Right. And as you say, the vaccine intake in the United States has dropped. So I just want to recap some of the things you said, just to make sure that those participating and watching your evidence understand. So the workplace loss data, the BLS data, is not showing a slowdown. And I think you said for females, it actually just recently peaked. It hit a new high.

Edward Dowd
Correct.

Shawn Buckley
And what you're saying is, "Well, okay, these are minor injuries. These people are still working, but they're taking sick time off work, but they might move to the more severely disabled group, and people in the more severely disabled group could end up in the death group." So they're not static categories, and the fact that the numbers are still historically off the charts suggests that we're going to be continuing to have difficulties going forward.

Edward Dowd
Correct. And again, I want to really emphasize this point. These numbers are so off the charts statistically that if there wasn't an establishment cover-up, they would be screaming

from the rooftops about these events, these statistical anomalies. They're so off the charts that we should be hearing everybody raising alarm bells, and the mere fact we're not—

I watch what people do, not what they say. And this data that I've presented today, they see the data. Everyone sees this data: this is not hard to get at. So the mere fact that this is silence, deafening silence from the CDC, the NIH, the politicians, and the media is all I need to know that this is a cover-up in process. Lately, we've seen from some of the people who were involved in the lockdowns and the policies start to backtrack and pull 180s and claim they never said they forced anybody to do anything.

So we're in the early days of this becoming, I think, a general public awareness. And inquiries like yours are a great benefit to wake up people because I'm just mortified that the agencies that were developed to protect us from profiteering from corporations seem to have been, over the decades,

[00:40:00]

bought and compromised, in my humble opinion.

Shawn Buckley
I can tell you that you're not alone. There's many witnesses that have attended in this Inquiry that would not say it that softly.

I'm going to turn you over to questions for the commissioners shortly, but you've talked about economic costs and I know that you guys have looked into figures for the U.S. economy. Basically, you've quantified how much injuries are costing in the U.S. economy and disabilities and death. Can you just briefly share that with us and then I'll open you up to the commissioners' questions?

Edward Dowd
Sure. I'll go through the human cost. We've calculated 300,000 excess deaths, we believe, due to the vaccine in '21 and '22. We think that number is probably conservative. We estimate 1.36 million disabilities due to the vaccine. We think that's conservative. And then 26.6 million injured, we believe that's conservative for about 28 to 29 million in total. So 10 per cent of the U.S. population but 30 per cent of the employed workforce if all those people are employed, which probably are not, but it's still devastating to the employed of the country.

The numbers we calculated for the economic costs were from the National Accounts, salaries and wages. So we took the average salary and imputed the following numbers: Deaths amounted to 5.2 billion in damages in '22. Obviously, we use '21 and '22. The disabled, cumulative disabled, we estimate at 52 billion. And the injured through lost wages and work time and productivity—which we can't calculate, we just calculate what the actual salaries were—is about 89 billion for a sum total close to approximately 150 billion.

That's what we can measure. What we can't measure is lost productivity, which has a multiplier effect on wealth in the economy. So that number could be anywhere from 2 to 10 times the number we just gave you.

Shawn Buckley
Right. Okay, thanks for sharing that limitation. I'll ask the commissioners if they have any questions and they do.

Commissioner Massie
Thank you very much, Mr. Dowd, for this presentation. I have a couple of questions.

My first question has to do with—your analysis is really thorough and really well done and I know you have a lot of expertise to do that. But I'm just thinking, there must be a lot of people with your knowledge and expertise in the States and the world, so why is it that we don't see much of it from other people?

Edward Dowd
Well, this took a lot of time and effort to put together. So it's myself, Carlos Alegri, who's a PhD physicist in physics and finance, and Yuri Nunes, who's a PhD in physics. We then got some volunteers to this effort, two data scientists. We have a new physicist that just joined and we have two editors. This took a long time to put together in a coherent fashion and we've done it for free.

So I think our agencies see this data, and these people are paid to look at data. They refuse to put it out.

Why are other professionals not doing it? Well, they are. We referenced a peer-reviewed paper that got our mRNA analysis. That's done by some scientists. So we've cobbled together the work of others in our own work to come up with our analysis.

So it's just that we're investors and so we're creating a thesis in a mosaic. So we've done what we call the hard work of presenting the case to everyone. And in each country, I suspect the U.K. excess data, the Euro excess data, these individual countries see this. And you're starting to see signs of capitulation.

Denmark, which had some of the worst excess mortality in Europe, they had worse excess mortality, year on year. So 2022 was above '21, '21 was above '20, and each age category had the same profile. Denmark, finally, just kind of stopped offering the vaccines to under age 50. You're seeing this starting to happen. Switzerland has now done the same thing. They've totally banned the vaccine. The U.K., I think, has stopped offering boosters for those under 50. So they see it; they're doing it. But they're not telling the reason why.

Commissioner Massie
My other question is— Now I understand that this could be a lot of effort to assemble that and what we're living through right now is kind of a unique event.

[00:45:00]

Should we think, moving forward, to establish some sort of metric that government or other institutions could look on a more real-time to really look at early signs that something that is occurring, should actually be addressed?

Edward Dowd
Well, according to a lot of the frontline doctors—again, I'm not a doctor, don't pretend to be one—we have systems in place. We have VAERS databases. These systems were created, and the safety signals, according to many of the frontline doctors, started flaring in January and February of 2021. And if you remember the swine flu in the U.S., we had 25 deaths in the U.S. and they pulled the vaccine. So whatever happened went off the rails from a regulatory standpoint. And again, I wasn't in the room, but what should have happened in the early days of this vaccine—that system was broken.

So I can't tell you why. To be honest, I've said this to many, many people before on many different interviews, my mere existence here baffles me. I should not be doing this work. This work should have been done by the regulatory bodies. And the fact that I had to come along after the damage was done—because at this point, the damage is so obvious, it's in what we call the metadata, and we're seeing these black swan events. This should have been stopped at the get-go. But is this something that could have been prevented? Well, if we had proper regulatory authorities that weren't captured by what we believe are financial interests, this would have ended before it started.

So there's something wrong with the system, in my mind, that something's happened to a lot of regulatory agencies across the globe where they've been captured by financial interests.

Commissioner Massie
My last question has to do with the population you've analyzed in the States and in other countries in Europe where you could access some of the basic data from which you could complete the analysis. When I look at the overall casualties, if you want, from the pandemic, would it be from the COVID or the other measures, it seems that the States has been doing much worse than many of other countries.

Do you see in your analysis a reflection of that in terms of having more casualties, more of death and injuries? It's a little strange, for example, that you see that in a working age population that, in theory, should be healthier than the other category of population.

First of all, do you see the difference between the States and the other countries? Do you think there is something underlying in the States in terms of the general health of the population that makes these data or these events even more important or higher than what you would see in other countries?

Edward Dowd
Well, you know, the U.S. population has been, for years, criticized for the weight problem we have here. When you travel abroad, people snicker at the size of some of the Americans. And I would say that there could have been a situation where we do have from a total population standpoint, a weight problem. And there's studies that have come out that have suggested that obesity and COVID and the COVID vaccines and the spike protein were not good for us. So it could have been the general ill health of the U.S.

I also think there's some policies, some early treatment policies that weren't allowed in the U.S. There was Remdesivir, and whatever we did as a nation resulted in more death and destruction than a lot of the other countries, although the signals of excess mortality occurring in the young in '21 and '22 are readily apparent in all the other countries.

So there's a whole host of things going on. But the vaccine, we believe, is the biggest single contributor to death, at least amongst the employed younger age populations, which should not happen. It just shouldn't happen.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio
Good afternoon. Thank you for coming today. My first question has to do with data. You've spoken about the number of various data sources you've pulled together to analyze to come to your conclusions and corroborate your results.

[00:50:00]

You've also mentioned a few times during your presentation that Canada's data is poor. I'm just wondering if you can comment on what deficiencies you see in the Canadian public data and what we might need to have on this side of the border to enable this type of analysis.

Edward Dowd
Well, you know, we haven't looked at Canada in a while. We tried. There was a Wall Street professional in Canada doing the work. The problem we found is just the severe lag time of the data. So when we want to compare it to other countries, it creates noise because, for whatever reason, your country doesn't seem to be able to get death certificates and enter them into a system to basically do what any—

I mean, bottom line is this: a job of a First World country is to keep records. And if you can't count the dead, you're not a First World country, in my humble opinion. And I'm not saying that Canada isn't. The government's acting as if it's not. And the government, I suspect, could release these numbers as quickly as everyone else, but they've chosen not to because Canada, in my humble opinion, is not a Third World nation. It's a First World nation. And so, the mere fact that this data is not updated, there's no excuse is my humble opinion. I can't fathom why there would be a problem unless they want there to be a problem.

Commissioner DiGregorio
Thank you. And my second question revolves around the insurance companies. I think you mentioned that one of your big sources of information was from the Society of Actuaries who do the research to help insurance companies predict, basically, I think, how much to sell their policies for to run their business. If there's been such a major event occur in their industry, why aren't they standing up and screaming about it?

Edward Dowd
Yes, very curious. The good news is that's starting to change. One of my early partners in this research, Josh Sterling, former sell-side equity analyst on Wall Street for Sanford Bernstein, for seven years, he was No. 1 Institutional Investor ranked. What he did is he sold research to the big investment houses that manage money. So he knows the insurance industry. He's created the Coalition to Save Lives [sic] [Insurance

Collaboration to Save Lives]. They are now looking at everything under the sun, including the vaccine.

And it's a slow process. Unfortunately, there's a lot of cognitive dissonance in the insurance industry. A lot of the CEOs mandated their workforce to get jabbed. And early days when they saw this excess mortality, their decision was to blame COVID. But as COVID has waned, it's becoming increasingly clear that this excess mortality is not getting more normal. A couple of quarters ago, they were projecting that excess mortality would trend back towards normal. It's not. So they're going to take on a lot of losses.

With the group life policies, it was an easy fix; they just raised prices. But with their whole life policies, which is a different accounting method, they're going to start taking on losses the longer this excess mortality stays elevated. So it's imperative that this industry wake up. It's happening slowly. I have whistleblowers who are beside themselves talking about how, still, people don't make the connections and/or are scared to utter those words. There's still a lot of fear in speaking against consensus.

So the good news is the worm is turning. The bad news is they should have woken up a year ago. And I'm very frustrated they haven't.

Commissioner DiGregorio
Thank you.

Shawn Buckley
Mr. Dowd, those are all the questions that the commissioners have. On behalf of the National Citizens Inquiry, I sincerely thank you for attending today. Your contribution has been quite valuable and thought-provoking.

Edward Dowd
Thank you so much and I'm very honoured to be part of this and thank you for taking up the mantle of figuring out what's going on. I have my conclusions and I think you do as well, but as time rolls on, the evidence becomes more overwhelming, in my humble opinion.

Shawn Buckley
Yeah, I hope you're following us. I think you'll find some of the witnesses and even just the ordinary people— I know that you've produced in your book ordinary stories and it's just compelling. We're having people drop out at the last minute. It's a trend because they're still afraid in Canada of economic consequences at work and they're still afraid of social shaming by family and friends. So it's just quite interesting that here we are in May of 2023 and that Canadians are still afraid to share their stories and just speak freely.

Edward Dowd
I understand. Censorship has killed, in my humble opinion. And self-censorship is something that everyone has to think of internally. But the more that we all speak out, the more brave we've become, the quicker this ends. So if you're hesitant or scared of repercussions, just remember, if this is allowed to continue, then we won't have much of a society in five to ten years.

Shawn Buckley
Well said. Thank you very much, Mr. Dowd.

Edward Dowd
Take care.

[00:55:34]

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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

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 5: Aurora Bisson-Montpetit
Full Day 2 Timestamp: 06:18:33–06:50:10
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
For the record, Marion Randall, I'm a local counsel assisting this witness. The witness here is Aurora Bisson-Montpetit, and I would ask you, Ms. Bisson-Montpetit, to state your name and spell it for the record, please.

Aurora Bisson-Montpetit
Yes, Aurora, first name A-U-R-O-R-A, last name B-I-S-S-O-N-hyphen-M-O-N-T-P-E-T-I-T

Marion Randall
And do you promise in the presentation that you give today, that you're going to tell the whole truth and nothing but the truth?

Aurora Bisson-Montpetit
Yes, I do.

Marion Randall
All right, if we can first go over a little bit about your qualifications. I'll just run through them, and you can then correct me if I'm wrong.

Aurora Bisson-Montpetit
Yeah. Just before we start, I just want to ask if I can just take a minute to settle myself? This is a lot for me to come here today.

Marion Randall
Okay, well if I do the speaking for the time being, you can settle yourself.

Aurora Bisson-Montpetit
It'll just take me a minute. So just aside from coming here as a nurse to share my experience, I'm also a somatic therapist, and I've spent years studying the nervous system and what trauma does to the nervous system, and so for me, while I'm certain about coming here to speak up, and I hope this inspires others to speak up as you were just talking about. Public speaking creates a flight impulse in me, so it just takes a couple of minutes to settle so that I can be more present and give the best recollection of my experience that I can and contribute to what we're doing here today. So thank you, yeah, if you want to continue while I just take a moment.

Marion Randall
Okay, thank you. In your first part of your career, you trained as a registered nurse and you worked as a registered nurse for a number of years. You had extra training in your work as a nurse and worked as a nurse in cardiology. You worked at St. Paul's in both medical and surgical cardiology. Am I correct in saying you're quite familiar with heart conditions?

Aurora Bisson-Montpetit
Yes.

Marion Randall
And then subsequent to that, and I think this will be the biggest part of your presentation, you worked as an 8-1-1 nurse, and you could explain in your testimony what that is, an emergency line.

Aurora Bisson-Montpetit
Yes.

Marion Randall
And then that led you to some research which ultimately led you to a board meeting with the PHSA [Provincial Health Services Authority] in BC. I'll let you give your presentation starting with when you began at 8-1-1.

Aurora Bisson-Montpetit
Sure. So for anyone who's not familiar with 8-1-1, it's a service we have here in British Columbia where anybody can call in and ask for health advice. The line I worked on was the nurse's line. This has been a long-standing service for British Columbians, and they expanded it during COVID. So I worked there from about November 2020 until June 2021, and people are able to call in to get health education information. They can also go through essentially an assessment triage process and say, "These are my symptoms or somebody with me having these symptoms. Should I make a follow-up? Should I go to the clinic today? Should I call an ambulance?" So that's a large part of what I did there.

During this date, what you might notice is I was there during what we'll call the vaccine rollout. That's not really what they are, but I'll use that for ease of wording. So I was there during the rollout. And it's hard to describe how unsettling it was: the amount and nature of calls we started getting of adverse reactions. It would be just one call after another after another. And I started noticing a lot of patterns: a lot of cardiac issues; a lot of neurological

issues; autoimmune underlying conditions that were flaring up. And one of the things that really struck me was that there were a lot of people who described themselves as otherwise healthy, or previously healthy.

Marion Randall
Would you get that information because of the kinds of questions that you ask at 8-1-1? What sort of questions do you ask of people that call in?

Aurora Bisson-Montpetit
Yeah, so initially when people call in, I do a very quick assessment to see if there's anything life-threatening going on. If there is, then we quickly transfer it to 9-1-1. Once I'm beyond that initial assessment, we go a bit further into their health history, ask if they have any other underlying conditions: What are their symptoms? When did they start? Things like that.

Marion Randall
Did you keep a written record of those things, or is there some sort of record kept when you get these calls?

Aurora Bisson-Montpetit
There is. It's typed in the computer. Yeah, so it's an electronic record.

[00:05:00]

Marion Randall
Did you notice a pattern of some kind when you were— Did you review your previous calls? Can you explain?

Aurora Bisson-Montpetit
Not that I had a written record myself. But in my mind, I was noticing certain patterns coming up. I mean, that's a big part of nursing that I did, was all these little sorts of precursors to bigger issues that come up, where you're noticing these little things and it's like, huh, okay, I'm seeing this again and again and again.

Marion Randall
And can you give a specific example of the sort of things you heard? I think you may have some information about a teenager, you said?

Aurora Bisson-Montpetit
Yeah, I could give a couple of examples. One of them was a young gentleman in his late teens, and he was having symptoms of a heart attack. He was otherwise previously healthy. And you know, as we've all heard, there are a lot of cardiac issues with the injections. So my recommendation was for him to call 9-1-1 and get checked out at the hospital. Unfortunately, I don't get to hear the follow-up of what happens with people, but I just give my advice over the phone.

Marion Randall
So would you specifically ask these individuals that called with symptoms that concerned you whether they had been vaccinated? Did you ask for the information about the batch number, for example?

Aurora Bisson-Montpetit
I did ask if they had been vaccinated. In something like an emergency like that, I wouldn't ask for the batch number. But for any of the people who did have other symptoms that weren't needing to be addressed urgently, after a short period of time— What I'll say is that before we got into asking about the batch number, I started noticing these patterns and I was very concerned. I approached my manager to bring up my concerns and I was like, "What's going on here? The volume and the nature of the adverse reaction calls we're getting is not what's being reported to the public."

Because I was watching the BCCDC dashboards and it was a vast difference. And this was just 8-1-1; this isn't the people who were having reactions, say, in the vaccine clinics, with their family doctors, at the hospitals, right? We were just one sector. So I was really concerned, and I brought it up.

Unfortunately, my concerns were dismissed. So I carried on with the calls, noticing these patterns. I asked other nurses that I was working with, "Is anybody else noticing this? I'm recommending a lot more people go to emerge. or call 9-1-1, a lot of neurological issues." And there were other nurses who acknowledged the same. After that happened, it wasn't too long after, they had us start tracking. And we would go into a different database.

So this all exists: 8-1-1 is within HealthLink BC, which is under Provincial Health Services Authority. They have this database of information we were collecting, where every time someone called in, we were collecting—there's no patient identifying information, so it's not a privacy breach—the manufacturer of the injection, the lot number, the date they received the injection, when the symptoms started, what the symptoms were, and what level of care they needed. So there is a huge database of information that I'm hoping someone will be able to access because it's at HealthLink BC.

Marion Randall
And can you explain the relationship between you as a nurse or other medical professionals and what the PHSA is for us, please?

Aurora Bisson-Montpetit
Sure. PHSA or Provincial Health Services Authority is one of the main health authorities within British Columbia. They run a number of province-wide services. HealthLink BC is one of them, and 8-1-1 is part of HealthLink BC. BC Women and Children's Hospital is another part of that. BC Children's Hospital is where I was working at the time, I was fired due to the injection mandates. They run the cancer agencies, things like that. It's province-wide services.

Marion Randall
I was going to ask you how long were you with the 8-1-1 line? You said you started in November of 2020?

Aurora Bisson-Montpetit
I was there from November 2020 to about June 2021.

Marion Randall
And why did you leave?

Aurora Bisson-Montpetit
I left for personal reasons, just scheduling with my children.

Marion Randall
Okay, and when you got dismissed by your manager with your concerns, what did you do? Did you do research at that time?

Aurora Bisson-Montpetit
I did. I started looking into— BCCDC has an immunization guide, so I started looking into that, specifically Part 5 is the adverse event following immunization. It's maybe a 40-page document, something like that.

[00:10:00]

They have outlined previously, from all other vaccines, some of the common side effects, the reporting criteria. And then there's a specific form for health care practitioners to fill out whenever they suspect that there might be an adverse reaction.

So I think it's really important to note that it doesn't have to be diagnosed and that it was definitively caused by the vaccine. The whole point of having this system in place and these forms is to say this person got vaccinated: there's nothing else to very definitively say this was related to something else, so let's start collecting this and saying, maybe, this was the vaccine. It goes into the database, and that's how we're able to get the early warning signals, noticing these patterns.

Marion Randall
Did you fill out any adverse reports? Or did you have any discussion with your manager about doing so?

Aurora Bisson-Montpetit
It's very disturbing, so it's hard for me to talk about. I asked about it. I asked one of my shift leaders. I asked my nurse educator why we weren't filling these out, and I asked if I was able to because I know the importance of them. And I was explicitly told that no, I was not allowed to fill these out.

Marion Randall
Now then you were at Children's Hospital, and you mentioned that because you didn't reveal your vaccination status, you were fired. But you continued your research, as I understand it, and we will have marked for the Commission as an exhibit this report you're

going to talk about [Exhibit VA-11a]. It's not going to be something we're going to refer to; she's going to give us an outline of it, but you can have a copy of it.

Can you tell us about the research you did and how that ultimately led you to the PHSA regular board meetings and to submitting questions to the PHSA?

Aurora Bisson-Montpetit
Sure. So as I was seeing what was happening in my experience working at 8-1-1, obviously it was very disturbing and unsettling. I started looking into who is making these decisions. Obviously, we saw Bonnie Henry's face everywhere, but I was like, who's allowing this? Who's taking part in this? And what I was able to trace back, by looking at this, is that the Provincial Health Services Authority is also Bonnie Henry's employer. It is the province that decides who the PHO [Provincial Health Officer] is, but her employment contract is with Provincial Health Services Authority, and there is a copy of her employment contract in what will be submitted as part of my evidence.

As an employee, she is subject to all their policies as far as employee conduct goes. So that was one part. I saw that they are her employer, as well as that the BCCDC operates under the Provincial Health Services Authority. So all of the guidance they are giving, all of the information they are giving out, all the signs that are posted everywhere, all of that is the BCCDC, so again, it goes back to Provincial Health Services Authority.

So after I was fired, I started doing a lot of research. Obviously, I had a lot more time on my hands. I spent months at the library doing hours of research, collecting resources, scientific papers, many from the expert witnesses you guys have already heard and will hear from. And I began to put together what I labelled an investigation summary of how the Provincial Health Services Authority has handled COVID management in this province. It took me many months to write. I think it's about a 15-page document; there is a little over 50 resources that back up everything that I'm saying in this document [Exhibit VA-11b].

Marion Randall
You managed to find out who the members of the PHSA Board were. Did you provide them with copies of this investigation summary?

Aurora Bisson-Montpetit
I did. Going back to a little before the investigation summary, November 2021, I submitted my first question. They regularly have open board meetings, I think about four or five times a year, and this is back well before COVID. They're supposed to be open, but they said, you know, due to COVID, nobody's allowed to come in, email in your questions. So in November 2021, I submitted my first questions. They have a live web recording, so it is broadcast, anybody can view it, and they publish it on their website. From this one, they answered some of my questions, but not really and not fully for sure. I continued pursuing that. I did have a bunch of back-and-forth conversations through email with the board office.

[00:15:00]

And then one of their directors of patient and quality care, I had about a half an hour conversation with her, provided her with a bunch of information and resources. I was meant to have a meeting with, I don't know if I'm allowed to say people's names, but the President and CEO, and he cancelled that and sent a non-answer answer to my questions.

Marion Randall
So I think that ultimately your frustration with the non-answers that you've been getting led you to go to a board meeting in November of 2022?

Aurora Bisson-Montpetit
Yes.

Marion Randall
And this is something where you've created a video that we also can provide to the Commission [Exhibit VA-11]. We're not going to play it here because it's quite lengthy. Can you explain what happened?

Aurora Bisson-Montpetit
Sure. Going to November 2022, I emailed every member of the executive and the Board of Directors of PHSA with the investigation summary, and about a week later was their next board meeting. I chose to go in person. Allegedly they are still open board meetings, but nobody's been able to go during COVID. I entered the meeting room where some of the Board and executives were, some were there via Zoom. I sat down and—

Marion Randall
At the table, did you not, at the table with the board members?

Aurora Bisson-Montpetit
Yes. I sat down at the table with the board members. The video that you guys will see is just under 10 minutes. What you don't see before this is me off-screen and I believe it was maybe an administrative assistant attempting to get me to leave.

Marion Randall
And when you were in that meeting, Ms. Bisson-Montpetit, I believe that you asked the question of all the board members sitting all at a table whether they had received your document. They indicated by their silence—because you said, "Is there anyone who has not received the document?"—that they had.

You said, did you not—and I don't want to cross-examine you—but you did say, "I take it then that all of you received my investigation summary?"

Aurora Bisson-Montpetit
Yes.

Marion Randall
And then, did you touch on any points from your investigation summary—this is kind of a yes or no because we are getting close to our time—about the concerns you had about the vaccines?

Aurora Bisson-Montpetit
Yes, I did touch on a number of points that were in my investigation summary. Some of the statistics that we've just heard about, like the all-cause mortality and the decreased live birth rate, things like that. One of the things I started with was just asking a very simple logical question: "You guys asked sick nurses who were COVID-positive to continue working in the healthcare system while you banned healthy non-vaccinated nurses. Where's the logic in that?"

Marion Randall
At the time I think you were unemployed because of having had to leave your job. And I believe you made a comment, if you perhaps want to repeat it for the commissioners, as to what you were doing in order to survive at that time. You were a registered nurse.

Aurora Bisson-Montpetit
Yeah, not something I would ever think I would have to say as a registered nurse, but I've had to go on welfare, go to the food bank.

Marion Randall
And then at the end of the day, was there any response to your questions "Have any of you looked at this? Do you have concerns about it, about the vaccine?" What was the response of anyone or everyone on the Board?

Aurora Bisson-Montpetit
The only person who responded to my question was the President and CEO, as he was sitting next to me. And I asked him, "Has this information been looked into, to 100 per cent certainty that you can say I'm making stuff up?" And he said "Yes, we are absolutely confident in what the Province is doing."

Marion Randall
And one other thing, we still have time for you to repeat what you did say, I believe, to the Board regarding either you were crazy or they were crazy.

Aurora Bisson-Montpetit
Well, I said, "You know, if I'm just making all this up, then I'm just one crazy person, right?" But if they're continuing to ignore all these safety signals that I've sent them, they're continuing to contribute to the harm and the murder of people in this province. And I truly believe that's what's happening because they have the power to make the changes that will stop what's happening. And they're not.

Marion Randall
Is there anything further you want to say before the commissioners are invited to ask you questions? Or would you just like to take some questions?

[00:20:00]

Aurora Bisson-Montpetit
I just want to say thank you for conducting this Inquiry and allowing me the opportunity to come and share my experience. It means a lot to have people standing up and speaking the truth.

Marion Randall
So if there are any questions from the Commissioners? Please.

Commissioner Massie
Thank you very much. I'm very sorry for all of the hurt you've been through. I hope your life is going a little better now.

So you were there sitting with these people and you were really confronting them on the situation. Lots of silence. What was your read on their non-verbal communication? Were they completely mystified by what you were trying to say, or were they somewhat aware that maybe there was something wrong going on?

Aurora Bisson-Montpetit
The sense I got from the people in the room was complete disconnect. There was no recognition, no horror on their faces. Some of the statistics I shared would horrify most people. So to see just like a non-expression, like someone dusting a muffin off their shirt, it was just—

I wasn't surprised given how much I had tried to raise my concerns over the previous year. I wasn't shocked that I didn't really get a response, but it's very disheartening when you have this group of people who is in charge of so much, not being like, "Well what are you talking about?" There wasn't a single question from anybody: "What are you talking about? What do you mean? Can you tell me more about that? I don't understand." There was none of that.

Commissioner Massie
So there was no attempt to really explain to you that you're being misled in your analysis?

Aurora Bisson-Montpetit
No. None. Nothing.

Commissioner Massie
I'm a little curious about what happened before you sat down to this table. It seems that you were tolerated, not welcome? So how did you end it up at this table? It's very curious.

Aurora Bisson-Montpetit
I knew when their board meetings were; they published the dates of their board meetings. I felt very called to go there. As I said, it's not comfortable for me to do public speaking, but I felt in my heart and in my soul that it was something that I had to do. So I did what I could to overcome my challenges. And if I wasn't able to get in, then I wasn't. But I was like, I have

to at least try. And I was able to sit down, and everyone was looking at me. They're like, "Who is this? What is she doing here?" I could see the puzzled look on their faces. And yeah, it was interesting to notice them try to get me to leave a few times.

Commissioner Massie
My last question would be, what gives you that strength to do that? Do you have support from friends or family to help you going through that?

Aurora Bisson-Montpetit
Yes, I do. I have immense support, which I'm so grateful for. One of my dear friends, who brought me here today, has helped me to stay calm and grounded, and I have a lot of support in my life that's helping me through this.

Commissioner Massie
Thank you very much.

Aurora Bisson-Montpetit
Thank you.

Commissioner DiGregorio
Thank you so much for coming down today and sharing your testimony. We've heard from nurses in other provinces who lost their jobs due to the injection mandates in those provinces. But we've also heard that those mandates have been rescinded or dropped, and I'm just wondering if there is still a mandate for injections for nurses in the Province of British Columbia?

Aurora Bisson-Montpetit
Yes, there is.

Commissioner DiGregorio
And is it just for two, or is it also requiring a booster?

Aurora Bisson-Montpetit
To be honest, I haven't even looked back into seeing if it's required for a booster. I don't believe it is. But, yeah, it's still for the two. I submitted another question and attempted to go to their last open board meeting in February, and they had security guards waiting for me. And a note that said for security purposes only these people are allowed in, on the receptionist desk. So again, the censoring and the silence when people are trying to speak up and get answers.

Commissioner DiGregorio
Thank you.

Aurora Bisson-Montpetit
Thank you.

Commissioner Drysdale
Good afternoon. With regard to the PHSA Board, and I'm not asking for names, but do you know anything about the specific qualifications

[00:25:00]

of those people that sit on the Board? Were they practising doctors? Were they bureaucrats? Any idea?

Aurora Bisson-Montpetit
Some of them were practising; some of them were retired. They weren't all doctors. Some of them are lawyers, accountants, things like that, so dealing with various aspects of a large corporation obviously. But yeah, some of them are retired and some of them were active. The President and CEO was a registered nurse.

Commissioner Drysdale
We've heard testimony from some of the other locations we've been at, from nurses like yourself, who raised questions and perhaps, at least in my opinion, raised questions in a more mild way than you did. And they were disciplined by their nursing associations. Have you had any retribution from the nursing association?

Aurora Bisson-Montpetit
I actually chose to not renew my nursing licence last March, so as of right now I'm not even a registered nurse anymore. It doesn't align with me to be in this healthcare system, even if they took back the injection mandate. I suppose technically they could, but I haven't received any communication from the nursing college.

Commissioner Drysdale
How long, including your study time, did it take you to become a nurse?

Aurora Bisson-Montpetit
Years, several years. I initially went to nursing school in New York for about four years and then upgraded here. I'm from here and I moved back and did more nursing. And I've done a lot of other studies. As I mentioned, I'm now a somatic therapist, so I spent about three years learning about the nervous system.

So when we see what's happened to the collective and how everyone's nervous system has essentially been hijacked— From my perspective, I can see what has happened a lot in terms of how people are responding from their go-to fight, flight, or freeze, rather than responding to what's actually happening. And I feel that it's been intentional to put people into such a state of fear that they would react this way.

Commissioner Drysdale
Certainly, with dedication to becoming a nurse and practising for a long time, that must have been an extremely difficult decision for you to quit nursing. Can you tell us a little bit about how you came to that?

Aurora Bisson-Montpetit
Yeah, that was a really, really difficult decision. I remember even as a child, I wanted to be a nurse. I've always loved helping people and supporting people and taking care of them. It's something that comes really naturally to me, and I find it fulfilling. I really enjoyed the challenge of how much I got to learn as a nurse and always learning something new and getting to connect with people. So it was a huge blow when I was fired. I was in disbelief for quite a while that it was actually happening, especially knowing that our healthcare system is already short-staffed. I was like, how are they even going to function with less nurses and other health care practitioners? So yeah, I went through quite a process mentally over the last couple of years and had to sort of surrender to what is true for me. And what that is, working in the system as it is, as a nurse, no longer aligns with me.

Commissioner Drysdale
I may have missed that point in your testimony, but I recall that you quit your job at 8-1-1 for personal reasons, but I didn't pick up on where you started working, and where and why you were terminated from the next nursing job.

Aurora Bisson-Montpetit
Right. I quit working at 8-1-1 in June of 2021 and then July 2021, I started at BC Children's Hospital in adolescent inpatient mental health. We heard from the earlier testimony the impact that we've seen on our kids. Maybe one thing I will share— And that is where I was fired from for not giving my personal private medical information, which my manager violated and accessed my personal health records without my consent. But before I was fired, there was a site-wide town hall at Children's and some of the leadership were talking about how even up to that date, so it was maybe October, the rate of self-harm visits to the emergency room was already triple that of the previous years.

[00:30:00]

Commissioner Drysdale
So you were terminated from that job for not revealing your vaccine status under their mandate policy?

Aurora Bisson-Montpetit
Yes.

Commissioner Drysdale
And did you also say earlier that they were letting go or suspending nurses who were not vaccinated, and then at the same time asking nurses who were ill with COVID to keep working?

Aurora Bisson-Montpetit
Yes. I was fired in November. After that—I don't know if it was December or January—they had less nurses in the workplace and they were asking nurses with active COVID infections to continue in the workplace. I confirmed this with old colleagues, and they were like, "Yes, so-and-so has COVID and they're at work."

Commissioner Drysdale
Are you familiar with the infection prevention protocols as a nurse?

Aurora Bisson-Montpetit
Yes.

Commissioner Drysdale
With regard to the disposal of bio-contaminated PPE, were they following appropriate disposal and handling methodologies where you were?

Aurora Bisson-Montpetit
I don't think I would like to comment on that very much.

Commissioner Drysdale
That is a comment.

Aurora Bisson-Montpetit
Yes.

Commissioner Drysdale
Thank you very much.

Aurora Bisson-Montpetit
Thank you.

Marion Randall
Are those all the questions? No further questions. Thank you so much for your presentation to this inquiry.

Aurora Bisson-Montpetit
Thank you.

[00:31:35]

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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.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 6: Dr. Charles Hoffe
Full Day 2 Timestamp: 06:59:17–08:01:05
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Stephen Price
Good afternoon. My name, again, is Stephen Price. I'm a local lawyer who is a volunteer to assist. We have as a witness this afternoon, Dr. Charles Hoffe. Dr. Hoffe is a medical doctor practising in the Province of British Columbia who has had serious impact on himself due to COVID.

Dr. Hoffe, you're appearing today, do you promise to tell the truth and explain what your story is to us?

Dr. Charles Hoffe
I swear to tell the truth, the whole truth, and nothing but the truth, so help me God.

Stephen Price
There's a bible somewhere. Don't worry about it. Dr Hoffe, could you please give us a quick outline of your education and qualifications, please.

Dr. Charles Hoffe
Yes. I'm a family practitioner and trained emergency room physician. I did my medical training in South Africa. I have worked in South Africa, in the United Kingdom and in Canada as a family doctor and as a rural emergency room physician. I've been in Canada since 1990 and in British Columbia since 1993.

Stephen Price
I gather when COVID started, you were working in Lytton?

Dr. Charles Hoffe
Yes.

Stephen Price
What were your duties or occupation there?

Dr. Charles Hoffe
I was the town's only resident doctor. I have been the town's only resident doctor since 2004. So I'm a hardcore rural GP and emergency room doctor, and so I did more emergency room shifts than anyone else. I did have other doctors that would come and assist me to give me a break, but I was very dedicated to the protection and the healthcare of our community.

Stephen Price
I understand you're no longer working as an emergency room doctor.

Dr. Charles Hoffe
That is correct.

Stephen Price
What happened?

Dr. Charles Hoffe
Let me go back to the beginning and weave that into the story because I think my testimony of what happened to me and my patients in this pandemic reveals a great deal of what has gone so seriously wrong.

Stephen Price
It is your testimony, sir. Please proceed.

Dr. Charles Hoffe
People need to know that there has never been any successful vaccine made against coronaviruses. And so when the first dangerous coronavirus appeared in 2002—which came out of Wuhan in China, which was called the SARS virus—following that, scientists tried to make a gene-based vaccine against it because all previous conventional vaccines against coronaviruses had failed to either be safe or effective. So they tested this on laboratory animals: ferrets and mink and other animals that are very susceptible to coronaviruses. And so they developed a gene-based vaccine, which they tested on these laboratory animals. And when they took blood from these laboratory animals that had been vaccinated, they found they had antibodies to the coronavirus. And they realized that they had discovered a brilliant, new, cheap and effective way of making vaccines.

However, several months later, when they challenged these laboratory animals with the infectious organism that they had been vaccinated against, they found that these laboratory animals became extremely sick and many of them died. So this new type of vaccine turned

out to be a complete failure. In fact, what they had created was not a vaccine but an anti-vaccine because instead of protecting those animals against this new virus, it actually made them more vulnerable than if they had not been vaccinated. And the reason why I'm telling you that is that I'm going to show you what has happened to Canada, and exactly the same thing has happened here.

So when I heard that they were again using gene-based vaccines against SARS-CoV-2—the second SARS virus—I was not filled with hope or confidence because I knew that the previous efforts had been a disastrous failure. And when I heard that with the new vaccines, they weren't even doing animal trials, I was even more concerned. When I realized that they were rolling this out with no long-term safety data— The shots had only been tested on a select group of relatively healthy adults: no children, no pregnant people, no frail elderly, no First Nations people, a lot of demographic groups that had literally not been tested on at all. And it was warp speed technology, which is a disaster for any vaccine and, particularly, for a brand-new technology

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that had no history of safety or effectiveness. So two and a half months into the vaxx rollout, when 12 countries in Europe had already shut down the AstraZeneca vaccine because of life-threatening blood clots—and Canada was continuing to barrel on with it because Trudeau said, even though it wasn't safe for the people of Europe, it was fine for Canadians—I thought that this was a significant safety signal that we could not afford to ignore.

And so I sent an email to a group of medical colleagues—doctors, nurses, and pharmacists—in the Lytton-Lillooet area of southern British Columbia saying, "We have reached a turning point in this vaccine rollout. There is a serious safety signal in Europe, and for any health care practitioner to administer these shots without informing the people of the risk of harm, there is a serious liability issue for those people because there is no informed consent." I sent this as a private email to 18 colleagues. One of those people sent this to the regional health authorities. And three days later, I was in a meeting with my superiors there who told me that I was guilty of causing vaccine hesitancy and that that private email was being sent to the College of Physicians and Surgeons as a complaint because I was putting people at risk by creating vaccine hesitancy: I was told that I was not allowed to say anything negative about these vaccines in the course of my work as an emergency room doctor. And I was told that if I had any questions about them, the questions were not to be directed to my colleagues but to the medical health officer in charge of the vaccine rollout for our area. So I accepted my reprimand.

I then began to see very serious neurological problems arising in my own patients. I had been these people's family doctor for 29 years. I knew them very well. And when I saw new disease processes initiated in these people that I had no explanation with—that all started anywhere up to 72 hours after their shot in every case—I sent a letter to this medical health officer that I had been told to direct my questions. And I asked them, "What disease process was being initiated by this gene-based therapy and how, as these people's doctor, should I be treating it?" And I asked, "whether it was ethical to continue this vaccine rollout in the light of the evidence of harm?" And the silence was deafening. That letter was sent as a complaint to the College of Physicians and Surgeons.

So I then drafted a letter to Dr Bonnie Henry, where I essentially set out the number of people that been vaccinated and the number of people from that group that had neurological problems, and I gave an exact breakdown of the risk of neurological harm. And

it might interest you to notice that the CAERS data, which is the Canadian Adverse Event Reporting System, records neurological injuries as the top category of injury, and that is exactly what I was seeing. I was also seeing lung and heart problems and skin problems and other issues. But neurological problems was number one.

So I sent a letter to Dr Bonnie Henry where I asked many of the same questions. And because I was warned that she doesn't reply to letters, I was told that I had better make it an open letter because it was just going to go straight into the shredder if it just went to her. So it went as an open letter and attracted international attention because at that point, the Moderna vaccine had not been incriminated for causing neurological harm and all of my initial problems that I was seeing were all from Moderna.

So the matter was referred to a vaccine safety specialist, and I was offered a telephone meeting with this top vaccine safety specialist appointed by Dr. Bonnie Henry. And I asked this vaccine safety specialist all the same questions, "What disease process has been initiated in my patients to cause all these problems?" And she assured me that these were not from the vaccine: that these were all coincidences or if they weren't coincidences, were from poor injection technique. In other words, the needle was incorrectly positioned in the deltoid muscle. And I said, "But these symptoms are all over the rest of their body. It cannot be from a misplaced needle. That is logically and scientifically and medically absurd."

[00:10:00]

But she assured me that these were not from the shot; these shots did not cause neurological problems. So I said, "Well, there is a crisis because my patients didn't have these problems before. Please, would you assist me to investigate what is causing this?" And she said, no, she could not. The only thing she could do was to send me the link for the vaccine injury reporting form—that they should be reported. And I said "Well, I've already got the vaccine injury reporting form. I want this investigated." So she said that she could not assist me with that. So I said, "Okay, if I submit vaccine injury reporting forms, will those trigger an investigation?" She said, "No, they will simply become statistics." So I realized that at the highest level, there was a denial of these safety signals—that they did not want to know about safety signals. Because this made absolutely no medical sense. Every doctor's highest priority should be the safety of their own patients. So I realized that I was essentially going to be on my own trying to figure this out.

About five weeks after I'd received my gag order that I was not allowed to say anything negative about these shots in the course of my work, a vaccine-injured patient came into the emergency room. It was a Saturday evening. I was on call for the emergency room. The nurse phoned me at home and explained that this patient had come in and what their symptoms were. And I said to her, "I know that patient very well. She had COVID; she and her whole family had COVID five weeks ago, and it was a very minor illness for all of them." And now she is far more sick from the vaccine than she'd been from COVID. "Please, will you tell her she doesn't need her second shot. She has natural immunity, and the evidence for that is that when she got COVID, it was very mild. That means she has natural immunity. Please tell her she doesn't need her second shot." And I explained to that nurse the evidence from Duke University in Singapore that was done in the first year of this pandemic. That was very important research, and I'm going to go through it quickly now because everyone needs to know.

When this new virus appeared, no one knew how long natural immunity would last. And the health authorities tell us it's a couple of months. Well, these researchers realized that when you've got a brand-new virus, you can't know how long natural immunity is going to

last because it's a new virus. So the best shot at finding out would be to look for natural immunity to the first SARS virus that came out in 2002 because that was 17 years before and would tell us how long natural immunity to a SARS virus would last. And so in Singapore, where there was a lot of that first SARS virus in the Far East, they recruited people who had recovered from that first SARS virus and asked them if they could take blood from them to see if they were still immune. And they found that they were still immune 17 years later. It was not antibody immunity; it was T cell immunity. So looking for antibodies is the tip of an iceberg; this is T cell immunity.

And then they tested members of the general population there to see— So if these people that had this first SARS virus were still immune to it 17 years later, what about the rest of the population that never had it? And they found that 50 per cent of them—this was near the beginning of this pandemic—had natural immunity to it from the other coronaviruses that circulate every flu season: it was cross-immunity. And then they tested those people who had natural immunity to the first SARS virus to see if they were immune to COVID and they found that the natural immunity covered COVID. And so the relevance of that—the two viruses, the first SARS virus and the second SARS virus, were 20 per cent different genetically. And so the importance of this is that if your natural immunity is good enough to defend you against a variant that is 20 per cent different, it will protect you against every variant of SARS-CoV-2 because even Omicron—which has 30 mutations making it different—is only 3 per cent different.

I explained this all to this nurse and I said, "On the basis of this, please will you tell this patient that she doesn't need her second shot?" And the nurse told me that she was not allowed to tell anyone that they didn't need a shot. So I said, "Okay, I'll tell the patient."

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On the basis of that, I was fired from the emergency room. On the basis of that conversation—to say that somebody who was vaccine-injured and had proven natural immunity didn't need a COVID injection—I was fired. After 31 years as an emergency room physician with not one single patient complaint against me in those 31 years, I was fired for saying that somebody who had natural immunity didn't need to be vaccinated against a disease to which they were already immune. Fortunately, I still have my medical licence, even though I lost a significant part, at least 50 per cent of my income, and I couldn't work as an emergency room doctor anymore. I still had my private practice. So I continued on. But I realized that I needed to try and find out how to help my patients.

So when I discovered from the biodistribution studies that Pfizer had hidden—that we knew that these vaccines go around your entire body, they do not just stay in your arm. Pfizer's biodistribution studies on the lipid nanoparticles show that they literally take those messenger RNA strands into every part of your body: they go into your brain and your lungs and your heart and your liver and your reproductive organs and your bone marrow, and everywhere. Which is, by the way, why these COVID shots have caused a greater array of side effects than any other medical treatment in history because this toxic spike protein ends up in literally every part of your body without exception. It has broken all records for the most unbelievable variety of disease processes that it causes.

So when I discovered that this vaccine doesn't just stay in your arm—it goes everywhere, into your brain and everywhere—I realized that because most of the absorption from your vascular system occurs in capillary networks, that's where most of the spikes are going to be. Those spikes are going to be manufactured in your body in the cells that surround your blood vessels and mostly the capillaries because that's where the blood slows right down

and that's where absorption happens in our bodies. Knowing that those spike proteins are now going to make the surface of your cells rough and spiky—because that's what the spike protein is. It is the cells that make up the viral capsule of a COVID virus: that's what gives the coronavirus its characteristic shape—these little spikes that stick out all around. And so I realized that the lining of your blood vessels in your capillaries is now going to be rough and spiky. And so I thought, well, as sure as smoking causes cancer, these spikes in the vascular endothelium are going to trigger clots. But most of the clots are going to be in the tiniest vessels where you may not even know they're there.

So I realized that the only way to discover whether or not this clotting was occurring was to do a blood test called a D-dimer test, which is frequently done in the emergency room on any patients that a doctor thinks may have a blood clot somewhere in their body. So as my patients would come in for their appointment, for whatever it was, I would ask them if they'd had their COVID shot and how was it going? Because I was trying to figure out how many people were being harmed by this. And so I was asking everyone that came in, "Have you had your shot? And if so, how did it go?" And I was trying to find people who would be willing to have this D-dimer test before their COVID shot and then one week later: so that I had a baseline; so that I had a control on every patient. And when I had literally got the first eight people's blood work back, and five out of the eight had a positive D-dimer, I could not keep silent.

And I had an interview coming up with Laura-Lynn Tyler Thompson, and she asked me what I want to talk about. And I said, "I want to tell you what's happening to my patients." And I told her that at that point—it was only eight people's results I'd got back—that 62 per cent had evidence of clotting from these vaccines. And these were not vaccine-injured people: These were people who thought their shot did no harm. These were people who thought this shot was keeping them safe, and five out of eight had positive D-dimers. That interview took off like wildfire around the world.

[00:20:00]

It's now been subtitled into many languages that I do not recognize. But it created—it sort of blew the lid off this rare clotting thing.

So, tragically, shortly over a week later, our town and my medical practice and the lab where all these tests were done was burned to the ground in the Lytton fire. So that was the end of my research: I was in my office seeing patients and I literally just folded my laptop, I grabbed my D-dimer research, grabbed a few other things, and we ran out of the building and everything burned to the ground. Including the emergency room where I'd worked for all these decades.

So of course, the College of Physicians and Surgeons claims that my statement that this causes microclotting is misinformation. And I should just tell you that in total, I only ended up with 15 people, of which eight out of the 15 had positive D-dimers, which makes 53 per cent. In other words, more than half of people that I tested with a D-dimer one week after their shot— And there's no point in doing it months later, the D-dimer has gone back to normal. I did it, maximum of eight days was the cutoff, and more than half had the clotting.

And my concern with the clotting is that this is permanent damage. A clotted vessel never goes back to normal. It is permanently damaged, and the damage will accumulate with every shot. And the worst part was that these people had no idea that they had been damaged. So of course, the College claims that this is misinformation.

So I don't know if these slides are working. Can you see a slide on your screens?

David (Audio/Visual)
Which slide are you wanting presented?

Dr. Charles Hoffe
The third slide. It says, "Expression of spike protein detected in capillaries." Can you see that?

Stephen Price
Yes.

Dr. Charles Hoffe
Okay. As people have been dying after their vaccines, many pathologists have said they don't know why they died. And that was simply because they had no way of identifying these spike proteins. Spike proteins are not supposed to be in our bodies; they are not a human protein. So pathologists had no way of identifying them when they took tissue samples from people. They had no way of knowing if the spikes were even there.

[Expression of the spike protein detected in capillaries]
So a brilliant pathologist from Germany called Professor Arne Burkhardt figured out how to stain for a spike protein. And in this slide, if you can see it: the dark brown that you can see are spike proteins. So the slide on the left: you can see that is a small vessel where the lining is completely impregnated with spike proteins. And the slide on the right: you can see those parts of that vessel where the lining is smooth, where there are no spike proteins; that's what it's supposed to look like. And you can see wherever there are spikes—it is rough. And so it is absolutely inevitable that these clots will form.

Do you remember that we were told that the way out of this pandemic was to get everyone vaccinated? That was what was going to keep us safe. But what I want to show you next was that literally what has happened to Canada is exactly what happened to those laboratory animals that were tested with the vaccine against the very first SARS virus, where it literally— That so-called vaccine ended up working as an anti-vaccine and made them more vulnerable to the disease than if they had not been vaccinated. So what we now have is a pandemic of the vaccinated.

Is that slide working? What have you got on your slide? Is it good?

[The COVID "vaccine" is an Anti-Vaccine]
We literally have the pandemic of the vaccinated. So I'm going to show you the evidence that this so-called vaccine is actually an anti-vaccine and that it has increased people's risk: It increases your chance of getting COVID; it increases your chance of spreading COVID; and it damages your immune system to such a degree that you have a higher risk of hospitalization and death. And of course, the narrative that the public health keep telling us—that even though they now admit it doesn't stop you getting COVID, it doesn't stop you spreading COVID—they say,

[00:25:00]

"It'll keep you out of hospital, at least you won't die." And I'm going to show you the evidence for why that is absolutely false.

[Cleveland clinic study]
So this is a very important study that came out a few months ago from Cleveland, Ohio. This was a study done on health care workers: 51,000 health care workers that had had various numbers of COVID injections. And if you can see, there are five lines there. The bottom of the graph is the passage of time and they followed these people for three months to see who was getting COVID, and of course, the people that are getting COVID are the people who are spreading COVID. So the black line at the bottom is the people that were unvaccinated, zero doses of the vaccine: they were getting less COVID than anyone else. The next line up, the red line, is those that had had one dose of the vaccine. The green line, two doses. The blue line, three doses. And the top line, the brown one, were the people that had had the bivalent booster, the one that's supposed to keep you the safest: they were getting COVID more than anyone else. There was an absolute direct linear correlation that the more shots you got, the more likely you would get COVID, and the more likely you would spread COVID.

[NSW Australia Hospital ICU Admissions and ICU Admissions]
So what about severe injury and death? This is from New South Wales, Australia, looking at hospitals. This is two bar graphs. The one on the left is a bar graph with four bars showing, again, the number of vaccine doses. The graph on the left: those columns are people in hospital. The graph on the right is people in ICU. So just for the sake of time and simplicity, let's look at the one of ICU: the graph on the right. You can see the people that had zero doses—in other words, the unvaccinated—they were absolutely none of them in ICU. Zero. And literally, of the people that had one shot, very few in ICU. And literally, the more shots they had, the more likely they would end up in ICU. It was an exact linear relationship. The more accumulated damage to your immune system from these boosters, the more harm that you would have from this disease. This was functioning as an anti-vaccine, making you even more vulnerable.

[Canada's Pandemic Curve to March 2023]
So what about Canada? So this is a graph from the Government of Canada that actually goes up to mid-March of this year. By mid-March, there had been 97 million doses of COVID vaccines administered to the population of Canada. We had 86 per cent of the population double-vaxed, and 56 per cent vaxxed and boosted. These are not COVID cases, these are hospitalizations: The yellow part of that graph are people in hospital with COVID; the pink or the plum-coloured part at the bottom is ICU. I've marked on there where the vaccine rollout began in mid-December 2020. And I've marked on there exactly one year later when—because of all of the fear propaganda—they had persuaded over 80 per cent of the population to have at least two shots. You can see what happened to the number of people **in hospital with COVID once we had most people double-vaxxed. And you can see it's never gone back down to what it was before.**

Previously, before there were any vaccines at all, in between the waves we'd have almost nobody in hospital with COVID. It never goes back to that. This means that COVID is here to stay. We will never achieve herd immunity because of the damage done to people's immune systems from these shots, and this graph is the proof of it. You can see that literally, it's now endemic. This is not a pandemic; this is endemic because we will never— So many people have had their immune systems so damaged. And we know it's not just COVID. People that have had these shots are constantly sick with almost everything because it goes to every part of their body.

[COVID Deaths in South Africa]
So let's compare Canada, which is a largely vaccinated country, to South Africa, which was where I did my medical training and where I was born. In South Africa, 70 per cent of the population refused these vaccines: 70 per cent unvaccinated. I've marked on that, 31st of March 2022,

[00:30:00]

the pandemic essentially ended in Africa over a year ago—they had achieved herd immunity. Now, this is not COVID cases; this is COVID deaths. You can see that COVID deaths basically flatlined a year ago and has never gone back up. It continues.

[COVID deaths in Africa]
The next one is the whole of Africa. If you take the whole of Africa, that is almost the same as South Africa: This is a largely unvaccinated people. They're done with COVID; they're back to normal because they didn't take the shots.

This has been a public health disaster, like never before. And so I hope that this has been helpful just in terms of showing, tragically, what has happened to this country due to the rollout of what has turned out to be an anti-vaccine.

I'm open to questions if anybody has any.

Stephen Price
I did have one question. What happened in terms of the complaints to the College? If you don't mind me asking.

Dr. Charles Hoffe
No, not at all. I think I seem to hold the record for the most complaints that have all come from the doctors in the Interior Health and various others. Not a single patient complaint. The patient complaints are all from public health doctors who feel that I have put people at risk by creating vaccine hesitancy. I have a disciplinary hearing that is scheduled, that will be a ten-day trial. It was supposed to have occurred in February, but it was adjourned and a new date hasn't been set. It will probably be in November or December of this year. The fact that they have planned a ten-day trial I think is wonderful because I'm hopefully going to be able to show them a lot of very good scientific evidence and maybe help them to understand this. The evidence is overwhelming.

They have said, for example: that it is misinformation to say that these shots cause neurological injuries; that it is misinformation to say that these shots have killed a lot of people; that it is misinformation to say that they affect fertility. And the evidence from all around the world is enormous. And part of the tragedy with fertility is that, as I mentioned, the delivery system to get this spike protein into every part of your body was designed to, literally, take it to your reproductive organs as well. And we know that these spikes cause clotting and bleeding and gene editing. And they're highly toxic and highly inflammatory.

And so the evidence that so many women have menstrual irregularities after these shots; that the live birth rate in every highly vaccinated country has significantly declined since the vaccine rollout; that midwives and doctors have seen unprecedented numbers of miscarriages and stillbirths is huge evidence that this has affected fertility. But they've said that that is misinformation that this affects fertility. And Pfizer's own biodistribution study

showed that the ovaries were one of the top four organs where the spike proteins ended up. So the fact that they have wanted to give this to our children for whom COVID poses almost no risk. You know that there has not been one single healthy child under the age of 16 in Canada that has died of COVID. Not one. And yet they have been determined to vaccinate our children with this thing where so much of it ends up in the ovaries. To me, that is very sinister because it makes no logical or scientific sense. These children are not at risk from COVID. This is very sinister.

Stephen Price
Thank you, doctor. Do the Commission members have any questions?

Commissioner Massie
Well, thank you very much, Dr Hoffe, for this very enlightening presentation. Can you comment a little bit about the types or nature of neurological damage or injuries you've seen in your patients? And how does that compare to what is seen in other places in the world? Is it a similar pattern, or do you find differences?

Dr. Charles Hoffe
Yeah, I think the commonest neurological problems

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that people hear about are, firstly, the strokes. And strokes are also a vascular injury where you block a vessel or rupture a vessel and get bleeding in your brain. But of the neurological injuries—I only have two patients that had strokes after their shot. The commonest neurological symptom in my patients is actually pain—chronic pain. So for some people it's headaches; for some people it's pain in other parts of their body, in strange parts. I have one person who says the bottom of her feet has been incredibly painful since her COVID shot. But as I said, this was designed to literally go everywhere. I have three people in my practice where both hands are extremely weak: they cannot open a jar anymore. One of them had to change the door handles in her house from a round doorknob because even using both hands, she couldn't open her doors anymore, her hands were both so weak. And so for it to cause symmetrical weakness both sides, that means that this has affected your spinal cord. If it was your brain, it wouldn't be symmetrical. So these are spinal cord injuries in three of my patients. In some, it's light sensitivity. I had a 38-year-old lady who developed five cranial nerve neuropathies. The cranial nerves are nerves that control your face and your head that come directly out of your brain, not out of your spinal cord.

As I mentioned, when I had asked this vaccine safety specialist if she would assist me to find a neurologist that would investigate these people, and she told me she could not. And I said, "But I have phoned three tertiary hospitals to try and find a neurologist that I can send"—and at that point I had six neurologically injured people—I said, "These six people need to be investigated urgently." And she said she couldn't help me. And I said, "But I have phoned Royal Inland Hospital in Kamloops; I phoned St. Paul's; I phoned Vancouver General, where I speak to the neurologists. They all say, 'Sorry, we can't help you.'" And the key thing was, as soon as they heard this was from the vaccine, they go dead quiet on the phone and they said, "I'm sorry, this is not my field." And so I said to her, "What am I supposed to do?" And she said, "Don't tell them it's from the vaccine." Can you believe it? This is the top vaccine safety specialist in BC. And they had no interest in investigating what

disease process was caused. No interest at all. Their only interest was to get me to shut up. And I won't.

Commissioner Massie
And my other question has to do with the— You mentioned initially in your research that when similar types of vaccine were tested with SARS-CoV-1, and maybe there's been some also with MERS [Middle East Respiratory Syndrome], that there's been issues with injuries when the animal were challenged with the virus. In your practice, have you noticed that the injuries were following in patients that had previous COVID infection and then were vaxxed? Or is it unrelated?

Dr. Charles Hoffe
No, they are related. For example, that patient that I told the nurse to tell her she didn't need her second shot—she got way more sick from the shot than she did from COVID. And the reason why the two work together, it's the same poison in both: the poison is the spike protein; that is the toxin. I mean, the lipid nanocapsules are very toxic on their own. And the fact that they want to use those lipid nanocapsules as a delivery system for all these other mRNA-based vaccines that they've got coming—that is a very toxic delivery system because those lipid nanocapsules on their own cause a lot of pathology.

But what happens when a person has had COVID, they get exposed to some of those spike proteins. Then they get the vaccine and they get a whole ton more, which means they're getting more of the same poison. And that's why people who have had COVID who get vaccinated have worse vaccine injuries. They're getting more of the same poison. So the fact that they forced people who knew they had natural immunity—and the way you know you've got natural immunity is you get COVID and it's mild, your body had natural immunity.

There was very good research done by Dr. Steven Pelech, and others were involved in it, here in BC and here in Canada that showed one year into this pandemic, that 90 per cent of the population had natural immunity,

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to some degree, of COVID-19. Before there was any vaccine rollout at all, we knew that 90 per cent had natural immunity. In other words, for 90 per cent of the population, this was not a risk and yet they forced these people to be vaccinated. And now their immune systems are seriously damaged. And you've seen what that graph looked like of Canada's desperate situation now, where we have a pandemic of the vaccinated because all of these people who had natural immunity have had their natural immunity ruined.

Commissioner Massie
Was there an indication of these types of pathologies in the animals that were actually tested previously? Was there a hint that you could anticipate—that with the new vaccine when we would rollout the vaccine in human population?

Dr. Charles Hoffe
No. What they saw in those early laboratory animals was simply what's called antigenic enhancement or pathogenic priming where basically your body gets primed against this

thing, so when you then get exposed to it, it overreacts. And they went into a massive inflammatory state called a cytokine storm that basically either killed them or made them very sick. And so, that's slightly different from the spike proteins in the brain.

For example, the patients that I have that had ringing in the ears, dizziness— So these would be symptoms of spike proteins in your brain if you got this shot: headache, unusual tiredness, nausea, dizziness, light hypersensitivity, sound hypersensitivity, all of those would be evidence of spike proteins in your brain. And of course, now that some pathologists know how to stain for spike protein, we know it goes into the brain. It goes everywhere because they've got autopsy samples literally from almost every part of the body showing that these spikes go there. So this is very ominous that they chose a delivery system that took these spikes into literally every part of your body. You don't need that for a vaccine. For a vaccine, it should stay in your arm and that's where the antibodies should be produced. It doesn't need to get into your brain or into your heart or your lungs.

Commissioner Massie
I'm curious about your D-dimer that you've been doing to get a sense of what would be the frequency of these type of damages, even when people don't show any symptoms following the vaccination. I haven't seemed to be able to pursue these kind of D-dimer studies, but are you aware of other labs, either in Canada or across the world, that have tested or followed up on this D-dimer analysis?

Dr. Charles Hoffe
Yes, after I exposed what I had found with my patients, many other doctors around the world started doing the same thing, and particularly in emergency rooms. Where people would go into emergency rooms with vaccine injuries, they would then do D-dimers and find massively high D-dimer levels on vaccine-injured people. I was doing it on non-vaccine injured people; I was doing this on people who thought their shot did no harm. Because I was trying to find out— I was looking for hidden damage because that's what the capillary clots would be. They're hidden damage which will accumulate. It's permanent damage, but it will accumulate. Because we knew, very early on, we knew Trudeau had ordered enough shots, six for every Canadian—now apparently, it's nine—but they clearly were planning to give us a lot. And so I was trying to find out whether the damage was cumulative and of course, blood clotting damage is cumulative.

Commissioner Massie
So this could trigger different types of pathologies, depending on what capillaries would be affected and what organs?

Dr. Charles Hoffe
Yes.

Commissioner Massie
So it means that when you try to monitor the side effects, you will find different descriptions because it really depends on where it lands, right?

Dr. Charles Hoffe
Correct, yeah. So for example, I had one of my patients—he was a patient who had rheumatoid arthritis—who would walk three kilometres to my office every Wednesday for an injection that he would get for his arthritis, and that was part of his routine. Once a week, he'd walk three kilometres there and three kilometres home, and as soon as he had his first COVID shot, he literally could go a few hundred metres and he was done. He literally said he couldn't even do a quarter of a mile, and so I strongly suspect he got all the microclots in his lungs. And lung and brain and heart doesn't regenerate. Once you get clotted scar tissue in those organs,

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it is permanent damage, and it will accumulate with every shot.

I should mention to you just the other thing that I think is a really important thing. This vaccine safety specialist that told me the only thing she was willing to advise me was that I needed to submit vaccine injury reports. So the first six that I sent in— Literally the public health were putting out notices to our community saying that my allegations that anyone had vaccine injuries were false and that there was no evidence of harm. And one month after my letter to Dr Bonnie Henry, the College of Physicians put out a notification to all doctors, warning doctors that anyone that contradicted the public health narrative would be investigated and, if necessary, disciplined. This was their response to me revealing the evidence of harm—was to tell doctors that they were not allowed to reveal evidence of harm. You were not allowed to contradict the safe and effective narrative, otherwise you would be investigated and disciplined.

And so when people wonder why those people have believed what the media have told us, it's because doctors have been warned that they're not allowed to question the narrative. They're not allowed. They're too afraid. They have to feed their family. They don't want to lose their medical licence. They don't want to end up like me: under investigation. And so, this has helped push the narrative that "well, doctors seem to be all on board because they don't say anything." Well, they've been warned not to say anything.

So I ultimately submitted 14 vaccine injury reporting forms, and out of those, every single one was denied by public health. Every single one. They would send a report back to me saying these are not vaccine injuries, these are all coincidences, and this person needs their next shot. And they would phone up the patient and tell them that this is not from your shot, you need to get your next shot. So I discovered that it was impossible to report the vaccine injuries because they literally get censored by public health so that they can carry on telling everyone that the side effects are incredibly rare.

Commissioner Massie
Maybe one last question. You said that the investigation has been—well, the trial has been postponed. We can only speculate of the reason for that, but in your assessment, given that it's going to be months down the line, do you think that this will allow you to build a stronger case and the outcome will be more favourable?

Dr. Charles Hoffe
I don't think so because unfortunately they're not following the science. It is clearly apparent. The fact that they completely ignore all the safety signals means that they're not

interested in evidence. And you have to say, "Well, why does Health Canada completely ignore the safety signals?" You only have to look at, for example, the VAERS or the open VAERS in the United States. Because as I mentioned, the Canadian vaccine injury reporting system is a joke: you can't even report, I mean, it's a joke. But if you look at the American, the VAERS and the open VAERS, the vast number—I think it's now over 33,000 people dead. And by the way, 50 per cent of those would have died within 48 hours of their shot, 33,000 dead. I think it's about 65,000 people permanently disabled. If any other medical treatment had ever done that, there would have been an absolute— The media would have been all over it; public health would have been all over. It would have been shut down. Yet there's literally crickets. They look the other way.

And if you want to know why they look the other way? Well the FDA gets 50 per cent of its funding from the pharmaceutical industry. Health Canada, over 80 per cent of the funding for Health Canada comes from the pharmaceutical industry. So guess whose tune they're dancing to? This is a massive conflict of interest. No wonder they will conceal the evidence of harm. The pharmaceutical industry has done that for years. Pfizer holds the record for the biggest fine for scientific fraud and covering up evidence of harm in history: $2.3 billion. The pharmaceutical industry, as a whole, has paid, I think I'm correct in saying, $30 billion since the year 2000 for scientific fraud in court settlements and fines for scientific fraud.

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They are the most dishonest industry on earth. And yet Health Canada gets most of their funding from them. So if you want to know why does Health Canada ignore all the safety signals? Well, just follow the money. Guess who's paying them?

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good afternoon. Thank you for your testimony. I'm just wondering if you can provide some insight into why the people of South Africa, 70 per cent of them, decided not to get the vax?

Dr. Charles Hoffe
People in Africa have known that their governments have been dishonest for many generations. In Africa, people don't trust the governments, I don't think in any African countries. They know that the government— The people go into politics for power and wealth, not because they want to be public servants and protecting the people. And so when the government tells them something, they, I think, have a bit more critical thinking and don't just accept it at face value. I think perhaps that's the reason.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Good afternoon. There's a couple of terms that we've been using—and we hear it in a lot of the testimony—and there's VAERS, which is a reporting system in the United States. As I

understand it, the government reporting system in Canada is called CAEFISS [Canadian Adverse Events Following Immunization Surveillance System]. And then you talked about a system called CAERS [Canadian Adverse Event Reporting System]. Now CAERS is not the same as the government reporting system, is it?

Dr. Charles Hoffe
No. It's one where patients can report their vaccine injuries. Because there are a lot of doctors that are very reluctant to report vaccine injuries because they don't want to be seen as an anti-vaxxer. My understanding is—and I would need to validate this—that CAERS is where patients can literally report their injuries.

Commissioner Drysdale
So CAERS is then a non-governmental system of reporting, and CAEFISS—the system that you tried to report to, where your reports were unvalidated, if you will, or said that they weren't true—that was the government reporting system that Health Canada told us was a strong reporting system to monitor the vaccine. Is that correct?

Dr. Charles Hoffe
Yeah. They kept quoting that that was the evidence that this was so safe. Because they'd given out so many doses with so few reported injuries.

Commissioner Drysdale
I have another curiosity about that. It's my understanding—or I grew up understanding—that when I came to your office and told you something about my medical condition that it was sacred: it was between the doctor and the patient. Is that correct?

Dr. Charles Hoffe
Yes, that is correct.

Commissioner Drysdale
Then how did the people from the CAEFISS system, or the government reporting system, review your patients' files and then talk to the patient outside of your relationship and tell them that they need to go get their vaccine? Isn't that a violation of that sanctity between patient and doctor?

Dr. Charles Hoffe
Well, on the forms, one had to put the patient's contact details. So in other words, a telephone number, and the idea was so that public health could look into it and deal with it appropriately. But their way of dealing with it was literally to just deny that it was from the vaccine.

Commissioner Drysdale
So are you telling us that public health has access to, and reviews, personal medical information of patients?

Dr. Charles Hoffe
Yeah, they wouldn't have access to that person's family doctor's medical records. But I would imagine that if you went into an emergency room or if you had some in-hospital treatment that they would probably have access to that. That goes into a database of what happens in government hospitals that I would expect that they would have access to.

Commissioner Drysdale
I wonder if patients are aware of that—that they don't have that

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sacred secrecy between the doctor and the emergency room and themselves, where they may or may not in the doctor's office.

Dr. Charles Hoffe
Yeah, so normally, public health wouldn't be able to access their family doctor's medical records. I still had paper files and I had paper charts in my office. I was mistrustful of electronic medical records. I couldn't understand why the government was paying doctors to change to electronic medical records. I didn't know how that was going to improve patient care or be in the patient's best interests. And so when all of my patients' records went up in smoke, a lot of my patients came to me and said they were very glad that their medical records went up in smoke because there were things in their past that they would like to leave in the past.

Commissioner Drysdale
In the charts that you showed that were showing the infection rates, and you showed the graph, and I think it started late in 2020 and it proceeded through to 2023. Now in my understanding from previous testimony that COVID-19 reportedly showed up in the world in the late part of 2019, was in Canada, the first reported cases, I think, January 2020. And then the government declared a pandemic in March of 2020.

Now it would seem to me—and I'm asking this question of you—that there was no vaccines in 2020, at least until December 15th or 18th, and the population most at risk had not been exposed to COVID-19 until 2020. I would have expected that there would have been a very quick rising peak in 2020 with no protection, no therapeutics, nothing else. But it seems from your graphs that there was no peak in 2020, and then the peak came out in in 2021 following the vaccines. Can you comment on that a little bit?

Dr. Charles Hoffe
Yeah, well, early on in this pandemic, we knew that the average age in Canada of people who were dying with COVID was 83. And that in the very first part of this pandemic, I think in BC, at least, about 80 per cent of all the people that were dying were in long-term care facilities or the old age homes. So the fact that they were shutting down schools when most of the people who were dying were already beyond normal life expectancy showed the absurdity of the mandates.

But I guess what I was just trying to show in that graph about— That we're much worse off since the vaccines were rolled out, that things were much better before there were any

vaccines at all. And in fact, if you can see the graph again, the tallest peak in that graph was the first Omicron wave. Now Omicron was only one-third as dangerous as the original Wuhan strain. One-third. And yet, in Canada, we had more people in hospital with Omicron than ever before, once most people were vaccinated, even though it was much less dangerous. If you compare it to the graph in South Africa, for example, you'll see that their last wave, that shortest one, was Omicron because they had herd immunity. Omicron wasn't an issue and that was at the end of it. Canada had lost its immunity; South Africa retained it.

Commissioner Drysdale
You know, I tend to ask this question all the time, or perhaps too much, but it's something that really bothers me or that I'm curious about. And that is, and I understand this, you said that doctors were warned not to say anything. And by and large they didn't—those last words are mine. We've heard this about our police; we've heard this about our ministers; we've heard this about our judiciary. We've heard this about almost every aspect of society which was supposed to protect us from something like this. Although I can't ask this—I would ask the crowd, how many sitting here have been threatened or warned not to say anything, but they still have? And so, my question to you is, how is it that a people, some of the groups that we've talked about, who we give such an elevated position in our society—

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lawyers, doctors, judges—we hold them in reverence, we always have. And yet it only took a warning for them to be silent. Can you comment a little bit about that?

Dr. Charles Hoffe
I think this entire pandemic has been a moral integrity test: for doctors, for our politicians, for the police, for lawmakers, for judges, right across the board. It has been a moral integrity test. There are some people who will do what they're told, no matter what. And there are some people who will do what is right, no matter what. And that is the difference. That is the moral integrity test: Will you do what is right, no matter what risk it is to you? Or will you put yourself first and do whatever it takes to protect you, even if it puts other people at harm? And we've seen it. This has been a great revealer of moral integrity. And unfortunately, we've seen it in the law courts, we've seen it with the politicians, we've seen it in the media: of those people who will do what is right, no matter what, compared to those who will just do what they're told, no matter what. I think it comes down to that.

Commissioner Drysdale
I wonder if that's why we didn't see a lot of doctors, and lawyers, and police officers in Ottawa, but we saw truckers there.

Dr. Charles Hoffe
Yes, yes, yes.

Commissioner Drysdale
Thank you, sir.

Dr. Charles Hoffe
You're very welcome.

Stephen Price
No further questions. Thank you very much, doctor, for your attendance and evidence.

Dr. Charles Hoffe
You are most welcome.

Shawn Buckley
David, can you mic me? Thank you. So before we take a break, I just wanted to clarify.

When Dr. Hoffe is referring to CAERS, that is C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System, and he's absolutely correct. You don't need to be a doctor. You can go there and apply yourself. So it's a non-governmental initiative to be documenting adverse reactions, and it's very easy to access, and it's very easy to fill in the form. So I just wanted everyone to understand that when Dr. Hoffe was referring to CAERS, it's spelled C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System.

[01:03:13]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 7: Jeff Sandes
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Marion Randall
Marion Randall, again, for the record, a local lawyer assisting your next witness, who is Jeff Sandes. Can I have you, Mr. Sandes, to please state your name and spell both your first and your last name, please?

Jeff Sandes
Jeff Sandes, J-E-F-F S-A-N-D-E-S.

Marion Randall
And do you promise to tell the truth, the whole truth, and nothing but the truth, when you give your presentation here?

Jeff Sandes
Yes.

Marion Randall
So I'll just go through quickly who you are, a little bit, and you can add to it if I've made a mistake. You originally studied journalism about 35 years ago when you were still young. Then you subsequently worked in journalism as a reporter for United Press for three years and then freelanced in a community newspaper for about five years in Surrey. Then you did leave journalism for a bit for other work that you undertook. And presently, you do work in trucking, but you're also a freelance journalist for *The Epoch Times*, is that correct? Have I summarized that correctly?

Jeff Sandes
Yes, you have.

Marion Randall
Okay, so I think what you were going to address us here today with was, sort of, the changes in journalism. So if I could begin with, perhaps you could tell a little bit about when you were trained as a journalist 35 years ago and how that differs from colleagues in journalism that you've met now, what they're training was like.

Jeff Sandes
Okay, there's a lot to discuss, I suppose, that has changed. But back then, the industry seemed to attract people that, I guess, wanted to get into writing. They felt there was a noble call to it. There's people who are just kind of looking for a career that might, I don't know— They were still looking for something to do full time. And the program I was a part of, I thought, trained us all incredibly well. It was at Langara College, the province, BC. The graduates were all over British Columbia, community newspapers, dailies, all kinds of media.

Marion Randall
Would the word objective come anywhere into your training?

Jeff Sandes
Yeah, we were trained to take any issue, any story we were dispatched, and to consider as many different viewpoints that might come into this particular situation. So if you're covering city council or you're covering a press conference for somebody closing down a business in the city, even athletes, there's more than one position, typically, on whatever the story is that you're dispatched to.

And back then, we usually had a little more freedom to determine what actually might be the story that we would end up writing about. You'd go out into the field; you would gather your interviews, do your research, and you have mostly all day to kind of follow your story. And nowadays, we're mostly behind a computer, writing on something on the other side of the country, trying to find somebody to get as far as quotes go, maybe a little bit of data. But for the most part, we don't have the same effort into building a story like we once used to.

Marion Randall
Okay, so if I could, about 2010, I think, you began to notice a change in the way media was produced—and you're sort of getting into that area now—and it was in terms of the covering of the issues: one-sided or more-sided, and a reason why it wasn't multifaceted anymore.

Jeff Sandes
Oh, okay, sorry. Yeah, I'd say a dozen years or so ago, that's when I started to recognize the way stories were covered, they were produced, the way we were starting to take them in. We were losing some of the quality that I felt I was trained to do as a journalist. Of course, I wasn't in the industry anymore at that time, but I always scrutinized it.

What became a lot more evident was— It's almost as if there was going to be sides being chosen. There was less balance as far as bringing in other viewpoints. And that's sort of the approach that journalists seem to be moving toward. Once, I think, Donald Trump became a

politician, it became clear that every media outlet virtually decided to pick a side on whatever issue, and they just went off the rails.

Now, I will say though, even if I point my finger at a media outlet or a reporter and say that they're not doing their job professionally, they would still point their finger back at me,

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or at the outlets I work for, and say the same thing. So everybody, I think, still believes they're doing a professional job, but I would argue that we've kind of lost some of that structure.

Marion Randall
So is part of what you would say, is that people who are in journalism now are more motivated by ideology than they are about reporting on the incidents that are important to Canadians?

Jeff Sandes
I would argue that. In talking to some of the people I went to school with, and a couple of other long-time people in journalism before this testimony, the younger people that are coming into the industry seem to be coming in more with kind of political and social ambition as opposed to professional obligation. And we don't have a network to develop them, to mentor them. The system, one of these journalists told me, has been corrupted now. So you find maybe the market that you want to report in and you're kind of given a little more free reign to do that on one side of an issue.

Marion Randall
So can you also comment—you were observing the media and from your inside knowledge of the profession—about the influence of advertisers in terms of journalism?

Jeff Sandes
Right. One of the people I did study with, she was just telling me, before she left, her publisher told her to pull a story because it framed their biggest advertiser in a negative light. And that was the threat that was given to the newspaper. Another fellow I know, more locally, he was given the same directive to change a story based on their newspaper's biggest advertiser.

It is a reality when you have a low budget and if you're a community newspaper, in particular, you depend on whatever resources you can get as far as advertising goes. And so if your biggest customer is going to say, "We're pulling our ads," then it's partly going to influence, perhaps, the way it's covered. Of course, we have corporations and government initiatives to try and also, I guess, help journalism, but when you're getting money from the government, you seem to be also influenced.

One fellow I talked to in the Kootenays, Sean Arthur Joyce, who's been freelancing for years, decades, had his first stories not published because he feels the newspaper was getting money from the National Journalism Initiative [Local Journalism Initiative]. Forget what it was exactly called, but basically, it allowed underserved journalism communities to hire somebody for a year and allow them to sort of develop and work in the community and

learn the ropes. But now, if he had something critical or seemingly critical about the government, those stories weren't getting published.

Marion Randall
Now you mentioned advertising resources. Have there been other— From your inside knowledge of the profession and what you've noticed with your colleagues now and your previous colleagues, in terms of staff, for example, copy editors, if you can talk about that. And fact-checking.

Jeff Sandes
Yeah, so a lot of newsrooms are going to be operating on sort of a thinner staff. You have the reporter, which most of us end up seeing on TV or reading from their byline. But behind the scenes, you'll have others that are involved in laying out the product on the website or the newspaper, producing it for TV or radio. In a lot of cases, you're going to cut corners, or they have had to save money by having fewer copy editors and some of those production staff. Therefore, if you have a story that would have been considered maybe investigative journalism where you have a lot of research, a lot of data, a lot of interviews, it's a lot more cumbersome to vet and fact-check those stories. It takes a lot of time as opposed to, maybe, taking three other stories and getting those out on the internet or ready for primetime viewing. And so with that being one of the restrictions, it does have an impact on how fast a story could go or whether it's even approved because of how in-depth it may need to be.

And I'll say one other thing, too, that comes into play with this. While I'm being critical of journalism overall today compared to in the past,

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a challenge that a lot of reporters will have in today's real time is based on the media outlet you represent. There are people in government, in police, in business that won't talk to you. And even if you're trying to give balance, which is what your editor or your copy editor may be looking for, if you don't get a reply or response and you're ghosted, then the rest of your story may look like it's biased or imbalanced. And that's part of the reason why we'll have these accusations that we have. Yeah, like I say, biased outlets, biased reporters.

Marion Randall
Now, I wonder if you can just comment a bit on censorship, and especially in respect to the COVID era, you wanted to tell the Commission about that. About what happened in COVID and government regulation, censorship.

Jeff Sandes
That's a little more difficult one for me to comment on with accuracy. I mean, when Dr. Hoffe was here, he talked about a lot of deaths and injuries that have not been reported, and it reminded me— I think there was a child that likely died from eating tainted baby food and they immediately covered it in our media in North America. Largely, they shut the plants down; they ended up recalling all the product. And we have somebody, or a population, that may be damaged: We need to cover it. We need to let everybody know, and so, we did that with the baby food. Then we have another population that is being damaged and being injured, and yet we're not covering that.

The censorship—we know now, since Elon Musk bought Twitter—at least extended into social media. There is the Trusted News Initiative, started in 2019, of a lot of different media outlets and social media companies that look to try and, I'll say, censor information on fair elections and eventually on COVID and vaccines. And so when you have a conglomerate of different media outlets that are working to make sure a particular talking point is produced, then you're limiting the professionalism we're supposed to do. And you know, with the Ukraine war, search engines—I think all of them or most of them—decided to suppress information that might have something to do from a Russian perspective. And so, this is another example of how we're getting limits on what we can intake as news consumers.

Marion Randall
Now do you have any information about whether journalists are dictated, in any way, as to words they can use, like say, let's take "protest" versus "riot."

Jeff Sandes
Yeah. So we have— In Canada, it's called the CP Style; in America, it's called the AP Stylebook. And essentially, there's some conformity that all media outlets in the country are supposed to adhere to for certain things. And the example I would usually give would be when there was a military coup in Burma, they renamed the country Myanmar. Well, what do we call it? Is it Burma? Is it Myanmar? And the stylebooks would determine that for us.

So the way that those usually go, they move more in one direction than another. So an example back when I was studying journalism or first in it, if it was the abortion debate, and you are on one side or the other, you would be pro-choice or pro-life. Today, if we are to write on that, you would be pro-abortion rights or anti-abortion rights. And so the language is manipulated so that it's as if you have somebody that's in favour and somebody that's against. And then of course you throw the "rights" in there. We're skewing the way that it could be a balanced approach, in my opinion.

So during the unrest that happened following the George Floyd death, one of the things that changed was rather than, at least in America, being able to call the unrest a "riot," it was supposed to be called a "protest." There was a change at around the same time, I believe, where you couldn't refer to somebody as "a mistress," but rather as "a companion." Anyways, those are some of the examples of how we have guidelines on how we're supposed to follow, as a country,

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in all media outlets, and they come up with their own standards for that.

Marion Randall
Can you tell us a little bit about— I think that communities are increasingly served by news agencies or people that work for the news that don't even live in their community. It's more and more centralized, is that the case?

Jeff Sandes
Well, in rural BC at least, and it's probably throughout the country, you used to have a staff. You would have your editor and you would have your reporters. You would have your advertising workers. You would have people that would work on all of the public comments, so obituaries and weddings and other announcements. But now what's occurring is, in order to save money, you have a skeleton reporting staff and you'll have an editor that will be serving two or three different newspapers in communities that he may not even live in. And that's a reality in order to try and budget to still have a viable newspaper in a community that depends on it.

Marion Randall
And then, we saw with the Trucker Convoy, that there was only limited media coverage and did you have a comment about that?

Jeff Sandes
So this goes back into kind of picking sides that I was saying. As news consumers, I would argue, we've been part of that problem because if we believed mask mandates and vaccines save lives, there's these media outlets that will tell us that. And if we believed it was about control and oppression, these ones will tell us that. And whatever one we wanted to migrate to, we would go to. And they're going to keep feeding us, or I would say, the industry feels we have to keep supplying that red meat to our demographic.

And in the Trucker's Convoy, this was an example of people affected by the mandates that felt they had no other choice. They organized this. It left from British Columbia. We covered it with *The Epoch Times* from the beginning and through the entire journey. And even as it was gaining tens of thousands of people at the different stops and gaining more notoriety and notice, there were still outlets that were pretending it didn't exist. And that would be an example of a news story, especially in Canada, that should be covered or it used to be covered by everybody.

I remember one day listening to—I won't say the name—but I would always listen to a certain radio station for my Canadian news on satellite at 4 a.m. And a few hours earlier, there was a terror attack in Spain where Canadians died. And that should be the lead story in every outlet that we have, every newspaper, every radio broadcast, everywhere. Yet this particular host spent the opening segment talking about Donald Trump. This is the type of thing that, I'm arguing, is probably generating more attention, more clicks, more opportunity to keep your base that's coming to you for news happy. And this is a sliding scale of what constitutes news nowadays in how we approach that.

Marion Randall
So would you characterize news today as lacking balance compared to decades ago?

Jeff Sandes
Yeah, 100 per cent. What we were supposed to do is—take the Trucker's Convoy as an example—report what's happened. And there's people that are going to support it; people that don't. And then there may be other things that are going on, such as potentially traffic jams or environmental impacts or who knows; there's all kinds of things we could probably think about. And then the objective would be to bring all of that into a story and allow the consumer to decide what they think about it. They're informed, and whether they support

it, don't, or are indifferent, that would be what our job was supposed to be. But instead, what we end up having is creating an environment where we either put these people on a pedestal or taint them as a dredge to society and that's not for us to do. We're supposed to be reporting it.

Marion Randall
Okay, is there anything further that you have to tell us or can I open it up for the commissioners for questions?

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Jeff Sandes
Well, the one other thing that I just wanted to mention is I'll read something or I will notice something when I'm doing research that sometimes gets me interested. And I'm not sure exactly where it's going, but I have a suspicion that we may be moving into an era in Canada where our governments are looking to control our speech.

So we all know what "fake news" is—but what it's being rebranded as now by our governments is "misinformation," "disinformation," and "hate speech." And these are very broad definitions based on what they once used to mean. And so we've already seen our government starting to move into legislation that will restrict what people might say about the Holocaust or gender identity. And recently, I saw two clips where our Prime Minister was condemning people who believe in flat earth theory. And my sense is the potential for further legislation and the opportunity of Bill C-11 to allow more regulation on what we can say could be on the horizon. And if they determine that something that's misinformation or disinformation comes from your media outlet, your podcast, then maybe they're going to move into restricting that or censoring it.

So that's something I would argue all journalists should be paying attention to because we used to advocate that— The saying was, "I hate what you're saying, but I'll die for your right to say it." And that was something that was what we all embraced in journalism. But today: "I hate what you say, and I don't want you influencing anybody else with what your opinion is." And we're doing that in media too, largely. So that's something, I think, we should pay attention to.

Marion Randall
Thank you. Any questions from the commissioners?

Commissioner Massie
Thank you very much for your testimony. I was wondering, I think, because of the technology, journalism is going through a very probably serious, rapid evolution, if you want. And is the problem due to the fact that now, with the new technology, that there is a strong competition from what I would consider citizen journalism as compared to the big companies or organization that would have the resources to forecast their news previously? And now it can be done by just a small team of people that are well organized and disseminate or share a message that people want to listen to, that resonate with people. So that's a kind of challenge that makes it very difficult for professional journalism to find their niche. Because very often, the citizen journalism don't necessarily have all of

the means or the costs associated with big diffusion, but sometimes they manage to make a living out of it.

Is that a new model, the transition that we're going into?

Jeff Sandes
Well, the rise of the internet certainly has given entrepreneurs the opportunity to create their own media landscape, and a lot of them are one-person functions. I'm not sure that there's too many that are there to compete. Certainly, the traditional approach to journalism when we used to watch news at 6 p.m., it's about retaining your viewers.

One of the people I went to school with—he has created his own little mini-empire by himself—he used to do TV. And if he had a great story that was in everybody's interest, but if he couldn't get an image, like a mugshot or something like that, then it's irrelevant to TV. And the citizen journalist has, I think, a lot of ambition like you say, and they may be motivated by something pure and noble. But there's a lot that will also be looking to support themselves.

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And so, if they're going to get an audience that's going to be all anti-Trudeau or pro-Trudeau, then they might focus only on stuff that would kind of broadcast that.

The bigger thing that could impact this might be artificial intelligence, which could allow people to create content that you can't tell is phony or not. And if you want to lie or create something that is going to truly mislead, but you can't tell, that could be coming as well.

I just wish we had some of the opportunities to do it in the old way, where we would be dispatched to the story in the field, we'd have all day to produce it and put it together. But that doesn't really exist anymore. You don't get paid very much in this industry. If you file a couple of stories a day, then you can make a good living, but otherwise, you are going to have to cut corners here and there a little bit.

And I will emphasize again that our media outlets will all say we have journalism integrity. We have high standards. I'm not sure that's necessarily true, but they'll say it, and a lot of times, they'll believe it. I mean, there is one here in BC that on their website, they talk about their social activism as being part of what their mission is, and they have really high journalism integrity. I don't think you can merge the two with that. You should just have journalism integrity. Tell the truth; report the facts as best you can.

Commissioner Massie
The other issue also is—you need to make a living. And if these large institutions become more and more dependent on government subsidies, how is it possible that they can actually raise questions about what the government is doing? Isn't that some sort of conflict of interest built into the way it's operating?

Jeff Sandes
Right. So everybody will say that doesn't influence us. But, like I said, the fellow in the Kootenays who I was talking to, he'd been submitting copy for 20, 30 years, and until he submitted something that did not make the government approach to COVID look good. All

of a sudden, he wasn't getting his story published. And that was an outlet that was receiving money from the government to pay for somebody to report for them for a year, and his suspicion was the two were tied. The editor might dispute that, I never talked to them. But when you look at the advertisers trying to say "Hey, I don't want this story out there because it makes me look bad," and if you put it out there, that's the end of our advertising. If the government's not going to give you your money either, maybe you're going to be influenced as well.

Commissioner Massie
Thank you.

Marion Randall
Yes, please.

Commissioner DiGregorio
Good afternoon. Thank you so much for coming down and sharing with us today. You spoke a little bit about something I'd never heard of before today, the CP Guide, which I think you described as guidelines for media outlets in terms of which words to use. And I'm just wondering if you can help me understand a little bit more about this, like who is creating these guidelines and how our media outlets [inaudible: 00:28:34]?

Jeff Sandes
Right. So, CP stands for Canadian Press and it goes just beyond a choice of words. There's things with grammar. It covers a lot of different areas. I haven't read it for many years. I used to buy the book, every edition, back early in my career. But what they're doing is trying to make sure that you as a consumer, if you read this newspaper today and then you watch this news program tomorrow and then you catch a podcast or something on the internet the next day, all on the same issue, there's uniformity so you won't be confused. And that's why I mentioned Burma and Myanmar. If you'd never heard of Myanmar before and that's what they're reporting, you may be confused. And that's why they're trying to make sure that we have some method to make our consumers have less confusion when they're daily, or multiple times in a day, looking to access the story.

Commissioner DiGregorio
And who is producing? Is there a particular organization that produces these guidelines?

Jeff Sandes
Well, it would be people in the Canadian press. I've never met any of them; I was never introduced to anybody, but that was just the guideline that we were always given and they still are there today.

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So there might be a committee or a panel, but I can't speak to that.

Commissioner DiGregorio
Okay, and so it's something that, as part of journalism training, you would become made aware of and would adopt as part of your learning.

Jeff Sandes
Yes. Well, you're supposed to be.

Commissioner DiGregorio
Right. My second question relates to— I really would like your comments on, there's been some recent instances, particularly in Alberta, of politicians who are simply refusing to answer questions of journalists based on the particular media outlet that they report for. I'm just wondering what your thoughts are on that.

Jeff Sandes
It's happened to me here as well, in BC. It's the reality now. Depending on who you work for determines whether or not you'll get a comment often. And they all have gatekeepers to sort of protect the layer before you get that comment or that data. This is why I mentioned, you may have the initiative to do a balanced story on something that you need political comment on, but because of who you work for, they're expecting you to give them a hit piece or make them look bad, so why should they even bother? And like I say, I've experienced that dozens of times: so virtually every story has reached out to such and such and did not receive a comment. We see that in every story, virtually, that you would read, probably.

Commissioner DiGregorio
Thank you.

Jeff Sandes
And by the way, I'll say I don't like that that happens. But if it's a product of how we've failed as media outlets, then in a way I can't really blame people for being cautious on who they talk to.

Commissioner DiGregorio
Thank you.

Marion Randall
I think there's another question there.

Commissioner Kaikkonen
Have you seen an increase in editors censoring opinion letters from people who write contrary to the government narrative?

Jeff Sandes
I wouldn't say that I have. The one fellow I told you about who had his copy rejected, the one thing he mentioned is, that newspaper has a vibrant letters-to-the-editor page and all points of view are always published. So while his stories were not produced, they still showed some balance by allowing the public or the community to say things.

In my experience, they've got to balance a whole lot in making a decision, whether to approve me to do a story that I pitch. But a lot of what he has to decide is—how much copy is Jeff going to supply here? How much research and fact-checking and vetting are we going to have to do? Because he's got limited resources, and it's a tough one to make those decisions.

Commissioner Kaikkonen
And in terms of Ontario—I'll try to sit back a bit, I don't know what's going on, I'm getting the bounce back.

In Ontario, the MPs sent out a card, and I'm going to say probably around 2018, that talked about the fundamental freedoms in the *Charter of Rights and Freedoms*. And they had section 2(b), they listed freedom of thought, belief, opinions and expression. And they dropped the part that said, "including freedom of the press and other media of communications." So I'm just wondering, if the MPs are not aware of that latter part of section 2(b), if that might be why they were so willing to push through the federal censorship law that will affect the industry going forward.

Jeff Sandes
Are you talking about Bill C-11?

Commissioner Kaikkonen
I am.

Jeff Sandes
I'm going to say no. One, I think we've seen in Canada, our Charter doesn't really hold up. I mean, in British Columbia, the churches that went to the BC Supreme Court, they agreed that their constitutional rights were violated, but they were going to let those fines stand. When the provinces went to the Supreme Court of Canada arguing against the carbon tax, again, agreed that this was a violation of the constitution, but climate change is so important that we have to let this stand. I don't think we have people that value that constitution here in our country. And if our media maybe put more effort into illustrating parts like what you brought up there

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and let everybody know that this was happening, then we might have greater pushback against our government. But right now, you can kind of do what you want in your position of authority, and there's not really any repercussions to it. And our job as media was really to hold government to account. I'm not sure we do that anymore, collectively anyways.

Commissioner Kaikkonen
And then my last question is about—you mentioned skeleton staff and resources of community and daily newspapers to be able to put out their message. Now we know they all get subsidized, and I believe the last figure I heard was 500 million, but it doesn't actually include the number of advertisements that were put in as well. And then when you add situations where you have the government, who has unlimited resources—and I'm going to give you an example—to send out news releases, is it easier for journalists to just accept the news release and print it verbatim?

And I'm going to give you the example, and I believe it is—I hope this is right—Ludwig versus the RCMP. The RCMP had, in that case, unlimited resources to continuously send out news releases against the Ludwig family. And regardless of what side we sit on, the newspapers were picking up those releases from the RCMP side and not necessarily getting the story from the Ludwig family. That was back early 2000s, maybe. I'm just wondering how that has changed, or has it changed? Or has it just become worse that the federal government can, with their unlimited resources, continue to spin stories in their favour? And how does that work in the newspaper industry?

Jeff Sandes
I don't recall the circumstance that you just described. But I can tell when a press release has maybe had a few words changed and has been published, and that does happen a lot. You know, there's less people, I think, that get into journalism with actual journalism training. If you're limited on how much time you have and you're given a press release, "Can you rewrite this so we can put it out?" it's easy to just— I'll change this word, that word, and that word, and away we go. That's completely lazy, but it does happen.

The resources, if the government has them— They're not breaking the law, I guess they might as well keep doing it. And if the media companies are going to put out, verbatim, what they're wanting you to say, then it's in their advantage to keep putting those out and sending them out.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
You know, we often hear that the press is a fourth level of government to protect the public. In other words, how can the public make decisions about what their leaders are doing if they're not being informed? And we tolerate the press in order to be informed about what **the government's doing. I think what I've heard you say in your testimony is that they aren't necessarily reporting for the sake of the people's education anymore: that they're reporting to get advertising; they're reporting to get funding from the government; they're reporting for everything else almost, seems to me, from your testimony, rather than informing the people. Can you comment on that?**

Jeff Sandes
Yeah, I was also saying that the demographic that comes to your outlet, they have an expectation that you're going to keep telling them what they want to hear. That's our fault, today. And as social media has become a part of all of our lives, I imagine virtually all of us will surround ourselves on social media and our mainstream media with voices that are

going to reinforce what we already believe or what we want to believe. And so this is the tricky part.

I'm not in a newsroom, so I don't know the behind the scenes of how you make decisions. But in talking to people I went to school with and hearing that these are real-life decisions a publisher or an editor has to make in order to still get revenue, it never was something that we were willing to accept 30 years ago: "Well, fire me then! I'm publishing this! If we lose our advertiser, so what?" It matters today.

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I know with the outlet I'm with, there was an opinion piece on central bank digital currencies. It was published in America. But if you subscribe, you had access to it here. And the expert who was putting it together, he endorsed them. And the comments section were, "How can *The Epoch Times* have this guy write a story? I'm cancelling my subscription." This was pretty much the entire thing. I mean, I put some examples down here, too, but there was a headline after a Donald Trump speech and it said, in *The New York Times*, "Unity." Anyways, they ended up changing it in order to make sure that the newsroom and the people that wanted something bad about him said. So they would change that from the internal pressure.

We have an audience that will come to our outlets—and they're expecting to get more information on the Trucker's Convoy, on vaccines saving lives, or the harm they're doing, what Trudeau said here or there or everywhere. And when we don't give it to them, I think that is where— We used to always see the same stories as important, and then we'd cover them with a little different sort of angle, perhaps. But now, our audience makes those decisions for us largely, I think. And I'm trying to say that in the old days, we were there to merge the different viewpoints and that was what we, as a public, expected. But it's not like that much anymore.

Commissioner Drysdale
The public always had an expectation to hear or see what they wanted to see, and that's a human condition. But the media—and I'm not just talking about the press media or I'm not talking about *The Epoch Times* necessarily—has changed. And one of the things you kept saying, or you kept referring to, is "save money, save money, save money." They don't have the reporters anymore, save money.

And for perhaps an organization like *The Epoch Times*, it is different than an organization like CBC or CTV or Fox News. You know, these are the richest corporations that I can think of. They can afford to pay 800-million-dollar settlements. CBC reported incredible bonuses to their upper management, and yet I believe what your testimony is, is that they just keep paring down the resources available to the reporters, taking out editorial staff, taking out all kinds of staff, not going out to a scene to get the story anymore, and yet they're paying these enormous bonuses. How can these two things be?

Jeff Sandes
Yeah, I can't speak to some of the bigger corporations. I can say *The Epoch Times* has grown in readership and subscription rates during my time there. I'm not saying it's because I'm there. But there's people that have found the stories that they were interested in. The Trucker's Convoy is a great example because it got such little attention across the

traditional Canadian landscape in our media that we had stuff in there that people were looking to read, as an example.

The CBC is unique because they get a lot of government funding in order to exist, and a lot of that will go into the news portion of them. Other networks I can't speak to, although one news director I did talk to did talk about the collapse in the newsroom here in Vancouver once mandates became a reality.

Marion Randall
Mr. Sandes, I'm just thinking, to try to stay focused. I think you're responding to a comment. In the interest of time, perhaps, I'm not sure where you're going with all this.

Jeff Sandes
Okay, I've gone off the track there. Sorry, where should I get back on track? I am in the media.

Marion Randall
I think the commissioner made a comment and have you finished responding to it? I'm just saying, I'm not sure where we got with all this; I just know that the clock's ticking. I can see it. So did I interrupt? Did you get an answer to what you were sort of looking at?

Commissioner Drysdale
No, but that's fine.

Marion Randall
Yeah, I think we got off track because your question really, sir, was, are they influenced by the money?

[00:45:00]

And you're not really able to answer that, is that correct, Mr. Sandes?

Jeff Sandes
Oh, no. Okay, my apologies. Definitely, the money is a big issue. I can't speak though with CBC getting big bonuses. I know that the government does fund CBC; they've done it for years.

Marion Randall
So with respect, I think what you're saying, yes, money influences, but you can't speak to specific situations. Would that be accurate?

Jeff Sandes
Mostly, yeah.

Marion Randall
Okay, thank you. So are there any more questions?

Commissioner Drysdale
Just one last one.

Marion Randall
Thank you.

Commissioner Drysdale
I can't remember who it was this morning, it may have been Mr. Buckley who talked about corporatization. I've often referred to that as monopoly; some people refer to fascism.

What is the effect that so many of our media companies, not just newspapers, but media companies are conglomerates and they're owned by, you know— There's very little diversity of ownership in the media. And what effect do you think that's had on people?

Jeff Sandes
I would argue that it has had an effect. But in order to be viable, you buy everybody up that can't afford it and then you try to figure out how to make it work. I would probably say I can't really comment on that.

Marion Randall
Is this, perhaps, beyond what you can comment on?

Commissioner Drysdale
Yeah, that's a valid answer. Thank you.

Marion Randall
That's valid. Thank you.

So are there any further questions? Thank you. So thank you very much for your presentation, Mr. Sandes.

[00:46:32]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 8: James Jones
Full Day 2 Timestamp: 09:06:20–09:18:35
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Stephen Price
We have with us now Mr. James Jones.

James Jones
Yes, sir.

Stephen Price
Mr. Jones, you're going to be giving some testimony today about personal effects. Will you tell us the truth, the whole truth, and nothing about the truth?

James Jones
Yes, sir.

Stephen Price
Mr. Jones, I understand that you're here today because of the impact effectively on your family and, more particularly, on your wife of the mandates. Is that correct?

James Jones
Yes, sir.

Stephen Price
Can you give me a bit of a history about yourself and your family life as it was?

James Jones
Yeah, I live on Vancouver Island in Victoria; I came there about 13 years ago or so. I met my wife probably seven years ago. We started hanging out. We were friends at first and kind of got to know one another, and over the course of our relationship, it led to a marriage. So we were married probably about four or four and a half years ago. She was a BC Transit worker. She'd been so ever since I'd known her. Before, she worked for BC Transit in Victoria for about 13 years. So yeah, I met her as a transit worker through another transit worker who was a mutual friend. That's how we developed our relationship.

Stephen Price
You're using the past tense when you refer to your wife.

James Jones
Yes, sir. She passed away. She was mandated to take the COVID shot. We were looking at potentially having a child. I was 40 and she was 38. So it was kind of towards the later time of what we would really have to make that decision. It was something we talked about for a couple of years, and she was open to the concept, but she was more the holdout in it. I thought she would make a beautiful mother, just like she was a beautiful wife to me.

She was mandated to take the shot. She was concerned perhaps about— Because there wasn't a lot of information about it concerning how it might affect a pregnancy; or how it might affect to take it and then to get pregnant, soon after having taken it, and that kind of thing; or how it might affect the term of the pregnancy. We knew another woman who was pregnant who took the shot, and she had a miscarriage relatively shortly after. And there was a gentleman who she worked with who also took it because they were mandated. From what she told me, that gentleman had a serious heart issue having to do with, what they believed, was related to the shot.

So at that point, she was really against it. She was really hesitant to do so. And she felt that there wasn't enough information concerning it. Treating it like a one-size-fits-all solution was something she wasn't supportive of. So she endeavored to try to achieve informed consent through her workplace because from what I understand, BC Transit was not provincially mandated to enforce the vaccine mandates. They privately chose to engage in the mandates themselves for their employees.

And so through the course of it all, through trying to search for solutions and answers to all of this— My wife was a bus driver, and at the time, I had left a job. I actually took a night shift job so that I would be able to listen to various different scientists and people who were experts who were discussing this: listen to both sides of the argument kind of thing as **much as possible, the kind of pro-vaccine side and the people who also maybe had seen some of the early safety signals concerning it. Because I was trying to either put her at ease and try to find, like to think that this might be something that would be safe to do, or to say, yeah, this is definitely something we shouldn't move ahead with.**

So over the course of about six or seven months from when they actually gave the mandate to the point in time when they put the workers off who would not take the shot, it was basically our entire life. Our entire life was trying to research this thing to try to understand whether it would be safe for her to take in her position and also researching what sort of form of exemption a person could look to get concerning the COVID vaccine as well. That was the other thing she attempted to do through her work, she attempted to apply for an exemption to the mandate itself.

Stephen Price
Was she receiving support from her employer, the supervisors, and the other workers in terms of her desire not to have the shot and to investigate it?

James Jones
No, if I may just offer a little bit of information, I think that gives context to it. So my wife was the only person in Victoria, like on the Island, through BC Transit— When new hires come in, there's a bunch of courses that a new BC Transit worker has to go through,

[00:05:00]

and one of them is the anti-bullying and anti-harassment training. And my wife was actually the teacher of that course, so she was the only person certified through BC Transit. Because it's important that the transit workers aren't bullying each other and there's not that kind of environment in the workplace and that they're supportive of one another.

But my wife actually received the opposite treatment. She was essentially bullied and coerced and intimidated. She left a 40-page log of the experience she had. And in my opinion, upon reading all of that, which was only available to me posthumously, I didn't know she was writing it—the treatment she received was abhorrent. As opposed to trying to understand her position or provide informed consent or a framework for that to exist, she was instead bullied and coerced from all angles, from colleagues she'd had for years and people within her union and this kind of thing. It's my opinion and upon reading this paperwork that is essentially the experience she had.

November 31st, it was her last day of work. And eleven days later, she took her own life. I was working night shift, so I was asleep. She had told me she was going out before I went to sleep; she had a few things to take care of. I woke up that night, maybe 8 pm or something. I hadn't gone to sleep till late, till two or three or four. I woke up after a couple hours of sleep just to see if she was back and go to the bathroom. She wasn't back. I sent her a text and I just went back to sleep. And in many ways, that's the greatest regret I have in my life because when I woke up later, it was much later, like one or two in the morning. So I went around the house, and I looked for her. I noticed she hadn't even received my text. Normally on the phone, you can see when it pings to their phone and when a person receives your text. She still hadn't even received it, which means she hadn't even looked at her phone. So I tried to look everywhere for her. I couldn't find her.

I messaged her brother to try to see if maybe she'd spoken to them or if they knew where she might be. They live in Gatineau, Quebec. It's three hours later there, so it would have been maybe six or seven a.m. They would have been just getting up. They actually were just **as worried about her as I was, so they did a welfare check and the police came by. I let them come in and search the apartment just to show she wasn't there. I didn't know what was going on, and they asked if she had a vehicle and I said, "Yes, I believe it's down in the parkade." So we went down to the parkade.**

She was in her vehicle, and she was just lying there in the back seat. I just couldn't understand it. I really couldn't wrap my mind around it on any level. I started trying to shake the vehicle to try to rouse her, to try to get her up. She didn't move or anything. The police asked me if there was a spare set of keys, to run upstairs and grab the keys. I told them to smash the windows in the vehicle, smash out the window and get in there because I'd done emergency response for years before that. And I knew if there was something going on with her that she needed help and she needed it immediately. So they smashed the

back passenger window, and they were unable to get the door open. So I had them smash the front window, and they smashed that too, and then they were able to get into the vehicle. I was a few feet away at the time, but I saw her lying there. They reached for her, I guess they must have grabbed her, she was either cold or something because they told me she's gone. And in that moment, I lost my mind. I don't even know if I've recovered to this day or if I ever will, to tell you the honest truth. I'm sorry.

Stephen Price
Thank you, sir. Very hard for you obviously. Were you able to get any help from BC Transit or from her employers as to recover from this?

James Jones
No, I mean, it's been difficult for me. Even her union obstructed her, in my opinion. They obstructed her from being able to redress the grievance or whatever. They actually backed the employer when it came to the mandates. So in that sense, she didn't have her union to rely on. She didn't have the employer. She wasn't provided with informed consent. There was no framework for them to provide informed consent. To me, it's not a credible position that anyone within BC Transit—

[00:10:00]

I'm sure they're great bus drivers and there are people there that can maintain those buses and they do so confidently. I mean, we can see that because the buses are on the road. And there are people, obviously, who can plan routes and work together, and plan the hours and the scheduling and these things. But the idea that someone within BC Transit would also have the degree of medical training and understanding in vaccinology and biology, that they would be able to provide her with informed consent, is not a credible position to me. So I've always, to this day, I wonder, I want to know who in that corporation signed off on those mandates and what their training was, what education level they had.

And I would also like to know the people through the union who supported it. Same thing, what would be their education level because there was no framework established for informed consent. It was a loose framework where they engaged in bullying and coercion. They believed that the vaccine was important.

At that point in time, it was still being said by people in the medical establishment and in the government that the COVID vaccine was our way out of the pandemic. And they were portraying it as if you got the vaccine, you would not be able to get COVID and you would therefore not be able to spread COVID. So my wife died while that was still the sort of **prevalent media perspective and news perspective, the prevalent government and medical establishment perspective. My wife also died a couple of weeks before the Trucker Convoy took place. So it was probably the darkest time in Canada in many ways and definitely, the darkest time in my life.**

Stephen Price
Thank you, sir.

James Jones
Thank you.

Stephen Price
I don't know if the commissioners have any questions for you.

Commissioner Kaikkonen
I'm truly sorry for your loss, and I'm sure my fellow commissioners feel the same way.

James Jones
Thank you.

Commissioner Kaikkonen
Can you just tell me what your wife's name was?

James Jones
Her name was Sandra. Her birth name was Sandra Veldhousen, and her married name was Sandra Jones.

Commissioner Kaikkonen
Thank you very much.

James Jones
Thank you.

Stephen Price
No further questions. Thank you for taking the time to be here. Obviously, a very emotional impact on you, sir. My condolences.

James Jones
Thank you for taking the time to hear me. I appreciate that and thank you for your kind words about my wife. I really respect all of you and thank you for all the good work you're doing here. Thank you.

[00:12:17]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 9: Lisa Bernard
Full Day 2 Timestamp: 09:19:25–09:40:00
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[00:00:00]

Lisa Bernard
Sorry, I'm a little bit affected by that.

Stephen Price
I think we all are.

Stephen Price
Lisa Bernard, is that correct?

Lisa Bernard
That's correct.

Stephen Price
How do you spell your last name, ma'am?

Lisa Bernard
B-E-R-N-A-R-D.

Stephen Price
Okay, and ma'am you're here to tell us about how this COVID matter has affected you. You're prepared to tell the truth and promise to tell the truth?

Lisa Bernard
I do.

Stephen Price
Okay. My understanding is that you were trained as a nurse?

Lisa Bernard
Yes. I was a registered nurse for 31 years with my specialty as a certified nurse who is in wound, ostomy, and incontinence. And I worked in four different health authorities within BC during my career.

Stephen Price
Okay. You're not doing that now.

Lisa Bernard
No, I'm not.

Stephen Price
What are you doing now?

Lisa Bernard
Well, just to give you a little bit of background that brought me to what I'm doing now. I did have an injection. I started to have a lot of physical problems where I had pain in my arm, where they said that that would be gone in a couple of days, and it never did. It went on for months and months and months. I lost range of motion in my shoulder. I lost my fine motor skills in my hands.

With my specialty, I need my fine motor skills. Because I do a lot of wound care, a lot of ostomy care, which is very small, finicky work. I have, what's to the best of my ability to describe, "trigger finger" in both of my middle fingers, on both of my hands. And after hearing what Dr. Hoffe had to say today, I got more information than I have gotten all along, especially from my own GP.

I find it very difficult to put on my bra. I can't wear sports bras because I get tangled up in them with my arms. I have trouble reaching. When I try to open up boxes, I have no strength in my hands. I took a lot of pride that I had very strong hands. My dad always said you should have the hands of a masseuse because you have a lot of strength in them, and now I don't.

When I got this injection— And it was new, and I had asked my co-workers and I had asked my manager about this new technology: I was basically dismissed. I had one co-worker who was, like, all for it. She even stuck her arm out, slapped her arm, and said, "Give me more." I had the other one that said, "Well, what can we do about it?" I had friends that were in the health care profession that had their stories of people who died of COVID. So when you're looking for anecdotal information at that time, what I was hearing is two of their friends had died from COVID.

So when all the information was going around, which was really a lack of information. And what I was seeing on TV wasn't really what my reality was in the hospital, where you were seeing people dying in the hallways.

People in the hallways are unfortunately the norm. So they've normalized the abnormal. Over my 31 years of nursing, I have seen the gradual progression of overflowing of hospitals. We basically have the staffing levels from the 1970s or the 1980s, and we're dealing with giving care to people who have 15 to 20 comorbidities—at least the clientele I work with—and the population is quite huge.

So when we had the lockdowns, and to go like a ghost town, I was quite amazed from what I was seeing on TV and what my reality was—it was a ghost town. This wasn't computing; it wasn't making sense for me. We were giving care to people over the phone—over Zoom. Which for me, my patients, I need to have hands on.

I found that when we did open up—and we had a flood of people coming that had to be seen—I was having patients repeatedly say to me, "Please do whatever you can." Because I take care of people in acute as well as outpatient in my former job. And they would say, "Do whatever you need to do for me to keep me from being admitted to the hospital because when I leave the hospital, I'm worse than when I arrived." Now this isn't just one patient telling me this. In a day, I see at least 10 to 12 people inpatient, and for outpatient, I see anywhere from 4 to 10 people.

[00:05:00]

So when you repeatedly hear this over and over and over, it takes a toll. I'm a very feeling person. I feel people's pain. I've always wanted to help people. When people are telling me this repeatedly— We now have a huge flood of patients after the lockdown that we had. I don't know where they went. Because the need is always there. I don't know where these people went to, but as soon as they were able to come back, it was more than double.

So when I'm having the demand of my patients and I'm doing the best that I can to my ability—I'm the only full-time person in my department—there is a lot of demand on that. During COVID, I was told nothing could be done for our frontline nurses, for giving them the supplies that they needed to do wound care because it was COVID. Nobody is doing anything; everything is on hold. But that wasn't true. Because in the fall of 2021, I was informed—because I am the full-time person—even though I have this outrageous clientele that I have to see, I am now going to be the full-time person that is going to be learning the electronic documentation system and will be training everyone in my department.

So during this time, I actually sent an email to my manager saying, "I'm having moral distress in maintaining my standards of nursing practice. I need help." And I was told that I need to prioritize. I have to say to you, with the background that I've had where I've been with provincial programs—I've developed wound programs—I know how to prioritize after 31 years in positions of leadership. So for me to be gaslit like that, being told that I have to learn how to prioritize—

You tell me who I decide to see: Do I see a diabetic that has a stage four pressure wound to bone that could die from their infection? Or do I see a fresh ileostomy patient that has to now learn how to manage their fecal material on their abdomen in a pouch? I can't make that decision. So I would miss breaks; I would stay late. And I had to be pre-approved to do overtime.

The paperwork that was involved in that—I just said, "I'm done with that." I'm frazzled because I'm going through physical changes from my injection. The demands to my job. I can't get help. So I have had the maximum banked sick time because I rarely ever take sick

time. I now got from my doctor a leave to be on, as it turned out, to be with PTSD from all the demands of my job.

While I was on leave, on a weekly basis I was harassed by my—it's called my disability manager—because I was on stress leave. And you can appreciate that I had about eight months' worth of sick time. And they did not want to pay that out. They wanted me to go on long-term disability. And I didn't want to go on long-term disability because I wanted to see what was happening to me.

I suffered from fatigue—extreme fatigue. I had my doctor do blood work. There was nothing that could be seen. I actually had to say to my husband, as everything was crashing down on me, I said, "I am not getting the second injection. So we have to figure out very quickly what we are going to do."

I had a young daughter who was still going to college. I had a mortgage, but I wasn't willing to sacrifice any more of my health. So my husband, incredibly supportive, he said, "Okay, what do we need to do?" So we sold our place. We moved to a community up North Island where we could afford to live.

And I said, "I have to leave my profession"—because while I was on stress leave with PTSD, my manager sent me a notice because of Bonnie Henry saying it was mandated now that health care workers had to have two injections—if I wasn't willing to have my second injection. Now remember, I'm trying to heal myself. I'm not even returning back to work yet. And she felt it necessary to call me and to let me know Bonnie Henry's mandate.

Sorry, I'm a little bit nervous.

I was getting, as I said, weekly harassment. It felt like harassment to me because, in the way when I spoke with the counsellor, she said, "You are being gaslit." She said, "You're trying to heal and every time they contact you, it sets you back in your healing,

[00:10:00]

and you're having a lot of anxiety."

So what I had to do was, I had to speak to my doctor, and he had to write a prescription—a notice—to let them know to not call me anymore. Not to contact them anymore. He would give them updates monthly as to how I was doing and how I was proceeding.

Oh, and I have to tell you, my manager thought it was wonderful to send me— "Also they had this new drug, the Janssen one, and you could just take that." And I couldn't talk to anybody at work to let them know that I was going through all these physical symptoms. I couldn't speak to anyone. I felt isolated, alone, abandoned.

I tried to speak to my physician about what was going on with my hands. And to this day I'm still waiting for a referral to a plastic surgeon. His silence spoke more to me than anything he said to me. He was very supportive of me being taken care of with my PTSD. But anything of my physical symptoms, if I said— This all happened after my shot because my health before this, I have nothing wrong with me. I am on no medications.

So what this has taught me is to never doubt myself. I didn't want the shot. I felt coerced. I felt overwhelmed. I was exhausted with my job. I didn't think I had any options. Everything

was rushed. Everything was pressured. And I have to say if there could be a silver lining with what happened to me, is to never doubt myself again, and I never will.

Stephen Price
As part of your medical training and expertise, you would have been cognizant in terms of reporting, observing symptoms. So you were able to observe and comment on the symptoms that you were suffering yourself. And accurately describe them to your doctor and to your staff.

Lisa Bernard
Yeah. I mean, I've lived in this body for 54 years. I know it pretty well. When I was on stress leave, just to let you know as well, if I'm still a registered nurse anymore—I'm not. And the reason was I had monthly withdrawals for payments to go towards my registration, but they had my work email. And when I was off on leave, they didn't send a letter in the mail saying, "Are you going to renew?" You can appreciate that when you're trying to heal yourself, you're not thinking about that I have to fill in paperwork and pay a registration fee.

I can't call myself a registered nurse anymore. I can be reprimanded by my College if I call myself a registered nurse. I have a degree that says in nursing; I have the training, the skills as a nurse. But I cannot call myself a nurse or a registered nurse or I will be fined. And I find that very interesting that if you don't register your car, is it still called a car?

Stephen Price
The first shot that you had, the one shot you did have, was that fully voluntary, fully informed? Or did you feel coerced into it?

Lisa Bernard
No, it was feeling pressured. Colleagues: "Did you get your shot yet? Did you get your shot yet?" My manager: "Did you get your shot?" I find that interesting, the language of shot, jab, injection—they're all violent words. But no, it wasn't free. It wasn't from free will. It was feeling that I didn't have an option at that time.

Stephen Price
And you stopped after the first?

Lisa Bernard
Oh, yes. And it did take me about two years to forgive myself for taking that shot.

Stephen Price
What are you doing now?

Lisa Bernard
So now that I've moved up North Island, I am now a farmer. I am a part-time cashier. I am a student in herbology. Because I don't trust the healthcare that I come from. I know there

are other ways to heal people. I know there are better ways to heal people: herbology has been around for 5,000 years. Allopathic medicine that I come from has only been around over 100 years.

I am a part-time cashier—so what I made, over $100,000 that I grossed—I grossed last year $9,000 as a part-time cashier. I have made a lot of sacrifices, but they are good in the way that I'm about health now. And I'm helping others in other ways.

[00:15:00]

I am growing good nutritional food.

And I do want to let you know that I filed a grievance immediately when I was fired. I did send my manager a notice of liability by registered mail. I cannot do anything legally because I have to exhaust all of my union options. I am in a holding pattern. I last heard from my union on December 13th of 2022 that it should be going to the next step, which is arbitration. I have not heard anything since. I have sent emails, and I have not heard back any response. So therefore, I have no option for lost wages. I have worked for 31 years for severance. I get a week for every two years that I've worked. That's all gone. And I've just learned to make do. I live in an incredibly supportive, awake community. And I couldn't ask for a better group of people around me.

Stephen Price
Thank you. Is there anything else you wish to add for the Committee?

Lisa Bernard
No, I just find it very interesting in my 31 years of having vaccinations or immunizations, this is the first time I've ever seen people being basically bribed with a Krispy Kreme donut. Being guilty to protect grandmother. If that didn't work, then being coerced that you're going to lose your job. Then having a digital ID that you can only be part of society if you show that digital ID to get into restaurants, to get into gyms.

I went from a hero for that first year of not having a vaccination and taking care of people to an absolute zero. I just want to say that this is not like any other vaccine. In my opinion, it's not a vaccine. It is genetic modification. I find it very interesting that we spend more time looking at the GMO foods that we eat, but not so much about what we get injected into us.

Stephen Price
Thank you. Do you have questions?

Commissioner Massie
Thank you very much for your very touching story. I'm sorry for all the things you've been through. I'm wondering, I see that you've almost started a new life. You were obliged to start anew. And you're moving into farming and probably your healthy food and all these things. I'm wondering, is it something that was in you before you were confronted with this crisis? Or is it the crisis that really made you change your way of living?

Lisa Bernard
Thank you for that question. I think it's a little bit of both. I think back after I finished my basic training as a nurse, I was always interested in herbology. But you get busy with getting married, mortgage, children, that sort of thing.

It was trying to remember what my dreams were. Trying to redefine who I am. And I came to the conclusion that I don't have to keep reinventing the same reality that I've lived for 31 years. That there is more to me. I took a leap of faith. I went into the unknown. I don't come from farmers—not even close. And I learn. And I make mistakes.

But I have to say there is something grounding and healing with working with the earth and knowing that I'm making the best nutritional food, which is the best medicine for my body. And that is how I'm trying to heal, and I share that with anybody who needs help from me. Without hesitation, I help them.

Commissioner Massie
I'm wondering—your former colleagues or people that you used to work with, who knew you before—did your new way of living influence them to maybe think about what the system is doing to their health? And maybe think about a different way of living their life? And coming to terms with more healthy habits and the food and exercise? And go away from the running around all the time and being very stressed?

Lisa Bernard
Yes. I've heard from four of my friends now that have said they are looking to retire; they're done with the rat race. And they're not in nursing. They're from many different walks of life. They do come up to see what I'm doing. And they do see, like, you know—I don't quite know. But I have the heart and the enthusiasm, and I've been reading tons because that's what I do.

I have to also tell you that, with what I left behind, we weren't making people better. And I saw that before COVID happened. Being in health care is like being in an abusive relationship: You're told that it's your fault. You're told you're not doing enough. You're not making it work. And it's very one-sided.

And you have to make a decision whether you want to continue in that toxicity and having forever customers—and that's what they are, they're forever customers that keep coming back. And I have to honestly say, when I started nursing back in 1991—very different from what it is now. I don't even recognize it.

Commissioner Massie
Thank you very much.

Lisa Bernard
Thank you.

Stephen Price
Any other questions? No further questions. Thank you very much for your time and your submissions, ma'am.

[00:20:56]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 10: Dr. Steven Pelech
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[00:00:00]

Marion Randall
So it's Marion Randall, again, appearing to assist this witness. The witness that we have before you is Dr. Steven Pelech. Doctor, could you please state your name and spell it for the record? And, well, that first please.

Dr. Steven Pelech
Yes, I'm Dr. Steven Pelech. My last name is spelled P-E-L-E-C-H.

Marion Randall
And do you swear to tell the truth, the whole truth, or promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Steven Pelech
Yes, I will.

Marion Randall
Thank you. So Dr. Pelech, first we just could go over your qualifications a bit [Exhibit VA-7b]. I know you have a presentation for the Board, but you've been an expert witness in our courts six times already and are probably very familiar with that process. This is a bit less formal. You are Dr. Steven Pelech, but I understand that's from your PhD in biochemistry?

Dr. Steven Pelech
That's correct.

Marion Randall
And after that you did a doctorate, a fellow doctorate, in three different labs. Can you just describe what that was?

Dr. Steven Pelech
That's called a postdoctoral fellowship.

Marion Randall
Postdoctoral, thank you. And what were those labs?

Dr. Steven Pelech
In the lab that I had gotten my PhD, I stayed on for an extra four months. And then I went to Scotland, and I worked in the lab of Dr. Philip Cohen, who actually became Sir Philip Cohen, for probably the best funded lab in the United Kingdom, and actually Europe, for the kind of research I was interested in. And then I went and spent three years at the University of Washington in Seattle working with Dr. Edwin Krebs, who got the Nobel Prize for the discovery of protein kinases, which I've been working on ever since.

Marion Randall
And you also have a research background at least in immunology and virology. Is that correct?

Dr. Steven Pelech
Yes. I'm a native of British Columbia, and I got my PhD at UBC, and I'm a professor at UBC. But when I was first hired back, I worked in an immunology institute. It's the Biomedical Research Centre where I was based for six years as a principal investigator.

Marion Randall
And you have published articles in the area of immunology and virology as well?

Dr. Steven Pelech
That's correct. Several different journals. I've published about 250-plus scientific papers in my career.

Marion Randall
And I understand that presently you're on the faculty of the Medical Department, that's probably not right.

Dr. Steven Pelech
It's the Department of Medicine in the Division of Neurology, where I've been on faculty for 35 years.

Marion Randall
And you do teaching in the medical school as well?

Dr. Steven Pelech
I have taught medical students both in lectures, earlier in my career, and then for a while problem-based learning with medical students. But most of my activity is actually teaching graduate students for PhDs and master's degrees.

Marion Randall
Then I understand also that you have two biotech companies. Can you describe for us what those are that you're operating?

Dr. Steven Pelech
Yes, I was the founder of Kinetek Pharmaceuticals and was the President and CEO for six years. And then I stepped aside. And a year later I started Kinexus Bioinformatics Corporation, which has been in operation for 22 years now. And in that company, we conduct research, we've been working for about 2,000 industrial and academic and hospital laboratories in 35 countries around the world.

Marion Randall
And then I understand, you mentioned the word "cytokines," you're an expert in that field. Can you explain what that is, please?

Dr. Steven Pelech
Yes, sure. Cytokines are proteins usually that are produced by cells that are involved in cell-to-cell communication. And in particular, cytokines are involved in the activation of immune cells. And so when we have receptors on target cells for those cytokines—"cyto" means basically cell, and "kine" means to move—so these basically cause these cells to respond in a way that's going to aid the immune system or other cell types.

Marion Randall
And then I understand, you haven't mentioned this, but I know from speaking with you, another area that you've talked about is cell signaling. I think that may come up. If you can explain what that is, please?

Dr. Steven Pelech
Yeah, so cell signaling is once a hormone or some sort of a toxin or a virus binds to the surface of a cell, it initiates a series of changes inside that cell so that the cell can respond in a way that protects the cell and also protects the body—the colony of cells that we call our human body.

Marion Randall
And just in terms of what you're doing these days, you're also a Senator at the University of British Columbia?

Dr. Steven Pelech
Yes, I'm on the Senate for the last three years at the University of British Columbia, Representative for the Faculty of Graduate and Postdoctoral Studies,

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and I've been reappointed to Senate for another three years.

Marion Randall
And I did mention earlier that you had been an expert in our courts and in the country. I'm not sure if it's just British Columbia, but you were qualified as an expert in certain areas?

Dr. Steven Pelech
That's correct.

Marion Randall
Can you just go over what those were that you were actually received as a qualified expert?

Dr. Steven Pelech
I've been asked to speak on subjects that relate to immunology, virology, vaccinology, and that's what I'll be talking about today. And I've been involved in about pretty close to at least 18 court cases, not only in Canada but also in Ireland and South Africa.

Marion Randall
Thank you. So perhaps this is the time if I've adequately covered your qualifications that you could enter into your presentation that you prepared for today.

Dr. Steven Pelech
Yes. And again I hope—it's going to be a little lengthy, I apologize—I'm a scientist and I am asked to talk about these subjects. But I'm going to make you a little bit more acquainted about viruses. And also, about how these vaccines actually work and the dangers of these vaccines that I've come to learn both from my own research and also very extensive analysis of literature [Exhibit VA-7a].

I'm also involved with the Canadian Covid Care Alliance. I'm one of the founders and the Vice President and a Co-Chair of the Scientific and Medical Advisory Committee. And so much of what I also know has been informed by my interactions with other members on that committee, which is about 36 scientists from across Canada [Exhibit VA-7].

Marion Randall
So we've got your first slide up. Perhaps you could begin.

Dr. Steven Pelech

[Conflict of Interest Disclosure]

So as a requirement, any professor that's presenting work at UBC, we have to give a conflict of interest disclosure. So I'll remind you that I am a major shareholder of Kinexus Bioinformatics Corporation, which I'll present a little bit of that work to a large clinical study that we've undertaken, that I'll talk about. And I have to emphasize that the views that I'm going to express are my own views. They may not be necessarily carried by those at the University of British Columbia or Kinexus or the Canadian Covid Care Alliance. Although I have to admit, I think most of the people at the Canadian Covid Care Alliance agree with what I have to say.

[The COVID-19 Pandemic in Canada, Daily Cases and Daily Deaths]

So I want to bring you back to look at the situation with the COVID-19 pandemic, and I have two figures here. The upper figure is showing the incidence of COVID-19 as recorded, based on usually what we call PCR tests. And then the bottom is the deaths that have been attributed, or at least, with COVID-19. Now I have to emphasize that these are deaths "with" COVID-19, but not necessarily "from" COVID-19. I think the data that we have to date is indicating about half of the deaths with COVID-19 were not due necessarily to COVID-19 but the comorbidities that these people had. The average person who's died from COVID-19 has four comorbidities.

So the point of this slide is to really pay attention to wave one. You'll notice that there's almost no incidence recorded. BC had the lowest rates of testing with the PCR test for COVID-19 in all the provinces in Canada. But you can see there's definitely a very large death peak that's associated with this period of time. And what I will be presenting to you is that, in fact, that peak that looks like a low incidence peak at the beginning of the pandemic, is actually when most of the infections with COVID-19, with the agent of that SARS-CoV-2 virus, actually transpired.

[The COVID-19 Pandemic in Canada, % Deaths/Cases]

So if we look at the pandemic in terms of the total number of deaths over the last few years in the pandemic, initially, we can see that for the number of recorded cases, and this is now Canada-wide, it's about 2.7 per cent of the recorded cases appear to be lethal cases. You have to understand that the total number of people who were infected was actually a magnitude greater than that. So the actual death rate from COVID-19 in the general population in the first year was less than 0.3 per cent. Quite different from the values that we were hearing earlier, and I'll show you a little bit later in that. But since then, you can see that the rate, based on the number of testing,

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has improved for COVID-19, but the rate has actually been going down—until recently, when you calculate for the last four months, the rate of deaths per cases is actually going up. There's far fewer cases, but if you have COVID, it seems to be coming back to what we saw before.

Now, the vaccines were introduced into Canada in December of 2020, after a real crash period, Operation Warp Speed, where, basically, from knowing the structure of the virus that causes this disease, we had within nine months a vaccine that was being given to the general public—and that was based on data from clinical studies that, at that point, only had transpired for about two months. And we call these phase III clinical studies. But in reality, they weren't really phase III clinical studies: they were what we call phase I clinical studies. If you have a drug and you're testing it, the first thing you do is give it to healthy

people. And then in the second phase, you adjust the dose of the drug. And in the third phase, now you're giving it to people who actually need that drug: they're at high risk, they have a disease. And in this case, we're talking about a vaccine as opposed to a drug. But actually, this vaccine is a bit more like a drug than any other vaccine that we've ever had before.

So this phase III studies with the vaccine, in fact, were probably more like the situation where less than about 15 per cent of the people that were tested were actually over age 70 years of age—and they are at the highest risk and those with comorbidities are at the highest risk of dying from this virus. And they, in fact, were very underrepresented in the clinical trials.

[COVID-19 Morbidity and Mortality in Canada]
So this is a chart that basically shows the rates of hospitalizations, ICU admissions, and deaths by age. What's really apparent from this is that the risks of death for our children was actually extremely low, likewise for hospitalizations. So to put that for those that can't see the chart, typically maybe during the entire pandemic in Canada, we were looking at a death rate that was about in the order of 10 per million for children in Canada. Now for elderly and the adults, the rates go up more dramatically. So up to 6 per cent of those that are actually over 80 years of age died from it. So it's a virus that actually has been targeting really the sick and the elderly. Our children were never at risk, and this was quite apparent very early on in the pandemic itself.

[The COVID-19 Pathogen – SARS-CoV-2]
Well, the actual agent, of course, is this virus. We all know it fairly well, but I'm going to introduce you to it a little bit more. The SARS-CoV-2 virus: It's very small. A micron is a millionth of a metre, and this is about 150 microns in size, and to put that in perspective, the influenza virus is about the same size. And it's a respiratory virus like the influenza virus, and you acquire it and many of your symptoms are very similar as if you have been infected with influenza. Except influenza tends to be a little bit more deadly in children, where, in fact, the SARS-CoV-2 virus is less deadly in children. Slightly.

Now the thing is the way you acquire this virus is that you breathe it in the air: it's an aerosol virus. And what happens is it gets into your airways and then your upper lungs, and then the virus will spread. This is the same way that influenza does. And what we know from decades of research with influenza, masks are ineffective in preventing the infection and transmission of this virus. It's simple as that. And there have been numerous studies that show this. This was the guidelines from Health Canada even 20 years ago about the ineffectiveness of masks,

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including N95s for influenza. And since then, that's been borne out by additional studies. The most recent of which I've given a reference here is a Cochrane study, which is considered kind of like the "Humble Bible" when it comes to advice on how to handle treatments and disease treatments.

[The SARS-CoV-2 Virus Structure]
So this virus. We knew that there was something going around in China, in Wuhan, in even November, and probably earlier, of 2019. And the virus was isolated, and it turns out to be what we call a coronavirus. As I showed in the previous picture, you can see in an electron micrograph, it has little spikes sticking out of it. It's actually more spherical, the spikes sticking out in all these different directions. But looking down on it, it kind of looks like a

crown-like appearance, and that's why they're called coronaviruses, the crown virus. These are very common viruses. The common cold is caused in part by this family of viruses. There's other viruses, too, that can cause colds. But it's very infectious, the cold coronaviruses. But they do not make you seriously sick that you need to go to the hospital, and you recover.

Now this particular coronavirus, SARS-CoV-2, it actually has a single genome that is made up of nucleic acids; we call this an RNA. This is a single-stranded RNA genome: so within that, genetic material has all the proteins that are required to remake that virus after it gets inside a cell. And the virus itself is a relatively simple structure. It has 29 proteins: These proteins are largely not actually in the virus, but they're produced after the virus gets inside cells to allow the reproduction of the virus. But the key proteins that are on the surface of the virus is the famous spike protein that really sticks out and two other proteins, a membrane and an envelope protein. And within it, there is other proteins we call nucleocapsid proteins that stick to the genetic material, the RNA, that's inside the virus. That little package, which is small, that can easily penetrate through masks, is actually all you need to get infected and have the virus allow itself to replicate.

Now in the genome, which I'm showing in the bottom of the structure, there's actually separate genes within that large piece of RNA that encodes up to 29 different proteins. And so I've just described four of those 29 proteins.

Now what's interesting is the structure of this virus is actually 97 per cent identical to a bat coronavirus. But what you may not be aware of, this SARS-CoV-2 virus does not infect bats: it's evolved from a bat virus, but it's lost its ability to actually infect bats. There may have been additional mutations since the original Wuhan strain, but it doesn't infect rats either—many of the rats that we would have normally used to do safety testing of the vaccines. So it's very similar to, as we heard earlier, about 80 per cent identical to the SARS-CoV-1. And SARS-CoV-2 has sequences that are, again, 97 per cent identical in its structure to the bat virus.

But it has features that are not in the bat virus—including the incorporation of a cleavage site that allows it to be more infectious, that does not occur in the MERS or the SARS-CoV-1, the original 20-year-ago virus. And it has additional sequences that are in the genetic structure of this that basically tells someone who's informed in molecular biology, that does genetic engineering, that it's actually a virus that—it's not possible naturally for it to have these sites, that are key sites put in to allow genetic engineers to do work on the virus.

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So this virus is most likely, and I think most scientists now would agree, that this is actually a genetically engineered virus that was released from a lab, which appears to be the Wuhan lab.

[The SARS-CoV-2 Spike Protein Structure]
The key protein that's in that virus—the spike protein that sticks out—it's very well mapped out, its structure. It actually has, at the back end of the protein, a patch that allows it to stick to membranes on the surface of cells: this does not float away from cells. Normally, the intact structure is that it's anchored through what's called the CT—sorry, near the C-terminus, that transmembrane domain, TM, and it sticks out. And the part that's the top, the beginning, we call the RBD—just near what we call the N-terminus, the front of this. This receptor binding domain, RBD, allows the protein to interact with a natural protein found in your body called ACE2, angiotensin-converting enzyme 2. So basically, the

more ACE2 you have, the easier it is for the virus to attach to your cells and get in. And I think that's all I need to say about that right now.

[SARS-CoV-2 Mutation and Variants of Concern]
So what has become clear is that from gene sequencing studies—looking and sequencing the genome of this virus repeatedly in people who've been infected—is that there's over 27,000 mutant forms of this virus that have actually been sequenced. Over 27,000 different forms. But the forms that we call "variants of concern," have a mutation structure that gives them a special advantage to out-compete all of the other variants that exist and those include from the original Wuhan strain, these Alpha, Beta, and Gamma, and Delta, and we've gotten now to Omicron. And it turns out that there's a whole proliferation of these Omicron variants.

Now this arises because in the replication of the virus, the protein—the enzyme that allows the duplication of the RNA—is error-prone, and it introduces mutations as it actually works. And what's interesting is that if we look at the Omicron variants that we have today, they are just as different from the original Wuhan strain as the bat coronavirus that we think the Wuhan strain came from. But it's still 97 per cent identical. So when you are making antibodies against this protein, 97 per cent of that immune system is just as effective. And I'll come back to that.

[SARS-CoV-2 Variants of Concern, June 1, 2021 – September 10, 2022]
So these variants of concern, they replace each other every few months with new variants. This very colourful chart is data from the BC Centre for Disease Control that tracks these different variants of concern that have emerged. The Wuhan strain isn't even shown on this slide, but it might be at the beginning here. What we can see, for example, with the emergence of the Omicron variants is that in November of 2021, the dominant strain in British Columbia was the Delta strain of this virus. And within a month, it was the Omicron strain. And so, you can have one of these strains displace another strain, a variant, within a month's period. This will turn out to be relevant as I'll come back.

[SARS-CoV-2 Variants of Concern, June 1, 2022 – January 7, 2023]
But what you'll notice in these colours—as you're getting new variants replacing the other variants that are dominant in our population—as you start coming to now more recently, we have a proliferation of different variants. A whole list of over 30 different variants that are all present in our community now. There is no real domination of any one variant. And the reason for that is that the virus has evolved to a point where it's about as infectious as it can be: any change in that will make it less infectious. And it's also more benign. In order for a virus to spread, it's necessary for it to be very infectious and not to hurt the host: so the host does not get sick, and so they will go out into the community

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and spread that virus much easier. And so those variants are the ones that dominate.

[The Innate and Adaptive Immune Systems]
Okay, I want to express just how— And I'm sure you would agree with me that these immune systems, though, are very effective, evolved over millions of years for us to cope in an environment that's completely non-sterile, with parasites in our drinking water and bacteria and viruses and fungi all around us. And so this is a very sophisticated system. This is your defence system against infectious diseases and parasites, and it evolves from hemopoietic stem cells that have the capacity to differentiate into all these different cell types. And while this is a very complicated slide, the main point of me presenting this to

you is to introduce you to the cells that are outlined in the blue area: the monocytes, natural killer cells, dendritic cells, macrophages, basophils, eosinophils, mast cells, and neutrophils. These are all part of your innate immune system, primarily.

Your innate immune system is very strong in young children, and it continues to work as we are adults. But in children, they do not have what we call an adaptive immune system. They haven't been around long enough to become educated to what kind of viruses and bacteria are out there. So they have a very, very active innate immune system. However, as we get infected, we start to have cells produced—T cells and B cells—that specifically recognize these foreign invaders. And the first time that you're infected, your innate immune system is providing you with your best protection. But eventually, after you've recovered and you've educated these B cells and T cells, they can then protect you from future infections. And in particular, the B cells produce antibodies. And those B cells, when the threat is gone, those will differentiate into what we call plasma cells and memory cells: this is your immune memory; this will protect you in the future. We know people that, for example, had the 1918 pandemic influenza—tested even 80 years later—still had these cells in their body that would produce antibodies against the original 1918 influenza flu. So this is really where, eventually, as we get older and our immune systems are working well, we will be able to have a very fast response to the infection by an agent we've seen before, in this case a virus.

[B-cells Produce Antibodies]
So as I said, these produce what we call antibodies. Antibodies are proteins: they are one of the most abundant proteins that you find in blood, in fact. They're composed of two chains that are what we call "heavy chains" and two "light chains." And the important thing to understand from this is that you have one side of it here—the larger end—is what we call the Fab portion: this is what's going to recognize a structure that's going to be in a virus or a bacteria or some sort of foreign protein. And the back end is what we call the Fc portion. Both portions turn out to be very, very important in antibodies. And I'll come back to that in just a moment.

[Natural Immunity with Adaptive Immune System]
However, when you do get infected, and in the case of a respiratory virus, it's going to come in through your upper airways and your upper lungs. And in those zones, the immune cells you have, the B cells, they will secrete a kind of an antibody that we call IgA or IgM antibodies. These are short-lived, maybe about five, six days, and then they have to be replaced by more antibodies. But they're very, very effective. They're secreted into those airway spaces, and they provide very strong protection. And as you'll see, what they do is they bind to the target proteins that are on those viruses. And the back end, that Fc portion, then becomes recognized by cells of your innate immune system, and they recognize it easier and they take it out. So the antibodies are assisting the innate immune system to work even more effectively.

The problem is that the other type of antibodies that you get from an injection in your arm are what we call the IgG class antibodies. These are very good antibodies. They last about 21 days, but they're very low concentrations in the upper lungs and the airway spaces.

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So as a consequence, you don't have a very good response against an infection with the vaccine-induced antibodies because of the nature of the kind of antibodies that are made. They do make some IgA and IgM antibodies, too, from these vaccines, but the predominant one is IgG. And so we know that when you have that production and you get these memory

B cells and plasma cells, the immunity that you have in terms of your antibody levels will remain elevated. And we knew this from SARS-CoV-1, that even people three years later still had antibodies in their blood against the virus. And I can tell you today that this is true also for SARS-CoV-2. That the antibody levels have remained elevated in the blood of people. And the reason for that is when you're getting constantly re-exposed to the virus, it's naturally boosting your immune system. You don't require a vaccine if you've already recovered from an infection because you're naturally going to get exposed to the virus again. It's endemic in the environment, and as a consequence, you have protection.

[Kinexus SARS-CoV-2 Antibodies]
Now I'm going to provide some information on a clinical study that was undertaken at Kinexus. It's a three-year study. We were able to do this because we had unique technology at Kinexus that allowed us to remake any proteins of interest artificially in pieces on membranes. So in mid-January of 2020, the structure of the SARS-CoV-2 virus was actually published. The Chinese government released it. With that information, we could remake all 29 proteins in the virus artificially, in pieces on membranes. And Dr. Winkler has been really instrumental in allowing us to do that at Kinexus and has been involved in a lot of the testing. So I want to acknowledge the incredible amount of hard work he's done in this at Kinexus.

Over three years, we've looked at about 4,500 people for the levels of SARS-CoV-2 antibodies, looking not just at the spike and the nucleocapsid proteins, which is what other research labs have done, but we've actually looked at all of the proteins as potential markers for portions that are very immunogenic—that would provide a strong immune response in the body. Half of the people in our study are female, the other half are male, approximately. And then, we've looked at everything from six-month-old babies through to 90-year-olds in our study. And about 1,500 of them actually have had COVID-19. We know that confirmed from PCR studies.

[ID of Most Immunogenic; Regions with mutations highlighted in yellow]
To give you a sense of how we honed in on the most immunogenic parts of the SARS-CoV-2 virus, here you can see a membrane, and you see a series of a lot of spots. And each spot corresponds to a different portion of the SARS-CoV-2 virus's proteins. In this case, we're only showing the spike protein in the upper portion; the middle portion is the nucleocapsid protein, and the bottom portion, in this case, is the membrane protein. This is three of the 29 proteins that we looked at. We looked at them all.

And you can already see in this particular figure, if you have antibodies against one of those portions, it appears as a strong spot. And this is an overlay from nine different people: their patterns overlay to get a good sense of the overall regions that are the most immunogenic. And you'll notice that I've coloured them, also, on this in yellow. Those are the zones where the mutations occurred in the Omicron virus. And with a few exceptions, almost all the regions where the mutations occurred in the virus are not the regions where people tend to make antibodies.

So your immune response is largely intact against Omicron because it's 97 percent identical to the original Wuhan strain and where the mutations occur it is not, in the regions where you actually have the mutations. And that's very important to understand because again and again, we hear that "the Omicron strain is very different and so, that's why we have more infections with the Omicron because our immune system, including the vaccine-induced immunity we have,

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doesn't work against Omicron." And that's actually incorrect.

[ID of Most Immunogenic]
Now this is, again, a very dense slide, but you'll notice on the right side of the slide that there's what appears to be dot patterns. And basically, every column is a different person. This is a small subset of people that we looked at. So every column is a different person. But every row is a different part of the virus that we looked at. And you'll notice that there's certain regions, like this one here, that's a very strong black line across. All these people we tested—whether they were control, uninfected, which included people from 2018; non-symptomatic individuals that never knew that they had antibodies; through to those that were symptomatic but we didn't have PCR tests, to PCR-confirmed—shown here. You can see that there's some increases that we see in some of these spots. But even people that are non-symptomatic and to a certain extent even in 2018, they already had antibodies in their body that recognized the SARS-CoV-2 virus itself. And they would provide protection against this virus if you were infected.

[SARS-CoV-2 Antibody Pattern]
Now when we tested all these different people— And this is showing a test where we had around 110 different markers that we selected out of the 6,000 that we originally started with. And each membrane here on the one side, on the left, each membrane is a different person. And you can see that the pattern, apart from the control spot that we have here, is different in every person: everybody has a unique immune response to the same virus. On the right side here is the same person tested 10 months later: so the pattern that they have is exactly the same, almost a year later. But from one person to another person, it differs the pattern that you will have.

[SARS-CoV-2 Antibodies, with 41 markers]
And we then went on with that test and narrowed it down to about 41 markers. And here we can see a person who has not been infected. And here we can see five other people as examples of where they've been infected, but the patterns are different. And what's striking is, this D1, D2, D3, D4 spots correspond to the nucleocapsid spot. So our test is based on these peptides that are making parts of the virus. And what happens is that we have concentrations that are at least 100 times higher than what you could get with a recombinant protein—let's say the nucleocapsid protein—put in the tests that are commonly used to do research in this area: so we have a higher level of sensitivity. And because we're tracking more proteins, not just the nucleocapsid and the spike protein, we can actually get better confirmation for specificity because we're looking at other proteins as markers.

And this is just showing you the layout on the bottom here. But the key point is where the nucleocapsid protein is: about half the people that we test that have had SARS-CoV-2 do not make antibodies very well against the nucleocapsid protein. So if you have a test and you're trying to see—are we getting antibodies against a vaccine? The vaccine is delivering the spike protein only, none of the other 28 proteins. So antibodies that you detect against the spike protein could be due to the vaccine or it could be due to natural immunity. But anything that you see with the nucleocapsid protein can only be from actual natural immunity. But we can see in our tests, half the people that have COVID-19 don't make antibodies against the nucleocapsid protein.

So in our country, our health officials have been advised, based on detection of nucleocapsid protein antibodies. Which means that we may be underestimating very early

on the degree of natural immunity in our populations: One, because the tests they're using are very insensitive. And two, about half the people don't really make antibodies very strongly against the nucleocapsid protein.

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[Clinical Study: *JCI Insight*]
Okay, so when did SARS-CoV-2 come to British Columbia? is the real question. And if you look at the BC Centre for Disease Control value, they finally got their act together and started sequencing the genomes of the virus that came in and infected people in BC. And they noticed that it looked more like the genome of the SARS-CoV-2 virus that came via Europe. And so the official narrative is that this virus did not hit British Columbia until really the beginning of March. Now think about that. Here we are in British Columbia in the Vancouver area. We are the gateway to the Orient. You have a virus that has been spreading through the population in China for months before. And the first reported case in North America is in Snohomish County, just south of the border, in a nursing home. And the official narrative is that it really didn't hit British Columbia until really the beginning of March of 2020.

Well, that's not right. And here's why. Firstly, we did a study with the BC Women's and Children's Hospital, and the BC Centre for Disease Control are also co-authors on this paper [Exhibit VA-7c]. And we found that with 276 healthy workers—adults, half of them were hospital workers—that they all had antibodies that would recognize the SARS-CoV-2 virus, not just using our test but using a test from another company Meso Scale Devices [Meso Scale Diagnostics] that showed that 90 per cent of them had antibodies against either/or, either with both or one of the nucleocapsid protein or the spike protein with their test. Then we went in with our test and tested for other proteins, and we confirmed their results and showed that they had antibodies against the other proteins in the virus as well.

This study was done in mid-May to mid-June of 2020. So at least 90 per cent of our population already had been infected—already had immunity—and then later got vaccinated the year following. The question is not really what is the effect of the vaccine on a person who is naïve, who's never been infected with the virus—but what is the effect of the vaccine on someone who's already got immunity?

[Clinical Study – Participants]
Interestingly, in the 1500 people that we tested that said that they actually had the symptoms of COVID-19, we asked them, when did you first have those symptoms? And what we found was that three-quarters of the people in our entire study from the last three years reported first having COVID-19-like symptoms in December of 2019, January, February, and March of 2020: three-quarters of all the people that we tested before "officially" we had the pandemic in BC. During that period of time, there was no restrictions—there was certainly no vaccines—but no restrictions. And so this virus really spread quite prevalent throughout our population. That accounts for why we saw one of the highest death peaks was actually the first wave. We find in our participants that have not been vaccinated that about a quarter of them did get COVID again about two years later. And it was milder for them.

[Natural Immunity Based on Nucleocapsid Antibody]
This natural immunity based on the nucleocapsid detection—even though it's not a great test—we do have data. And one of the things for the panel here, I've been asked, is to make sure that I can provide primary references, so I'm sorry that these slides are very busy.

I've just tried to make the key points here: 75 per cent of the children in the United States, basically, by mid-2020–'22,

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all had antibodies against the SARS-CoV-2 virus, against the nucleocapsid protein. And in England up to 97 per cent of secondary school kids also had it in January to February of 2022. And the BC Centre for Disease Control with their most recent data, where they looked in August of 2022, already reported that 70 to 80 per cent of children here in BC already had antibodies, that they were under 19 years of age, and adults, 60 to 70 per cent of them. And again, this is based on the nucleocapsid antibody reactivity, which is again missing most of the actual infections.

So we were advocating vaccination of our children actually at a time where they already had natural immunity. And the latest data that has come up from the Stats Canada and Health Canada is that we figure now that over 40 per cent of all adults that were infected with the SARS-CoV-2 virus were asymptomatic: they had no symptoms. And we know for children that are under 18, and young adults, that actually most of them were infected and were asymptomatic. So they actually handled it quite well.

Well so, what's the deal? What's the problem then if we vaccinate them anyways? Won't we have "hybrid immunity" that's supposedly superior to our natural immunity?

[COVID-19 RNA Vaccine Mechanism Action]
Well, here's how the vaccine, the genetic vaccines, actually work. And I'll focus on the RNA vaccines because these are the most commonly used. So you have these lipid nanoparticles that are basically like little soap bubbles: very tiny, about the same size as the virus. And within it, it has this genetically modified RNA that has not the whole virus but just that spike protein gene. And it gets inside the cell, and it will be released when there's a fusion of the membrane here. The RNA is released, and that spike RNA is going to be translated into protein, creating spike protein inside the cell. Now this cartoon's not ideal because they're actually in a membrane, which then fuses with the surface of the cell to present the spike protein on the surface of the cell—the same way we presented on the surface of the SARS-CoV-2 virus itself. Except instead of being on a virus particle, it's on your own body cells.

And when you have antibodies that are in your system— I should point out, too, that as you have this foreign structure inside your cell, what we call toll-like receptors [TLR] signaling can tell there's something foreign here, and it actually causes the release of cytokines. And again, cytokines are hormones essentially released into your circulation to signal to your immune system—there's a problem here, you better come and take care of it.

So those immune cells are attracted. And so you can get immune cells—it could be macrophages and neutrophils, dendritic cells, as examples—and those cells will have what we call Fc receptors that recognize the back end of the antibody. So the antibodies are going to stick to this spike protein, and the back end is going to allow the sticking of this immune cell to, in fact, the cell that's producing the spike protein. Now that antibody can also allow the binding of proteins in blood called complement proteins. And you get all these complement proteins—they're what we call proteases—and they create a hole so it actually kills the cell. So your immune cells are there; they're going to be gobbling up the pieces, which includes the spike protein. It goes inside these antigen-presenting cells, presented with what we call major histocompatibility antigens to T cells and B cells that are in your lymph nodes. And then you get your immune response. Okay, so that's how it

works. So the key point here is, in order to get an effective immune response, you have to actually attack and potentially destroy the cell that's producing the spike protein.

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[COVID-19 Vaccine Issues – Poor Lasting Efficacy]
Now, again, as it's been emphasized before, and I think Dr. Hoffe spoke eloquently about all the problems, and I can confirm everything that he said. I'm just actually presenting some of the references for those statements and expanding on them a little bit deeper. But there's complete agreement now: These vaccines do not prevent infection. No one's going to argue that, no health professional. It does not prevent transmission. That is absolutely clear now, too. The argument has been that it reduces your symptoms; you're not going to die, at least, if you've been vaccinated. That has never been proven in any clinical study: there were never really endpoints in those clinical studies. But there is no data that actually supports that statement.

What we do know is that people are dying less from the virus now. But again, the virus is mutated to a more benign form, and natural immunity is very prevalent in our population. So it's not surprising that we're seeing this. So when we look and adjust it for the population that's been vaccinated versus the population that's been unvaccinated— And I'm sure you've heard from the media for the longest time that 99 per cent of the people in the hospital in the summer of 2021 were actually unvaccinated. Well, a lot of the population wasn't vaccinated, and there's very few people who were actually ill at that time. So when you look back, most of the deaths that we had in unvaccinated people was actually during the period of time when hardly anybody was vaccinated in the first place. Okay, so that's playing with the numbers.

The other thing that's been done with playing with the numbers is that if you've been vaccinated and you get COVID within the first three weeks in British Columbia, you are considered "unvaccinated," and that data was lumped in with the unvaccinated. Even though they got COVID and they were vaccinated, they were considered unvaccinated. I'll show you that's a problem. So even now, when we adjust per capita—because over 87 per cent of the population of BC has been double vaccinated, 13 per cent is unvaccinated—when we adjust for the difference in numbers, there really isn't that much difference in the hospitalization rates now and the ICU admissions and the deaths in this respect. Except I'll show you that's not quite exactly right.

[COVID-19 Vaccine Issues – Increased Risk of Infection]
But the key thing here is this data came from Alberta in 2021 that they published on their website up to January 11, and then I guess they finally removed it because it was too embarrassing. So what it shows you is that these are people—this is total case numbers—**that if you were vaccinated on day zero here, your chances of getting COVID-19 increased right after vaccination. And this is different age groups here in terms of the colours: these are children down here [red] and these are elderly people in the blue up here, and this is age. But for the first seven days your risk of getting COVID goes up when you get vaccinated; it stays high for about up to day nine, and then it declines as you get an immune response in your body. And now you get that protection, but it's fairly temporary. In the first shot and second shot with the booster, around five, six months. But with each booster shot, the duration period of protection has been getting shorter and shorter. So it's really just a few months, maybe two months now with the fourth shot for the booster in adults. But it's much worse in children.**

[COVID-19 Vaccine Issues – Increased Risk of Infection, Quebec data]
Here you can see also that with the third shot, in looking at hospitalization in Quebec data here, that if you were triple vaccinated here, three doses in the purple, you were more likely to be hospitalized than someone who was not vaccinated. Now all of these slides will be available, I'm providing them to the Committee, and you'll be able to have copies of this. We'll probably post them on the Canadian Covid Care Alliance website.
[COVID-19 Vaccine Issues in Children – U.S. Data]
So what about children? Well, these vaccines were especially ineffective in children. One study they've done out of the U.S. looked at 74,000 children,

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5 to 11 years of age at about 6,800 sites across the United States. And basically, what they found was that by four and a half months after vaccination of 5- to 11-year-olds, they actually had a negative efficacy: these children were more likely to get infected than if they had not been vaccinated. And the efficacy after only one month post-vaccination was 60 per cent. This is relative risk reduction, not absolute risk reduction, which is a fraction of a per cent. But by two months, it was down to about 28.9 per cent efficacy. So 70 per cent of the kids by two months, there was no protection from the actual vaccine.

[COVID-19 Vaccine Issues in Children – New York State Data]
When we also look at other studies, here was one done with about 365,000 kids in New York State during the Omicron peak. After five weeks, it was only about 12 per cent effective. So what is happening is in these children, normally, their innate immune systems are very protective. But when you're looking at the boost from these vaccines, it doesn't seem to be working very well.

[COVID-19 Vaccine Issues in Children – Pfizer Report to FDA]
Nonetheless, we've gone ahead and vaccinated children, and we started doing it more recently in 2022 for under five-year-olds. And initially looking at two- to five-year-olds, this study was actually done with the Pfizer vaccine. They had about, I believe around 1,500— Well, they actually had about 1,000 that were unvaccinated, about 2,000 that were vaccinated. And then you run the numbers, and at the end of this study— By the way, none of the kids went to hospital, they just turned out to have COVID as confirmed with a PCR test, which again, at 35 cycles is actually 90 per cent false positives.

But the difference between the vaccinated children and the placebo children was two of them were positives in the vaccinated group and five of them in the unvaccinated group. So the difference of three kids: that's determining whether or not this was an effective vaccine to inject in all these children.

And by the way, this efficacy was only measured after one month. And I would also point out that in that trial, it was originally designed for two shots, and they had negative efficacy after two shots. So they went to three shots, and this is only after that one month after three shots. So that's why these vaccines for children are three shots.

[COVID-19 Vaccine Issues in Infants – Pfizer Report to FDA]
And when they did the babies, six-months-old to two-months-old, the difference between the two groups, very similar study, was a single child. One that was infected in the vaccinated group and two in the unvaccinated group. Again, none of them were hospitalized.

[COVID-19 Vaccine Issues in Children – Reduced Natural Immunity]
Okay. So well, it may not be effective, but is it safe? And again, since most of these children will already have been infected certainly well within the pandemic after two years, and as it would seem even within the first year.

What we do know is that if you have people that were negative from serological tests from being infected, and now you gave them the Moderna vaccine, and then they got infected—because they all do at some point—it turns out that the natural immune response was 40 per cent. Whereas, normally, the natural immune response was 93 per cent after infection with people who had not been vaccinated, these people that are 18 years and older. So you actually downregulate your natural immunity if you're actually pre-vaccinated. And even for a non-vaccinated person with a mild case of COVID-19, there was a 71 per cent chance of having antibodies against the nucleocapsid protein, again, reflecting an immune response. But if you were previously vaccinated, your nucleocapsid response is only 15 per cent. So you have a blunted immune response if you've been previously vaccinated without being infected beforehand.

Well, what's the problem if you're infected, you have an antibody response, and now you get vaccinated?

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[COVID-19 Vaccine Safety Issues]
You might be surprised to learn that if you have a Moderna vaccination on your arm, you're typically getting trillions of these lipid nanoparticles that contain the RNA. And you're going to have between 5 to 10 copies of that RNA in each lipid nanoparticle. And that RNA has been genetically modified, is non-natural, to have what we call methylpseudouridine, replacing the uridine that would normally be in the structure of the RNA, that makes it more stable and less likely to be degraded: so each RNA can be used repeated times to make copies of the spike protein. So what happens is, you can potentially have hundreds of copies of spike protein made from each RNA gene—again, 5 to 10 per lipid nanoparticle. And you have tens of trillions of lipid nanoparticles with each injection. So you're literally producing quadrillions of spike proteins in your body with a single injection.

Now, how does that relate to, let's say, a virus infection or a normal vaccine? Which would be an attenuated virus. You might get 50 to a few thousand copies of that attenuated virus injected in you. As opposed to, like I say, trillions of lipid nanoparticles. Now, again, these are like little soap bubbles; they have no targeting proteins on their surface. So they will travel anywhere in the body, including the blood brain barrier. And they'll fuse with any cell that they're close to and then, in those cells, produce the spike protein.

So this to me—as I showed you earlier, how these vaccines work—if it requires the destruction of these cells that take up the lipid nanoparticles and produce the spike protein, and you're attracting your immune system to those sites, then you're going to get injury at those sites. So imagine that you already have natural immunity and you have a strong immune system, and now you're putting quadrillions of these spike proteins throughout your body: you're going to have a very strong immune response and more damage to your tissues than you would normally have if you weren't vaccinated in the first place.

This is accounting for some of the injuries that we're seeing. But to me, this is a recipe for autoimmune diseases. And we have many cases where an overactive immune system is actually attacking your own body cells. And basically, this is what these vaccines are doing.

[COVID-19 Vaccine Safety Issues – VAERS]
And we know this for a fact because the VAERS system that we talked about earlier, when we look at the total number of reports of vaccine injury, it turns out that actually over 79 per cent of all deaths from all vaccines in the VAERS system—there's over 80 other vaccines—79 per cent of it is from the three approved COVID-19 vaccines in the U.S. You have more reports of injury in general from these three vaccines in the space of two years than all the other vaccines put together for the last 31 years. It's very hard to ignore that.

[COVID-19 Vaccine Safety Issues – VAERS, U.K., EMA]
And it's not just the VAERS system; there's the U.K. Yellow Card system, the EudraVigilance system from the European Medicines Agency, they track this. As pointed out earlier, the CAEFISS system in Canada, only a doctor can report it. They filter it out so that even when doctors do report it, they tend to ignore it in many cases. And what we know with that system is three-quarters of all the reports in that system are from women. And that's true for the VAERS system as well. And it's true also for the VigiAccess system, which is what the World Health Organization has been tracking vaccine injury with for the last 30 years.

[COVID-19 Vaccine Safety Issues – WHO, VigiAccess]
So if we take a look at the VigiAccess system from the World Health, and we look at the total number of reports of adverse events, AEs, there's over four million that are documented, since reporting for that. And if we take a look at all the other vaccines, the closest that we get for adverse events is influenza,

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going back to actually 1968 when you started tracking this.

But in the space of the same time period of a year, you have over 500 times more reports. Well actually, 148 times more reports of vaccine injury from the COVID-19 vaccines than from the influenza vaccines. And there was a period there in 2020 where we had very few cases, apparently, of influenza in the country, barely 100, and most of those were caused by vaccination with the influenza vaccine because it's a weak strain and there'll be some people that will actually respond to it. But you can see here that these are clearly the highest rates of vaccine injury we've ever seen. And one has to wonder: We set up these systems in the first place to identify where we had problematic vaccines. And we've seen signals we've never seen before, and we've totally ignored them. We've actually talked about how poorly these systems actually seem to be working, and it's just nonsense.

[COVID-19 Vaccine Safety Issues – Original 6-Month Pfizer Trial]
Because we can go back to the original six-month Pfizer trial, for example, and there we **have a placebo group along with the vaccinated group. And what we could see is that there is 300 per cent more reports of adverse events in the vaccinated group than in the unvaccinated group and a 75 per cent increase in "severe," that's hospitalization, basically, and death. Now, when we look at the actual number of deaths, there was 20 that was in the vaccinated group and 16 in the non-vaccinated group. So to argue with a controlled study, even here: there's no evidence that the vaccines actually reduced the likelihood that you would be hospitalized or that you would die; in fact, it's the opposite.**

And a lot of this information was suppressed. Finally, through a court case in the U.S., a lot of the post-release of the vaccine— Again remember, the vaccine was released after only two months of study. This six-month study came out in the summer after people

had already—it had been in the general public. So what happens is they already had in two months, 1,223 deaths that were reported directly to Pfizer related to the vaccines.

[COVID-19 Vaccine Safety Issues – Fertility]
So the question has come up about fertility. And it's been pointed out these lipid nanoparticles travel throughout the entire body. They do concentrate, as pointed out by Dr. Hoffe: about the fourth major organ after the liver, the adrenal glands, and the spleen was the ovaries. And we know that over 40 per cent, in multiple studies now, of women that are vaccinated have menstrual issues: heavier bleeding or prolonged bleeding and including, also, in post-menopausal women that they would have bleeding. So the control of the period is through the hypothalamus, the pituitary, and the ovaries. It's hormonally regulated. So we can tell that those organs are being affected by those lipid nanoparticles.

And likewise in men, what we do know is that sperm counts drop. And those drops is about 15 per cent. They do recover in about three to six months. But it does show you that the gonads are affected by these. And in the case of women, my personal concern, because I do research on oocyte maturation and conversion of oocyte into eggs—that's what happens with every period—is that a young baby girl is born with all the oocytes she's going to have for the rest of her life. If there's inflammation and damage to those ovaries, she may very well end up with fewer oocytes; even though there may be a healing process, she'll have less oocytes, which increases the risks that she will go into menopause sooner and will become infertile. Overall fertility rates have dropped over 10 per cent since vaccination started. But there's a variety of reasons that that that could be, but I think this is potentially one of them.

[COVID-19 Vaccine Safety Issues – Myocarditis and Myopericarditis]
One of the biggest risks that's been identified is myocarditis and myopericarditis, the muscle around the heart, that we are seeing a very high risk of vaccine injury, particularly in males after their second shot of the Moderna and the Pfizer RNA vaccines. And the risk seems to be, well,

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Ontario actually calculated the risk fairly early on: it was about 1 in 5000 with the Pfizer vaccine. The BC Centre for Disease Control actually did a study, which they published. They see with the Pfizer vaccine after the second shot about 1 in 7800 for symptomatic, and I emphasize "symptomatic myocarditis." But in the same study, they show that with the Moderna vaccine, the risk in 18- to 29-year-olds is about 1 in 1900. That's incredibly unacceptable—even though the publication felt that from their data, these vaccines were safe from a standpoint of myocarditis.

Now that same publication showed data from 12- to 18-year-olds with the Pfizer, and the risk was very similar to the 18- to 24-year-olds. But we know from other publications that for the Moderna, the risk is greater and especially greater for the 12- to 18-year-olds. And that data was omitted or certainly was not recorded in the study that the BC Centre for Disease Control published, which is where I would expect there to be the greatest amount of problem with these vaccines.

And the reason why we know these people have myocarditis is because they go to the hospital. If you have symptomatic myocarditis, you will be in the hospital—about 98 per cent of the cases. But we do know that many people can have the same damage, but if they don't exert themselves, they are asymptomatic myocarditis. And from what I've been able to see from the literature, it seems that for every symptomatic case, there's about 3 cases

that are asymptomatic. So that means those numbers that I gave you, you can divide them by 4—that the actual damage is occurring in these young men.

One of the few studies that was done was a Thailand study with 301, 13- to 18-year-olds. They had about 201 males and 100 females. And what they found was they actually looked at each person in that study for damage to the heart. And 29 per cent of them had damage to the heart that they could see either biochemically through the production of a troponin protein—a heart protein that isn't normally in your circulation—or actually MRI imaging. And when you calculate out the cases they found that were "asymptomatic" pericarditis or myocarditis, it was mainly asymptomatic here, there was 1 in 29 of the males—1 in 29.

[COVID-19 Vaccine Safety Issues – Case Study]
So well, how is this possible? Why do we see this? Why would the heart be attacked by the immune system when you've been vaccinated? And as pointed out earlier, we're finally now starting to see immunohistochemistry studies of where people have died and the tissues are examined and stained to see whether or not they have spike protein produced or nucleocapsid protein produced. If you had both, you could argue that well, that's from the virus. But if you have again just the spike protein and haven't had COVID recently, then you start to think well, it could be the vaccine.

So here I'm showing you data from Dr. Motz; he's a pathologist and here's the staining. Now this person died from Parkinson's disease 3 weeks after they were vaccinated. So there was extensive spike protein in the brain. But this is the heart of that person. So in their heart, you can see the production in the orange here that's indicating the presence of spike protein. And again this is produced by the vaccine. And these little dark blue, these are cells of the immune system that are here.

And I've seen extensive work, and we talked earlier with Dr. Hoffe about Dr. Burkhart's data. At the Canadian Covid Care Alliance, we had an interview with him, which is actually posted on the Canadian Covid Care Alliance. And for about an hour, he showed us all these tissue slices from autopsy, people who died

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not as vaccine injuries: but 70 per cent of those people, after their analysis, they interpret them as vaccine-injury deaths. And the spike protein production here in those slices often shows infiltration of immune cells like we see here. And by the way, this is the nucleocapsid protein here; there's no staining of the nucleocapsid protein. What we see is that there's also extensive tissue damage in those zones where, in fact, the immune cells have come, where the spike protein is being produced. So the mechanism for the myocarditis is pretty plainly evident.

[COVID-19 Vaccine Safety issues – Myocarditis]
And people have argued, well, you know, COVID-19, the vaccines: if they get myocarditis, it's a mild case of myocarditis. I have to emphasize to you that myocarditis, the damage is permanent: It's not reversible. It only gets worse. The infiltration of immune cells, as shown in this figure here to illustrate the heart muscle cells, kills those muscle cells. And those dead muscle cells are replaced by scar tissue. And the surrounding muscle cells have to get bigger to carry that load to pump the blood. Sometimes in myocarditis, it may be that there's certain zones that are affected with the inflammation—that you get arrhythmia happening when the person is exerting themselves—and then they can get a heart attack.

So when you have a bigger heart, when you're exerting yourself, you have more blood pressure in the future, and you're more predisposed to cardiovascular disease, which is almost the major cause of death for people next to cancer. They only differ by a few per cent from each other in Canada.

[Athlete Collapses and Deaths – January 2021 – December 2022]
So we've seen this, over the last few years, we see more and more reports of athletes collapsing on the field. And what's kind of disconcerting is that about three-quarters of them that have been recorded, they've died from that collapse. So it's about ten times the average of what we normally saw prior to the release of the vaccines.

[COVID-19 Vaccine Safety Issues – Reported Deaths for Major Drug Recalls]
And so one wonders: well, look, if you got these deaths, and it's about 35,000 deaths reported in the VAERS system now, how many deaths does it take before you actually terminate the programs for these vaccines with the COVID-19, especially genetic vaccines?

And to illustrate this, the closest that we have for any drug or any vaccine to where the decision was made to suspend that particular treatment was Vioxx with 6,000 deaths. And as pointed out earlier, where we have some vaccine deaths, even after ten, we stopped those programs. But what we're doing instead, now, is we're going to use this technology for influenza vaccines and other vaccines that we plan in the future to give to our children. Because they're amongst the most heavily vaccinated in terms of [life.]

[COVID-19 Vaccine Safety Issues – All Cause Mortality, Ages 0–44]
So we've talked a little bit earlier in some of the presentations about all-cause mortality. All-cause mortality, you can't fudge the data. I mean, whatever they died from, the increased amount of death, you can try to correlate that. Here we can see for under 44-year-olds in Canada, there is an increase in all-cause mortality that actually is coincident with the lockdowns. And again, that's probably dealing in part with suicide. And also depression, anxiety, these reduce your immunity, and with reduced immune system, you're more likely to get cancer and other diseases. And then, it was starting to kind of come down, and then we started introducing vaccines and it went back up again.

[COVID-19 Vaccine Safety Issues – All Cause Mortality in BC]
Now I looked in British Columbia, and we can go back to 2010. So look at the scale here, 6,500. So starting from here, so this is really excess mortality above historic averages annually. What's shown in the yellow is the component—so it goes right to the top—but the component that's due to illicit drug deaths. So we can see illicit drug deaths accounted for more deaths than COVID

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in 2021, in BC.

Likewise, even more so compared to COVID in 2022. Interestingly, in 2021, we don't see as many deaths per million people in BC. We have about 5.3 million people in BC. So you can take these numbers and multiply them by about five. Here, we can see the heat wave in 2021 has actually killed a lot of people in one week from the heat wave, in comparison. So in BC, about 110 people die every day from all causes. And of that component, even at the peak, only about three and a half deaths per day average from COVID-19. And in terms of all-cause mortality, it's more than 90 per cent of it, at any stage, was due to other diseases rather than COVID-19.

[COVID-19 Vaccine Safety Issues – All Cause Mortality, England, 2021–2022]
Now I'm coming close to the end of my presentation. This data is the cleanest data that I've been able to see. It was recently published on the website for the healthcare system in the United Kingdom. The reason why I like this data is because it completely separates people who have been vaccinated from unvaccinated and those that are in that short window of two weeks where they're vaccinated, but they would normally be counted as unvaccinated. They did not do this in this data set, and they also, at the same time, had the different gender and they had different age groups. And so this is all age groups being shown here. Now this is starting when they began this study in April of 2021, so soon after the release of the vaccine.

Marion Randall
Dr. Pelech, just given it's getting very late, I'm just wondering if you would consider wrapping it up so we can move to questions?

Dr. Steven Pelech
We're just about done.

Marion Randall
Yes, please. Thank you.

Dr. Steven Pelech
Yeah. So what we find is that the risk, and this is adjusted per population, so it's age adjusted as well. If you were vaccinated prior to Omicron—this is this period here in December of 2021—you were more likely to die by four- to five-fold than if you were completely unvaccinated, in the blue. And once Omicron came along, if you were double vaccinated, you were about two to three times more likely to die if you were vaccinated than if you were unvaccinated. And since then, the risks have declined. With triple vaccination, there seems to be a protection during this period, but the difference between the unvaccinated disappears by about March of 2022. But you remain more likely to die of all causes if you've been vaccinated. Okay, so that's what the data is showing us.

[Canadian Reaction to COVID-19 Vaccines]
So the reaction of Canadians to this has been that we have a very high degree of compliance: in this case, depending on the age group, certainly the elderly over 90 per cent, and they completed their vaccination series. But in the last six months, we see less than 5 per cent of zero to four-year-olds have been vaccinated, 7 per cent of five- to 11-year-olds. And if we look at the elderly, 60 years and older, there's been a high degree of noncompliance with the government. So thankfully, I think people are getting the message that these vaccines are not only not that efficacious, but they're also not safe.

[International Reaction to COVID-19 Vaccines]
And this has been recognized by countries around the world with their regulatory agencies that have decided that they will not vaccinate children, and in many cases, they will not vaccinate anybody unless it's recommended by a doctor. And for example, in Switzerland, the doctor assumes the liability.

So that's the end of my presentation. And thank you for your patience.

Marion Randall
Questions from the Commissioners, please.

Commissioner Massie
Thank you very much, Dr. Pelech, for this presentation. I have a couple of quick questions. The first one is the study you've done in following the infection, using your method for in the clinical trial.

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My first question is that given the importance of this pandemic, I mean, this kind of research should have been probably prioritized by the government in order to get a good picture of what's going on. So what kind of support did you get to carry on with this research?

Dr. Steven Pelech
Yes. Really none from government. We applied for several grants early on and we didn't even make the stage of letter of intent/acceptance to submit a grant application. There has been some funding given to other organizations, like Ab-C in Toronto using the nucleocapsid and the spike protein assays. Again, they're very insensitive. And I believe what happened is they're claiming that no children really got infected in Canada until Omicron hit. They're assuming that really for two years, children evaded getting infected with the virus, only 5 per cent of the population. And it's because of the inadequacy of the tests. So in fact, serological testing should have done early: it should have been recognized that if you have an antibody response already, you've been infected, and you should not have had to been vaccinated. And health care workers in BC should have been able to be tested. They were the most likely to be infected early, and no nurse or doctor or any other health professionals should have been fired because they refused to be vaccinated.

Marion Randall
So if there are further questions and answers, can we keep them focused? Further questions?

Commissioner Massie
Yeah, well just to continue on that. Now that your data is out from the study, I know you probably continue to accumulate more data. So your data is available someplace so it can be consulted by government agencies?

Dr. Steven Pelech
Yes. Some of the work has already been published, as I've shown, in *JCI Insight*. We just finished the study. So it takes a while to put all the documents together, but our intent is to publish it in a peer-review journal.

Commissioner Massie
So did you get any feedback from the preliminary data that you put on your site?

Dr. Steven Pelech
Yes, I mentioned the data to a lot of people that are scientists across the country. But it's been kind of ignored at this point. But that's why it's so important to make sure that the study is very well documented and that the data is irrefutable and published in a peer-reviewed journal, and then we'll see, probably a better acceptance.

Commissionaire Massie
My other question has to do with the liposome and the mRNA. You've shown on your cartoon that the liposome will actually through the TLR system, trigger some sort of interferon response, which in a way could be good in order to prime the innate immune system. But there are a few studies showing that the structure of the mRNA with the pseudouridine in fact dampens the interferon response. So is there some sort of a—

Dr. Steven Pelech
Right. Yes. There's different reports in this regard. But we certainly are getting an immune response. And I think the production of these cytokines is thought, at least, to be part of the mechanism of how these vaccines are supposed to work: that's what the manufacturers of the vaccines have argued. So I think it's likely that it does happen because it is a very foreign situation inside the cell. And the cells have evolved to recognize when something's coming in that's non-natural. So it's probably the lipids, that are non-natural lipids, that may be triggering that kind of a response with the TLR receptors.

Commissioner Massie
So how would you explain the spike of infection following vaccination? Do we have any hypothesis?

Dr. Steven Pelech
Oh yeah, it's very simple. My interpretation is you've got quadrillions of spike proteins expressed throughout your body. Your immune system has only certain capacity and it's very mobile. So what's happening is it's going to fight the spike protein on the surface of your body cells, and it's less available to take the virus that's coming in through your airway passages, and so it's a competition for attention. And so that's why I think you're more susceptible to getting infected, especially when you're being vaccinated in the midst of a wave—that that's what's happened.

Commissioner Massie
So what seems to be happening throughout the pandemic to come to the stage where we seem to be in the Omicron-era

[01:30:00]

with a virus that is not that pathogenic. But normally, this is what happens in this type of infection if we don't intervene: that is, it will subside because, eventually, the immune system will control it and it will become less and less pathogenic. But because we have intervened very systematically with this vaccination and the vaccination seems to somewhat affect the equilibrium of the immune system—is that the reason why the infection or pandemic seems to be prolonged in our country and not in other countries where the vaccination was much lower?

Dr. Steven Pelech
Yeah, I think a lot of people would argue that the vaccination has prolonged it. What we know with SARS-CoV-1 back 21 years ago, there was no vaccine. The virus seemed to disappear. And it was a more deadly virus than SARS-CoV-2. It never disappeared. I suspect what happened was the population had developed immunity. That there was variants that started to be produced. We didn't have the PCR technology to really track it in those days. So I think the virus has evolved, and we were continually probably being re-exposed to SARS-CoV-like viruses for the last 20 years. And that's why even young children have antibodies against this virus, pre the COVID-19 pandemic. And it's evolving to becoming more like a common cold.

Commissioner Massie
So if the vaccination, aggressive vaccination campaign seems to make things worse and prolongs the pandemic, what would be your prediction if we rapidly stop vaccination? Would the evolution of the pandemic subside like it happened in countries where there was less vaccination? Or we will still be struggling with the side effects that the vaccination has done to the immune system?

Dr. Steven Pelech
Yeah, well, I think what happens is most of the people who have been vaccinated, they will have been initially harmed, but they will recover. We're probably talking about one in 400 or that range that maybe have permanent damage. In terms of exposure to the virus, they're constantly going to be exposed to it probably seasonally, and most of them will have no symptoms. And it will just spread in the environment and early on, again, being a more benign virus, I think it's no longer a threat to our society. Those that are really elderly, fortunately, we do have drugs now, Paxlovid and others, strategies that we could help those people if they do get infected.

It's not the point of my presentation today, but certainly we could have better treated the people who originally got COVID-19. Most people that have died of COVID-19 didn't really die from the virus—they died from pneumonia. And treatment with antibiotics probably would have been very helpful but was not generally applied early in the pandemic.

Commissioner Massie
So if I summarize what you said about the natural immunity and the vaccination. Should people get their booster next time?

Dr. Steven Pelech
No, no, I don't think anybody should get a booster at this point.

Commissioner Massie
Even the vulnerable, people—

Dr. Steven Pelech
Even people that are vulnerable. Because I think what's happening is they're developing tolerance. When you're repeatedly exposed to an immunogen in high doses, your immune system has learned to recognize what's in the environment normally and what's really

strange. And so when you constantly are boosting yourself, especially expressing this spike protein on the surface of your own body cells, the immune system develops tolerance. And we can see this already with the third shot, the class of antibodies, IgG antibodies that are created, they're converting to what we call Ig4 class antibodies. And these are important in the development of tolerance, which means that those people will be more likely to be susceptible to infection. Their immune system won't work as well in the future if they get re-exposed to the virus, which they will.

Commissioner Massie
Thank you.

Marion Randall
Are there any other questions? Thank you so much Dr. Pelech. That was very enlightening.

Dr. Steven Pelech
Thank you.

[01:35:10]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Witness 11: Dr. Ben Sutherland
Full Day 2 Timestamp: 11:16:10–11:42:25
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Marion Randall
So again, this new witness is Dr. Ben Sutherland and it's Marian Randall for the record, the lawyer assisting in this case.

Dr. Sutherland, can you please say your name for the record and spell your first and last name, please?

Dr. Ben Sutherland
Sure. It's Ben Sutherland, B-E-N S-U-T-H-E-R-L-A-N-D.

Marion Randall
And do you promise to tell the truth, and all the truth, while you're giving your presentation here?

Dr. Ben Sutherland
I do, yes.

Marion Randall
Okay, and I'll just begin with, I think I'll run through it myself, and you note if there's any corrections. You did an undergraduate degree at Thompson Rivers University with an Honours in Biology, and you did some postdoctoral work. Actually, maybe I'll get you to do it because I think I'm a bit confused here with what I've written. You did more than one post-doctorate? You took a doctorate.

Dr. Ben Sutherland
I don't mind running through it really quickly.

Marion Randall
Yeah, I think you should actually, I'm botching it up. So go ahead.

Dr. Ben Sutherland
Yeah, I did a doctorate at University of Victoria between 2008 and 2014. Then I went and did a postdoc in Quebec City between 2014 to 2017. And then, I came back to BC and did another postdoc with UBC and Fisheries and Oceans Canada, unofficially with Fisheries and Oceans. And then, I started as a biologist at Fisheries and Oceans and then moved into a research scientist position in 2019, I believe. And then was made a permanent research scientist at Fisheries and Oceans in 2020 and worked towards taking over a lab, a very large lab in the Pacific region, and eventually became co-program head with a retiring scientist, and that was up to 2021.

Marion Randall
And then what happened in 2021? I think we're in the midst of COVID then where you started having troubles.

Dr. Ben Sutherland
Yeah, so well, we were dealing with the pandemic effectively in the lab. We were being very cautious and careful, following all the rules, and many of us were working from home, myself included for much of the time. And then, yeah, I guess the vaccine mandate was announced.

Marion Randall
And just before you get there, Dr. Sutherland, would you tell the Commission, I think you've got a leadership award for your leadership in enforcing COVID mandates.

Dr. Ben Sutherland
That was after the—

Marion Randall
After the mandates.

Dr. Ben Sutherland
August 6th was when we heard in the media, the mandate was being announced, August 6, 2021. And I was very concerned about that. It was a shock to me because the organization was very respectful before that about diversity of opinions and all kinds of different people respecting diversity.

So I was really shocked and upset in August when I heard that, and I actually went to my specialist. I have a genetic disorder that has an iron accumulation disorder called hereditary hemochromatosis, and in 2016, I found out I had this. I had actually put off testing for it for so long because I was just too focused on my career. And I found out I had it in 2016 and my levels of iron were very high, and I had to go through all this testing to make sure that I hadn't done permanent damage to my organs. It was really scary. That was

when I was in Quebec. And I swore after that I would never put my career in front of my health again.

So I went to my specialist after hearing about the mandate, and I said, "Have they done testing on people with hereditary hemochromatosis and chronic low platelets?" which I had. And he said, "Well, not exactly, but I don't have any reason to think that you shouldn't be safe to take this procedure."

And so he wouldn't give me an exemption letter, which, you know, he had no reason to think that I was in danger, so I respect that opinion. And so I was not able to obtain an exemption letter. So a few days later, I was indeed provided a leadership award as I mentioned. We had a— It still is a large lab, it's a great lab. I had five direct reports, and I was co-managing five other reports while my mentor was getting ready to retire. A lot of effort went in to training me up to run this lab. It was a very— It was an honour to work there.

So I was given a leadership award

[00:05:00]

during the COVID-19 pandemic for making sure the lab operated effectively, and we got our job done. And then, of course, the election came in September, and that went the way it did. And October the 6th, the mandate was officially implemented. And at this time, I—

Marion Randall
And just to ask you, Dr. Sutherland, is that the federal? There was a federal mandate on October 6th for all federal workers?

Dr. Ben Sutherland
That's correct yeah, the policy on COVID vaccine, the policy went in on October the 6th. That's correct.

Marion Randall
Thank you.

Dr. Ben Sutherland
So October the 12th, I had to attest as to my status, and I decided to not request an exemption because I couldn't get the exemption letter. And I didn't have a religious affiliation at the time, and it was very clear that exemptions were going to be very difficult to obtain. It also didn't sit right with me to request an exemption: like, why should I be exempt because of hemochromatosis or something when the person beside me who just doesn't want to take this medical procedure has to take it? So it didn't sit right with me requesting an exemption.

So I attested as an unvaccinated person and not requesting an exemption. And then that's when I started reaching out to everybody I could. I tried reaching out to the union. They fully supported the mandate, so it was clear I wasn't going to get any movement there. They spoke with me, but they wouldn't debate with me about any of the topics. But in any case, they fully supported the mandate, the union, and then I went to my management and they

did what they did. I mean my direct supervisor absolutely did not— I can't speak for him, but they didn't want to lose me there. It was just, that was how things work.

So it was clear to me that I was going to be removed from my position, so I started planning my departure. I just want to underscore, I'm an early career researcher. This was my dream job. I was going to do 30, 35 years. I was doing genetic stock ID in salmon across the whole coast. That's a specialty I've been working on my whole career. So this was the hardest decision, but also, I would not have made it any other way, and I still wouldn't today.

Marion Randall
So Dr. Sutherland, there was a period, October 12th, you had to make the attestation for your

Dr. Ben Sutherland
That's correct.

Marion Randall
vaccine status, and then, as you're saying, you prepared to leave. But you are also required to take a course, I believe.

Dr. Ben Sutherland
That was a little bit later. So I was preparing to leave. I was getting all my files ready for my replacement, who was a good scientist, and I gave all of my documents to him and sorted out all my emails because I knew that I would be removed from my position and locked out of my computer and email within 24 hours. So I needed to make sure that the lab could continue the important work that they were doing. And then, yes, I had to take the mandated course. As an unvaccinated individual, I was mandated to take a course called Building Vaccine Confidence.

And yeah, they actually asked me in my— Well, I don't know if it would be called an exit interview, but when I was removed on November the 15th, they wanted to make sure that I had taken that course, which I told them I took it and I had some serious concerns with the course and some issues. And I had comments for them if they wanted it. But they didn't want my suggestions on the course.

Marion Randall
So you were removed on November 15th of 2020, is that right?

Dr. Ben Sutherland
2021.

Marion Randall
2021. So were you fired at that time, or did you expect to go back to your work?

Dr. Ben Sutherland
That's a matter of debate, I believe. I was put on administrative leave without pay. My record of employment was Code M, and it says dismissed/suspended, but I was told that I was not dismissed. It said due to COVID vaccine mandate. So I guess I was not dismissed, but I was placed on this leave without pay against my will.

And yeah, that kind of started a period of— I would describe it as traumatic. I basically had to drop all of my projects with all of my collaborators,

[00:10:00]

some of whom I'd been working with before I was at that job. And when you're in a research field like mine, marine genomics, you really build— Like it's a small group. It's not as big as human genetics or anything, so you build a network, and I had all these tens of projects that were really exciting that I was driving forward. And I just had to drop all of them.

Marion Randall
Are these projects that were with Fisheries and Oceans, and you couldn't continue with them because they were part of that work?

Dr. Ben Sutherland
That's correct, yeah.

Marion Randall
And how did you make out financially during this period?

Dr. Ben Sutherland
I don't know if scary is the right word; it was really anxiety-inducing. My wife, she works in a private organization, and we were concerned she was going to also get mandated. It was actually one of the harder moments when she said that she was going to go and get the shot so that we could keep our house. And that really frustrated me because it took away my ability to take care of my family with my wife; you know, we are partners. And I said, "Absolutely not; we're not doing that," and she agreed with me. But they didn't implement the mandate in the private sector; they're too smart. They don't want to lose good employees, of course; they have to make good money, well some of the private sector anyways. But they didn't in her job, so we were able to get through there.

I wasn't able to sit in front of a computer for about a month or so, through December. That was that dark period. I was really touched by the testimony earlier. It was a very difficult time in Canada during the fall of 2021.

I applied for EI. It was so frustrating. I was, you know, I'm this specialized scientist, and I am walking my dog at 8:30 in the morning on Tuesday morning watching all these cars going to work, and I'm thinking, "Why can't I just go into the other room?" I work from home and do all— Like there's never enough hours in the day for a researcher to get their work done. And now I just have to sit back and do nothing.

So I applied for EI and eventually heard back in February, and I managed to get EI. So I was on employment insurance, which was interesting to me because one of the notes on the website for eligibility says you lost your job due to no fault of your own. So someone in the EI department thought it wasn't due to my own fault.

But at that point, as a researcher, as an academic, you have to keep publishing papers, you have to keep working in the field. And I needed to find some money. And I needed to get back on my feet, rebuild my confidence. So I decided, okay if that's how it's going to be, I'm going to start my own company. And I did. And so as soon as the EI started, it ended. And I started my own company in late February 2022. And I was rebuilding my confidence. It was yeah, like I said, it was a tough time.

Marion Randall
So during the period that you worked for Fisheries, you knew the mandate was coming down, you'd made your attestation before you left. Were you working remotely that entire time?

Dr. Ben Sutherland
I was.

Marion Randall
From home?

Dr. Ben Sutherland
I was working remotely, I believe, the entire time when the mandates came in. I was one of— I wanted to get back to be with my team. I didn't have to be there, but I wanted to be around. But yeah, a lot of the time during the COVID period, I was working from home.

Marion Randall
So you weren't interacting with other people where you could possibly transmit something is what I'm thinking?

Dr. Ben Sutherland
No, after the mandate came up, I was basically, I had a really good setup at home and I just kept working from there. I wasn't actually doing lab work, so yeah, I was just working from home.

Marion Randall
So when you developed your own company and you're doing your research to keep up your skills

Dr. Ben Sutherland
Yes.

Marion Randall
was there sort of ramifications to do with not being able to speak to any of these collaborators or have any access to your projects at work that affected you trying to start your business?

Dr. Ben Sutherland
Absolutely, yes. You know, it was hard to drop everything. I couldn't really reach out to people and explain, "Hey, sorry, I can't fulfill my commitments to this project because I've been put on leave,

[00:15:00]

because I'm an unvaccinated person." We know the stigma around unvaccinated people at that time, and I don't want to share my private medical information with collaborators that I really respect.

This is actually the first time I've publicly spoken about this issue. But just to answer your question more directly, I worked with the values and ethics division at Fisheries and Oceans. And it turned out that I couldn't take on any projects related to salmon, which I had been working on since 2008 because it was a risk of a conflict of interest. Which I think makes sense if I actually went on my own leave, like if I actually wanted to go on leave. You don't want me mixing with clients that maybe want to sway my opinion when I'm back in the position. But when you're forced on leave without pay and then told that it's a high risk of conflict of interest to work in your field, yeah, it's very difficult.

Marion Randall
So do you work in a different field than salmon now?

Dr. Ben Sutherland
I switched fields. I did a bit of work on shellfish in 2017. So I jumped into that field and learned a bunch of new things. It took me a little while to get up and running, but I got there and I had some really nice opportunities come up. I'm pretty good at what I do, so people were happy to get me involved. So yes, I switched fields and I'm actually still working in shellfish genomics now. I haven't gone back to salmon.

Marion Randall
Is it fair to say that you had this dream job and you've gone on a completely different trajectory than you had hoped or planned to or dreamt about?

Dr. Ben Sutherland
Yeah, I mean, that was my first real job. I had like a pension; I had a reasonable salary. We just had bought a house, my wife and I, and this derailed that entire thing. Now I do contract work and I'm very thankful for that, but it's a completely different direction than where I was going. But yeah, we have to make the best of what happens.

Marion Randall
So at some point in here, did Department of Fisheries and Oceans ask you to come back? Because you were an unpaid leave but still technically employed?

Dr. Ben Sutherland
Yes, okay, and that comes back to the question about was I fired or was I dismissed or— So in March, I started getting more anxious again because I knew the six-month period was coming up.

Marion Randall
Is that March of this year, 2023?

Dr. Ben Sutherland
Sorry, March of 2022.

Marion Randall
Okay, thank you.

Dr. Ben Sutherland
I started to get more anxious because I knew May 15th was coming around. And I expected six months after they implemented this policy that we'd hear back about our jobs. And I still didn't know, like am I able to go back? This was a traumatic situation. How can I trust this organization, like the policy, you know? The people that I worked around were wonderful but policy in the organization, I was just— Can I even go back at this point? I also had all these commitments that I'd made because I'd started these contracts that I needed to fulfill, all of which I got approval through values and ethics and from management that I could finish those projects.

So anyways, April came around. At the end of March, I contacted the office of the president of the union and said—well there was a few things that I was talking to them about. And then April 6th, the union decided that it was now unjust, and I believe, unjustified and punitive. You can check the wording of that please in the press releases from the union. But they said that it's only unjustified as of April 6th, not as of November, so I disagreed completely.

It was in my view, November was when the problem, or maybe even August was when the problem started. So the union started pushing back against the employer as of April 6th but not before. And then May 15th came around, and there was still no word. And I was very anxious at this time, waking up in the middle of the night, like, what am I going to do? Can I even go back there? I couldn't even think about it; it was just, it was too, it was too much.

Marion Randall
Were there consequences of your union saying it was as of April 6th that they thought it was justified? If they had gone back to the November date, would you have expected to have the money for which you were not paid and put on unpaid leave? Like, if your union had taken a different approach, would it have been likely that you could have been paid for that time you were forced off the job?

[00:20:00]

Dr. Ben Sutherland
I have no idea.

Marion Randall
Okay.

Dr. Ben Sutherland
I have no idea. In any case, they absolutely, they specifically said to me, we will not— November 15th, we approve of the policy. And it wasn't until April that it was not approved anymore. So I'm not sure.

Marion Randall
So basically what we have here, and what you're telling the Commission here, is that you were in your dream job, you were forced off into a trajectory you didn't want, and this gave you a great deal to have to redo. You were devastated. Maybe you can describe it a bit and anything else you might have to say.

Dr. Ben Sutherland
Well, sorry, I know it's late in the day. So yeah, I'm just looking for the date. Okay, so after seven months on leave, I decided enough is enough, and there's no way I can go back to this job. And they still hadn't told us what was happening. This was June 6th or early June 2022, and so I hired a lawyer, and I went to defend myself. I was tired of looking for help from people who didn't want to help me. So I hired a lawyer. And that was on June 9th, I believe. And then on June 14th, they announced the suspension of the policy. And they wanted everybody back to work on June 20th.

However, they only suspended the policy. They did not rescind the policy. The policy is still there. It's just in a suspended form. And it specifically states that they can reintroduce it if they deem it necessary. So that would be hanging over one's head if they were back in that job. So I had already committed to the legal route. By that point, I realized, no, you lost your job in November.

Marion Randall
Did the steps you took for legal action, did they produce any fruit? What happened?

Dr. Ben Sutherland
We filed in federal court and that filing is there right now.

Marion Randall
It's ongoing?

Dr. Ben Sutherland
I believe so. I don't know if I can talk much about that, but yeah, it's not ended.

Marion Randall
So is there anything else you need to add to your testimony here?

Dr. Ben Sutherland
Yeah, just the one thing I would say is, if you think about where I was, I was working from home with no contact. I was winning awards while working from home. My peers were still working from home during the whole period that I was on leave without pay. My colleagues, other research scientists, they were still working from home. So it leads me to think that the only reason— Like, there was no contact between me and the workforce. I can't speak for the people putting in the policy, but they would probably say something like, "Well, you might have needed to go into the workplace." That's not the case for my position. And that's why I think my case is interesting to provide as testimony here because the objectives of the policy that they put into place, the second objective is basically to improve the vaccination rate in the federal public service. And that, to me, is the only objective that was met by removing me from my job.

I was asked about suggestions for the Commission. And I just have the question: Is that what we're doing now as a country, is specifically to increase vaccination rate where we're removing people from their jobs? And yeah, I think that's all I have to say.

Marion Randall
Thank you. So any questions from the Commissioners? Yes, please. I think, is that okay? And then you after.

Commissioner Kaikkonen
I just have a quick question. Given the Prime Minister's statement this week, earlier this week, where he doesn't think the vaccination policy was forced on employees that are within the federal government, do you feel that you were forced?

Dr. Ben Sutherland
That's a very difficult question. I think that's a legal question. And I think that's above my— I chose to not take the shots.

[00:25:00]

I faced serious consequences for not taking the shots: those consequences were emotional; they were financial; they were reputational; and they were career-impacting consequences. And that was specifically for not taking something that I did not— For saying no to a medical procedure. That's all I can say to that. But thank you for that question.

Commissioner Kaikkonen
That works. Thank you.

Marion Randall
And the next question, please.

Commissioner DiGregorio
Thank you so much for staying and testifying at this late hour.

Dr. Ben Sutherland
Thank you.

Commissioner DiGregorio
You referred to the policy and I think you might have even had a copy of it there and how one of its purposes was to increase vaccine uptake. And I'm just wondering if you can provide a copy of that policy to the Commission.

Dr. Ben Sutherland
Absolutely and it's all public information and I'd be happy to provide that policy or yes that document [Exhibit VA-13].

Commissioner DiGregorio
Thank you.

Dr. Ben Sutherland
Thank you.

Marion Randall
Any further questions? No? Okay. Thank you very much. Thank you for your testimony, Dr. Sutherland.

[00:26:25]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 2**

May 3, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 2 Timestamp: 11:42:40–11:43:18
Source URL: https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html

[00:00:00]

Shawn Buckley
So just for those in different time zones, where it is just about twenty after seven on our second day of hearings in Vancouver, and I say that because I want to extend my thanks to the Commissioners who are always willing to wait and allow witnesses to testify. We don't know when we're scheduling these witnesses how long they're going to take, and we want them to be able to tell their stories. And so, I thank the Commissioners for their patience.

And this will end our second day of hearings in Vancouver. We commence again tomorrow for the third day of hearings at 9 a.m. Pacific Standard Time. Thanks for joining us.

[00:00:40]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
VANCOUVER HEARINGS

Vancouver, British Columbia, Canada
May 2 to 4, 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.

TRANSCRIPT TEAM
(English)

Managing Editor
Jodi Bruhn

Transcript Coordinators
Debbie Palmer, Erin Thiessen

Formatting and Analysis Leads
Veronica Bush, Melissa Neville

Whisper AI Transcript Creation
Madison Lowe

First Review
Anjum Ahmad-Donovan, Bill Allwright, Lisa Aschenbrenner, Anne Marie Baxter, Vanessa Behrens-Nicholls, Pamela Boese, Yvonne Cunnington, Michael Darmody, Teresa Docksteader, Heather Domik, Rita Mae Ewanchuk, Chantal Gutfriend, Monika Harynuk, Michelle Hughes, Karen Kimmet, Kathy Ladd, Lori Morrison, Ronald Mucklestone, Melissa Neville, Debbie Palmer, Joanne Plamondon, Susan Reh-Bosch, Elisa Rolston, Tanja Shields, Ronald Simpson, Elizabeth Sleight, Al Smigelski, Darlene Smigelski, Barbara Spencer, Dawn Sutherland Dort, Christine Taylor, Evelyne Therrien, Erin Thiessen, Ada VandenBerg, Rich VandenBerg, Sally Williams

Second Review
Veronica Bush, Elizabeth van Dreunen, Brigitte Hamilton, Rosalee Krahn, Val Sprott

Final Review
Jodi Bruhn, Anna Cairns, Margaret Phillips

NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Opening Statement: Shawn Buckley
Full Day 3 Timestamp: 00:45:32–01:11:30
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[00:00:00]

Shawn Buckley
Welcome to the National Citizens Inquiry as we commence Day 3 of our hearings in Vancouver, British Columbia, as we've literally marched across the land. 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 like to always share at the beginning for those online that aren't familiar with the NCI that we are a volunteer organization. We've just come together, decided that an independent inquiry needs to be held, and so we've appointed commissioners and we're marching them across the land. More importantly, and if you spend the day with us, you'll understand how important this is. We're giving ordinary Canadians, we're giving you a voice, an opportunity to tell your story in a safe environment.

We're finding actually that for each hearing we have witnesses drop out because they're afraid to speak. Some are afraid of economic consequences. Some are afraid of social consequences. And so understand that those that do speak, many are afraid and many have said so on the stand. When you watch them, you can see some are just terribly nervous. So we thank you for honouring them by participating in what they have to say.

I do ask, every time, if you would go to our website, nationalcitizensinquiry.ca, and sign our **petition so that we have this appearance of momentum. Most of you are signing the petition. We've got momentum. This is turning into a movement because you understand that you can't stay silent anymore. But we still ask you to do that and also to donate. Each set of three days of hearings costs us about $35,000. It's just terribly exciting that we're able to keep marching across the land because you're participating with us.**

And then I also continue to ask—because we seem to be search banned on Twitter. So somebody searches NCI. We get screenshots where we're not coming up, and then on other people's phones, we do come up. Something's happening with Twitter Canada, and we're asking you to contact Elon Musk, and tag #NCI when you do it, to ask and make sure that there's no censorship of us.

Before I go into my opening comments this morning, I want you to know that I feel very honoured to be able to give opening comments in these proceedings. Sometimes we just find ourselves in a place we didn't expect to be, and I want you to appreciate that I feel honoured being able to share with you the thoughts that come to me, to share with you.

Today, I want to speak about choosing life and not death. We have been totally surprised by how many people followed this uniform narrative that was put out by the government and followed by the media. Witness after witness has spoken to us about how surprised they were and just how relentless this was. Equally surprising, we are in May of 2023. It's not like this is May of 2020, and we've only had two months of relentless fear on the television, where we've learned through these witnesses that we're being manipulated with statistics and figures and percentages that were totally misleading and designed to put us in fear. We're not there right now. It's years since that happened. We are in May of 2023. And still, the single largest problem that we're facing is that a sizable minority of us, including our governments and media, are still following a narrative that we have learned here in this Inquiry already is completely false.

There is a silent majority, and somebody challenged me—are we really a majority? And so, I was pleased that some of the other witnesses have been saying, "No, we're a majority." Because we are a majority. But we're a silent majority and that word silence is an abomination. We're a silent majority who know the world is messed up, but we're silent. And that's why that word is an abomination to us and we should be shamed. We know that the vaccine is harmful and that program should be stopped. We know that the measures did not make sense—lockdowns, maskings, all of that.

[00:05:00]

We know.

Even those of you that don't know, those of you that still believe in the government narrative, in your gut— You know that phrase gut feeling? Follow your gut. We all have it. We have this intuition that tells us when something is wrong. And it doesn't matter where you are in the COVID narrative today, you know something is wrong. Your gut is telling you there is something wrong. When these mandates, when we were having to give identification papers in restaurants and you business owners and you employees, you were enforcing it, you knew in your gut it was wrong. You understood that, but you went along with it.

You were in a state of fear and you were in a state of panic. But you're still in a state of fear and panic. Understand the world is upside down. Government leaders are telling us what is coming and we're experiencing what is coming. I shared with you yesterday that we'd gone out for supper the night before and two different people that live rurally in different provinces were sharing with me that literally the government is telling them how many animals they can have on their land and animals need to be registered, right down to a chicken—total control of our food supply. Are you not aware that, what is it, 1,200 food processing plants have been burned down this year? Our leaders speak about starvation. They're speaking about 15-minute cities.

I live in St. Albert and, apparently, we're designated to be a 15-minute city. So basically, they're going to block off the roads, and we'll be in a mile city. Like, we're blocked off—we can't drive in or out—but we'll be able to walk anywhere in 15 minutes. That's why it's called a 15-minute city: you can walk a mile in 15 minutes. They're signalling to us that we will have climate lockdowns, which is why we'll have 15-minute cities, so we can all be

locked down in our districts. It's almost like the Hunger Games. And it will be like the Hunger Games because we will be hungry unless we like the crickets that they're telling us they're going to be feeding us. They're signalling to us another pandemic is coming, and people are aware that they're signalling this.

Parents are aware that kids are being taught things in school that are undermining the families. We still have censorship. We still have hatred. We still have division. We understand that the world has gone sideways and is upside down.

The question is—why have a large number of us gone along with this tyranny and why are we still going along with this tyranny? I use the word tyranny deliberately. Tyranny just means unfettered discretion. That's all it means. If we follow a single narrative to the exclusion of all other voices, that's tyranny. That's unfettered discretion. We're not even allowed to have a different voice. The media isn't allowed to report on anything else. We have to do exactly what the government says. That's participating in tyranny. Now why? Why have we done this?

Well, some of the witnesses have told us clearly, job security. We had a doctor yesterday on the stand saying, he's got a doctor friend who got jabbed. He knew all about this. He knew everything. But listen, he's got a million-dollar house and he's got kids in private school. We've had vaccine-injured persons tell us, "I had to for economic purposes. I have a mortgage. I have kids. I have to feed them." Some people say, "I want to travel. I wanted to go to restaurants. I just wanted things to be back to normal." And some, some want to be good citizens.

In Manitoba—you know how we're playing these clips of what the government was saying on TV in the particular province that we're in—the government was using the word "ambassador." They set up programs in Manitoba, snitch lines for you to be a good ambassador and tell on your neighbour. A lot of people bought into that and they actually thought that they were doing a social service. Many just did it because they were so afraid, and many did it because they chose to hate. At what cost—at what cost have we done this?

I want to share with you my journey in this COVID experience. I've mentioned it before. I'm not going to go into a lot of detail. But I didn't start the pandemic in a place of personal strength.

[00:10:00]

When they started with their fear porn, we literally had to make a decision in our house to turn the TV off after about a month because we just found ourselves in an absolute state of fear. It took about a month for the spell from the TV to wear off. It doesn't happen right away. And as I saw my country and the world basically becoming a police state and police states across the world, I really fell into a state of despair. I've spent my entire life trying to slow the machine down, trying to eke out whatever little rights that the courts would tolerate us having. I felt despair over watching us fall into tyranny. I felt helpless. I felt helpless to do anything, which is an awful state of mind.

I didn't believe that I could stand up. I actually didn't believe that I could stand up. So I'm not even getting at a point in my mind where I'm willing to accept a cost. I found myself in the situation where I was not free to be the man that I believed that I should be. I had shared at an earlier opening that all of us have felt at some point in our life that we were here for something important, that we were here, we had a purpose. I was definitely not feeling that I was living my purpose. I was in a situation where I was imprisoned by my

fear. And it is my fear. When you're afraid, it's your fear; it's just an emotional state that you actually choose to be in. And you can choose to leave that state.

And then, for me, it was the truckers.

They started driving across the land. As they drove, people would just line the highways and the bridges and encourage them. I saw that it can be done. It's possible to stand up. They set an example. Now they've paid the cost. Some of them are under strict court restrictions. Some are in jail. We basically have political prisoners and political trials in Canada because you and I are allowing that to happen. Let's make no mistake. We have political prisoners and political criminal proceedings occurring in Canada right now because you and I are allowing it to continue in May of 2023. We're responsible, you and I. So the truckers have paid the cost.

But what you need to understand is you're going to pay the cost, too. There's a bill that needs to be paid. And you're going to pay it. You have a choice which bill you're going to get: You can pay the cost of standing up and being the person that you're here to be, and there will be a cost, it's gone too far. So you can pay that cost. Or you can pay the cost of doing nothing, of not acting. Now the cost of not acting is, now, going to be larger than the cost of acting.

But make no mistake. I shared this biblical phrase at an earlier opening. Don't be fooled, God's not mocked: "You will reap what you sow."

For those that didn't hear that opening, let me just explain the meaning. It's just using an agricultural analogy to point out that what you invest your life in, is what you get back. So you reap what you sow. If you plant wheat in the field, if you sow wheat, you're going to harvest wheat. You're going to reap wheat. If you sow Canadian thistles in a field, if you plant them, then at harvest time, that's what you're going to get. You're going to reap what you sow. So when I said at the opening that this is about choosing life, not death, I just want to take that analogy a little further.

Where that phrase comes from, and again it's a fundamental story in the Bible. I shouldn't say it's a story.

[00:15:00]

It's a recording of what happened. After God had led the children of Israel out of Egypt—And you've got to read the story. It'll blow your mind what happened, like miracle, after miracle, after miracle to get them into the wilderness. And Moses goes up Mount Sinai to get the Ten Commandments from God, and he comes down and the children of Israel have already rebelled. And so it comes down to decision time. God through Moses—everyone sits down and they're instructed: "You have a choice, God's putting before you. You can choose life and follow his commandments or you can choose death." They're not even talking about spiritual life or death. They're talking about literal life and death.

I've shared with you how the second commandment really is a summary of all these rules and regulations that they refer to as the law. The second commandment simply is that you are to love your neighbour like yourself. Basically, you are to treat others in the exact same way that you want to be treated—that's the basis of our entire law. And so they were faced with this decision: You choose life or you choose death. So basically, you love God and follow the second commandment and enjoy life. I've explained to you how societies that are based on the second commandment, and our society was based on the second

commandment, it's the only way to structure a society to have maximum freedom. With this choice in front of us, what is the cost of following tyranny—of not following the second commandment, of not basing our lives on the second commandment?

What is the cost of living hate? Because the opposite of love, if you're not going to love your neighbour, then you hate your neighbour. You're going to reap what you sow. And so what is it like right now for that silent minority that is continuing to pretend and believe the government narrative? What's the cost to you of living a lie?

Those of us that don't believe the narrative, there's a cost to us for living a lie. What's the cost of living in hatred? What's the cost of us not standing up against what's happening politically? Are we really willing to tolerate our children being undermined in schools and the consequences of that? Are we willing to tolerate 15-minute cities, climate lockdowns, more pandemic lockdowns, digital currencies, digital IDs? What's the cost of this? Because there is going to be cost. We're going to pay it.

What's the cost of accepting the principle that the government can force us to take a medical treatment, be it a vaccine or anything else? We've set the precedent. I've explained to you that there's only two groups that don't have the right to choose to refuse a medical treatment: those are slaves and livestock. What's the cost of this? What's the social costs of us continuing to live in hatred and fear? If we think the last three years is as bad as it can get on a social cost, I think we're mistaken.

The thing that gets me is that here we are in May of 2023, and in every province across Canada today, we are going to inject children with a COVID-19 vaccine.

I've learned at this Inquiry that children basically have a zero risk of dying or being hospitalized by COVID-19. Literally, they're more likely to be struck by lightning than to die of COVID. There's no justification at all. But I've also learned at this Inquiry quite clearly that the vaccine is harming and killing children. I've never in my life witnessed children dropping dead at sports activities—basketball games and volleyball games and soccer games. This is murder. This is culpable homicide that we're participating in, and we have blood on our hands. All of us have blood on our hands.

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It causes us moral distress when we participate, and we're participating by our silence. It causes us moral distress when we do harm to others and when we allow harm to be done to others. It causes us moral distress when we don't follow the second commandment and treat others like we want to be treated. It literally eats our soul.

Now your actions show who you are. You can say whatever you want, but your actions show who you are. And I have a question for you: Who are you right now if you were to go look in the mirror? Who are you? Are you a slave to fear like I was?

Every single one of us, we leave this life exactly who we are when we leave. So when you die, you are exactly who you are when you die. You're not a person that you were the day before. You're not a person that you were 10 years before. You're not the person you were when you were a child. You are exactly who you are when you die. And you will be weighed on the scales for exactly who you are when you die. I think time is short for us to turn this around. So I want to share a story I shared at an earlier opening, not in this city, and close with it.

When I was, I'm guessing, 12 or 13, I was at the public library in Saskatoon and witnessed the viewing of a war film. It was a Second World War film, black and white, no sound and all scratchy and old. It was taken by the German army in Eastern Europe. So it would be an army cameraman. It wasn't a propaganda film. It was just— Armies record what happens for their own records.

What the film depicted was, a group of civilians were lined up against a wall for a firing squad. And then a group of German soldiers were lined up to do the firing squad. Apparently, what had happened is there was partisan activity against the German army. And so civilians had been rounded up for execution in retribution for partisan attacks. It's not that these people had participated in it. This was just a terror campaign against the civilian population. It was murder. And again, there's no sound. So you don't hear the order. But there had to be an order to raise the rifles because in this line of soldiers, all the soldiers raised the rifles, except—except for one.

One soldier didn't raise his rifle. There had to be an order to lower the rifles because the officer wanted to go talk to this guy and didn't want to walk in front of rifles. You see there's a conversation. And again, there's no sound. You don't know what's being said. But what happens next is the soldier lays his rifle on the ground—and he walks to the wall with the civilians. And then, the rifles are raised again. The rifles are fired. And everyone at the wall falls down.

Now there were a number of German soldiers there. There was the one that made the decision that he was not going to participate in murdering civilians. And then, there were the soldiers that made the decision that they were going to participate in murdering civilians. I have two questions about this because we have two groups of soldiers.

Who's doing better now? You see, the soldiers that fired and murdered, they did that out of fear.

[00:25:00]

But who's doing better now? All of those soldiers would be dead; that would be 80 years ago. Literally, it'll be 80 years ago that that happened. Who died free? Which soldiers died as free men?

So it's interesting as that's a video that is 80 years old, and it's affecting us today: that that soldier—who wouldn't have any inkling about us or the type of society that we live in or what we're facing—is speaking to us now. We have to make a decision, like that soldier had to make a decision, of who we are. I'm just going to stop there.

[00:26:00]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 1: Patricia Leidl
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[00:00:00]

Shawn Buckley
Our first witness is Patricia Leidl. I'm sorry, Leidl. And names are important, so I apologize Patricia. Patricia, can you please state your full name for the record, spelling your first and last name.

Patricia Leidl
My first name is Patricia, and my last name is Leidl and it's spelled L-E-I-D-L.

Shawn Buckley
And Patricia, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Patricia Leidl
So help me God.

Shawn Buckley
You actually have a very interesting background. You are a former director of communications at the World Health Organization. You were their international communications advisor as I understand it?

Patricia Leidl
I was actually a chief of communications with the HIV branch at WHO. I was also a writer there and a media advisor, a managing editor at the United Nations Population Fund in New York. So I've had quite a long UN career. Then after I left WHO, I started to do work in the field for various U.S. aid organizations or projects. I worked in the field in Afghanistan and Yemen, and that's what I've been doing for the last 13 years, or until I became vaccine-injured.

Shawn Buckley
Now you haven't been called here today to speak about the World Health Organization or the United Nations. You're actually here to tell your personal story, and that involves vaccination. My first question for you is, why did you decide to get vaccinated?

Patricia Leidl
Well, as mentioned earlier, I worked in international relations. I was living in Victoria. I was between contracts, and I desperately wanted to work again. I was up for a job in Europe, which I was shortlisted for, and the requirement of that was that in order to fly, I had to be double-vaxxed.

Shawn Buckley
Okay, and my understanding is that in April and June of 2021, you received two shots of the Pfizer-BioNTech vaccine.

Patricia Leidl
That's correct.

Shawn Buckley
Can you tell us what happened?

Patricia Leidl
Well, the first shot was uneventful. I received a letter from the BC Ministry of Health stating that because I'm a vulnerable person, i.e., I have a few pre-existing autoimmune problems and some high blood pressure problems, but, lucky me, I could go down and get my first dose. So I did, at the Conference Centre in Victoria.

Shawn Buckley
I'm just going to slow you down. So actually, before your first dose, you get a letter from the government advising you that you should get vaccinated even though you have some pre-existing conditions.

Patricia Leidl
Well, it was because I have pre-existing conditions that they deemed me to be a "vulnerable" person. Think about that.

Shawn Buckley
And yet the message was to get vaccinated.

Patricia Leidl
Yeah.

Shawn Buckley
Had you ever gotten a letter from the government before, just unsolicited to basically give you medical advice?

Patricia Leidl
Only with pap smear screening.

Shawn Buckley
Okay.

Patricia Leidl
That's fairly routine. Anyhow, so I dutifully trotted down, and I got my first jab, and it was completely uneventful: no swelling arm, no headaches, no nothing. And then I received a second letter about four weeks later giving me a date to go down to the same conference centre and get my second jab. Again, I went down. I did notice that the nurse practitioner did not aspirate the needle in both cases. So I went home, and I did expect—

Shawn Buckley
Can I actually ask you— I mean you're being videoed, and you put a computer screen up in front of you. Can I actually ask you to move that out of the way and not follow notes, but just share with us. Is that okay?

Patricia Leidl
Okay. Sure.

Shawn Buckley
So can you carry on?

Patricia Leidl
Yeah, so I had the second jab and went home and felt a little bit poorly, but not too bad. On the ninth morning after, I got out of bed and I fell over. I noticed that both Achilles tendons were incredibly painful. I was stiff all over my body. I had a pounding headache, and I am not prone to headaches. I don't get migraines. I've maybe had them, you know, once or twice in my life before. And I had become very sensitive to light. It was quite bright.

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I thought, well, this is strange. And I just spent a day or two sort of wandering around and really not thinking about it.

But then the symptoms started to get more and more acute. I couldn't breathe; I was coughing. I didn't have a GP at the time, so I contacted a walk-in clinic. But of course, there were no walk-in clinics at the time. Everything was by phone. I spoke to a doctor at this clinic, and he said, "Oh, it sounds like you're having a reaction to the vaccine." I thought, well, that actually makes sense because I do have pre-existing autoimmune problems that have been controlled. So he prescribed some gabapentin, and I picked it up at the

pharmacist. I proceeded to take it and my conditions continued to worsen. I developed tremors in my arms. This is a bit personal, but my breasts became very swollen, and within a few days, I had begun a period. Now, I'm 60 years old, and I went through menopause early at the age of 47. So this was very, very strange.

Shawn Buckley
Sorry about being personal, but you actually went through a couple of menstrual cycles.

Patricia Leidl
I did.

Shawn Buckley
After not having one for twelve years.

Patricia Leidl
That's correct. So the splitting headache. I also became almost insensate with pain throughout my body. And I ended up going to Victoria General Hospital. I was just beside myself. I thought I was having a—something serious was going on. My heart was racing, tachycardia. I had what eventually was diagnosed as postural orthostatic syndrome, POTS.

Anyhow, I went to Royal Jubilee, and they did a workup and they said that my blood was normal. The assisting physician told me that he believed it was in my head, even though my heart was actually racing. And if you looked at my tendons, which nobody bothered to do, they were very abnormal looking. So I went home. And the condition worsened.

Shawn Buckley
Can I just slow you down. Because I imagine when you were at the hospital and they're dealing with the tachycardia at the time, but you would have been explaining all of the other symptoms that you had been experiencing, I expect. Am I right about that?

Patricia Leidl
Yeah.

Shawn Buckley
So like right down to, you're 60 and you just had a menstrual cycle after 12 years of not having one, and you have an internist tell you that this is in your head?

Patricia Leidl
That's right.

Shawn Buckley
How did that make you feel?

Patricia Leidl
I felt furious and at the same time, somewhat abject because you can't really fight against physicians in an emergency context. They tend to punish you. They tend to withhold treatment.

Anyhow, they did go ahead with the blood test, but I was sent home with Tylenol. The symptoms continued and at the point where I really thought I was going to die. My heart felt like a squirrel in my chest cavity. I'd stand up, I'd almost faint. I couldn't walk very far. Just previous to the second jab I had done a 26 km hike with no problem. I was very fit.

Shawn Buckley
I think I want to put this into context. My understanding is that your practice was to walk about 15 to 20 kilometres a day.

Patricia Leidl
Yes.

Shawn Buckley
And now you're telling us you could hardly walk.

Patricia Leidl
I could hardly walk.

Shawn Buckley
And even today you can only walk a couple of blocks.

Patricia Leidl
Yes, without having difficulty breathing. I had developed a cough. I'd walk a block or two and have to sit down because the pain was so acute. I was given painkillers, Tramacet, which did nothing. So I started to forage for medical care. I didn't have a GP. I visited friends in Whistler, and I went to urgent care there, hoping that I'd get some sort of answers. The admitting doctor there, I said to her, "I believe I have a vaccine injury." And she said, "Well, you probably do, but there's nothing we can do about it. We don't know anything about the virus. We don't know what's in the vaccine."

[00:10:00]

And basically, you know, "Suck it up, buttercup, but go to St. Paul's where they might be able to help you with the pain."

So I drove down to St. Paul's. And very hard to drive because my head was pounding and I had become very photo sensitive. I checked myself into St. Paul's, and they sat me on a chair after doing a work-up, which again showed completely normal blood work. They put me on a dose of IV hydromorphone, which again did nothing. It did nothing to alleviate the pain.

In the meantime, I had swollen up. I inflated like a toad with edema. My hands were like sausages. My face was like a balloon. My skin was tight and scratchy. I was manifesting all of the indications of a severe allergic autoimmune reaction.

I left Vancouver, returned back to Canada, and started to experience severe gut pain, and again checked myself into a hospital. You'll have to forgive me because I can't remember all the times that I tried to go to emergency. However, every time was accompanied by an 8-12 hour wait. Finally, I saw one emergency room physician who diagnosed me with gastric reflux, which of course didn't explain the swollen breasts, the period, the edema, the pain, the strange Achilles tendons. But he did ask me, he said, "Are you planning to get a booster?" And I said, "No." And he said, "That's good." That was really the only indication I had from any physician that this might be real or something that they were going to acknowledge in any way, shape, or form.

Shawn Buckley
Now I just want to pull a few details out of you. So you're talking about this edema. My understanding is, literally, you were not recognizable,

Patricia Leidl
I was not recognizable.

Shawn Buckley
as yourself. You'd gone from 120 pounds to 180 pounds.

Patricia Leidl
125 to 180.

Shawn Buckley
Right.

Patricia Leidl
I'm still very swollen.

Shawn Buckley
When you're talking about light sensitivity, you're literally talking about wearing sunglasses inside the house.

Patricia Leidl
I was wearing sunglasses inside the house even on overcast days.

Shawn Buckley
And it's just because it was too painful to have that light.

Patricia Leidl
It was too painful.

Shawn Buckley
And you speak about pain, but my understanding, like literally, you've had constant pain.

Patricia Leidl
Constant pain. Unrelenting constant pain.

Shawn Buckley
Now I also understand that there's been some mental effects. And I don't mean emotional, but more like a brain fog thing. Can you talk about that?

Patricia Leidl
Yes, you read out the bare bones of my CV, but I'm a professional writer. I've worked for many of the top international organizations in the world. I've reached a pretty high level. I did a lot of work doing analysis and running campaigns and editing these huge, technical UN books that would come out every year: the *State of World Population*, the *State of the World's Vaccines* [*and Immunization*], Test and Treat. I've considered myself fairly intellectually adroit.

However, since the vaccine, I have noticed that I cannot remember anything. I feel it's very difficult to describe. I had not known what brain fog was, but I do now. It's a sense of being neither here nor there, not being present in your body and not being present anywhere else. It's sort of this strange kind of literal—littoral, I should say—between being and non-being. It's like there's a scrim around you at all times, and it's very disconcerting. My memory has definitely suffered. I cannot find the words that I used to find. It's ongoing.

And now, I've lost hearing in my right ear. That just happened two weeks ago. I haven't gone into emergency because every time I go into emergency, I feel humiliated and degraded. Every time, with maybe one exception. And now my left ear is starting to go as well.

Shawn Buckley
And I understand that, actually, you've had some other symptoms related to ears,

[00:15:00]

like vertigo and nausea.

Patricia Leidl
Vertigo.

Shawn Buckley
Can you share with us about that?

Patricia Leidl
Yes, prior to this, I was an avid hiker, and now I can't. I can go uphill, but I can't go downhill without a stick because I'm not able to measure or gauge the distance between my feet and the ground. I've become very wobbly. I've given up my bike. If I go down, even a short incline, I need a stick.

Shawn Buckley
How is your energy level?

Patricia Leidl
Non-existent.

Shawn Buckley
Okay, so how do you generally feel?

Patricia Leidl
Terrible.

Shawn Buckley
Are you able to work?

Patricia Leidl
No.

Shawn Buckley
What's your current prognosis? So has any doctor basically given you hope that, "Hey, you've got this, and we can treat it."

Patricia Leidl
Yes, I've been quite persistent about trying to obtain some sort of care or some acknowledgement. I've consulted with CHANGEPain in Vancouver. I now have a GP in Cobble Hill, which is about an hour and 15 drive from where I live. I have seen an internist in Vancouver. I was very adamant that I had a vaccine injury, and he has reported back to me, just two days ago, he cc'd one of the doctors I've been dealing with. He maintains that I have long COVID. Except there's only one problem with that, which is that I've never had COVID.

Shawn Buckley
I just want to stop. So in your mind, there's no question this is caused by the vaccine. And I can just tell hearing your story, I can't get my head around the menopause one. You'd not had a period for 12 years and then you have two. And here you're telling us you haven't even had COVID, but they're trying to blame some of your troubles on what they're calling long COVID.

Patricia Leidl
Yes, in the last three years almost everyone I know has had COVID, except for myself. I haven't even had the sniffles. The symptoms started ten days after the second vax, so in temporal terms it makes sense that that would have been the causative agent. But this internist is insisting that I have long COVID and I have never had COVID.

Shawn Buckley
Now my understanding is that you wanted to put in a vaccine-injury claim. Can you tell us what's happened with that?

Patricia Leidl
Well, it took a year for— I spoke to one of the walk-in clinic doctors who had been speaking on the phone with me. I personally put in a report to Pfizer, and then Pfizer, after several months, got back to the doctor who I had referred to. He very grumblingly put out a report back to Pfizer going into details. Then I asked for him to put in a report to Health Canada, and he refused. We had never met in person. He said it cost too much money, and it took too much time, and he just wasn't going to do it. So I stopped seeing him.

Through a friend, I was able to find another doctor who was taking patients in Chemainus, or pardon me, Cobble Hill. We met, and he put in the report to Health Canada, and many, many months down the road, I received a call from the public health nurse asking me questions about my vaccine injury. Then a few weeks later, I received a call from Dr. Benusic who is the Island Health Officer. We chatted for a bit, and he said, "Well, you have to speak to a rheumatologist. We're only really accepting vaccine claims that are written by rheumatologists."

So I went to see a rheumatologist who confirmed that I had bilateral tendonitis, bilateral meaning it's likely to be autoimmune. I had an ultrasound that showed bilateral tendonitis. But the lumps, the swellings, were in the wrong place for rheumatoid arthritis. So I asked her, "Well, what is it then?" And she said, "I don't know." And that was it. So there we were again. I've continued to work with CHANGEPain.

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Then in October, I started to become so sick that again, I thought I was dying. At that point, I thought, well, maybe I'll just die at home because there's absolutely no point in going to the hospital to be humiliated again. Because it was just happening over and over again. As soon as I mentioned vaccine injury, they treated me like I was saying that "Mars had come **down to Earth" or that it was just a preposterous notion that a vaccine could cause an injury. And because I've suffered from depression in my life, that was used to dismiss me—that this was all in my head—even though there were physical manifestations that something was wrong.**

Shawn Buckley
Just before you go on—because you've said something really important here that I think we need to understand, and I might want you to explain in a little more detail. So you're at a point around October where you're actually worried you're going to die, your condition is so poor. Have I got that right?

Patricia Leidl
Yes.

Shawn Buckley
But you actually made a decision: I'm not going to go to the hospital because my experience is I'm so mistreated, I'm not willing to do that. Which means that you were more willing to take the risk of just dying than facing humiliating treatment at the hospital. Is that basically what you're telling us?

Patricia Leidl
Yes, I'd rather die at home than be humiliated at the hospital and probably die anyhow. Because it would have taken too much work to go to the hospital, I would have waited too long, and I would have been sent home with acetaminophen and another dose of contempt.

Shawn Buckley
And the humiliation is being told things like, "It's in your head."

Patricia Leidl
Yeah, and contempt.

Shawn Buckley
Can you tell us about the contempt?

Patricia Leidl
Well, there was just so much of it. I don't know how much of it was because I was female. Because I do understand, based on a lot of research, that women tend to be treated differently when they enter emergency wards. But essentially, I was treated like I was a minor or that I was off my rocker or that I was being hysterical. This was at Royal Jubilee, in particular, that their MO was to try and get people out as quickly as possible without actually dealing with their symptoms.

I did get a CT scan. I did get an abdominal scan that, the next day, my GP, very kindly, phoned me up and he said, "You know, your gallbladder's about to burst. They should have kept you in, and they didn't." So then I had to wait a couple of weeks to get my gallbladder removed. But I had hoped that with my gallbladder removed that some of these symptoms would subside, and they didn't.

This just kept on going on. And like I said, it seems to be one thing or another. At one point I broke out in a rash from my knees to my neck, with full pustules. That was mysterious, didn't know what caused that. There was never any positive test. It was just this thing. It eventually went away. And then just as I'm starting to feel marginally better, now I'm losing my hearing. And again, I haven't had that looked at because I feel like it's pointless. I will when I get home, but if you so much as mentioned vaccine injury, then you will be dismissed.

Shawn Buckley
Next month it will be two years

Patricia Leidl
Yeah.

Shawn Buckley
since you were injured and basically, you're disabled: You can't work. You're suffering daily. You've gone from where you've walked 15 to 20 kilometres a day, where now you're lucky to go a couple of blocks. Your life's turned upside down. Has the medical system addressed even one of your issues in this two-year period?

Patricia Leidl
Well, I've been taking cortisone because I now have been diagnosed with Addison's disease, which is very rare. I've also been diagnosed with Ménière's disease, which is very rare. I've been put on cortisone. I have a disabled sticker for my vehicle. And that's it.

Shawn Buckley
Right, so how does all of this make you feel—not physically but I mean emotionally—just having the experience you've had with the vaccine and the medical system?

Patricia Leidl
Pretty distraught.

[00:25:00]

I'm pretty distraught. Socially it's been very difficult. I've been ostracized by people who I formerly counted as friends who've actually witnessed the change in me because it was quite dramatic. Not all of them by any means, but some of them, they're just so invested in the narrative that anyone who expresses an alternative, even presentation of being, is somehow the enemy. And they don't believe me. Now I've also met other people, who are total strangers, who've never met me in my unbroken state, and they've been a wonderful support. And coming to this Inquiry has been very useful, I've learned a lot.

Shawn Buckley
Thank you. Is there anything you want to add before I ask the commissioners if they have any questions?

Patricia Leidl
No, not really. Maybe after the questions I'd like to add one thing.

Shawn Buckley
Okay. So I'll ask the commissioners if they have any questions. No, there are no questions from the commissioners.

Patricia Leidl
Okay. I just would like to read out one statement. Just for all of us.

We are witnessing the most well-planned, widespread case of medicide ever experienced in our human history. All levels of government, business, and so-called healthcare system have colluded to bully, gaslight, and coerce us into taking inoculations that they knew were unsafe. And then, when they caused harm, failed in their duty of care to first acknowledge, treat, and support those whose lives have been devastated from this poison. Who were our so-called authorities pandering to? Why did our respective governments unleash fear instead of reassurance? And finally, who are the puppet masters behind this global atrocity? In the words of Nelson Mandela, there can be no forgiveness without justice. And I would add, no reconciliation without redress. So thank you very much.

Shawn Buckley
Before you go, I just want to follow up on that because I think actually even just the fact that you felt that it was important to write out a statement and share that with us actually speaks about your journey. Do you understand what I'm suggesting? You've had such a terrible experience that it's important for you to be asking these questions and telling us that we need to get answers and have some justice.

Patricia Leidl
Yeah.

Shawn Buckley
Yeah, so thank you for that.

Patricia Leidl
Thank you.

Shawn Buckley
Patricia before we go to the next witness, can you email me that paragraph? Do you mind if we make it a part of the record [Exhibit VA-10], that paragraph?

Okay. Thank you.

[00:28:23]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 2: James Kitchen
Full Day 3 Timestamp: 01:40:05–02:47:05
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
Our next witness is joining us online, a lawyer by the name of James Kitchen who has visited us before. James, can you hear me this morning?

James Kitchen
Yes, can you hear me?

Shawn Buckley
We can hear you. So we can hear you and we can see you. I want to first ask if you could state your full name for the record, spelling your first and last name.

James Kitchen
My name is James Kitchen, J-A-M-E-S. Last name Kitchen, K-I-T-C-H-E-N.

Shawn Buckley
James, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

James Kitchen
Yes, I do.

Shawn Buckley
You are a member of the Law Society of Alberta. You practise in the area of constitutional law, trying to protect our Charter rights. You practise in the area of administrative law and criminal law. You have been involved in a number of challenges at the Justice Centre

concerning issues like passports and churches being shut down and people losing their jobs. You've literally been out in the trenches for this entire COVID pandemic.

James Kitchen
Yes, yes, I have.

Shawn Buckley
I can tell by your expression that it's been tiring. Because what some people don't appreciate is that these cases, especially important ones involving rights and people that are suffering, they take their toll on counsel, don't they?

James Kitchen
They do. Because it's hard to continue going when you feel like the system is unfair. It's not what it represents itself to be. It's not what your clients thought it was before they came to you because they thought they lived in a country that wasn't entirely corrupt. So that takes its toll. There's a physical toll of the work. But that takes its "morale" toll. My morale is not shot; I'm going to keep going. But that is tough at times.

Shawn Buckley
I think I can speak for many that people are very thankful for all the work that you're doing.

You're here today to talk about a couple of issues, and one is about the oppression of the Christian community. I'm wondering if you can share with us your thoughts about that.

James Kitchen
Sure. I just want to give a couple of stories of some of the stuff that I've done. Some of it might not be known to people who even follow the stories. And just give my thoughts, not an analysis, but just my thoughts on the significance of that.

First, obviously, temporally, would be the James Coates case and the GraceLife Church case. I had the pleasure of being the first person to speak to Pastor Coates, who researched the Justice Centre. We started talking in October/November 2020, and he was trying to figure out what he was going to do. Very intelligent man, so he asked me questions like, "Could I get arrested? Could the Church be seized? Could we get hundreds of thousands of dollars in fines? What can happen to me?" And I said, "Yes, you could be arrested; yes, you could rot in jail; yes, the Church could be seized."

I was always very, I think, pessimistic compared to most people, even amongst the civil liberties lawyers and the people who were awake to what was going on. I was considered a Debbie Downer, especially. But actually one of my predictions, I think, have come to be true, as dire as they were. And so, that was really shocking for him. But I think it was really, really good. In fact, I think he would have had a much harder time being as resolute as he was if I had not prepared him.

I tried to explain, you are looking at what it's like to be a pastor in China and if you're not prepared for that, then when it hits you, you might not be able to withstand it as much as you want to. For every week, we talked about this leading up to when me and him, all of a sudden, became famous in February because he got ticketed and arrested. So I prepared

him for that and we went through that process. And then when the time came, he was ready. God bless him, such a man of conviction. When it was time to sign those conditions that he would basically prioritize the State over Jesus Christ, he said, "No, I'd rather rot in jail for Christ."

Shawn Buckley
So James, can I just slow you down. Just so that people listening to you can understand. Basically, it had gotten to the point where James had been arrested and for him to be released from jail, he would have to sign bail conditions that would prevent him from preaching Jesus Christ. I'm just wanting people to understand. He's actually been arrested, and a condition of his release would be to agree to these conditions you're speaking about.

James Kitchen
Yeah. Just as a little bit of background: He's holding church at GraceLife. At this point in time, you're not allowed to have church unless you're maybe 20 or something people in the sanctuary, which is, compared to churches like GraceLife that have hundreds of members, it's sort of practically pointless.

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But it's also violative of commanded scripture for the entire church to meet; at least, this is what biblical Christians believe. Obviously, liberal Christians maybe not. So he's continuing to hold church. It's a deliberative decision. He's made that in counsel with me; he's made that in talking to his elders of the church. He's going to hold church.

So the conditions are basically, if I can put it in plain language, you must not hold church anymore. So some other pastor could hold church at GraceLife. But he wouldn't be allowed to. If he signed that condition, then he did, he'd be facing criminal charges for contempt and not following conditions. So he decided, "Well, I'm not going to sign that condition because I know I will not do it. In fact, I cannot do it. Like Peter, I must obey the Lord, and the Lord's command is to hold church right now, regardless of your fearmongering about COVID."

So, yeah, those were the conditions. Don't hold church, essentially. So that's what put him in jail, I think it was for about 35 days. You have to think about this. At any point, he could sign that condition and then he could come out. And so, it really was—at any point, you can just bow down to the statute and you won't have to remain in jail. I'm referencing here, Nebuchadnezzar's gold statue. It was literally a choice for him. Who is my God, the State or Jesus Christ? All you got to do is bow down to the State just once: I just got to sign that condition and go off and not hold church and I'm free. I can be back with my wife. I could be back with my 18-year-old son. I just missed his 18th birthday. I can be out of here. And so, for 35 days he said, "No," and, eventually, there was a resolution with the Crown and we got things figured out. We got different conditions and he got out and that's when Leighton Grey got involved at that point.

I just wanted to remind people of that story and give them details maybe they haven't heard about before. He was, in fact, in shackles around his feet. So not just around his hands, which could be normal. But around his feet, as if he was going to run away. Obviously, he wasn't. The people who made the decision to put him in shackles did it knowing he was not a flight risk. So you have to ask yourself, "Why did they do it?"

Here's another part that I want to comment on this story. As we know, he came out of jail. GraceLife continued to meet. And then in March, the Church was seized, physically, literally, seized. There was three layers of fence put up around it. Various law enforcement, I think, the RCMP and Edmonton Police Service were involved in taking the Church, taking physical control. Nobody could get in; nobody could get out. It was locked down by the state, by police forces. Which is shocking, of course. This is, again, Canada, not China. Or at least it used to be. So, this is unprecedented in the literal meaning of the word.

So then what happens? Well, I have to sit down with the leadership of GraceLife every week and talk about the secret meetings that they're going to do. So they immediately decide, "Well, we have to keep meeting; we're going to keep meeting; we're going to go underground." And so every week, I'm sitting down literally advising this church, helping this church to meet secretly, to evade the authorities. As if I'm a civil liberties lawyer in China. So they move around from week to week to week to week. And there's like 500, 800 of these people. So an enormous effort to hide that many cars, to hide that many people. So they're finding all these locations way out in the middle of nowhere in rural Alberta and some barn somewhere, and they're holding church services. They did this Sunday, after Sunday, after Sunday, I think for six or seven Sundays. Every week I'm meeting with them; we're talking about it; we're strategizing.

What you have to understand: technically, I am helping this church break the law. I'm aware of what I'm doing. I know that what I'm doing is—depending on how you look at it—unprofessional conduct because I am helping the church break the law. But I fundamentally fully believe the law is unjust, and it is my moral and ethical duty to help this church break this unjust law. So I'm doing that. I'm not reckless; I know what I'm doing. It was a really surreal experience for me, and I was very honoured to do it. In fact, they were able to successfully meet, I think, every week or almost every week during those periods of Sundays when they did not have their church building and they were being sought out. They met two times in a row in one location. And there was a van and a canine unit that showed up on the third Sunday that they would have been in that location had they not switched to a new location. So it was real.

Shawn Buckley
Did you say a canine unit?

James Kitchen
Yeah, there were some images of— When I say canine, I just mean the dogs. They had these German Shepard dogs.

Shawn Buckley
No, but were they supposed to track down the church members hiding in the fields?

James Kitchen
You know, when I was at Tim Stephens' church, and that's the next example, we met out in the open. It wasn't really so secret. We met out in the open in a provincial park, right beside the city of Calgary. I wasn't able to attend every Sunday at the time I lived in Calgary. But, unfortunately, on the Sunday I wasn't able to make it,

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I got reports from everybody that there was a helicopter that was circling around the congregation quite low and for almost the entirety of the service, watching them as they were sitting in this field. There's a little tent. Tim Stephens is there preaching and the 400 people are just sitting on lawn chairs in the field. They're having this church service, and there's this helicopter circling overhead, quite obviously surveying them.

It's something we can't forget about as a nation—the persecution of these churches and how unjust it was. How silly it was because it was motivated by this supposed public health crisis. It's really quite phenomenal because the funny thing is, is that we do actually have a constitutional structure that is supposed to, or was designed to, protect against that. And it completely failed. And, of course, I talked last time a little bit why that happened, why the courts failed. But it really, really failed in a very practical way.

Pastor Stephens got arrested twice. This is Tim Stephens of Fairview Baptist in Calgary. Once, right after church, in front of his kids, in front of people at the church. A second time at his house, again in front of his kids.

An interesting story about the second time he was arrested. I was his lawyer at the time. The police called me to tell me they were going to be at his house to arrest him in approximately an hour. They did not tell me why they told me that. It doesn't make any sense that they called me to tell me that. They have no obligation to call me to tell me that. They weren't calling me to tell me to tell him to stay put. In fact, that's one of the reasons why you wouldn't call the lawyer, so the lawyer wouldn't tell his client to run. I still, to this day, have no idea why that conversation happened. But it immediately occurred to me, well, the thing I have to immediately do is call all the media I can to get them down there.

I immediately called Sheila Gunn Reid and thank goodness they had a cameraman in Calgary, and he was able to get down there. He got down there a few minutes before the police showed up. Which is the only reason, I think, today that we have the footage of that second arrest at his house. It was the Rebel cameraman who was able to get down there because I called Sheila, because the police called me to warn me they were coming. No idea why that happened, but I just thought I should share that as an interesting tidbit. I'm glad it happened; that needed to be exposed. We needed to catch that on film, as gruelling as it was to watch.

The last story I just want to talk about briefly is the story of Church in the Vine in Edmonton. This story didn't get as much coverage, but this is with Pastors Tracy and Rodney. They kept out a public health inspector who wanted to come in during the actual ongoing active service. She didn't just want to come into the church; she wanted to come into the sanctuary. This is more of a charismatic church and when they have a worship service, it's a big deal. For them, the Spirit of the Lord is there, and it's not something to mess around with. It's a joyous time, but it's a divine, sacred, serious time. And to have somebody in there who's in there for the purposes of gathering information to shut down that service, that's disruptive on a practical level but also on a spiritual level. Clearly, somebody who's coming in there to do that does not have the right spirit to be in there, if you believe in that sort of thing. I mean, I do.

So I can understand where my clients are coming from. You go to a church service; the last thing you want is a government official who's basically your enemy, ideologically and spiritually your enemy, who wants to come in and prevent your ability to worship the Holy God in that sanctuary. That person is obviously carrying a bad spirit into the sanctuary. You don't want that person in there, obviously. This was the position of the pastors at this church.

We go to trial on this. What I do is I tell the Court—the church was ticketed for not letting the inspector in; they were ticketed with obstruction—so I say, "I'm going to make arguments about how this is a breach of 2(a)," which is pretty well religion in the Charter, section 2(a). What happened is the prosecutor said, "We're going to apply to the Court to not let you even make that argument. Because even making that argument is a waste of court time." So it's one thing to make the argument and have the Court say, "No, it's not a breach." Or "No, it is a breach, but we're still going to allow the ticket to proceed for whatever reason." In that case, section 1 doesn't apply, so it would have to be some other reason. I actually expected that.

What I didn't expect was the Court to say, "You know what, it's a waste of our time for you to even argue that freedom of religion may have been violated in this case. It's so obvious that it isn't violated that we're not even going to let you waste the Court's time by making that argument." Even for somebody as cynical as me, I found that really shocking. I'm actually at the Court of Appeal of Alberta next week

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to ask for that decision to be appealed. I have to ask for permission to appeal it to the Court of Appeal—to then ask the Court of Appeal to send it back for us to have a real trial where I can actually argue section 2(a) of the Charter.

I think it's a real travesty that really goes to show just how hollow and empty and meaningless section 2(a) of the Charter has become. How useless freedom of religion is in this country. It's not that you can argue it and then lose. You're not even allowed to argue it anymore. I need people to realize that's how bad it's gotten. I know it's a bit technical. But you have to understand that there's a problem when the Court says, "Look, you have a constitutional right, sure, on paper. But not only are we probably going to rule against it. We are so certain, even before hearing the facts and the arguments that we're going to rule against it, we're not even going to allow you to waste our time to rule against it." We're in a dark spot when it happens.

The last thing I'll say is two last things. One, I don't care how non-Christian you are. You have to care about this if you want to have a hope to have any type of freedom at all in this country. Maybe freedom of religion is irrelevant to you because you're just never going to have any kind of belief. Well, let me tell you, you don't keep free speech if you don't also have freedom of religion. They go together, okay? You're not going to keep your right to protest, freedom of assembly, if there's no freedom of religion. They go together.

The reason we have section 2 of the Charter subdivided up into four separate sections—2(a) is religion, 2(b) is freedom of expression—is because they are interwoven fundamental freedoms. You cannot keep one and get rid of the other. It just will not happen. I mean, you can theorize about it, sort of how you can theorize that socialism means we're going to have utopia. But in reality, it's never going to happen. You're not going to keep your free speech as an atheist if meanwhile the Christian doesn't have the freedom to practise religion. It's just not going to happen. You can look at history. You can look at totalitarian societies around the world. So you need to care about what happened with COVID and Christians in particular.

The last thing I'll say is this, just to give you a comparative example of what this should have looked like if we had a functioning legal system.

Some of you may be familiar with John MacArthur. He's a famous preacher in the U.S. His church is in California. So you're talking one of the darkest places of the U.S. when it comes to the rule of law and tyranny and the oppression of rights and freedoms, et cetera. Probably the most Canadian area in America is California, maybe New York, as well. So there's these threats to John MacArthur's church because, like GraceLife, they wouldn't shut down.

But notice what happened. John MacArthur is not arrested; the church is not seized. The church goes to court to get the public health authorities in California off their back and they win. Because the legal system still somewhat functions in America. There is tyranny there but less so because the forces that hold it at bay still have some power. There are still some judges with moral integrity and moral courage and conviction about the rule of law, and the system itself, although broken, still functions. The state down there still has some regard for their limitations. And so, they don't just randomly arrested pastors and seize churches. They actually have some healthy fear that they may not be able to get away with that.

There is no healthy fear amongst governments in Canada. There was no fear that they would not get away with seizing GraceLife and arresting Pastor Coates. Sure enough, the courts were all over—Judge Shaigec and the judge that gave Pastor Coates a tongue-lashing and increased the fine from what even the prosecution suggested. These judges had nothing but contempt and loathing for this church and this pastor. And nothing but admiration for the government. And so, all that does is tell the government you can get away with whatever you want. It's not like that in the States. We need to keep that in mind as a comparison.

Again lots of things about America are broken. But we need to keep that in mind as a comparison, where there is a place in the world that's not as unfree as Canada is. We need to use that to remind us just how unfree we've become. Because it's easy to forget. It's easy to acclimatize. It's easy to get used to it. There was a huge uproar about the arrest of Pastor Coates. It was much smaller about the arrest of Tim Stephens, even though it was publicized. Why? We acclimatized. It was now normal: it became normalized for pastors to get arrested in Canada. Now Derek Reimer is arrested and he's thrown in jail. We're upset about it, but we are not freaking out like we should be, like we did with Pastor Coates because we've acclimatized to it. That's dangerous. Sorry, that was a bit long.

Shawn Buckley
Well, no, it's interesting. You're talking about Pastor Stephens and how you're showing up in court. What people don't understand is to succeed on a Charter breach, the side alleging there's a breach has the onus to prove the breach. And then, the onus switches to the government for that abomination, section 1 of the Charter,

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which then allows the government to argue, "Well, the right was breached, but it was demonstrably justified in a free and democratic society."

The thing that surprises me, James, is that for shutting down a church, I would assume that the opposite would have happened—that the Court would have said to you, "Okay, clearly freedom of religion has been breached. Let's determine now what we do under section1." That's what I find so shocking as a fellow lawyer. I think it speaks volumes of where the court is. But what also speaks volumes is this issue of the Department of Justice that always

argues against Charter rights. I expect that the Department of Justice lawyers attended, ready to argue that freedom of religion was not violated, am I correct?

James Kitchen
Yes. It's a rare thing that they concede that. They conceded that in the main BC case, the Beaudoin case, if I'm saying it right. They actually conceded it there. That's rare. They usually come in arguing that the breach was trivial or insubstantial, which is just part of the language, in two ways, internal limitation in it.

Yeah, it is disheartening to see that because it's hard to think that this lawyer doesn't have contempt for Christianity. Reading the argument, the facts are so obvious that there is a breach. And you think, how does this lawyer not hate freedom of religion, at least, and maybe Christianity itself? The contempt in the written submissions from the Crown prosecution lawyers is palpable for someone like me reading it. Yeah, they're constantly arguing that. It's really sad.

Shawn Buckley
Right. It's quite spectacular for us to hear you describe, basically, Canada to China. Because there was a time, I think, when Canadians were shocked hearing that pastors would be arrested in China. And here, they're being arrested in Canada and nobody's reacting.

James Kitchen
That's what happens, right? That's the boiling of the frog. That's where we're at now. It's so much harder to get the freedom back after COVID because we've just gotten so much used to it. With each passing decade, a generation of Canadians who lived so much more free than we can even imagine dies off. It's hard for us to even conceptualize what it was like to not just be a little bit more free but a lot more free 25, 45 years ago. Because we just get used to the temperature being turned up on us.

Shawn Buckley
Right, the boiling frog analogy. Now you're also invited to speak to us about Christians being declined religious exemptions from the mandates. Can you share with us your thoughts on that?

James Kitchen
Yes, so this goes to the heart of whether or not Canada is actually a tolerant society that actually cares about diversity and actually honours equality or equity, pick your word. Because it doesn't.

The human rights law, if you will, is if you fall into a protected ground, a characteristic, right—the famous ones are sexual orientation, gender identity, race, but there's a few others. Obviously, religion is one of them; in fact, religion was one of the original ones. The motivation originally for human rights, a lot of it across the country, was the terrible persecution of blacks and Jehovah's Witnesses, particularly in Quebec. That was part of the motivation back in the '60s and '70s when these laws came out.

And so, if you fall into one of these protected grounds, if you make a complaint to the Human Rights Commission, whatever the body would be, you have to show that you were

discriminated against. The other side then has an opportunity to show that that didn't happen, or it did happen and they can justify it.

So part of the section 1 thing—it's different terminology—we use undue hardship. So if it's undue hardship to accommodate somebody, then you're actually permitted to discriminate. So a buddy on the oil field gets his hand cut off and says, "I still want to work there." The oil patch can say, "Well, we'd like you to work here, but look, you need two hands." And he says, "Well, you need to accommodate me; that's a physical disability." And the oil patch would say, "It's undue hardship. We can't accommodate you. It would be too unsafe. You have to have two hands to operate this equipment if you don't . . ." Et cetera, et cetera. So it's actually permissible to discriminate on the basis of physical disability against that oil worker.

So what happened in COVID is you have a large number of Christians, not only Christians. I had a couple Jewish clients; I had a Baha'i client. But mostly Christians who said, "Because of my religious beliefs, I cannot take this. It would be a sin before God Almighty. Abortion is implicated; I can't take it because of that. It's a dangerous, synthetic manmade substance that's going harm my body, which is the temple of the Holy Spirit. I'm called to not harm this. It's why I don't have extramarital sex. It's why I don't drink excessively. It's why I don't smoke. It's why I don't do hard drugs," et cetera.

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And various other reasons. Christians are very much about resisting tyranny, being free. They're supposed to live in the freedom of Christ, not in fear of man. That's part of the reason why Shadrach, Meshach, and Abednego said no to King Nebuchadnezzar. I know they were Jews, but it's the same idea. So that's very big for Christianity.

So the shot itself, Christians said, "Well, I can't participate in the shot itself, but I also can't participate in it now, even if I was okay with the shot, because now it's mandated. So now there's tyranny; now there's coercion; now there's violation of bodily autonomy and human rights. As a Christian, I cannot participate in that." And actually, my one Baha'i client, that was her issue: "I can't participate in this because now you've mandated it. If it wasn't mandated, I'd take it. If you gave me the choice, I'd take it. If you've taken the choice away, my beliefs say I cannot participate in that coercion and tyranny."

Here's where it gets interesting. What you would expect, as a lawyer who knows this area of the law, is for everybody to say, "Look, I'm so sorry. I know you have these religious beliefs. And you know what, we would accommodate you if we could. We don't want to discriminate against you. We want to be tolerant of Christians and inclusive. You're part of the diverse part of Canadian society. But look, if we accommodated you, grandmas would die. There'd be undue hardship; everybody would get sick. You'd spread COVID and everybody would die. It would be terrible and that would be unsafe. We just can't do that."

I never heard that argument. That's what the rational lawyer expects to hear in this case. I didn't hear that. One part of it makes absolutely no sense: why in the world wouldn't I hear that?

The other part of it makes complete sense: well, if the darn things don't work, which they don't, then you can't make that argument and get away with it. I mean, probably you can, because the courts are just going to rule in your favour anyways because they subscribe to the narrative. But let's assume you have an unbiased decision-maker. You're not going to win on that argument because the darn things don't work. So there is no undue hardship.

Because if there's no difference between the vaccinated and the unvaccinated, it's not undue hardship to accommodate an unvaccinated person: We can't take it because of a protected ground in the Human Rights Code.

What I heard invariably— I had scores of these cases, I probably had around a 100 throughout 2021 and 2022. Some of them are in litigation now; a lot of them got resolved. What I heard was "Your beliefs are not Christian enough. We don't believe that you actually believe them. We think you're just an anti-vaxxer who is scared of the shot, and so you're putting up all these Christian beliefs as sort of a shield of that." That's what I got. It was eerie how similar all the responses were. Everybody seemed to be playing from the same playbook. It actually seemed to be driven by the lawyers.

Now, at first, I thought, this is a coincidence. Now I have to wonder how much the lawyers were actually running this. I'll give an example.

I sued a hospital in Ontario that refused to accommodate a Christian woman there, who had been there for almost 20 years. She was an occupational therapist in the hospital, non-unionized. You can read about this case, by the way, on the Liberty Coalition Canada website. This is a public case. I'm publicly litigating this case.

I was in discoveries on Tuesday. I discovered that everything was being driven by the lawyer. The HR person who seemed to be making the decisions and who I was questioning in discovery, she was doing everything at the direction of the lawyer for the hospital. I found that disturbing, interesting but disturbing. All the language that I asked, "Why did you choose this language?" "Well, that's what counsel gave to me." All the decisions were made for her. It was all given to her by counsel. Then she told me—this is interesting, I don't have a copy of this yet, I've asked for it—she said the hospitals in the Toronto area, they had a bit of a cheat sheet for religions for all the people that asked for accommodations, various religious beliefs. This cheat sheet would list a bunch of religions, and there'd be a box beside it: Does this religion support vaccination? Yes or No. The decision-makers would actually use that to make their decision.

So this is a complete violation of the law. I don't have time to explain Amselem, which is the 2004 Supreme Court of Canada case. But it's an utter violation of that Supreme Court of Canada case for freedom of religion. You are supposed to judge people's beliefs on the beliefs that they give you, not on what you think the religion is or what it should be. So she said that in that cheat sheet or that checklist, Christianity would have a check "Yes" beside it for supporting vaccination. It didn't even break it down into COVID vaccination, just vaccination. And then, she said, she had to go to a committee to make a final decision on whether not to deny or grant the accommodation request.

By the way, the request was drafted by me. It was a request that definitely triggered the duty to accommodate. Her and I worked together. She gave me her beliefs, and I put it into a legal framework and it was solid.

The committee decided to deny her accommodation request because some guy came in, who was the spiritual care adviser for the hospital, who said Christianity believes that vaccination is good and it believes in caring for the sick and, so, we should deny her request. They didn't even consider her beliefs.

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It's a blatant disregard of the law. That's the exact opposite of what the law says to do. I believe that's what happened all across the country, tens of thousands of times, for the Christians that were denied accommodation. It's a complete rejection of the Supreme Court of Canada on freedom of religion. It's a complete rejection of what the human rights commissions have paraded for years about how they're diverse and tolerant, and they want to fight against discrimination and they want to support all religions.

Shawn Buckley
James, can I just slow you down for a second? So you're explaining to us, basically, what they communicated to deny these claims. I do want to touch on those.

But I'm just curious if you have any thoughts as to why they did it. Because they're not giving you the health reason: you're expecting them to say, no, we're buying into this being really dangerous, and we don't want to accommodate.

So that people understand—it's not enough for them to just say it's dangerous. They have to explain, "Well, yes, but it's going to put other people in harm." But they have a duty to reasonably accommodate—so maybe it's not a lab class that a student could attend virtually, type thing. So they're not giving you what you're expecting. They're basically saying, "No, this isn't a valid belief." And you're saying this was virtually in every case.

Do you have any thoughts as to why this happened? Because it seems to be almost the same message from different institutions in different provinces, which itself is very surprising.

James Kitchen
Yes, yes, the consistency was astounding. And because I had so many cases, I was able to confirm this consistency across all kinds of different areas. I can only speculate that the personal contempt for both the unvaccinated and for Christians in general was driving this. Maybe there's some sinister force behind it, telling everybody what to do. I don't know. Because it does make sense to me. I saw the contempt for the unvaccinated and I was familiar with the contempt for Christians because, of course, I've been doing freedom of religion litigation for years now.

I don't know what else to chalk it up to other than personal contempt, amongst elites, amongst a lot of typical Canadians in positions of power. I'm sorry to say it, but I think it's just true. I mean, it's not the typical Canadian that's at the NCI right now; sadly, they are reflective of the better part of Canadian society. I know that's probably offensive and depressing. But Canadian society, I think, is really in bad shape. It's the personal contempt for the unvaccinated and the Christians together. So now you have extreme personal **contempt.**

They have some awareness of the law and you have to think before COVID, they had some respect for the law. They weren't completely morally depraved people. I mean, most people are not completely morally depraved. So what would drive them to do something so hateful and so destructive? What would drive them to tell somebody that you're going to lose your job because I don't believe you're a good enough Christian. There has to be an extreme level of contempt for somebody to rise to that level. Your story in the beginning, it almost brought me to tears, too, because the level of contempt that you have to have harboured in your soul to be able to pull the trigger on that gun.

This is different. We're not talking people dying here, except for the suicides. We're talking people losing their jobs. But that is how it starts. So it's one thing and then the next, eventually. But you have to have—growing on that level of contempt towards unvaccinated people and Christian people—be able to say to them, "I don't think you're Christian enough and you're fired over this whole thing." That's all I can chalk it up to is just moral depravity in all the people making these decisions. Maybe it's fear. I don't know. It could just be that they're so scared of getting COVID and dying themselves that they're not rational anymore. Could be that as well. I don't know. You'd have to ask Peterson because this is beyond me as a lawyer to understand how people psychologically get themselves to a point where they can be this cruel to other human beings.

Shawn Buckley
Now, can I ask James, did you have a single client that you were able to get an exemption after the initial refusal?

James Kitchen
Very few, except for one good story I have is the University of Calgary. There's a large Christian student community there and maybe around 200 or so asked for religious accommodation. They were all universally denied. They were all given the same form letter, no reasons, no explanation; just one line, you were denied. All given the exact same letter, I know because I saw it. So a dozen of them found me, and I don't know what happened to the ones who didn't. I think a lot of them got kicked out, it's really sad. But a dozen of them, or maybe a little more, found me in the fall of 2021.

What I would do is I would appeal these initial denials of religious accommodation to the Provost's Office, and every single one of the appeals I made was granted. So initially denied, but when I appealed it, it was granted. No reasons, but immediately granted

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every single time with every single case I had, which of course is completely arbitrary. That is the archetype of arbitrariness. I had one client, a grad student, who had paid over $6,000 to another lawyer who had fought for weeks and weeks and weeks and weeks to try to get her accommodation. She found me because they all found me; they got talking to each other.

I put in the same appeal request to the Provost's Office that I'd done for all the other ones, and it was immediately granted. Even though she'd been fighting for weeks with another lawyer, it was immediately granted. I'm not saying this to say, "Oohh, I'm amazing." I think it was just completely arbitrary. Nobody cared about the law. All they cared about was, will Mr. Kitchen make me have a bad day? And he probably will. I don't want to deal with him. So fine. I'll grant his 12 clients accommodation because I can get away with denying the rest.

And so I guess it's both a good and a bad story. It's good that my 12 clients were able to get through them. I'm in touch with a couple of them still now. They graduated. I mean, praise the Lord, they graduated. My goal when I did all this in the fall of 2021 was how many Canadians can I save from taking the shot and still keep their job and go to school. I didn't get very many, but I got those students. And that meant a lot to me to be able to save them. I had several clients who, they lost friends. Their spouses took the shot and they were crying on the phone with me about it. That was hard. And I was happy to at least help those 12

students. It was arbitrary. It was cruel. They didn't grant it to me because they wanted to follow the law, just because apparently, I—

Shawn Buckley
James, I'm just going to rein you in because we've got some time constraints.

James Kitchen
Sorry.

Shawn Buckley
I'm going to ask Commissioners if they have questions for you.

James Kitchen
Sure.

Shawn Buckley
And there are questions.

Commissioner Drysdale
Good morning, Mr. Kitchen.

James Kitchen
Good morning.

Commissioner Drysdale
Can you tell me what role, if any, the press played in the case with James Coates and initially how the press reacted to what he was doing? What were the commentary when he went to jail? And was there any assistance there?

James Kitchen
I don't tend to watch much mainstream media. I watched and listened to enough to know that certainly amongst the more hard-left media, there was a lot of slime-balling him. A lot of "He's dangerous. He's endangering people. GraceLife is endangering people; they're just these religious wackos."

I was encouraged that there was some moderate mainstream media that— Because I think they were just shocked that he was arrested and still put in jail and the church were arrested. Not so much that they disagreed with the narrative but just shocked that it went that far. They gave some coverage. I know that he was listening to the radio in jail at times and some of the media coverage was actually decent. But at least, it was covered. I'll say this: it was covered a lot and that was actually part of our goal, and even though the coverage was bad, that's to be expected. I was encouraged that it was covered a lot, a lot more than the Tim Stephens one.

So no, I wouldn't say the media was holding the government accountable to what happened. The alternative media was, but the government doesn't care for those. They ignore the Western Standards and the Rebel News. No, the mainstream media, they don't care about freedom of religion; they don't care about holding the government accountable. None of that's on their radar.

Commissioner Drysdale
So was there much coverage or any assistance from the media when he was— How did the media describe it when he was refusing his bail condition? Was that fairly represented? Did they offer any assistance or anything?

James Kitchen
No, I certainly can't say they offered any assistance. I think there was a lot of confusion around that, so I don't think it was fairly covered most of the time. But I don't know if that was intentional. There's so much confusion around this; there's just so much ignorance of how the law works. And the media is all about the shazam—so what's fascinating is this picture of him in shackles, not so much his principle of resistance to the conditions.

Commissioner Drysdale
Are you aware of any other cases where the court refused to hear a Charter argument?

James Kitchen
Yes, it happens all the time. In normal situations where somebody is driving drunk and they want to allege section 7, 8, or 9, which is privacy or liberty or unlawful detention, these are the criminal rights in the Charter. There's thousands and thousands of these cases every year. So there'll be applications to argue Charter rights in defending these very standard charges. A lot of times those are actually dismissed without even being argued by the Court

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because they've heard it a hundred times. So at that point, you really are actually wasting judicial resources because we know what the outcome's going to be. We've just done it a hundred times, and we're just not going to do that. That's why that whole process exists. It can be good. Like anything, it can be abused, but it can be good.

So of course, in this case, this was completely unprecedented because I was making a 2(a), making a freedom of religion application. There are no cases where people were ticketed **for something—were alleging a breach of freedom of religion, actually had a reason for it—and then had that dismissed. There were no precedents for that: that doesn't happen. Because we just typically don't go around arresting pastors in Canada prior to 2020, there are no cases on that. So the Court decided to do that, in my case, without the benefit of any precedent that would indicate that that's actually appropriate to do so.**

Commissioner Drysdale
In your testimony, I thought I heard you mention that someone asked you about your clients, and you said that you had certain other religions represented in your client base. Are those synagogues or mosques or whatever else they might be, were they closed down and attacked and their rabbis or their imams arrested?

James Kitchen
I know the Jewish church faced some persecution in Ontario. The only Jewish clients I had were clients who didn't want to take a shot. So they were individual clients and it was about trying to stay in school or keep their job. I didn't have any Jewish synagogues as clients. I just know that they did face some persecution from the Ford government in Ontario.

I never heard any stories of any persecution of the Muslim church or the Muslim faith. That may have happened. I'd be one of the ones to hear about it if it did. So I have to guess it probably didn't, but I can't confirm that. There certainly did seem to be a disproportionate persecution of the Christians, which I think is somewhat likely because of the fact that Christians are very out there. Not for the sake of being out there, they're called to be public about their faith. Muslims tend to be, in my experience, a little more, I guess, smarter about that in the sense that they're very devout, but they're just a little bit quieter. They're paying attention a little more about when to be quiet and when not to be quiet. They tend to have a better relationship with governments. Whereas Christians were fighting up against governments because they believe in limited government. That's just part of the theological heritage.

So I'm sure there's all kinds of reasons why it tended to be the Muslim churches were just— Governments just kind of looked away, and then, there was this unspoken truce. Because they get along. Whereas Christians, the government can't stand Christians because Christians hold them accountable publicly all the time. So naturally there's going to be that ire. I'm sure there's more reasons, but I think that's part of the reason. I think that's predictable. If we have something like this happen again, I think it'll be a similar thing. It'll be the Christians that take the brunt of it. And then, some of the other religions will get hit a little bit.

Commissioner Drysdale
I'm going to put you on the spot here a little bit. Can you tell me what the Charter actually says about freedom of religion? Do you know the words? Have you got them handy or do you know them off the top of your head, what it actually says?

James Kitchen
It protects freedom of religion and conscience. It's quite short. 2(a) is very short, whereas 29(b) is a bit longer because it's freedom of expression, thought, opinion, media, et cetera. Within 2(a), there's what we call an internal limitation, which is to say that 2(a) doesn't protect absolutely any religious belief in being infringed at all. The breach has to be significant. It can't be trivial and insubstantial. So in other words, the government is allowed to say to the church, "Okay, you have to get a permit to serve food on Sunday mornings." "Okay, that's not freedom of religious expression. It's annoying. We have to pay money; we have to go through the process." It is a small infringement, really. It is saying you have to get approval from the government to do this thing. But the way the law is designed is to say, "No, it's not a breach because it's trivial and it's insubstantial." And so there's that line between what's trivial and insubstantial and what's significant.

So stuff like, interfering with the connection with God, causing you to sin. Obviously, that's serious and significant. But what the prosecution always does is argues that even those most serious violations are merely trivial and insubstantial. They demean the religion in order to do that: Sin, what's the big deal? What? There's nothing going on in the sanctuary. It's just a bunch of hoodoo with these weird people that believe in this God.

Because we live in this sort of post-Christian, post-religious society, we're able to chalk these people up to being spiritual, crazy people.

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And then what happens is that you're able to import actual serious breaches into this—"Well, it's just trivial and insubstantial because we think it is." Again, that goes against what the Supreme Court of Canada said in 2004 when there was still some respect in our society for religious beliefs. So that's what it says. It doesn't really matter what it says. It's all about what the Supreme Court does with it. Because the Supreme Court has given so much latitude to interpret a right and then to violate it with section 1, it comes down a lot more to what judges have to say.

This is the whole living-tree doctrine in Canada. We have a living-tree Constitution—not one that's stable—which means it grows the way the judges and the politicians want it to grow. In the U.S., it's set: the job of the judge is simply to interpret the Constitution and to apply it, not to guide the way it's going to grow. That's the fundamental problem with this doctrine in Canada of living-tree. The better doctrine of the Constitution is what it is in the United States. We're seeing the practical impacts of that. This living-tree doctrine means that churches can be seized. It takes 40 years, but that's what it actually means. That's why this idea about what constitutionalism means is not just some ivory-tower thing. When the crap hits the fan and COVID, it's going to matter because pastors are going to get arrested if you don't figure out how your society should run.

Commissioner Drysdale
The reason I ask that is because I believe you said it has freedom of religion and conscience. So what you're telling me is we have government officials now judging what your conscience is. I'm asking, isn't that completely—make the whole provision useless?

James Kitchen
Yes, yes, it does. Yes, exactly, it does. It is useless in Canada. Freedom of religion is essentially useless.

Commissioner Drysdale
Can you also comment on the practicality of all of this? What I mean is we've heard testimony that whether you have a right written down in the Charter or not, and you get arrested, you have to spend money and you go to court. And you lose, you have to spend money. And you go to appeal, if you can get appeal, and you spend money. And then, if you go to the Supreme Court, you spend money. And 10 years has gone by, and you've spent how many millions of dollars. Isn't that also an impediment against a regular Canadian from standing up for any right, just because they have limited resources and the government has unlimited resources?

James Kitchen
Yes, it's a serious problem. That's why, if you don't have a small army of civil liberties lawyers who are supported by donations, you can say goodbye to your rights and freedoms in a matter of years. One of the reasons that civil liberties are more robust in the United States isn't just because they have a good constitution, isn't just because they have better judges with more moral integrity. It's also because they have a small army of civil liberties

lawyers who are funded through organizations like Alliance Defending Freedom, Liberty Council, et cetera, who have million-dollar budgets because people donate to them. And so they're able to litigate these cases that wouldn't otherwise be litigated. That's exactly why the Justice Centre exists. That's exactly why the organization I work for, Liberty Coalition Canada, exists. Because of the obvious thing that you just said.

If there are not lawyers who know what they're doing and who are funded, crowdfunded, and therefore independent from government, none of these rights will ever be defended. None of these cases will ever be litigated. And just by mere atrophy, just merely by not exercising the muscle, you will lose the muscle. If you don't exercise the rights and then litigate over them, you will lose them. That's a serious problem in Canada because I can fit in my living room the number of lawyers in this country who do what I do on a regular daily basis, and there is very little funding.

There's the Justice Centre, there's Liberty Coalition Canada, there's the Democracy Fund. That's about it. And maybe a couple of other small organizations. That's it. It's a country of 40 million people, and there's maybe a 100, on a good day, of people that are doing what I'm doing. I think probably 50 is a more accurate number. That's not enough. I mean, how are you going to hold the line? The movie *300* comes to mind. You're just outnumbered. I'm outnumbered and outgunned: I mean, 50:1, and I know that. And the other side knows that. That's part of the problem.

If people want people like me and if you want more people like me and you want people like me to keep going, they're going to have to donate. A lot of people have done that, I know. But I'm just saying that's a call to donate to all organizations, not just mine, but to all organizations because they are the thin line between you and tyranny. People don't have the money to do it on their own. And even if they did, why would they sacrifice all their savings? Because in the end when you defend rights and freedoms you don't get any money back. You might get the court to agree with you and uphold your rights. You're not going to get damages. You're not going to get the 80 grand you just spent back. It's a huge practical problem.

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Commissioner Drysdale
Historically, what happens in a society where the people can't get justice in the courts? Have you got an opinion on this?

James Kitchen
Violence. Well, violence and/or tyranny. The only way that we peacefully resolve disputes in a way that practically matters is through the courts. So what will happen as the courts continue to fail us in that regard— They're deluding themselves if they think they can continue to do that and, eventually, we don't end up in violence and/or tyranny. We could just get tyranny and skip the violent stage. Or we could get a violent revolution from people who have spent decades and millions of dollars peacefully following the rules and trying to uphold their rights through this peaceful resolution system we call the justice system, and they say, "I've had enough, I'm getting my gun."

So you could get a quiet revolution into tyranny, or you could get a violent one. Or you could get some sort of civil war where the tyrants aren't able to take over and now you just have unbridled violence because this nonviolent adjudicative system we have, has failed. I

don't think people usually talk in terms that stark, and we're not there yet. But that's where we're going. If our justice system continues to fail at upholding the rights of regular, everyday Canadians who are trying to defend themselves against their tyrannical government, it will end in violence and/or tyranny. It has to. That's just human history.

Commissioner Drysdale
Thank you, sir.

Commissioner Massie
Thank you very much, Mr. Kitchen. I have two questions. Just to understand what you mentioned about the story when the pastor was arrested, and you were warned ahead of time that this was going to happen in an hour, and you didn't quite know what to make of it. I'm just trying to understand one possibility you have not mentioned—whether you think it's a hypothesis to explain what actually happened, which is the following. As soon as you learn about it, you had an hour. You called the media, and then this thing was actually known, which on one hand, with aware people, that this can happen. But on the other hand, it also makes people aware that this can happen and it could send a chilling message to anybody who might want to do the same thing.

So what's your thought on that?

James Kitchen
Who knows, maybe it was a trap. Police all know who I am. Maybe they called me because they wanted me to do, precisely, that. Because, okay, "Mr. Kitchen's going to call the media. The media will capture the arrest of Tim Stephens. It'll scare people. It'll have a chilling effect. That's exactly what we want." Could have been that. Maybe it was a trap and I fell for it. I made the decision I made, hoping that it would cause more uproar and people to actually take a stand than it would scaring them into compliance. Maybe I was wrong. I hope I wasn't, but it's an interesting analysis. It could be bang on, could have been a trap.

Commissioner Massie
My other question has to do with the religious exemption that failed one after the other, and you are very happy after fighting them that one was finally successful. And again, I'm wondering there, based on what you've said, that it was unclear to you what process would actually involve you being successful. I'm just wondering whether having one religious exemption accepted was not to send a message to the population: In theory, you can get it. And see, we give it once in a while. Therefore, we are following a due process. The one that was not successful is because they were not qualified according to our due process.

So what do you think of that?

James Kitchen
I think it's a possibility. I personally don't think that's what happened. I think it's a possibility. But I do think you've hit on a true point.

There was a really strong public messaging effort that I noticed. All these employers and these organizations and these public bodies and these universities, they were all constantly saying in their policies and in their oral discussions—"We will give accommodations; we

will follow human rights; if you can't take the shot because of your religious beliefs or some other protected ground in the *Human Rights Act*, we will accommodate you." In every single one of my cases, that's in the record somewhere that somebody had said that. So there was a lot of lip service to human rights, as there is in this country.

There's a lot of lip service to human rights. But unless you're one of those favoured groups, it doesn't really exist. It was just manifested in COVID in a more extreme way. We're going to pay lip service to human rights and diversity and inclusion and equity and all that. Meanwhile, we're going to kick the Christians in the unvaccinated face because we don't like them. That's how this works in this uncandid society. So I think that's an important point to keep in mind: There was this public face of, "Hey, we're going to follow the law."

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But, privately, they didn't.

Again, usually, you can get away with that because it's not like you have lawyers like me going around and publicizing their cases. I'm very, very unusual in that. Of course, a large number of my cases haven't been publicized. But the fact that I'm even publicizing some of them is very unusual. So normally, if you put on your good public face and you go and then kick somebody in the teeth privately, you can get away with it. Because it's not being publicized and the media is not going to cover it. Nobody's going to know. Nobody's going to care. That's part of the reason why I do what I do with publicizing my cases. And why I talk about them publicly here is because otherwise, there's no accountability.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
Good morning, Mr. Kitchen. Thank you for your testimony. I have several questions. When the Government of Canada, our authorities, violates the Constitution; violates the supremacy of God in our nation; violates the rule of law; violates hard-working Canadians' freedom of religion, opinion, thought, conscience, belief; violates the underlying principles of justice as we presume to be our Canadian roots and historical foundations as the framers and founders of Canada believed, can we consider those mandates to be unlawful orders?

James Kitchen
It depends how you define unlawful. Unjust, immoral, unethical, yes. As a lawyer though, if I'm giving a technical answer, well, unfortunately, what defines lawful or unlawful is the courts. So if the courts find them lawful, then they're lawful. But as we know from the Germany of the 1930s and '40s, you can have lawful laws that are unjust, immoral, unethical, and destructive and murderous. That's what I think a lot of the COVID laws were. They were unethical, they were unjust, they were immoral. They caused human suffering; they caused human death. I certainly regarded it as a moral imperative for me to knowingly disobey some of those laws, the ones that I was confident were, in fact, just— I didn't care whether they were lawful or not because the authority that decided that was an authority that I morally and ethically often disagreed with.

Commissioner Kaikkonen
If I go beyond constitutional law, when the church is set up as non-profit in Canada, the federal government provides them with choices. For example, they can advance education or advance religion. I think there's two others, which essentially means that the proposed organization, in this case, churches wanting to advance religion, government approves that application. Once it's confirmed, no man can disannul that application other than the church themselves. But if I think of this as a contract, it wasn't the church who closed the church, but government who closed the churches across Canada. And then fined ministers for defying mandates, and as you allude, jailed ministers as well. Government did not just alter the contract and sever the contractual agreement, but didn't they also break the contractual agreement that they had allowed for that non-profit to be set up? This may not be your forte, but I just thought—

James Kitchen
Well, I guess, I don't think of it in those terms. You're referring to the requirement to get charitable status.

Commissioner Kaikkonen
Yes.

James Kitchen
Right. Which some courts explicitly reject because they want to be so pure in their allegiance to Christ only and not to muddy it with an allegiance to the State. So I guess I don't think of it in those terms.

Is there a breaking of the social contract? Yes. Is there a breaking of the constitutional and the democratic contract with all parts of society but particularly the Christian community and the churches? Yes. I think there's a lot of breaking of contracts, written and unwritten. I just didn't think of it in that way.

I think the removal of charitable status is a problem in the country, and I see that happening. So for example, you're going to get churches over the next five years that are going to say no to the transgender narrative. And you will see, I think, eventually, arrests and fines but also the removal of charitable status from those churches. That's work I expect to be doing over the next five years.

Commissioner Kaikkonen
If I take that same argument a little bit further to businesses that were bankrupted because of the government mandates. So government, in my sense, would be breaking the contract. Do these businesses have judicial recourse when agencies like CRA, for example, come knocking, looking for funds that they assume should have been paid over the last three years, but it was the government who broke that contract?

James Kitchen
No, I did some work in this area.

[01:00:00]

One of the problems with our socialist mindset in the country is that we regard property rights as not a good thing. We regard them as somehow bad because it makes rich people more rich and will oppress the poor and all that Marxist nonsense. So we don't protect property rights. Section 7 of the Charter protects the life, liberty, and security of the person. That the Supreme Court of Canada has said.

I think they were quite smug and proud about saying that that does not protect property rights. Which means there is no constitutional protection for property rights in Canada. There's some due process protections, so the government has to check off some boxes before they can take people's property away. But that doesn't really mean anything in practical reality, which is what you saw: a lot of livelihoods and businesses completely destroyed by idiotic government policies, and there really is no legal recourse because, unfortunately, in Canada, laws are allowed to be stupid. They can't be unconstitutional, but they can be stupid.

Of course, now what we've seen over the last three years is what counts as unconstitutional is exceedingly small; it's exceedingly narrow. The government can almost impose just about any idiotic law they want, wreak havoc with people's lives. There's no legal recourse because there's no freedom of religion; there's no protection for property rights in the Constitution. And, of course, you lack the moral integrity and courage amongst judges to enforce what is left. So, no, there is no legal recourse. A lot of businesses, I think, have tried to sue the government, and it just hasn't gone anywhere. A lot of them, I think, have known that they can't do anything. So they don't sue, and they just have to somehow get on with their lives. Meanwhile, their lives have been ruined by the government. There's no recourse.

Commissioner Kaikkonen
When I think of, in 2015, Trudeau categorized Christians; he said Christians need not apply. He did not define Christianity. You spoke a little bit about this, about how Christianity is a broad stereotype across this country. He didn't define it. We look down to the lesser magistrates who are saying that Christian materials cannot be disseminated—through their policies, they're saying this—on school property. Yet the lesser magistrates, so I'm thinking specifically school boards here, are not defining Christianity, either. It just seems to be everybody has this anti-Christian view, but they don't actually define. How do we re-educate the public that Christianity is broad and also that our country was founded on Judeo-Christian principles?

James Kitchen
Oh, that's a tall order. I only have time for one thing. I've said this ever since people started listening to me publicly. Don't self-censor. The biggest harm we do to the inability to communicate things to our fellow human beings is we do this [puts his hand over his mouth] because we're scared. Don't self-censor. Talk.

You can't change the world on your own. Not all of us have this big media platform, and not all of us are like me and have people that want to listen to them publicly. But you all have a sphere of influence; you all have people that will listen to you and you need to speak your mind. If you have hundreds of thousands of Canadians that individually speak their mind, they'll do more than any other force can for communicating ideas, for encouraging morality, for the pursuit of truth.

Individuals need to stop self-censoring. That's a cultural cancer amongst Canadians, the fear to speak out. If you want to know what this looks like, go spend a month in Texas or South Dakota or Idaho and see what it's like. It's completely culturally different. People are just speaking their mind all the time, and you might be offended once in a while. But trust me, that's a better price to pay than all the self-censorship.

Commissioner Kaikkonen
My last question is, do you have any recommendations on how we can re-educate the Canadian public that this country was founded and reaffirmed in 1982, founded under the supremacy of God and the rule of law and that those are the primary underlying principles that founded this nation? It's not just the Canadian public, I guess. We should extend that to our judicial system, as well, that they should be re-informed on what they have let lax over the last, say, 20 years.

James Kitchen
Two things. The protection of parental choice in education. The public system will never do that. The public education system cannot be saved, the primary education system. So the more you protect parental rights and choice in education, the more people will have the ability and the courage and the confidence to pull their kids out of the public system and educate themselves or send them to a private school where they will maybe receive that education. So that's one. That's big in the long term in this country.

The other thing, I think, is developing and funding and supporting

[01:05:00]

organizations that try to reach people where they're at, at that cultural level. Regular university is an example. They make all these videos with regular people, trying to reach regular people. Some of those are very, very effective. I've even seen it. I've seen normal people get— I think the cultural term is "red-pilled" because they get exposed to these different ideas in a way that they find accessible from an organization that's trying to reach them where they're at. Instead of this super intellectual way that I might, for example.

Those organizations are very, very important, and I think we undervalue those. They need to be independent and well-funded, and they need to be able to reach the populace. Now, of course, we've got new legislation that is intended to prevent that kind of thing, so it's going to get increasingly hard as we slide further down this path towards tyranny in Canada. But theoretically, that, I think, is one of the ways that we do it.

We have to take the reins ourselves as individual Canadians, take what's left to us and completely cut out government from the picture and on our own initiative develop our own organizations and fund them and try to reach other normal people in a sort of normal way. Try to sort of unplug them from all the government propaganda and all the crap that they believe. Because what the government and the mainstream media tells them, it does work. There's lots of people running around, I've met a lot of them. They believed in COVID for the first year and a half, that somehow—

Shawn Buckley
I'll ask you to focus just because of time.

James Kitchen
Sorry. These are broad questions. That's my suggestion. Those are my two suggestions for your question. Choice in education and organizations to reach people that are completely unplugged from government.

Commissioner Kaikkonen
So a parallel community of some form. Thank you very much. I really do appreciate your testimony.

Shawn Buckley
And, James, there being no further questions on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

James Kitchen
You're very welcome. I really do appreciate your indulgence with my time.

[01:07:11]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 3: Liam Sturgess
Full Day 3 Timestamp: 03:00:10–03:21:20
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Okay, welcome back everyone. Our next witness is going to be Liam Sturgess. If you could just give us your full name and then spell it, and then I will do an oath with you.

Liam Sturgess
Okay, my name is Liam, L-I-A-M. But my full name is William Sturgess, W-I-L-L-I-A-M S-T-U-R-G-E-S-S.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Liam Sturgess
I do.

Wayne Lenhardt
You got involved doing something fairly interesting and novel. Can you tell us how you got involved in doing something with COVID?

Liam Sturgess
Sure. So I want to be clear, I have stories of my own to tell, perhaps another day. I'm going to be focusing on the stories of others. But to get there, just a bit of background. I'm a musician. I grew up in West Vancouver. When COVID hit, I was very afraid. I thought a lot of people were going to die and over time noticed that didn't seem to be the case, thankfully.

Fast forward to just about two years ago, in May 2021, I happened upon a video on YouTube by a group called PANDA or Pandata. It was a presentation by a gentleman named

Nick Hudson where he was simply going through a number of things about the premise behind the declared pandemic that didn't make sense or were unanswered questions. Then that video disappeared.

I had never seen censorship in action so that clued me in that there were perhaps other things going on. Very shortly after, I learned about a group called the Canadian Covid Care Alliance [CCCA] and attended one of their first meetings. I learned that this was a group started by doctors, medical professionals, who were trying to make a difference in the fight against COVID by sharing accurate, honest, easy to access information to keep people healthy. They were working very hard and needed help. A call for volunteers was put out and I applied.

As a musician, not a trained doctor or lawyer or anything, I offered my services in media. So that's how I came to work with the Canadian Covid Care Alliance. I've done lots with various subcommittees and people from all walks of life, like the people you've heard from throughout the NCI, including people I got the chance to watch live here on Tuesday—Matthew Evans Cockle and Deanna McLeod, and many others.

One of the projects that came about became known as A Citizens' Hearing. The premise is very similar to the National Citizens Inquiry; in fact, I think, it was essentially a predecessor to this event. It took place June 22nd to 24th of 2022, in Toronto. I was asked to come to the event and act as secretary. That was the first flight I took after the travel mandates were suspended. So that was what led us to that event.

Wayne Lenhardt
You ended up producing a book if I'm not mistaken. So tell us how that developed.

Liam Sturgess
Sure. This is the book. I know it looks like I'm coming here to sell you all copies, that's not quite the focus of why I'm here. But as secretary, I got to sit alongside the panelists, which was that event's version of the Commission: Preston Manning, David Ross, and Susan Natsheh. And I got to take notes the whole time.

I wasn't specifically asked to write a book about it. But it was the clear, logical step as a way to collect as much of the information as possible into a format that was easy to give to friends and family or elected officials who maybe wouldn't open an email. So I benefited from the excellent note-taking, not just my own notes but others: Maximilian Forte, who is a professor out of Quebec, and Dale Anderson, another volunteer with the CCCA. Combining those with the video footage from the testimonies, I created this written form of the three-day event.

[00:05:00]

Wayne Lenhardt
Were these just random accounts that you produced or did you have some criteria for choosing which ones you did?

Liam Sturgess
In terms of who testified?

Wayne Lenhardt
Well, you've got case studies in your book. I gather there's 60 of them.

Liam Sturgess
Yeah. I wasn't part of planning the event and I wasn't part of the process of choosing who would testify. Now everyone who testified, 100 per cent of their testimony are in the book, so no one was sifted out. And again, the range of people and the range of testimonies at the NCI, I think most would agree, none of them would be worth excluding. So that was very much the same process here.

Wayne Lenhardt
Could you give us a snapshot of what's in the book?

Liam Sturgess
Sure. I'm not sure if I'll be allowed, I'm hoping to read the names of the participants, maybe at the end. But interestingly, some of the people who testified at A Citizens' Hearing have now come and also testified here, which is very cool. But I did pick out a couple of stories that, as I heard them live, were particularly impactful to me, and I won't be able to fully represent them.

Wayne Lenhardt
You're going to leave us a copy of what you have for the commissioners so they can read it or look at it at their leisure, I'm assuming.

Liam Sturgess
Oh, yes.

Wayne Lenhardt
But just give us now a brief overview of what you have.

Liam Sturgess
Sure. The range of people who testified, just like the NCI, there were professionals, experts in scientific fields and law. And then there were the people who were impacted either health-wise or career-wise, socially, by the various policies that have been implemented during COVID.

Wayne Lenhardt
Okay. Were they just harms that were catalogued or did you have any experts like we do?

Liam Sturgess
Yes. Well, in terms of harm, there were certainly not a lot of benefits catalogued. But yeah, lots of expert testimony.

Wayne Lenhardt
Okay, carry on.

Liam Sturgess
So like I said, I picked a couple that I thought were interesting. One was related to injury from frequent mask wearing. Do you mind if I summarize very quickly?

Wayne Lenhardt
Sure.

Liam Sturgess
This was a story of Janina Krienke and her husband Brian who shared the story of their daughter, Chloe, who, 14 years old, had just started in competitive cheer. Now my sister was a cheerleader, so I know from personal experience, cheers is tremendously intense, physically. It's quite dangerous as well, I think.

But basically, she was entering cheers during COVID. There were mask mandates in place, and she was made to wear a mask for the entirety of her high-intensity training. What happened is she started to develop tics that quickly grew into quite intense tics, like Tourette-like symptoms, and then extreme fatigue, sensitivity to light and noise, severe arm tremors. Then she began having seizures and then multiple seizures every day, began passing out. Long story short, it turns out that this non-stop wearing of the masks through this high-intensity training caused her body to completely retrain how it breathes.

She wound up with critically low CO2 in her tissues, and it was rapidly causing her to deteriorate. She wound up being able to learn how to breathe again once they identified this was the source of the issue. And happily, Chloe is now on her way to what seems to be a full recovery. I wanted to highlight that because I think the efficacy of masks is talked about a lot, or lack thereof. But the actual risks to health and to injury are real and significant and probably have not yet seen the full light of day. So I thought that was an interesting one to share.

[00:10:00]

The second one I wanted to share was the story of a wonderful woman named Kelly-Sue Overley. The way the event was set up, we had a common area with food set out, plenty of tables and chairs, very friendly, like a communal space to meet and talk. And so I had sat down and this woman was there. We introduced ourselves to each other and this was Kelly-Sue. I didn't know why she was there. People were there for various reasons—simply to attend, to testify, to volunteer. We just identified the things we had in common. We had fun getting to know each other, and then I learned, she was there to testify about her severe vaccine injury.

She had taken the first dose, lost feeling in her leg, figured it was just her shoes being too tight. So she would frequently change her shoes, but it didn't get any better. Turns out she had a series of blood clots in that leg and then started experiencing strokes—it seems every two weeks or so, she would have a stroke, which is intense. And as I've heard others say, even in their older age, in their 70s, very active people who suddenly can no longer do the things they love, like running, or even driving in the case of Kelly-Sue.

But concluding her testimony, she had shared that she had one instance where she woke up on her couch at home and couldn't remember who she was, where she was, or as she put it, if she belonged to anybody. Luckily, a friend of hers came for some reason and found her and saved her from being trapped on the couch forever. But now she carries a note in her pocket that says you are Kelly-Sue Overley, followed by her address and phone number and the message: "I belong to somebody and I matter." I was struck by how—not clear—it was that she was suffering. I didn't know until she shared.

Wayne Lenhardt
Maybe at this point, I'll ask the commissioners if they have any questions, and then we'll come back. No questions? Okay. If you have one more interesting one for us, and I think then, we'll wrap up and we'll let the commissioners have a look at your book afterwards.

Liam Sturgess
Wonderful. So yeah, I do have one more that I'll share. And then I have one or two thoughts that I want to introduce.

The last one and it is upsetting. This was the story shared by Tania and Nicole Minnikin. Nicole, her sister Deana had taken the shot in 2021 and within, I think, a week suffered her first seizure. They then kept getting worse, and she wound up dying. But then Nicole, the second of the two sisters, she was pregnant at the time that she took the shot and that was on advice by her doctor. I won't go into the details. They're pretty upsetting of what happened to her body, and her son, Connor, wound up being stillborn. Very upset by this, she came to her doctor looking for support. But her doctor told her that—and everyone she talked to told her—it was simply not possible for the COVID-19 vaccines to have any effect at all on pregnancy. That was what she was told.

When Nicole brought this to her doctor specifically, he accused her of aggressive behaviour and told her that she had earned one strike.

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Which is just an odd thing to say to somebody, especially in such a dire circumstance. And furthermore, that she would need to take a second dose of the COVID vaccine in order to continue as a patient of this particular doctor. She did manage to get pregnant again, which is excellent. I have heard that perhaps that pregnancy also didn't work out, which is very upsetting.

I wanted to offer that the reason it was suggested that I come and present this report to the NCI was this event was sort of a predecessor to this one. And there will be, I assume, more events like this, maybe put on by some of the same people, maybe different people, hopefully, many different groups of people. What will happen, I think, is more and more of these stories will come out. And simply because of lack of time, just practically, not every story will always be able to be included again. I'm not sure a database of stories is strictly the solution. But I wanted to use this opportunity to keep some of the names of these people on the official record of the NCI to the extent I can be an ambassador for the 60 testimonies we had here and hope they can contribute to the NCI's larger mission.

Wayne Lenhardt
Are there any final questions from the Commissioners? Yeah, Dr. Massie.

Commissioner Massie
Well, thank you very much for your involvement in the CCCA and putting together all these stories. You've witnessed all of the testimony at the first hearing of the CCCA, and you must have spent a little bit of time listening at some of the testimony from the NCI.

My first question is what kind of impact can you measure from the first hearing that took place in Toronto last year? Have you seen something coming out of it that had made an impact around you or in society?

Liam Sturgess
Well, just strictly from my perspective, the fact that this National Citizens Inquiry is on right now is a tremendous sign that this worked at some level. Again, some of the same people who at least supported one, in principle, are supporting this as well. I think we may be successfully— This was a proof of concept. That's not all it was, but I think it had that effect. So in that sense, this is testament to this having been worthwhile.

I'm happy to say some of the people who testified have now gone on to, once again, tell their story in other formats, more direct interviews that have been widely shared and pushed out through the CCCA's media networks, for example. But I think more conversations are happening now, and I like to think we helped contribute to that.

Commissioner Massie
I guess my other question has to do with, when you look at the kind of testimony that people were willing—this was the first hearing if you want—were willing to come up with, we've heard from previous hearings that some of the witnesses would withdraw at the last minute because they were still afraid.

So do you sense now that the hearings we're having with the NCI has evolved in the sense that this kind of testimony, people are more willing to come up and are more willing to share their story because there was some precedent, if you want? Do you see a difference between the two types of hearings that are going on right now?

Liam Sturgess
I think so. It makes me think of something I've learned about called "the first follower effect." I can't speak to it much. But there's a video that's used as an example of this where you have—in a much more light-hearted context, it's at a music festival—and you have one guy who's dancing, and he looks like a fool. But he's having a blast, and everyone's not sure what to do. Then the first person gets up and starts dancing with him. And then, the next person, and the next person, and the next person, and then, very quickly, you have a flood of people. There's the festival, now.

So I think probably something like that is the case. You see somebody who becomes,

[00:20:00]

then, a role model. Well, if that person was brave enough to do this, then I certainly am as well. Or even if I'm not sure if I am, perhaps now I'm willing to take that risk. And you see the narrative, the acceptable narrative, what you can talk about to larger audiences is, as well, becoming slightly more friendly. So it may be both of those things.

Commissioner Massie
Thank you.

Wayne Lenhardt
I think you are an example of exactly how just about anybody can get involved in this type of a problem and how they should. So on behalf of the National Citizens Inquiry, I want to thank you very much for your testimony and for your work.

Liam Sturgess
Thank you. I have one request before I go. Would it be acceptable for me to simply read the list, the names of the people who participated in the first one?

Wayne Lenhardt
I think we have a limited amount of time, so I think we'll just enter it and allow the commissioners to read your work.

Liam Sturgess
Fantastic. Thank you so much.

Wayne Lenhardt
Thank you.

[00:21:22]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 4: Kristin Ditzel
Full Day 3 Timestamp: 03:21:40–03:32:50
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Our next witness is Kristin Ditzel and she's going to be on screen for us. Kristin, can you hear me?

Kristin Ditzel
I can.

Wayne Lenhardt
Okay, you're fairly low in volume.

Kristin Ditzel
How's that? Is that better?

Wayne Lenhardt
Yep, I think that's better.

Kristin Ditzel
Great.

Wayne Lenhardt
Okay. Could you give us your full name and then spell it for us, and then I will do an oath with you.

Kristin Ditzel
Kristin Ditzel, K-R-I-S-T-I-N D-I-T-Z-E-L

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth?

Kristin Ditzel
I do.

Wayne Lenhardt
Thank you. This is going to be about your personal problems after taking the jab, so could you set us a timeline? When and why did you take the vaccine, or the fake vaccine, whatever we want to call it? When did your story start?

Kristin Ditzel
March 16th, 2021. And I took it due to pressure in the health profession.

Wayne Lenhardt
And you live in Nelson BC, correct?

Kristin Ditzel
I do.

Wayne Lenhardt
Okay, and you got your shot in Nelson?

Kristin Ditzel
Yes.

Wayne Lenhardt
Okay. So what happened after you got your shot?

Kristin Ditzel
Twenty-five minutes after, I was still on site, and I started having anaphylactic-like symptoms and lost full control of my limbs and dropped to the ground.

Wayne Lenhardt
Okay. So was this still in the facility? I gather it was a community college where they were having this vaccination event?

Kristin Ditzel
It was, yes.

Wayne Lenhardt
Okay. So were you still there when you had this reaction?

Kristin Ditzel
I was. I had left and went to drive away and started getting my symptoms really dramatically. So I just pulled back into the parking lot, walked in, and found the nurses. Sat down, and then they kind of helped me to the ground because I couldn't control my limbs.

Wayne Lenhardt
Okay, so you basically couldn't walk at that point?

Kristin Ditzel
No, yeah, I couldn't walk. I couldn't lift my head. I couldn't use my arms. I went fully limp. Then they gave me Epi [EpiPen] on site and brought me up to the hospital.

Wayne Lenhardt
And the hospital is also in Nelson?

Kristin Ditzel
It is.

Wayne Lenhardt
Okay, so what happened at the hospital?

Kristin Ditzel
They were great. After the Epi, I regained function again. They gave me some Benadryl, and they sent me home and said take Benadryl every 12 hours. And then the next day, my symptoms returned, and I went back up there. I was there for the night; they kept me for the night, and then they sent me home the next day. My symptoms progressed into neurological symptoms: I started losing functioning in my neck and some cognitive functioning, so I went back up on the Sunday a few days later, and I stayed for a week. And then we figured it crossed my blood-brain barrier and attacked multiple regions of my brain.

Wayne Lenhardt
Did the doctors tell you that?

Kristin Ditzel
No, they did not.

Wayne Lenhardt
Okay, how did you come to that conclusion?

Kristin Ditzel
Through my GP that I ended up getting once I was injured, that's how we came to that conclusion. But the neurologist that kept me in the hospital, she knew that it had caused a neurological decline, but she didn't use that terminology.

Wayne Lenhardt
Okay, so this started in March, middle of March, March 16th, and so what happened over, let's say, the next six months?

Kristin Ditzel
I slowly got worse. I started developing drop foot. I couldn't lift my head. I couldn't make eye contact with people. I started losing the ability to speak. I had convulsions, tremors, sometimes to the point where I would dislocate bones. I just shut down, completely.

Wayne Lenhardt
And were you at home for part of this time, or were you in hospital fairly continuously?

[00:05:00]

Kristin Ditzel
They only had me in hospital for that week, and then they said, "We don't really know what to do with you," and I was sent home. They did send me to a neurologist in Kelowna, which is about four hours away. But that wasn't a very good experience. So I was pretty much left in the hands of my GP.

Wayne Lenhardt
Okay, how was that not a good experience?

Kristin Ditzel
She refused to say that it was connected to the vaccine. And she diagnosed me with a functional neurological disorder and just said, "You might get better; you might not get better." That's it.

Wayne Lenhardt
Right. So we really don't know what you're suffering. Is that fair?

Kristin Ditzel
Pretty much. Yeah.

Wayne Lenhardt
So did you get better at some point?

Kristin Ditzel
I have improved. I'm still not working, and still what I would classify as severely disabled. I get a good couple hours a day where I could do things like maybe cook a dinner for my kids, maybe go for a walk, do some laundry, perform some household tasks, but I am not better. No.

Wayne Lenhardt
So at the time of the shot, you did have your own business, correct?

Kristin Ditzel
I was a Chinese medical doctor and I had a full thriving practice.

Wayne Lenhardt
Okay, and so what happened to that practice over the next six months?

Kristin Ditzel
It dissolved. Yeah, that's a really difficult thing to talk about. I just had to shut it down. I couldn't even communicate very well, so I wasn't even sending out messages to patients or anything along those lines. My colleagues took control of the situation, and they dealt with it.

Wayne Lenhardt
Okay, and so you haven't practised in your clinic since this incident then?

Kristin Ditzel
No, I had to give up my clinic.

Wayne Lenhardt
Did you have a source of income after this event?

Kristin Ditzel
No, not at all. I was lucky that I had a GoFundMe set up through the community, and the community ensured that I didn't lose my house and I could feed my kids.

Wayne Lenhardt
And you're still not working, correct?

Kristin Ditzel
I'm not.

Wayne Lenhardt
Okay. Did you get any sort of money coming in? Did you apply for EI or any sort of assistance?

Kristin Ditzel
Because my first disability, well, my first disability claim was denied. I finally got disability close to a year ago, so I do get just over $1,000 a month.

Wayne Lenhardt
Okay, that's a federal program?

Kristin Ditzel
That is a federal program.

Wayne Lenhardt
So you've had that since what, six months?

Kristin Ditzel
Close to a year, I think.

Wayne Lenhardt
Is there any prognosis that you're going to recover or what are the doctors saying at the moment?

Kristin Ditzel
They don't really know, to be honest. A lot of people that are diagnosed with functional neurological disorder get better rapidly, and that hasn't happened for me or any of the other vaccine-injured that I know in my neurological groups. So we don't really know.

Wayne Lenhardt
There is a vaccine compensation program of some sort that the federal government has set up, have you applied to that?

Kristin Ditzel
I applied immediately. That is the instigator in why the neurologist in Kelowna was so angry. She didn't want to have anything to do with that program. My local neurologist no longer has anything to do with my case file, and I was denied. So I'm in the appeal process right now.

Wayne Lenhardt
Do you have any actions or appeals pending at the moment?

Kristin Ditzel
I've been waiting day by day, hour by hour. My appeal's happening right now, so I'm hopeful.

Wayne Lenhardt
At this point I'd like to ask the commissioners if they have any questions for you. Dr. Massie.

Commissioner Massie
Well, thank you very much for your testimony. I'm wondering, given the rapidity of occurrence of your symptoms after the injection, I was wondering whether you had COVID previously?

Kristin Ditzel
I did not.

Commissioner Massie
Not to your knowledge. Did you have an antibody test to confirm that?

Kristin Ditzel
No, I did not. But we were very protected, and there was no COVID, locally, in our region. I got COVID after my injury,

[00:10:00]

about five months after, and that made my symptoms obviously worse.

Commissioner Massie
Thank you.

Wayne Lenhardt
Are there any other questions from the Commissioners?

Commissioner Kaikkonen
Good morning. I just wondered, when you were 25 minutes on site, what was the reaction of the people around you?

Kristin Ditzel
They were wonderful, actually. The nurses were incredible. We all just kind of assumed it was a normal anaphylactic reaction. I wasn't nervous at the time. I thought my body would recover, so did they. I kind of felt bad for the people on site that had to watch me go down and be taken away. But the nursing staff was wonderful.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Any other questions, Commissioners? I think that's a no, so on behalf of the National Citizens Inquiry, I want to thank you very much for presenting your story and your testimony to us. Thank you again.

Kristin Ditzel
Thank you.

[00:11:16]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 5: Lindsay Kenny
Full Day 3 Timestamp: 03:33:27–03:57:20
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
The next witness is virtual, and we have Lindsay Kenny. Lindsay, can you hear me?

Lindsay Kenny
Yes. I can hear you; can you hear me?

Wayne Lenhardt
Yes, I think we're set up. Could you give us your full name and spell it for us, and then I'll do an oath with you.

Lindsay Kenny
Lindsay Kenny, L-I-N-D-S-A-Y K-E-N-N-Y.

Wayne Lenhardt
Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Lindsay Kenny
Yes.

Wayne Lenhardt
You're an elected councillor for the village of Fruitvale, am I correct?

Lindsay Kenny
A former elected official. I was elected in 2018 to 2022. It was my first term.

Wayne Lenhardt
Okay. And you got involved with checking things via Freedom of Information, so could you tell me how that first developed?

Lindsay Kenny
Yeah, so in 2020, the Prime Minister said that we don't go back to normal until there's a vaccine. And I thought that was kind of odd because we didn't even know where it came from. So when the public health orders started coming out, I started reading them quite carefully. And I noticed there was a provision under the [*Public*] *Health Act*, section 43: You may ask for reconsideration if there's something that the health officer may have missed or wasn't available at the time; if you're an affected group, you may ask for reconsideration. You may only do that once. So that prompted me to make a Freedom of Information request directly relating to the government's active response to COVID-19 in these public health orders. So I made quite a few Freedom of Information requests. There's just a couple that I would like to speak to today and that would be regarding the mask orders.

Wayne Lenhardt
Your first one, I think, involved the order relating to children wearing masks for extended periods in school.

Lindsay Kenny
Okay, so the first one in British Columbia was November of 2021, and the Public Safety Minister, which is Mike Farnsworth in our province, mandated the use of masks. I quickly made a Freedom of Information request regarding that order and the response. So under the Freedom of Information request, they have 30 days to release the information, and I was given that information in 60 days. I provided that in my package to the commissioners and the public so the public can review that, but I'll just speak to it a little bit [Exhibit number unavailable].

So there was a comparison between Ontario's mask mandate and Saskatchewan's mask mandate. It wasn't scientifically if we could mask people; it was how much we're going to charge them and where they're going to have to wear them. There was some redacted sections in there regarding law enforcement conversations and that sort of thing. But that was a reasonable response to my request, 60 days, no problem.

You were saying about the children. So a year later, the provincial health officer, Dr. Bonnie Henry, made an order that included children in schools ages five and up. They would be required to wear masks for six hours a day inside schools. And I thought, well, it's time to do an FOI request, and I did an FOI request immediately. I asked for any and all information available to the health officer when making the mask order. And at the same time, I started a petition on Change.org for the information to be released to the public immediately. Under the *Freedom of Information [and Protection of Privacy] Act*, anything that's in the public's interest must be disclosed,

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despite any other provision on this Act and despite making a Freedom of Information request.

When I spoke with the analyst that was taking my Freedom of Information request, I made this very clear to them that I wanted it under public interest. When they responded back to me, they wanted me to narrow my request because they felt that, or the Ministry of Health, rather, felt that it was too broad. So I said, "Well, if that's too much to reasonably ask for, I would like the information used in line K of the order, which shows that masks suppress SARS-CoV-2."

A couple of days later, I got a fee estimate. The first 30 hours of a Freedom of Information request are free. When I got the fee estimate back, they wanted $1,300 for this information. And, of course, I tell the analyst that I will be making a fee waiver request and I want this under public interest, and I provided my petition and I waited to hear back.

In the meantime, I reached out to the school district for their help. I asked the superintendent to help, and the superintendent for School District 20 said that I should delegate to the Board and tell them this information I found with Mike Farnsworth, Public Safety Officer's Mask Order, and to delegate to them. So I put in a request to delegate to the school district, and I had informed them that children are not covered by WCB and as a parent, I have concerns for children wearing these masks for six hours-plus a day. I would like to know the efficacy of this medical intervention. And I got a letter back: they denied my request to delegate. At the same time, I heard back from the FOI analyst that my fee waiver was declined, that they were not going to waive the fees. I thought that was quite odd.

I immediately made a complaint to the privacy commissioner's office [Office of the Information and Privacy Commissioner], and an investigation had started. My investigator suggested that I narrow my request once again. I narrowed my request, she suggested that I did, so I agreed. And we narrowed it to the transmission portion and what the efficacy is, and I've provided that in my documents. And at the same time, I thought, well, that's really odd that they denied my fee waiver because this is clearly in the public's interest: It should be on their website. This is hot off the press. It should be readily available for everyone to review.

So what I did was I made a subsequent FOI request, and I asked for all the information regarding my fee waiver between the analyst and the Ministry of Health. And when I received that back, it appeared that when you're making requests under public interest, the head of the public body must consider it. And it appeared on my form that someone other than the head of the public body had reviewed my fee waiver. So we move on with this inquiry through the Office of the Information [and] Privacy Commissioner with my complaint for the fee. And a Fact Draft Report was completed, and we served the Ministry with this inquiry.

A couple days later—this is now 20 months later, I should say, since I made my FOI request—I receive a letter that my inquiry is cancelled because they have waived the fees. And I informed them, "Well, that's well and good, but how can I be sure I'm going to get this information?" They said, "Well, your complaint is based on the fees. The fees are waived, so we're cancelling it." So it was cancelled.

On April the 4th, 2023—

[00:10:00]

20 months later, since I made this FOI request, and remember they have 30 days—I get my package. And the package release for the mask order was totally irrelevant to what I asked

for. There's a bunch of ProMED articles related to anthrax, booster shots, lettuce infectious yellow virus, syphilis, and salmonellosis. Nothing pertained to masks whatsoever. So now I have another complaint in that they did not fulfill their duties to give me the information that I requested. Funny enough, a week later, I go to my doctor's office. And the masks, you had to wear them in the doctor's office, and they proceed to tell me that I don't need to wear a mask anymore. And I thought, well, that's pretty strange. And I said, "Since when?" And they said, "Well, since last week, April the 6th." I thought, well, that's kind of funny. I received my package on April the 4th. So maybe coincidence, maybe not. I don't know how much time we have left, but I've got another FOI I'd like to speak to. Will I have time to speak to that?

Wayne Lenhardt
Sure, we'll try to be brief. In other words, I mean, you've gone through all kinds of gyrations and gotten anything but the information that you've asked for, is that fair?

Lindsay Kenny
Correct, yes.

Wayne Lenhardt
Sure. Give us a quick snapshot of your other FOI.

Lindsay Kenny
So during the time that I started making Freedom of Information requests, I wasn't getting anywhere. It was quite similar to this mask order. But I started researching some of the information that was coming out of the public health office, and I came across this "anonymized residual sero" blood sampling snapshot. Dr. Bonnie Henry is one of the authors on this article. The funding was provided in part by the Michael Smith for Health and Research Foundation [sic] [Michael Smith Foundation for Health Research], and I thought well who is that? So I started researching the Michael Smith Foundation.

A year later, I realized that they had come out with what's called the knowledge gaps relevant to the COVID-19 vaccine rollout in BC. And the Strategic Research Advisory Committee reports to the BC Ministry of Health, Associate Deputy Minister, and the Provincial Health Officer through the chairs. And in this report, I'll just read the themes and questions.

Number one: What is the effectiveness of the vaccine at preventing illness and infection? Under that header, they want to know what the effectiveness is in populations not represented in clinical trials, including pregnant women and children and immune compromised.

Number two: What is the effectiveness of the vaccine at reducing transmission? Well, this is January 2021, folks. So I thought, it's August at the time. I'm going to FOI the conclusions to this study. So that's exactly what I did, and I provided that in my documents. I was promptly told that the information I was asking for was with the Michael Smith for Health and Research Foundation [sic] [Michael Smith Foundation for Health Research]. And I said, "No, it's not. If there's information, they must have reported it to the BC Ministry of Health and the Provincial Health Officer, it says so on their website. They proceeded to vaccinate children and the population; meanwhile, this Strategic Research Advisory

Committee is asking questions directly relating to the efficacy of the vaccine. I want this information." Well, they proceed to tell me in an email that the report is not yet complete. So now you're studying the population without their knowledge. Dr. Bonnie Henry was going on TV saying that the only side effect is hope, optimism, and a brighter future; meanwhile, she has appointed this committee. Now, this is all on their website, folks.

I would encourage everybody to go read the Michael Smith for Health and Research Foundation's [sic] [Michael Smith Foundation for Health Research] website and search COVID-19 studies. I find this very concerning. They finally responded to my request and they promptly said that, although a thorough search was conducted,

[00:15:00]

no records are with the Ministry of Health. And yeah, I would encourage everybody to look at their website.

Wayne Lenhardt
Just as an aside here, I think we got evidence in Saskatoon, I think it was, that an individual had a factory, was told the workers had to wear masks in this factory. So he proceeded to do a test on the masks within his factory and found out that the levels of, I think it was CO2 or CO or both, were high enough that it amounted to a hazardous workplace if the workers were to wear the masks and be subjected to that level of CO2 and CO. So, but, you know, not everybody has access to that kind of a testing facility.

Lindsay Kenny
No, and imagine young children wearing those all day in school. Very inappropriate.

Wayne Lenhardt
Anyway, are there any questions from the Commissioners, yes, Heather.

Commissioner DiGregorio
Thank you so much for coming and sharing your testimony with us today. I'm just wondering, in your opinion, what is the purpose of the Freedom of Information legislation that we have in this country?

Lindsay Kenny
So the Freedom of Information, it's a very powerful tool to keep your government in check. And a lot of people don't realize it's there, but it also creates a public record. When you ask for this information, it gets published so anyone can use this information. Part of my reason for doing this was understanding what exactly the information that they were using in their response, but also to show people that this is the information that's actually coming out of these authorities. And it's really important for us to ask these questions. It's a very powerful tool because we've all been silenced, and it's a great way to make these requests and have them on the public record.

Commissioner DiGregorio
And I'm gathering from your testimony, and we've heard this from other witnesses across the country who've also done Freedom of Information requests that the system isn't exactly user friendly and that you ran into a number of obstacles. I'm just wondering what thoughts you have on how it could be improved.

Lindsay Kenny
That's funny because I have experience making Freedom of Information requests, and the only problems that I've had in my experience are with the Ministry of Health.

Commissioner DiGregorio
So sorry, you're saying that you've made Freedom of Information requests in other areas, non-Covid related as just in pursuit of other goals, and where you really run into the problems has been in this particular subject matter.

Lindsay Kenny
Yes, and especially if I ask for the information directly relating to public health orders. Because again, they must demonstrably show that they have evidence to put these orders in. They can't just make them on belief. In my opinion, they have to have evidence.

Commissioner DiGregorio
Thank you. Those are my questions.

Wayne Lenhardt
Yes, Dr. Massie.

Commissioner Massie
Thank you very much. I have a question. I want to make sure I understand about the report that was asked to the Michael Smith Foundation. So they set up a panel of experts, I suppose, to look at all of the issues surrounding this particular technology, the vaccination, and the report is not yet completed, but we have fragments of information. I mean, I'm not sure I understand. You have a few questions that the panel was addressing but were left unanswered, is that what you're saying?

Lindsay Kenny
According to their website, the Strategic Research Advisory Committee was established to serve as a bridge between the Provincial Health Officer and government decision makers and the BC Health and Research Community. The committee was appointed by, how I understand it off their website, by the Provincial Health Officer and the Ministry. They had several reports, but this one in particular—

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the knowledge gap study relevant to the COVID-19 vaccine rollout in BC—the questions were put a month after they had started administering this product. I provided it in my documents there. I'm not a scientist, but I was just looking through the Michael Smith

Foundation and I came across this. Another thing that they had touted on their website was that they created the first sequencing ID for the SARS coronavirus in 2006, I believe, so they were part of, I believe, with UBC and the Genome Science Centre of Canada. The way I understand it is, they're actually a cancer research facility, but they do dabble in some genome science stuff.

Commissioner Massie
My point is to understand the report or the questions in the report was made public on their website after it rolled out of the vaccine, not before?

Lindsay Kenny
Yes. In BC, December, they started giving the vaccine out. This report is dated January 29th, 2021, where they asked these questions relating to the efficacy. So studying the population without their knowledge.

Commissioner Massie
So is this fair to say that the questions that were put in the report were not properly addressed before the rollout of the vaccine?

Lindsay Kenny
I would say so, in my opinion, yes.

Commissioner Massie
And the report is still not completed, so is it an ongoing process, or what's the situation with this committee?

Lindsay Kenny
I haven't followed up. When I made my FOI request for the conclusions to that study, it was August 17th of 2021, I made that request. This report asking these questions came out in January [2021]. When I got my response back, it was probably September, they said that there were no records with the Ministry of Health. The FOI analyst that was speaking to the Ministry of Health said to me in an email that the Michael Smith for Health and Research [sic] [Michael Smith Foundation for Health Research] are still working on this study, so their work would not yet be complete. There would be nothing with the Ministry. They would not be reporting anything because their work isn't complete.

Commissioner Massie
Thank you.

Wayne Lenhardt
We have another question, yes.

Commissioner Kaikkonen
You mentioned that the school board refused your request to delegate. Do you have children in that school board?

Lindsay Kenny
Yes.

Commissioner Kaikkonen
And did they give you a reason why they refused to let you delegate?

Lindsay Kenny
Not really. They just basically said that they're following public health orders and that they don't need to hear from me.

Commissioner Kaikkonen
And did you appeal that process?

Lindsay Kenny
No, I did not.

Commissioner Kaikkonen
Thank you.

Wayne Lenhardt
Are there any other questions? I think that's a no. So on behalf of the National Citizens Inquiry, I want to thank you for giving us your testimony today. Thanks again.

Lindsay Kenny
Thank you so much to everyone, the Citizens Inquiry and the Commissioners and the whole team. Thank you very much for having me.

[00:23:55]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 6: Ted Kuntz
Full Day 3 Timestamp: 03:57:30–04:55:25
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So our next witness is Mr. Ted Kuntz. Ted, can you state your full name for the record, spelling your first and last name?

Ted Kuntz
My name is Theodore Joseph Kuntz. Theodore's T-H-E-O-D-O-R-E. Joseph is J-O-S-E-P-H. And Kuntz is K-U-N-T-Z.

Shawn Buckley
And Ted, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Ted Kuntz
I do.

Shawn Buckley
Now my understanding is that you are the parent of a vaccine-injured child.

Ted Kuntz
That's correct.

Shawn Buckley
And that you're also now president of Vaccine Choice Canada.

Ted Kuntz
Yes.

Shawn Buckley
Can you share with us briefly what Vaccine Choice Canada is?

Ted Kuntz
Vaccine Choice Canada is an association of parents, primarily parents of vaccine-injured children. It's a group that came together in Ontario in 1982 when the government of Ontario instituted new legislation that removed the right to informed consent.

The Ontario government introduced legislation that made it mandatory for children to be fully vaccinated in order to attend public school. The original legislation did not have provision for personal belief or religious exemptions, and so a group of parents lobbied the government for two years. And in 1984 they were successful in having those exemptions included in new legislation.

And so that group of parents represent those that firmly believe in the right to informed consent and the right to dissent. But it's also a group of parents that experienced vaccine injury and knew that we had to protect children from the harms that vaccines can cause.

And so I'd just like to add,

Shawn Buckley
You can take a minute.

Ted Kuntz
that I am one father sitting here. But I want you to know that behind me are thousands of parents of vaccine-injured children, and I feel like I'm speaking on their behalf. I just want to add that we heard James Kitchen this morning talk about contempt for the unvaccinated. And we also have contempt for the vaccine-injured. And so I have to say that it feels very emotional to be here today because our voices have been censored and silenced for over 40 years.

Shawn Buckley
And that's why you're coming here today, is actually to share with us that much of what we're experiencing is not new by any stretch of the imagination. But that there's been similar efforts in the past.

Ted Kuntz
Yes, and so my testimony would be different than the testimony that I've heard over the last number of days. I'm not speaking about what happened in the last three years. I'm speaking about what's happened prior. And my position is that, while what we're experiencing in the last three years is more intense, it's not new. And so I'd like to walk the commissioners through an understanding of how what we're experiencing is actually a continuation of practices and policies that we've seen in this country for 40 years.

So the first point I'd like to make is—so what's happening here today is not new. If I can move on to my next slide. I just want to make clear that Vaccine Choice Canada is about choice: it's about protecting the right to informed consent. The media would have you believe that we're anti-vaxxers—and I have worked very hard trying to correct that misunderstanding. And they don't seem able to recognize the distinction between being an anti-vaxxer and being somebody who is pro informed consent.

So I want to start at something fairly basic. You've heard the language of informed consent many times in the days that I've been here. And what I want to suggest to you is that the lack of informed consent is not new. So let's begin with what informed consent is. And this slide—if you look at the second paragraph of the slide—actually comes from the Canadian Medical Protective Association

[00:05:00]

in their guidance to physicians in Canada. And this is their words: "According to the Canadian Medical Protective Association for consent to serve as a defence against allegations of either negligence or assault and battery, the consent must have been voluntary, meaning, free of coercion or any threats of reprisal. Also, the patient must have the capacity to consent, and the patient must have been properly informed on the purported benefits, significant risks and alternative treatment options."

Now, given the testimony that we've heard about what's happened over the last three years, I don't think anyone would disagree that no one in this country gave informed consent to the COVID vaccination. And the reason I say that is that the significant risks were not known and that alternative treatment options were not permitted. But I would suggest to you that, in this country, that the number of parents who actually gave informed consent to any of the childhood vaccinations was probably very few, if any.

And just to give you why I think that to be true. Any of you that have gone to your pharmacy for a prescription will get a product that has a product information insert in it. And I brought one to give you an example of what one looks like. This here is a product information insert for a sleep aid. Do you have any idea what the product information insert for a vaccine looks like? Let me show you.

This is a slide that shows the product information insert for the HPV vaccine that is given to our adolescent boys and girls in this country. In my experience, unless a parent is absolutely committed to getting the product information insert, it is denied them. And so the number of medical consumers, the number of patients who've actually read the information that outlines the ingredients, what the vaccine is indicated for, what it's contraindicated for, the recognized adverse events, is very few, if any.

And so what most people don't understand is that vaccines are treated very different from pharmaceutical products. They undergo a different level of safety testing. And the lack of informed consent, I would suggest, is part of the systemic way that we respond to vaccination in this country.

We're in a very strange time where, with this product, the way we determine safety is by giving the vaccine. So this is a slide that has the words of Dr. Eric Rubin, who's with the Vaccines and Related Biological Products Advisory Committee. And he said, "We are never going to learn about how safe a vaccine is unless we start giving it."

The reality is that the amount of safety testing that is done to a vaccine before it is licensed for use is diminishing small. It would appear that the agenda of our governments and our health industry is not safety: it's about vaccination. And I provide this slide as an example of the perspective that is being held by governments. This is a slide that comes from the *Federal Register*, which is the official journal of the U.S. government that contains agency rules and public notices. And this statement was delivered in 1984 in response to increasing concerns about the safety of the polio vaccine. And the response of the government was this, "Any possible doubts, whether or not well-founded, about the safety of the vaccine cannot be allowed to exist in view of the need to ensure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives." How I read that is, "It's our goal to vaccinate everybody. Safety be damned."

Shawn Buckley
Ted, if I might interrupt you. I think that it's somewhat apposite that the date, the year of that is 1984.

[00:10:00]

The same year as George Orwell's book, novel.

Ted Kuntz
Yes, and the same year that my son was injured.

There are a number of concerns about vaccine safety, and these are just a few. First of all, none of the vaccines on Health Canada's recommended childhood vaccination schedule were tested against a neutral placebo.

Shawn Buckley
Just wait a second. Did you just say that none, not a single vaccine in Canada's childhood vaccine schedule, has been tested against a placebo?

Ted Kuntz
Yes. The only exception to that was there was a very small cohort in the testing of the HPV vaccine. And just like they did with COVID, they very quickly moved that into a vaccinated population and so the data from there got lost. All of the other vaccines, none of them were tested against a neutral placebo.

Shawn Buckley
How many childhood vaccines are in the Canadian vaccine schedule?

Ted Kuntz
Seventeen different vaccines.

Shawn Buckley
Okay. So there's 17 different vaccines. And we've learned from medical experts that really the only way to understand both safety and efficacy is a sizable, double-blind clinical trial where the intervention—in this case a vaccine—is being tested against a placebo.

Ted Kuntz
That's correct.

Shawn Buckley
But you're telling us that for 16 out of the 17 vaccines that are injected into our children, there's actually never been a sizable, or any type of double-blind clinical trial, let alone a sizable one that would be statistically significant.

Ted Kuntz
That's correct. So their claims that the vaccine is safe are unproven. And again, the way they determine safety is by the amount of adverse events that are reported after vaccination. And I wonder if parents in this country know that. So to me that's the most egregious violation of what we would understand is robust safety testing.

The second is that childhood vaccines are actively monitored for safety for only a few days, or at most a few weeks, before they are licensed for use. As a matter of fact, the range of active monitoring is between 48 hours and four weeks. And I have a chart that will explain that in more detail.

Shawn Buckley
Right, but you just told us that they're not subject to double-blind clinical trials, which would reveal safety concerns. That the only way we're testing for safety is we're putting them on the market and looking for safety signals. And now you're telling us that we're only looking for safety signals for a short period of time, up to four weeks?

Ted Kuntz
At the longest, yes. And some for as short as 48 hours.

Shawn Buckley
Okay, I'm sorry, continue.

Ted Kuntz
And then finally—and there's many more, but these are the key ones—there's not enough time to show whether a vaccine causes autoimmune, neurological, or developmental conditions and other chronic conditions.

So this is a chart that's taken from Richard Moskowitz's book *Vaccinations: A Reappraisal* [sic] [*Vaccines: A Reappraisal*]. And if you look at this chart—I don't know, the writing is small—but let me just read it to you. This lists a number of the childhood vaccines and the active monitoring period. So for Hep B [Merck], it was actively monitored for five days and included 147 participants. DTaP for eight days, polio for three days, pneumococcus for

seven days, meningococcal for seven days, MMR for 42 days, Hepatitis B [GSK] for four days, Hib for three days, rotavirus for eight days, and influenza for four days.

Shawn Buckley
So just so that I understand, and I'll just speak to the first one. So can you put that slide back up for a second, David? So for hepatitis B. So first of all, hepatitis, my understanding is—and correct me if I'm wrong—tends to be a disease that one obtains through having sex with somebody who's infected. Or sharing an intravenous needle—so if you were a drug user—with somebody who is infected. Is that correct?

Ted Kuntz
Yes.

Shawn Buckley
And that children by and large don't fit into that category. They tend not to be, especially prepubescent, having sex. And they're not sharing, as a group, dirty needles.

Ted Kuntz
That's correct.

Shawn Buckley
Okay. I just raise that because one questions why

[00:15:00]

that vaccine wouldn't just be available to adults. But you're saying they didn't run a double-blind clinical trial for safety and efficacy. Is that correct?

Ted Kuntz
That's correct.

Shawn Buckley
And as far as for measuring for safety, they only measured for five days.

Ted Kuntz
Actively monitored for five days.

Shawn Buckley
And what do you mean by actively monitored?

Ted Kuntz
They contact the person who has received the vaccine and ask if they've had any adverse effects.

Shawn Buckley
Okay, so the passive monitoring system, people can still—or medical professionals—can still file an adverse reaction report.

Ted Kuntz
Theoretically.

Shawn Buckley
But the active—and the number of that, I think it was just 147 participants.

Ted Kuntz
Yes.

Shawn Buckley
So a sample size that would be statistically meaningless.

Ted Kuntz
Yes. And if I can just add to your question about Hep B and understanding what it's indicated for. The Hep B is given to our babies on their first day of life.

Shawn Buckley
I'm sorry. I thought you must have misspoke. You said that the hepatitis B vaccine is given to children on their first day of life, for babies.

Ted Kuntz
That's correct.

Shawn Buckley
Okay. We're learning new things. Please continue.

Ted Kuntz
So I want to continue on with some of the safety concerns. If you read the vaccine safety insert—the monograph—it clearly says that vaccines have not been tested for the following conditions: their ability to cause cancer; damage to an organism; damage to genetic information within a cell, to change the genetic information of an organism; to impair fertility; or for long-term adverse events. That's what the product information insert says.

Shawn Buckley
Which vaccine is that for?

Ted Kuntz
All of them.

Shawn Buckley
All of them. Meaning, the 17 on the childhood schedule.

Ted Kuntz
Correct. So then as we talked about, there's a voluntary reporting period after that which relies upon physicians to report an adverse event to a vaccination. And in my experience, what I've learned is that physicians are not trained to recognize vaccine injury. They're discouraged from reporting vaccine injury. They believe that vaccines are safe. The reporting is voluntary and there's no accountability when professionals fail to report a vaccine injury.

When parents like myself report a vaccine injury this is what we're told: It's just a coincidence. This is normal. It would have happened anyways. You have poor genes. You're looking for somebody to blame. It couldn't have been the vaccine. And I know this because all of these excuses were given to me when I insisted that my son was vaccine-injured.

To me, if Health Canada was very concerned about vaccine safety, they would have conducted vaccinated versus unvaccinated studies. And the testimony that we heard yesterday from Alan Cassels talked about how we actually have digital medical records and if they put in the proper conditions, they could have the results of those records literally within 24 hours. But the government refuses to do so in spite of many efforts to request that they conduct vaccinated versus unvaccinated studies. Their response is that it would be unethical to have an unvaccinated population. And my response, and many others, is that there already is an unvaccinated population. You simply have to look for that data. But the government refused to do so.

But there has been two studies that have been done in recent years that compare vaccinated versus unvaccinated. So this chart shows the results of a study that was conducted looking at vax versus unvaccinated 12- to 17-year-olds in the United States. It was conducted by the Children's Medical Safety Research Institute, and the size of the figures indicates their likelihood of having a chronic medical condition: So the littlest person that's on the left is an unvaccinated population. The next one is chronic illness; so 2.4 times the likelihood of a chronic illness if you're vaccinated. Eczema, 2.9 times. Neurological disorders, 3.7 times. Autism, 4.2 times,

[00:20:00]

and I would suggest it's much higher now. ADHD, 4.2 times. Learning disabilities, 5.2 times. And allergic rhinitis—which we often call hay fever—is 30 times. So this gives you some representation of the increased likelihood of having a chronic condition if you're **vaccinated.**

Shawn Buckley
Can I ask you, what is the measurement of vaccination there? So how many vaccines would the participants typically have had, just so that we have some measure of the meaning of that chart.

Ted Kuntz
Well, I'll show you a chart that shows the shift of the change in the number of recommended vaccines from 1950 until the present. What I can tell you is that the

recommended schedule in Canada today, before the age of 18, would be 72 vaccines, not including COVID. And if you add COVID to that schedule and assume that they are receiving one or two vaccines a year, we could have well over 100 vaccines in our children before the age of 18.

Shawn Buckley
Right. No, all I'm asking is this study is done in the United States?

Ted Kuntz
Yes.

Shawn Buckley
Do you recall how many vaccines the average child had that was participating in study?

Ted Kuntz
I don't know that number. But the vaccine schedule in the United States is almost identical to what we have in Canada.

Shawn Buckley
Okay, and so you're telling us that in Canada—because you had said on the vaccine schedule earlier for children it's 17—but by the time basically someone is a teenager in Canada, if they're getting all the vaccines that they're supposed to, they're getting a full 72?

Ted Kuntz
Yes, so the way you get to 72 is there are 17 different vaccines. But you have to understand that some of those vaccines have three and four vaccines in one shot. So the MMR is actually three. DPT is three. So when you factor in all of those, you're actually getting 72.

Shawn Buckley
Not including the COVID vaccine.

Ted Kuntz
Not including COVID.

So this next chart comes out of the safety studies that were conducted by Dr. Paul Thomas, who's a pediatrician in Oregon in the United States. And Dr. Thomas shares the testimony that he was a typical family physician—pediatrician—giving vaccinations to virtually all of his patients. Until he began to recognize that some of his patients were being harmed by the vaccines, particularly regressing into autism. And so he began to do homework he said he should have done before. He began to recognize that vaccines are not as safe as he was led to believe. He started taking informed consent seriously with his patients.

And, as a result of that, he ended up having the largest unvaccinated and partially vaccinated population of children in America. The Oregon Public Health got wind of the fact that he was not fully vaccinating most of his patients. And they challenged him and said,

"What makes you think that your recommendations to your patients are better than the CDC's?" And he said, "Well, first of all, they're not my recommendations. I simply give parents information, and many choose to opt out of some or all of them." But he said, "I'm willing to take up the challenge." And so he hired a statistician to go over his patient files and compare that to the standards in America.

This is what the chart looks like. This is just a sampling of the chronic conditions. And so the blue line is the unvaccinated population, and the red line is the vaccinated population. And this is the number of office visits for the various medical conditions over a length of time. So the bottom axis is length of time, and the vertical axis is the number of office visits. And you'll see that the vaccinated population has significantly more need for medical services than the unvaccinated population. So the point of what I've just shared with you is that inadequate safety testing of vaccines is not new.

I'd like to just move on to the next topic. That the censorship that we experience today is not new. And I'd like to continue on with Dr. Thomas's story. When he came out with the data that showed that an unvaccinated population was significantly healthier than a vaccinated population, the Oregon Board of Health had an emergency meeting two days after the release of his data and they took away his medical licence.

The reason I'm showing this slide is that Vaccine Choice Canada in 2019 contracted with a billboard company in Toronto, Ontario,

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to put up some billboards. This is one of them and this is the second one. We actually had four billboards and they basically asked very basic questions, and we were contracted to put them up for 30 days. Within four days the Ontario government forced the billboards to come down.

Another example of censorship is that I was with an organization called Health Action Network Society. I was actually president of the board. In 2018, there was increasing concern about vaccine hesitancy. And this is when the measles outbreak was in Disneyland, and it was being blamed on misinformation and vaccine hesitancy. And so I wrote an article that I've submitted as part of my testimony about how to reduce vaccine hesitancy [Exhibit VA-5]. And it had very basic information: do good science, be transparent, give informed consent, be independent, monitoring, accountability. And as a result of that article that was published in our *Health Action Network* journal, a CBC reporter did quite an attack on the organization and then lobbied the government to have the charitable gaming funding removed from the organization. And she was successful in that endeavor and the organization was forced to close because they had no money.

Shawn Buckley
And my understanding is that the Health Action Network Society had been around for decades, like 30 plus years.

Ted Kuntz
Since 1982.

Shawn Buckley
Right, and had really been instrumental in basically providing health information on a wide range of subjects to people in the lower mainland. And they had a library people could visit and that their mandate was to educate.

Ted Kuntz
That's right, and they were involved in everything from fluoridation of water to mercury levels in water, to pesticide use and herbicide use in school playgrounds, et cetera. And an illustrious organization with more than three decades of service was shut down within six months because of this one article that I wrote.

Shawn Buckley
And just so that everyone is aware, this article will be made an exhibit in these proceedings so the public and the commissioners can review it.

Ted Kuntz
So I'd like to move on—that the efforts to vaccinate children without parental consent is not new. If you go online, you will see articles like this: "How to Get Vaccinated Without Parental Consent." And if I can read the words to you there, it says, "There's a lot of misinformation about vaccines online, and sometimes well-meaning parents fall into rabbit holes of conspiracy theories and made-up 'facts.' While they often intend to protect their children, not vaccinating has the opposite effect, and leaves kids more vulnerable to dangerous and even deadly diseases."

There are significant efforts to undermine a parent's, what I would say is their right and their responsibility to make medical decisions for their children. We witnessed that over the last couple of years. What I can tell you is that every province in Canada has either what's called a mature minor doctrine or an *Infants Act* that allows medical authorities to dispense medical treatments to young people without the knowledge or the consent of the parents. That legislation was initially brought in to allow the giving of birth control and abortion services to teenagers without the parent knowledge and has been extended to vaccinations. And so we see now where they're putting vaccine clinics in schools and they will—I can tell you that this is what happens—is that they will say, "All Grade 7s, please report to the gym." And by the very fact that you report to the gym and you stand in line, and when they ask you to roll up your sleeve and you roll up your sleeve, they deem that informed consent. Even though the parent doesn't know.

Shawn Buckley
And the Grade 7 kids, not knowing what's going on, are just going to generally do what they're told, and then there's the peer pressure. They wouldn't even know whether or not they should be asking questions.

Ted Kuntz
Exactly. They don't know their family history of vaccinations. They don't know the medical history. They don't know the complications that might have been there for other family members. We hear reports over and over again of children coming home from school and saying, "Mom I got two needles today." "What was that for?" "I don't know, we just did it."

Shawn Buckley
So you know what's interesting about that—at what age are kids able to consent?

Ted Kuntz
Well, some of the provinces have a set age. It's been getting lower and lower, in some provinces, like British Columbia—

Shawn Buckley
Can you give us some examples?

Ted Kuntz
Most provinces, it's 12 years of age.

Shawn Buckley
Okay, so 12 years of age.

[00:30:00]

So the interesting thing there is that, for adults, we're aware that in some cases, we can get the right to make medical decisions for other people. So I had, at one point, the right to make medical decisions for one of my family members. Could any of us imagine giving a 12-year-old the right to make medical decisions for another person? And even just me saying that sounds so ridiculous. And yet we have provinces in Canada giving 12-year-olds the right to make medical decisions for themselves. That's basically what you're telling us.

Ted Kuntz
That's exactly what I'm telling you. And in provinces like British Columbia, there is no designated age of consent of what they call a mature minor. And I am aware of children as young as nine being deemed to be mature enough to make a medical decision about vaccination. Now, I also want to point out—

Shawn Buckley
These are children whose parents are available to make the decisions for them. This isn't like an emergency situation where the parents can't be reached, and yet they're asking the child for the child's consent.

Ted Kuntz
That's correct. The other twist to this, that I'll point out, is that it's been deemed that a child as young as nine has the maturity to consent to a vaccine but doesn't have the maturity to refuse a vaccine.

Shawn Buckley
Well, that's interesting, isn't it? Because that's completely, inconsistent logically.

Ted Kuntz
So this is the situation we're in today. And I just want to point out that Pfizer in particular, but others, are marketing to our children. And so this is children's cartoons that are being sponsored by Pfizer and BioNTech.

I want to talk about vaccine coercion. And that's not new either. And so let me point out that Ontario, as I said, introduced legislation in 1982 to make vaccines mandatory. The other provinces—there's only two provinces in Canada with vaccine legislation. The other one is New Brunswick. And New Brunswick in 2019, though they had legislation that allowed for personal belief and religious exemption, in 2019 introduced legislation to remove personal belief and religious exemption, allowing only for medical exemption. Which in our experience is exceedingly difficult to secure.

Ontario, in 2019, introduced new policies that said if a parent did not fully vaccinate with every available recommended vaccine, that they were required to take an education session. And then, if they still insisted on not receiving every available vaccine, that they had to sign an affidavit saying that they are knowingly putting their child's life at risk.

Shawn Buckley
So basically, knowingly signing an affidavit that they could be criminally liable for failing to provide the necessities of life—assuming that a court would accept that vaccines are safe and effective.

Ted Kuntz
That's right. And let me just point out, when New Brunswick introduced their legislation in 2019, they formed a subcommittee to hear testimony over three days. Vaccine Choice Canada attended that subcommittee and made testimony. And we also secured international experts to fly to New Brunswick to also give testimony. And the experience I had—because I testified on behalf of Vaccine Choice Canada—that this felt like an exercise in making it appear to do the right thing. Because it seemed like no matter what the expert said, the legislators didn't seem to be moved by the testimony. Until the last day.

And on the last day, the public health officer was asked to testify. And they asked her why she was bringing in this legislation, and she said, "Well, we have to bring it in because there's been 11 cases of measles in the last year." And so the astute legislator said, "Okay, and of those 11 children that got measles, how many of them were vaccinated?" And the public health officer said, "I refuse to give you that information." And the legislator said, "I'm not looking for the names of the children. I'm looking for a number between zero and 11. How many of those 11 cases were vaccinated?" And the public health officer refused to answer. And I would suggest that's when the committee shifted its energy, and they realized that they were being misled by the public health officer, and that bill was defeated.

We did a Freedom of Information request. We did a Freedom of Information request, and we learned—it took a year to get the results—that nine of the 11 were fully vaccinated, one was partially vaccinated, and only one was unvaccinated.

[00:35:00]

That government, three months later, reintroduced the legislation that had failed, but this time they included the notwithstanding clause that basically declared that they knew they were violating the *Charter of Rights and Freedoms*, but they were going to do it anyways.

Shawn Buckley
And just so that people listening to your evidence understand that section 33 of the *Constitution Act, 1982*—which includes our *Charter of Rights and Freedoms*—permits a government to pass a law that violates a list of freedoms that are set out in the Charter, providing they put a clause in the bill saying, "notwithstanding the Charter, we're passing this law." So we know we're deliberately violating your Charter rights. And the safety valve is that law only lasts for five years, and they would have to repass it and do it again. So just so that you understand what Mr. Kuntz is speaking about.

Ted Kuntz
And the reason they introduced that legislation—that addition to the legislation—is when I gave my testimony, I used all 30 minutes to talk about safety concerns, much of what I've shared here. And when it came time for questions, they didn't ask me about safety. The question they asked me was, "If we pass this bill, will Vaccine Choice Canada take us to the Supreme Court of Canada?" And I said "Yes."

The other deception that I want to speak to—which is part of the coercion—is this idea that those that are unvaccinated are a danger to the public health. And the impression that most people have is that all vaccines prevent infection and transmission. And what we learned around the COVID vaccine is it doesn't do that. Well, there are five vaccines that actually don't prevent infection or transmission. They're not designed to. They're designed to reduce the severity of symptoms. And those vaccines are the polio vaccine, diphtheria, influenza, pertussis, and tetanus. The public doesn't understand that these vaccines aren't all designed to prevent infection or transmission.

Shawn Buckley
In fact, if I can stop you. I probably speak for most Canadians in saying that, prior to COVID—where this is called a vaccine—but prior to the COVID experience, my expectation would be that literally 100 per cent of Canadians would believe, because of the word vaccine, that a vaccine is something that gives you immunity

Ted Kuntz
That's correct.

Shawn Buckley
from a disease, that prevents a disease. But you're indicating to us that for five vaccines—or what are called vaccines—that they don't give us immunity. That the indication is to reduce symptoms.

Ted Kuntz
That's correct.

Shawn Buckley
And these would be vaccines—I presume based on your earlier testimony—in which there has not been a double-blind clinical trial to determine whether or not they even reduce symptoms compared to a placebo.

Ted Kuntz
That's correct.

And let me just give an example of some of that coercion. When they were promoting the DPT shot—which is pertussis, which is whooping cough. Some people here may remember that there were commercials on TV that showed a grandmother and a grandfather greeting a newborn grandchild. And then the head of the parent would turn into a wolf. And what was being said was, is that you could be passing on pertussis to your grandchild—get the vaccine. So that was the advertisement. The truth is that the pertussis vaccine does not prevent infection or transmission. It reduces symptoms. And so the grandparent, it would not stop infection or transmission. But by being vaccinated, your symptoms might be reduced sufficiently that you didn't even know you had pertussis. And so you could possibly be visiting your grandchild and have pertussis, but not know because the vaccine prevented symptoms. And so what I'm suggesting is that the truth is actually the opposite. That the vaccine could actually get in the way of your efforts to keep your grandchild safe.

The slide that I've got up here is a slide that talks about mortality rates that have declined significantly over the last century. And the vaccine industry would like to take credit for that. And what this slide shows is the arrows indicate where vaccines were introduced. And it also shows two conditions, scarlet fever and typhoid that declined at the same time without vaccines. And what you'll see is there's a significant decline in mortality over the last century. And it's not due to vaccination. It's due to sanitation measures like clean drinking water, closed sewage sanitation, better nutrition, refrigeration. Those kinds of conditions, better housing.

[00:40:00]

There's been studies that have been done that have suggested that the benefits of vaccination to the reduction in mortality rates is between one and 3 per cent. But that's not what the public is led to believe.

I want to talk a little bit here about the lack of accountability. And I'm sorry I'm taking so long. Vaccines are the only product—medical or otherwise—where a manufacturer is not legally responsible for injury or death caused by their products. What this means is that no one is held responsible for vaccine injury. So there's no legal or financial incentive for a vaccine manufacturer to make their product safer, even when there's clear evidence that vaccines can be made safer. I think it's very dangerous to have an industry that they're not held accountable when their products cause injury.

Shawn Buckley
So I just want to make sure that we're clear. To your understanding, vaccines are the only drugs where we don't have sizable double-blind clinical trials—let alone double-blind clinical trials that are not sizable—and yet they're the only drugs that also are exempted from liability.

Ted Kuntz
For harm caused by their products. So this came about in 1986 in the United States under the *National Childhood Vaccine* [*Injury*] *Act*. And the reason that this was enacted is that by 1985, vaccine manufacturers in the United States had difficulty obtaining liability insurance because there were so many claims against the vaccine industry for injury. And so the purpose—and this is what I actually pulled off the internet today—the purpose of the

National Childhood Vaccine [*Injury*] *Act* was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, to ensure a stable market supply of vaccines. So again, my reading of it is, "We want to have the vaccines. We're not concerned if they're not safe."

Shawn Buckley
I mean, indeed, one could argue that the life insurance companies are basically the world experts in assessing product risk because their existence depends on getting that right. And so they're not willing to insure pharmaceutical companies for vaccines and so, the government's action is to exempt them from liability.

Ted Kuntz
That's correct. I know I'm running out of time, so let me just quickly run through these slides, and then I'll take some questions.

So this is a chart that we developed at Vaccine Choice Canada that shows the growth of recommended vaccines from 1950 to 2022. And the significant increase, again, was after 1983. That legislation in 1986, which exempted liability to manufacturers, really opened up the opportunity for them to produce products that didn't need to be safe.

This is the new childhood condition in America, and the numbers are very similar to Canada: So one in three is overweight. One in six has learning disabilities. One in nine has asthma. One in 10 has ADHD. One in 12 has food allergies. One in 20 has seizures. One in 54 males has autism—that is actually closer to one in 30 now today—one in 54 males have autism, and one in 88 has autism. So we have a condition. Fifty-four per cent of American children have a lifelong chronic condition. And it seems like we're more concerned about acute illnesses that have a very short impact on children, and instead, we have a chronic condition of chronic disease in Canada and America. So I would suggest the science is not settled, as we've been led to believe.

So I want to go back to my opening statement about what we're seeing is not new. And my concluding comments are that I believe that if we had vigilantly upheld the right to informed consent back in 1982, we wouldn't be in the place that we're in today. Thank you.

Shawn Buckley
And I'll ask the commissioners if they have any questions.

Commissioner Massie
Thank you very much for your presentation. I have a couple of questions concerning the clinical trials that are done in order to assess a new vaccine. I suppose that if, in those clinical trials, the placebo arm is not inactive—is not saline, let's say—then the goal of this particular vaccine would be—of this trial—would be to say the new vaccine we're trying to put in the market is equally safe as this other vaccine that is already in the market.

Ted Kuntz
That's correct.

Commissioner Massie
And I know that in cancer treatment,

[00:45:00]

it's a common practice when you come up with a new treatment to compare it very often to what we call the standard of care. Because it's considered unethical to not treat the other patients that are affected with cancer with the placebo. So in this case, they take the best possible drug or treatment and compare the new one to see whether it's better, basically. So they're using the same kind of approach for the vaccine. Is that what you're saying?

Ted Kuntz
That's true. They're often, the control group for a new vaccine— All of the vaccines that were given when I was a child are no longer on the market; they've been replaced. But they were all deemed to be safe and effective when they were marketed initially. But yes, what happens is the new vaccine, in many cases, is compared to an old vaccine, and they will say that it is as safe as the old vaccine. The problem is the old vaccine was not compared with a placebo. The old vaccine was often compared to another vaccine or the ingredients in the vaccine minus the antigen: So it still had mercury. It still had aluminum in it. It still had polysorbate-80. It had a number of other ingredients. And the bottom line is that none of the vaccines on the childhood schedule were initially tested against a neutral placebo.

The other thing is, it's different when you're talking about cancer treatment and you're looking at somebody who's at late-stage cancer and without treatment, they have a high possibility of mortality. We're dealing with healthy children at the beginning stages of life. And the standard of safety testing ought to be significantly higher for that population.

Commissioner Massie
So in terms of safety, efficacy evaluation of these— Because some of them are not replacements of old vaccine, they're totally new vaccines. So in terms of assessing the efficiency, are most of those new vaccines that are coming on the market tested in animals or systems with surrogate markers that would actually be a direct indication of safety? Because we've heard from some of the witnesses that using—in the case of the COVID vaccines—antibody levels, it was specifying on the FDA website that this is not enough to indicate the efficiency of the vaccines, and you need something else in order to confirm the efficiency. So is it the same sort of approach that is used for the other vaccines? They would just run clinical trials in humans and look for antibody levels and assume that this is a surrogate marker for protection?

Ted Kuntz
That's right. You're absolutely correct there. They use a surrogate marker for effectiveness, for efficacy, and it's antibody levels. And as you heard from Alan Cassels yesterday, that's a very poor indicator of the actual performance of the product.

Commissioner Massie
So just one last question on HPV, which is a vaccine that in theory would protect against cancer that will come tens of years down the line.

Ted Kuntz
That's right.

Commissioner Massie
So how do you actually demonstrate

Ted Kuntz
Efficacy.

Commissioner Massie
the efficiency of such a vaccine. What's the kind of model you use to show that?

Ted Kuntz
So that's a good question. Because you're right, that they're putting out a product that the benefit may not be known for 30 or 40 years. And so how do you test whether it's actually efficacious? And so they pick a marker. The question is, have they picked a marker that has integrity?

Commissioner Massie
And how do you then measure the risk–benefit

Ted Kuntz
Yes.

Commissioner Massie
of such a vaccine? Is there any consideration for that?

Ted Kuntz
You're asking the right question.

Commissioner Massie
So my last question in terms of the vaccine schedule and the school system. Does it vary quite a bit from province to province?

Ted Kuntz
No, the provinces are very similar, and Canada is very similar to the United States. But what most people don't know is that our vaccine schedule is the highest level of vaccination in the world. And when you look at what the schedules are in places like Norway and Scandinavian countries, in Japan, it is a half to a third of what we give to our children.

Commissioner Massie
And if you don't follow the schedule, you're not allowed to enter school, or is it something that is mandatory?

Ted Kuntz
Are you talking about in Canada?

Commissioner Massie
Yeah, in Canada, yeah.

Ted Kuntz
Well, the truth is, in Canada, all vaccines are voluntary.

Commissioner Massie
Okay.

Ted Kuntz
But if you ask, if you were to survey the parent population

[00:50:00]

in Canada about whether vaccines are required to go to school, I would suggest that more than 90 per cent are of the understanding that they have to have their child vaccinated to go to school. And the government and the media—I've worked very hard to get the media to be honest about this—and they prefer that people have that misunderstanding.

Commissioner Massie
Thank you.

Commissioner Kaikkonen
There's an increasing number of children being identified in the school systems as special needs and needing individual education plans to follow them from kindergarten all the way through to Grade 12. I'm just wondering, when you say that our babies are being injected with Hep B on their first day of life, when did that start? And is there a correlation between **what is happening in the school systems to what is that date that they would start being injected?**

Ted Kuntz
Yeah. I don't know the exact date when that policy came in as a standard of practice to start to give the Hep B shot. I would say it's two to three years ago that happened. But the question you're asking is a good question about, what is the correlation between the increase in vaccination rate of our children and the increase in— Well, you see all of those neurological conditions: ADHD, autism, behavioural disorders. You know, our schools are very different places now than they were 30 years ago. And if you speak to an educator

who's been in the school system that long, they'll tell you the number of children whose ability to learn is compromised is significant.

Commissioner Kaikkonen
And my second question is, a lot of people don't understand what coercion is, but they do understand the analogy of the bully in the schoolyard. Who is the bully, in your opinion, in the schoolyard?

Ted Kuntz
Boy, that's a good question. I would say the bully is our medical system, right down to our family physicians. When I made a decision after my son was injured— He was injured by his very first vaccine, it's the DPT shot. And I was continually being harassed to have him vaccinated with further vaccines. And so there's a complete lack of understanding that our children can be injured. But the messaging put out by our government and public health is that parents who don't fully vaccinate their children are a danger to society. And that's bullying.

Commissioner Kaikkonen
Thank you very much.

Shawn Buckley
Mr. Kuntz, when you were describing Vaccine Choice Canada earlier, you referred specifically to the fact that the media refers to your organization as anti-vaxxer. And that term just keeps coming up, where we have witness after witness who have experienced awful vaccine injuries will say, well, they're "not anti-vaxxer." Or we'll have even representatives of organizations say, "We're not anti-vaxxer." And so it's interesting because the information that you've just shown us would be, you know, considered anti-vaxxer information. This is strictly forbidden information. This is the type of thing that the government doesn't want you to read.

Now, my understanding is there's a couple of books, and you and I haven't spoken about this. I'm guessing you'll be aware of them, written by esteemed doctors or scientists basically outlining research behind vaccination. Could you share those with us? Even though, it's forbidden knowledge, it's forbidden for us to even have a discussion on this. I think it would be helpful for the record for you to share some resources.

Ted Kuntz
Well, Mr. Buckley, I can tell you that I've got a wall of books in my home of vaccine books. I mean, the number of materials, the number of resources out there are considerable. But you're right. I would suggest the book that I find the most clear in going through all of the vaccines and the disease conditions and evaluating benefit and risk is, as I said, Richard Moskowitz's book. He's a pediatrician. He's in his 80s, 50 years of clinical practice. It's called *Vaccines: A Reappraisal*.

A recent book that came out is called *Turtles All the Way Down*. And that book specifically looks at the fact that none of the vaccines on the childhood schedule were tested against a neutral placebo and it goes into each vaccine in detail and exposes that reality. It's a very compelling book. It just came out last year.

Dr. Chris Shaw that you've had on as a guest on our first day—or as a witness on our first day—completed a mammoth investigation

[00:55:00]

into vaccines called *Dispatches from the Vaccine Wars*. It's very well-researched. I think over a thousand references in his book.

Shawn Buckley
And just before we take the break— Because this is, I think, one of the most important points that we can recognize. I've spoken in some of my openings about how, when these labels are put on us, they are to close your mind, right? So Holocaust denier—there's nobody wants to be termed as a Holocaust denier because then you're some whack job; I'm not saying there's any truth or not to that. And anti-vax is one, a climate denier: these are just labels that are coming to my mind. And none of us want a label because then we're not part of the tribe; we're a kook that is not to be taken seriously.

But I would just wonder, is there any area, is there any area in society where we should insist on having an open mind, where we should actually get angry if there's any labels, other than childhood health and medication, including vaccines? Because here's our most precious resource, our most vulnerable population, and yet the government and the media throw this anti-vax label, which closes our mind. You see, if you are part of the mainstream culture, as soon as somebody's labeled as an anti-vaxxer, you are conditioned to turn your mind off, to close your mind so that you don't listen to the information that they have. And that prevents you from actually having an open dialogue and changing your mind.

And so I just, before we take the lunch break, just wanted to emphasize that the most dangerous area for us to have a closed mind is any health discussion for children. And yet we're experiencing in this Commission that we as a population have been conditioned to refuse to have an open and honest discussion about childhood vaccination. Full stop. We can't deny it. It's part of the evidence that's coming out on the record, although we don't have a single witness stating it.

[00:57:20]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 7: Gail Davidson
Full Day 3 Timestamp: 05:33:40–07:02:30
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry as we begin our final afternoon in the city of Vancouver, province of British Columbia. I'm pleased to announce our first guest for the afternoon, Gail Davidson. Gail, I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Gail Davidson
Certainly. My name is Gail Davidson. That's G-A-I-L D-A-V-I-D-S-O-N.

Shawn Buckley
And Gail, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Gail Davidson
I do. I will relate to you international human rights law and Canada's obligations to what I believe to be true, and I will be also giving you opinions and analyses that I believe are properly centred on my knowledge of that law.

Shawn Buckley
I'll take that as a yes, and I'm sorry, you wanted to affirm, and I didn't notice my note. I apologize for that.

You are a retired lawyer who has worked for the past 20 years in international human rights law, advocacy, research, and education. Is that right?

Gail Davidson
Correct.

Shawn Buckley
Would you add to that, or is that a good introduction? I think it's important for people to understand that you're an expert in international human rights law.

Gail Davidson
Sorry, what was your question, Shawn?

Shawn Buckley
Well, I'm just wondering if you wanted me to add to that because I think it's important that—

Gail Davidson
No, I think that's an ample description unless you want me to add to it or you want to add to it.

Shawn Buckley
I just want the people that are participating and watching your evidence to understand that you truly are an expert in international human rights law. So 20 years of experience as a lawyer is pretty good in that field.

So we'll go on. I will advise, you've written the article called "The Right to Say No to COVID-19 Vaccines," and Commissioners that is entered as Exhibit VA-4, and that'll be available to the public online also as an exhibit.

So Gail, I'll just let you launch in because you've come in to give us a presentation [Exhibit VA-4b] on your thoughts with COVID and international law, and I know that actually you're going to need most of the time to get through that, so I'm just going to invite you to start.

Gail Davidson
Thank you very much, Shawn.

The reason why I didn't want to be introduced as an expert, if I can just briefly say to the people that are watching and the Commissioners, is that I'm going to be talking about international human rights law and Canada's obligations under that law, specifically with respect to the panoply of rights that were restricted with mandates and measures and policies introduced since March of 2020.

My opinion about the law is that it only works if it belongs to everybody, and increasingly it is something that is only known by experts. So my hope that I want to do today is to run through some particulars of international human rights law as it relates to the restrictions of rights. So here we go.

[Index]
I've just got a little bit of an index of the things I'm going to run through: the rights violated since the World Health Organization declaration that COVID-19 was a virus; Canada's international human rights law obligations; the rights to informed consent, and I really appreciate what Mr. Kuntz said about there not being any rights, and I want to talk about the possibility of there being rights.

I want to talk about what are rights that can be restricted and rights that cannot ever be lawfully restricted. Then I want to say a few things about what should have happened. And then the right of all of us, individuals and society, to remedies for the violations. And then I want to talk briefly about what can be done now.

[A. Importance of IHRL]
So the importance of international human rights law [IHRL]: I want to emphasize that to you—to the maintenance of democracy, rights, and the rule of law in Canada; the seriousness of the violations; what the state duties are to ensure remedies and the fact of truth, accountability, redress and measures to prevent recurrence and my opinion that you definitely cannot rely on the state to invoke those remedies, as one of the commissioners, Mr. Drysdale, well knows from his own efforts;

[00:05:00]

and lastly, the need for individuals and groups to work towards ensuring those remedies, restoring rights, re-establishing democracy, and the rule of law, which is a process, obviously, by this Inquiry that has already begun.

[A.1 Restrictions of Rights Unlawful]
I'm of the opinion that virtually all of the restriction of rights were unlawful in this way: they were non-compliant with requirements of restrictions under international human rights law of lawfulness, legitimacy, proportionality, and temporariness.

They were not—this is the next point I think is very important to understand—the restrictions were not supported by the information and debate that was necessary, absolutely necessary, to assess or contest the risk or the lawfulness of the mandates or to allow any kind of periodic review or to allow even a judicial review. And also, some of the restrictions were unlawful because they applied to rights that can never be lawfully restricted.

And then I'm going to talk about they were unlawful because they effectively denied access to remedies and a little bit of that was profiled by Lindsay Kenny's testimony this morning, where—one of the cases of her doing an FOI—she referenced waiting 20 months to hear that there basically wasn't anything, long past the 30 days.

[A.2 Democracy to Despotism]
So basically after the WHO Declaration, governments all across Canada engaged in widespread and systemic violation of rights and imposed measures that caused a good deal of harm to everybody. These restrictions paved the way for further measures to destroy democratic governments and entrench authoritarian rule.

Some examples of that are the federal Agile Nations Charter that heralds easing of laws and procedures to speed up marketing and public consumption of corporate products, thereby, although increasing profits for corporations, definitely increasing harm to consumers.

Another example is the *Health Professions and Occupations Act* in British Columbia, which has already been passed but is not yet enforced. And that Act will criminalize the delivery of personalized health care; entrench despotic lawmaking; create involuntary pharma markets through mandatory vaccination for health care workers; violate freedom from ex post facto laws; and allow laws and rules adopted by any organization or any government anywhere to become law in BC.

This, of course, would allow adoption of things like the controversial amendments to the International Health Regulations and the WHO Pandemic Treaty [WHO Pandemic Preparedness Treaty], I'm just forgetting what it's called. So that's two examples of the way this is not over.

So when people used to talk about getting back to normal, what normal is, we're not getting—back—to normal. We're staying in normal: what normal is, is despotic lawmaking and authoritarian rule. That's what's been put in place. That's the normal.

[A.3 Rights to Informed Consent]
So I want to talk about rights to informed consent, and there's three of them I want to talk about. The first one is informed consent to medical treatment and the right to refuse treatment and the right to revoke consent, and I'm just going to refer to that as "informed consent."

And the second one is freedom from coercion or force to accept a medical treatment not voluntarily chosen, and I'm just going to refer to that as "freedom from coercion."

And the third one is freedom from non-consensual medical or scientific experimentation, and I'm just going to refer to that as "freedom from experimentation."

And of course, I'm saying that all of those were— They weren't just violated, they were actually extinguished because, of course, once people went ahead and got an injection to which they hadn't consented, then basically their freedom had been extinguished.

[A.4 Some IHRL Guarantees of Rights Violated by Mandates]
Now, some of the international law guarantees of rights violated by mandates are the Universal Declaration of Human Rights [UDHR];

[00:10:00]

the United Nations International Covenant on Civil and Political Rights [ICCPR]; the International Covenant on Economic, Social, and Cultural Rights [ICESCR]; the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [UNCAT]—and I'm going to refer to those prohibitions under the Committee Against Torture, to make it shorter, the Convention Against Torture and Other Ill Treatment, and by that I'm including the other cruel, inhuman, degrading; and also the American Declaration on the Rights of Duties of Man [ADRDM].

[B. Rights Violated by Mandates and Policies, UDHR Rights]
Now if I can just shock you or trouble you to go through this list of rights that were violated by mandates and policies, and I won't read them all out because it's too long a list. But you can see how long, and I've divided them up according to what instrument guaranteed them.

So you can see they start off with the big one, equality and non-discrimination; freedom from torture and ill treatment; equality before and the equal protection of the law; access to effective remedies for rights violations, that's a very big one. Another big one, access to independent impartial competent tribunals to determine rights; privacy and movement; freedom of belief; freedom of opinion and expression, that's a huge one. Assembly and association to take part in governance; work and free choice of employment; adequate standard of living; education to participate in cultural affairs, and so on.

[B. Rights Violated by Mandates and Policies, ICCPR Rights]
And then there's another two pages: right to life, liberty and security of the person; freedom from ex post facto laws; due process, fair trial and access to judicial review; freedom from coercion to adopt a belief other than by choice, that's one of the freedom of belief, freedom of religion rights—that's what we call, never subject to any kind of lawful restriction.

[B. Rights Violated by Mandates and Policies, ICESCR Rights]
And ending up with the rights under the International Covenant of Economic, Social and Cultural Rights [ICESCR] of the rights to health and the rights to work.

[B. Rights Violated by Mandates and Policies, UNICAT and ADRDM]
Now, the rights under the UN Convention Against Torture and the American Declaration on the Rights and Duties of Man.

[C. Canada's IHRL Obligations: Sources]
If I can talk for a few minutes, just so you'll have an understanding that when the Canadian government or the BC government or any kind of non-state actor, where the restrictions have been promoted by the state and allowed by the state, when they sweep away the rights and there's not even a mention of— I'm wanting to tell you these things because I want you to know that the rights are protected. But the situation is such that we're going to have to work together to take back the law because obviously, otherwise, there's just more rights, terrible violations ahead.

Okay, so some of the sources of Canadians' international law obligations are its membership in the United Nations and the Organization of American States [OAS] and the charters and declarations that Canada's accepted when they became a member of those.

Customary International Law [CIL], and that's just a body of law that it's rules and standards that our states have accepted over the years and are considered to be part of law, even if they're not protected by treaty. And those include obvious things like slavery and non-refoulement to torture and so on. Peremptory norms: those are norms that are accepted and recognized by the international community as norms from which there can never be any limitation and also treaties to which Canada is a state party.

[C.1 The Rule of Law]
So I'd also like to briefly mention the rule of law and the reason why I want to mention that is because I've just heard people that we think of as being responsible using the term the "rule of law" as if it meant the "rule by law." In other words, meaning if it's a law, if it's made by anybody like Bonnie Henry or if it's made by the federal government or whoever it's made of, then you have to obey that law otherwise you're violating the rule of law.

So Canada has a legal duty to uphold the rule of law, which is described by the Universal Declaration on Human Rights,

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as essential to avoid, quote, "recourse is a last resort to rebellion against tyranny and oppression." And that was certainly something that Mr. Kitchen referred to in his very capable presentation. Instead of reading to you what the United Nations describes the rule of law is, I'm just going to paraphrase it and say that the rule of law requires that laws be properly purposed; properly passed; equally applicable to all people; and that there be

measures in place to ensure equality, accountability, and access to an independent judiciary to determine rights and to prevent and remedy the arbitrary abuse of power.

So obviously none of those things are happening at all in Canada or even properly understood even though the Canadian Charter, as another person has just said, starts out applauding the supremacy of the rule of law as a governing principle in Canada.

Shawn Buckley
I'm just going to jump in because the way you first said that, I think, will leave some of the audience people participating in your testimony confused. Because you used the rule of law, and then you're talking about any law Bonnie Henry made, which is exactly your opposite point. So the rule of law really is governments being held to the same law that every party—whether they be a person or an organization—are all subject to the same laws. The laws are transparent.

Gail Davidson
That's right.

Shawn Buckley
And that we have access to a fair judicial process to enforce those laws. Okay, so I just wanted, I knew that's what you're trying to communicate, and I just didn't want there to be any confusion, so thank you.

Gail Davidson
Thank you, Shawn.

[C.2 IHRL Binding on Canada]
The international human rights law—you could be asking, is that really binding on Canada? And I just want to briefly tell you that the Supreme Court of Canada has confirmed, first of all, with respect to the source of customary international law that that's automatically adopted into Canadian law without any need for legislative action.

With respect to treaty law, the treaties that I mentioned, the Supreme Court of Canada has determined on many occasions that the *Charter of Rights and Freedoms* must be interpreted to provide at least as much protection as that provided by the treaty laws, the treaties that Canada has signed or ratified.

[C.3 Obligations to Protect Rights/Remedy Violations]
And now the obligations, international human rights obligations to protect rights include the duty, of course, to respect, protect and ensure rights for all without discrimination; to prevent violations; to investigate allegations of violations and take appropriate action against those determined to be responsible; and to provide victims with access to effective remedies.

[D. Informed Consent, Freedom from Coercion: Freedom from Experimentation]
The three rights of all the rights that I've listed in those earlier slides that I'm going to concentrate on are the rights to informed consent, and these rights— The right to informed consent is protected by several treaties: all three of those big treaties that I mentioned, and

it's also protected as an essential right. A right considered essential has special status, and that's a right that is necessary to protect other rights.

So for example, I'll just used the right to freedom from torture. The access to effective remedies is an essential right and access to judicial review of complaints of torture are essential rights to the recognition, protection, and maintenance of torture—because obviously, if those two rights weren't there, then any state or non-state actor could commit torture and get away with it, which is what one of our concerns is here.

Freedom from coercion is protected as a prohibited ill treatment under the Convention Against Torture, and arguably in my view, is also a peremptory norm and protected by measures under the International Covenant on Civil and Political Rights.

[00:20:00]

Freedom from experimentation was defined and established by the Nuremberg Code, and that's a freedom that can legally never be restricted or suspended or tampered with in any way. It's also considered a peremptory norm of international law. And so in my view, and probably in the view of a lot of the people giving testimony before the Commission, of course, the vaccines that were the products—the pharma products, I should say that were marketed as vaccines—were and still are reasonably considered in the experimental stage, and as there still is no long-term data available on the long-term efficacy and harm of them. And the intermediate data indicates that the benefit is much more temporary than ever thought in the beginning and the harms appear to vastly outstrip any possible kind of benefit.

[D.1 Informed Consent]
Okay, so just to talk a little bit about informed consent, not too much because Mr. Kunz covered that very well. But to be valid there has to be capacity; there has to be access to information about the health risk; about the treatment, the benefits and risks of the treatment; about alternatives, the benefits and risks of alternatives; about the benefit or risk of no treatment.

And the law requires that this information be given to the person by— The next thing that it requires is information about the particular consequences for the patient, in other words, things particular to the person who's going to accept or not accept the treatment. And so that has to obviously be provided by somebody with knowledge of that, and as you know, the injections were held in all kinds of places, in gymnasiums and on buses and in pharmacies. And in BC, the list of people authorized to give the vaccinations is quite long, and they were virtually never given by people's personal physicians. And the personal physicians, in any case, turned out to be risking their right to practise medicine were they to caution a patient or express caution to the public in the acceptance of the injections.

[D.2 Freedom from Experimentation]
Now freedom from experimentation, of course, that's a huge one. That is an absolute right that can never be restricted at any time, under any conditions, and it's considered essential, also as being essential to the right to life, security of the person, and [freedom from] torture.

[D.3 Informed Consent, Freedom from Coercion]
I wanted to let you know—what in April of 2020—what Canada said the law was at that time in Canada with respect to freedom from coercion. What happened is that somebody had made a complaint to the Committee Against Torture about Canada using coercion to

sterilize First Nations females. And the Committee of Torture reviewed their report in Canada's defence and so on and said that the coerced sterilization was a violation of Canada's obligation under the Convention Against Torture.

So one of the things Canada then filed with the Committee Against Torture was what consent was in Canada. And it's interesting to look at because one of the things that they say in their report is consent must "be informed, meaning that certain issues must be discussed with the patient prior to consent being obtained,

[00:25:00]

"such as material, expected consequences of the proposed treatment, special or unusual risks of the treatment, alternatives to treatment (and their risks), the likely consequences if no treatment [is undertaken, and] the success rates of different/alternative methods of treatment," and so on. You get the idea that they're saying, that's a protected right and that's the scope of the right that's protected in Canada.

[D.4 Informed Consent: Nuremberg Code]
Freedom from experimentation was of course recognized and codified in the Nuremberg Code, after the Nuremberg trials following the Second World War. And the duties with respect to the type of consent, the scope of consent, is quite similar to what Canada said is the law in Canada—including that the information must be given by the person that is going to administer the treatment and the consent must be witnessed and be in writing.

[E. Derogable and Non-Derogable Rights, Derogable rights]
Now I just want to talk a bit about derogable and non-derogable rights, and if you don't mind me using those words, I'll just tell you what they mean at first.

So a derogable right is a right that under international human rights law that can be conditionally subject to restriction under certain conditions. And the two conditions are this: some of the treaties specify that certain rights—like, their right to freedom of expression; the right to association; the right to assembly; the right to movement, no movement is not included; the right to security of the person—can be restricted in certain circumstances.

However, the rights have to apply with those conditions that I mentioned before—of lawfulness, necessity, proportionality, legitimacy and temporariness. Also, the risk has to be established, and there has to be available to the parties that are affected by this, the information required to assess whether or not each of those things—so whether or not it's necessary; whether or not it's legitimate—that says, would the restriction address the risk? Whether it's proportional: like, is the restriction causing more harm than the harm that it's reducing? And also, it always has to be temporary and subject to assessment.

The second category of rights that are derogable—they can be restricted—are rights that are where the restriction is necessary during an emergency to protect other rights and/or to maintain the rule of law. Again, they have to fulfill those conditions.

[E.1 Non-Derogability of Rights]
So let's talk a minute about non-derogable rights because that's a really important category. And non-derogable rights are rights that can never be lawfully restricted under any conditions, including war or public health crises.

And so categories of those is if it's a peremptory norm: like, freedom from torture is a peremptory norm; freedom from experimentation is a peremptory norm; equality and non-discrimination are peremptory norms; access to effective remedies are peremptory norms.

The second category is, as I mentioned before, rights that are essential to the maintenance of other rights. And the third category is identified by treaty as non-derogable.

[E.2 Absolute/Non-Derogable Rights – Peremptory Norms and Essential Rights]
So peremptory norms, I've just listed some of the rights there that are peremptory norms: crimes against humanity; equality and non-discrimination; and so on, ones that are essential rights.

[E.3 Absolute/Non-Derogable Rights – Treaty Rights and Jurisprudence]
I'm just going to hop to the next slide. The rights that are the most non-derogable, the rights where it's not controversial—it's not controversial, can this right be restricted or can it not?

[00:30:00]

Those are the rights where the treaty says that they can't be ever restricted and rights that are peremptory norms.

Now rights where they're essential rights and rights where the jurisprudence—in other words, the decisions of treaty-monitoring bodies and special procedures, and so on, say this right has got to be considered as non-derogable—that's more controversial, so that's arguable. So for instance, with the right to education and the right to work, the various UN bodies have said those should be considered to be rights that can never be subject to restrictions.

[E.2 Absolute/Non-Derogable Rights – Peremptory Norms and Essential Rights]
So just to back up, the ones where you really can't argue about it at all are freedom from torture; equality and non-discrimination; right to effective remedies; right to judicial review; freedom from experimentation; freedom from ex post facto laws. And what that means, that's freedom from being convicted or punished for something that was not a law before you did the act, and so that includes things where the offence was created after the person committed the act. But it also includes things where the offence or the misconduct, or whatever it is, was so ill-defined that you couldn't possibly know it before you did it, and you couldn't even possibly know it enough to defend it.

So for instance, under the new *Health Professions and Occupations Act*, it's both a crime and a misconduct to promulgate false or misleading information, and of course, there's no **definition of false or misleading information. So you'd find that out like at the end of your trial, I guess.**

So that's an absolute right—freedom from ex post facto and illegitimate charges actually.

[F. What Should Have Happened?]
So just talking about what should have happened. All governments at every level should have provided and ensured disclosure of all relevant information, and widened opportunities for debate because they were imposing measures that had been decided upon in secret. They hadn't been decided upon under the scrutiny of elected representatives in parliaments or legislative assemblies; they had never been subjected to the kind of notice that lawmaking in a democracy requires.

In British Columbia, they were announced at press conferences if you can believe it. But they weren't really press conferences because there was no questions allowed or answers given, one or the other. And if you didn't know that there was going to be a press conference, then how would you know about the law.

And also, as Ms. Kenny said, she's still not able to get any information from the Ministry of Health in British Columbia as to the information that went into informing the myriad of public health orders and guidances that have been issued since. I think the first one was March the 15th; I think it was four days after the WHO declaration.

So there should have been adherence by state and non-state actors with Canada's international law obligations—and possibly they just don't know them—and the prohibitions against restrictions of the absolute or non-derogable rights and adherence to the conditions for the restriction of rights that can be restricted.

There should have been parliamentary oversight of the mandates and the policies. The information, debate, and oversight necessary for assessment of risks and mandates and policies should have been made available. And there should have been some provisions made for equal access or any access to judicial review of the mandates.

Now the access to the judicial review: I'm separating that differently from [access] to an impartial judiciary. Because, of course, the judiciary, they're just people so they're subjected to the same kind of propaganda and censorship,

[00:35:00]

and so, obviously, many judges are going to want to just do what Mr. Kitchen said—reduce the Charter argument without hearing it.

But as far as the equal access to judicial review: you see, people were stripped of their employment income and stripped of their business income, and there was no provision made to say, "Well, we'll give those people legal aid. So we'll make a new category of legal aid." That would have made a huge difference because not only would it have enabled people who had been robbed of their income to go to lawyers, it would have encouraged a lot of lawyers to take on challenges to the mandates and policies, both the ones by state and non-state actors.

[G. Duty to Investigate Serious & Gross Violations of Rights]
Now I want to talk a bit about the state duties to provide remedies because that's very important. And so all of those treaties, the three big treaties—human rights treaties I mentioned—they all impose mandatory duties on states to ensure investigation of serious or particularly of serious or gross rights violations. And the investigations have to fulfill a whole raft of conditions, but I'm just going to mention some of them.

The investigations have to be independent, competent, transparent, and capable of leading to proceedings to determine facts, identify perpetrators, impose accountability, and grant reparations for victims. And that's like a truism of law in general.

If you don't have remedies and, of course, in this current situation where the complaints would be saying that the violations were either imposed or promoted or allowed by state authorities, then a) the state is just not going to investigate them, but b) the state isn't competent to investigate them. Because, as for instance, as happened with the Emergencies

Act Inquiry, that was— I saw that from the get-go as a sham because of the procedure for appointing the commissioner and then the control that the Liberal caucus had over changing the Commission's mandate to not comply with the statute but to look into the circumstances of leading up to the emergency measures.

Now I just want to refer briefly to the basic principles and guidelines on the right to a remedy for victims of gross violations of international human rights law and serious violations of international humanitarian law.

[G.1 Duty to Investigate]
So I just wanted to say, looking at all the case law from international tribunals and so on, there's no one definition of what constitutes gross. Like if we're going say, "Okay these were violations of international human rights law," there's no one definition of what is considered gross or serious. But determinations of those qualities of the very serious human rights violations include reviewing the quantity of victims; the planning of the violations; the nature of the violations; and the denial of effective access to measures to prevent, punish, and redress violations.

So I think it's pretty clear to me, that's my opinion, that these violations of rights are correctly considered gross violations and, therefore, triggering the highest level, to the full rights to investigation and so on.

[G.2 IHRL Rights and Duties to Ensure Remedies]
The next slide, the human rights slide, it's just laying out some of the things to which victims and society is entitled in the case of these kind of violations. They're entitled to the truth,

[00:40:00]

establishment of the truth. They're entitled to know what was done by whom, to who, and what was the harm and what can be done to prevent it in the future. And that includes redress for victims and accountability for perpetrators, which there's a wide range of things that can be considered as accountability. And the last thing that is included in their rights to redress is measures of determining and ensuring measures to prevent recurrence.

[H. What Can Be Done Now?]
So what can be done now? As I say, history certainly proves time and time and time again that when the state has been involved in a significant, certainly a serious or gross violations of human rights, the state is never going to be willing and is never going to be competent to do investigations.

If I could just tell you a tiny story about Patrick Finucane. Now this was just one violation. Patrick Finucane was murdered in 1989 while he was having dinner with his family, his young family. And his wife was Geraldine, and she believed—this was in Northern Ireland—that he was murdered by the Royal Irish Constabulary working with the Secret Service arm of the United Kingdom Armed Forces. So she kept peppering them with pleas for an investigation that was independent. She made so much fuss that the United Kingdom held six investigations, and she finally took the matter to the European Court of Human Rights. And of course, the U.K. government was saying, "What is she on about, we've had six investigations." And the Court said, "No, there's never been an investigation." All of the investigations were controlled and carried out by state authorities, who were the very authorities that Geraldine Finucane believed on reasonable evidence were—so anyway, that was just an example.

So what can we do?

I think that we have to do everything in our power: we have to submit reports and complaints to international authorities, to the United Nations and the Organization of American States and authorities monitoring bodies, identifying the unlawfulness of the mandates, the bit-by-bit evidence of what the mandates were, how they were imposed, and the injuries that abounded from the mandates.

Domestically, I think that we have to ensure the widest possible public access to information about the illegality and unlawfulness of the measures and about the right and the importance of gaining redress. And there have to be widened opportunities for public conversation and public debate. I liked what Mr. Kitchen said in his submissions: He said he tells his clients, "don't muzzle yourself"; those weren't his words, these are mine. "Don't censor yourself," those were his words. He said, "have conversations, talk about it." And this, very important in my view, Commission is fueling that need for public conversation.

And also, I think we have to ensure that people have information about the initiation of civil and criminal proceedings by individuals and groups within Canada.

[Conclusion]
We have to pursue all avenues. In order to sort of take back the law—and that is, take back law that is rights-based—then we have to continue to work together to re-establish democratic lawmaking, access to information, and dialogue at all levels in order to restore and protect the rights of all.

In my view, we have to keep working to gather and preserve evidence.

[00:45:00]

That's one thing that's very important about the Canadian COVID Care Alliance hearings, in my view, because they are gathering and preserving evidence. And pursue tribunals at all levels, then to take that evidence and determine and expose facts and recommend measures for accountability for perpetrators and reparation for victims and measures to prevent recurrence.

And that is so critically important in my view, and it's up to individuals and groups—because states certainly will block anything—to find peaceful ways to work together: to take back the law and re-establish democracy, re-establish democratic lawmaking; re-establish the right to access to information and dialogue; and to ensure that wrongdoing is exposed and held accountable, victims are redressed, and there's appropriate measures put in place.

In my view, the National Citizens Inquiry is doing just that—giving voice to people that previously didn't have a voice; giving public access to information that was previously suppressed about the virus, the risk of the virus, whether or not there was a pandemic or not a pandemic; the products marketed as vaccines treatment, and prophylaxis not provided or denied, and the injuries suffered. One of the hopeful signs is that in Victoria today, BC health care workers have gathered from all over the province to go to attend the Legislative Assembly and support a petition being presented that opposes the *Health Professions and Occupations Act* that I referred to.

In closing, I just wanted to say a few words about the importance of information, and so if you don't mind, I'm just going to read from this.

In a climate of censorship and propaganda, there can be no such thing as informed consent to experimentation or to any kind of informed consent because the information necessary to understand the relevant issues is not provided or available. Informed consent requires access to comprehensible information, reliable information about the risks and benefits of treatment, the risk and benefit of alternatives, the risk and benefit of no treatment, the consequences for the particular person.

Since March of 2020, instead of information and instead of encouraged or even allowed debate, there was censorship and propaganda: propaganda designed to compel and coerce acceptance; information and debate questioning the risk of the virus, the existence of the pandemic, the safety or efficacy of the mandates themselves and policies was effectively censored.

Doctors bold enough to ask questions or caution against the use of the pharmaceutical product marketed as vaccines, whether they did that to patients or to the public, were suspended from practice and cited for misconduct.

There was no informed consent. There could be no informed consent because there was no information, information was suppressed.

[The need to combat impunity]
And in ending, I just wanted to say a word about the brutality of impunity, so why it's so important to insist,

[00:50:00]

to increase our peaceful efforts to have all these matters redressed. I just want to cite the names really, I won't bother saying what they said, of two people who so passionately believed in the necessity for accountability.

One of them is Baltazar Garzón. He's probably, as you know, the Spanish judge who issued the international arrest warrant against Augusto Pinochet for torture. And the other one is Ben Ferencz, who recently died. He was the chief Nuremberg trials U.S. prosecutor, and he worked all his life to ensure that there would be accountability for grave violations of domestic and international human rights law.

Those are my submissions, thank you.

Shawn Buckley
Gail, thank you for that presentation.

It seems to me that based on your presentation, that you would be of the opinion that the way Canada handled this pandemic, even just administrating the vaccine, the way that we did it, would be a violation on many fronts of international law obligations that Canada is a party to.

Gail Davidson
Sorry, what did you say?

Shawn Buckley
I'm asking, based on your presentation, I'm presuming that you're of the opinion that Canada violated international law and how we went about administering the vaccine.

Gail Davidson
Oh, completely.

Shawn Buckley
Right, yeah. I mean, so obviously even just on informed consent—I think you made it absolutely clear that there couldn't be an informed consent—even included things like options to other treatment options as part of that. And you presented a slide to us on Canada's response to the finding about sterilizing Native women, and it included the information about other treatments. And so, on many levels, we've violated international law on how we've proceeded it.

Gail Davidson
Oh yes, absolutely on many levels, yeah on every level. You see, because rights are all interdependent: so very often when one right is restricted, suspended, or extinguished, then that creates a kind of a waterfall of restrictions of other rights.

I can't think of an instance during the imposition of policies that restricted people's rights to privacy, movement, work, equality, the right to refuse medical treatment—I can't think of a lawful instance where that was lawfully done.

It was as if, overnight, the democracy collapsed. And even though many could argue it had been very shoddily operating prior to that or it had already been, you know, in the ICU unit. But overnight, lawmaking moved from Parliament to—we didn't know where it moved—we didn't know where it moved: it was to decisions made in secret on the basis of still unknown information and then announced at press conferences.

Shawn Buckley
If I can emphasize, sorry.

Gail Davidson
One of the things I think people might want to do now, is to go, sort of what Lindsay Kenney's doing or join on to her work: to take specific public health orders and then go through the order. So, for instance, the public health order made in BC most recently on April the 6th is 28 pages long—and to go through page by page, paragraph by paragraph, and say, "How is this unlawful, illegitimate, disproportionate? How is this unlawful, this order?"

But then I guess you have to go to a tribunal or court with that because I'm sure that everybody that's testified before you will have told you the same story,

[00:55:00]

that when they tried to communicate with the federal government or the provincial government about these issues, they never received any response other than perhaps an automatic bounce back.

Shawn Buckley
Well, it's interesting because you've raised 2 points. What we've heard at this Commission, and we've had many days of hearings, is that basically you would never receive actual information back. And it's something that you just raised.

So we're being subject to these orders, but we're actually not being given the scientific basis: we're just being asked to follow the science without it being provided. And not one single public health officer—not one single person that would be cited by the media to support these—would debate any other scientist who had an opposite view. And the calls for debate were made, and they were made publicly. So we've been subjected to this three years of this single narrative, and anyone correct me: is there a single example of a public health official or somebody who is cited by the mainstream media to support the government narrative who has actually accepted an invitation and debated a scientist that disagreed? There is none.

And so the second thing you touched on is, well, maybe we have to go to the courts. But the difficulty is we've had lawyer, after lawyer, after lawyer attend these proceedings, and I ask the lawyer, every lawyer that attends, I ask the exact same question: I basically say, "Look, we have experienced the most serious intrusions into our rights, into the civil liberties that Canadians have ever experienced, including in wartime. And can you identify a single case, a single case that would act as a brake or a check on similar government action going forward?" And the answer from every lawyer is no. And if I'm asked that question, the answer is no, I'm not familiar with a single case.

So I was going to actually ask you, is there any redress for Canadians in international courts or international forums, being that our courts have not put a single brake or check on government action going forward?

Gail Davidson
Yeah, that's a wonderful question Shawn, and I would say the answer to that is yes and no. I would say no, there's no opportunity for effective remedial action, and yet I would say, yes, there is because one of the big remedial actions that's needed is information and megaphoning that information.

So for instance, if in June, that's the next session of the Human Rights Council, if people wanting to make a human rights statement about the situation, a) got a space to speak and had accreditation, and then you're in the UN Human Rights Council room, and if you can make a statement, there's people from 190 countries that hear your statement. And not all statements are very well presented so if you have a really good statement and a good presenter, you do make a noise. If you make a report to the Human Rights Council or the report to the Committee Against Torture or a report to the Special Rapporteur on Health and so on, those things all do get attention, and they're all part of the evidence-gathering and evidence-preserving process.

Now having said that, certainly if we look at history, there's a very long list of unremediated, terrible crimes. But I feel that with this situation, there is a real opportunity for success that would be unprecedented simply because the violations occurred over so

many countries. And there's people from all of those countries popping up more and more and more and more of them saying, "This wasn't right, something has to be done." So I think that yes, it is. Sorry for giving such a long answer: yes, it is useful to go to international bodies;

[01:00:00]

no, you can't look to them for a solution.

Shawn Buckley
Right, for an actual remedy.

Gail Davidson
Yeah.

Shawn Buckley
Those are my questions. I'll ask the commissioners if they have any questions for you.

Commissioner Kaikkonen
Thank you for your testimony. I have a number of questions. I'm not sure I can get them all out because my head's just spinning right now, but I'm going to try.

You said Canada violated its own laws, and it did. But how do ordinary, hardworking Canadians get access to those who actually violated the laws? Allowed for this to happen? So access to the judiciary, the cost is prohibitive. We've heard that from testimony. Ordinary people can't get a judiciary that is fair and transparent.

We have a photo that circulated of our Supreme Court judges announcing that they were all vaccinated. How does that work in favour of the person, who is standing in front of a judge, who is opposing these mandates? They keep going on and on and on. How do we get a fair trial, justice, due process that works, where the cost is not prohibitive?

You had suggested here a new category of legal aid. Well, anybody who's been in the legal aid system or tried to get through the legal aid system knows that it's one-sided, and yes, it helps the legal profession, but it doesn't help ordinary, vulnerable populations who are trying to get justice or access to justice.

And then just to take it one step further: when it comes to just the judiciary, it is an independent arm of government, and yet we're not getting judicial decisions that respect that people with principles have decided to stand for their rights and are willing to take on government and get a fair decision.

We're looking at what was alluded to earlier about some of our truckers who are still in prison or under restrictions on what they're allowed to say. Politicians who have been ousted from the legislatures in this country who are not allowed to speak freely. So where do we start? As ordinary Canadians, just to get that judiciary to listen, and I don't think it's the international bodies that are going to help. It's in Canada. Canada violated its laws.

Can you speak to that please?

Gail Davidson
Okay, so basically, can I just paraphrase what you're saying?

Commissioner Kaikkonen
Sure can.

Gail Davidson
If I've read you right, you're basically saying, "Look, how on earth would you get a fair hearing of any of these issues? And how would you know the actual perpetrators?" Does that kind of fairly say what you're asking?

Commissioner Kaikkonen
Well, we talk about the judicial system, and we believe it to be fair and that there's due process and that anybody who has to access the judiciary will get their concerns and voices heard.

And yet we heard from James Kitchen that the Charter violations that we've all endured over the last three years, the court can say, "Yes, we'll listen to this court argument or this Charter challenge, but we're not going to listen to this."

And yet the courts, the judiciary, as I understand it, is supposed to be totally independent from government and yet they followed suit, and they all became one mind. And I think that that's the bigger picture: every nation in this world followed this COVID narrative and they were all one mind. They were all doing the same lockdowns and mandates. Primarily, we saw it in the Western nations, but certainly in other nations that were not considered the Western nations, this was happening too. So these lockdowns go bigger than just Canada, but we can't reach to those international bodies to get heard.

What we can do is reach the municipality that's around the corner in our jurisdictions. We can reach the provincial government and our federal government in this nation, that's under the supremacy of God and rule of law. And yet even with that closeness, that proximity of government to us, we have not had access. And then you think of the judiciary who's picking and choosing which Canadians' rights or voices are eligible to be heard and which ones aren't. Where is the fairness?

What would you recommend in Canada that stops the violation of laws so that ordinary, hardworking Canadians can have their voice heard, they can speak freely, they can put their money into a pot and go in front of the judiciary and fully expect a decision that is fair or at least heard, their voices heard?

Gail Davidson
So one of the things that you're saying is that the judiciary is not impartial, it may be not even independent at the present time. And

[01:05:00]

certainly, it'd be fair for you to say that because one of the things that happened,

let me see now, it was last year the Chief Justice of the Supreme Court of Canada decided to actually express his personal opinion about the lawfulness of the Ottawa protests. And he characterized the Ottawa protesters as the beginning of anarchy and that their actions had to be denounced by force. And this was maybe in support of Mr. Trudeau calling the Ottawa protesters—with whom he refused to have any kind of debate whatsoever—vilifying them as having unacceptable views, posing a threat to Canadians, and championing hate, abuse, racism, flying racist flags, and stealing food from homeless and various things. Those are all things that Mr. Trudeau said. So it's true, that's what will definitely lead to things like the judge that Mr. Kitchen was in front of saying, "No, I don't want to even hear that argument. I'm not interested; I'm dismissing it without hearing that."

And I imagine, that's going to happen many times, and if the abuses had only occurred in Canada, probably there wouldn't be a very big chance of any remediation, of any effect of pushback. But the human rights abuses have occurred in many countries with many different legal systems, and by legal systems I mean they have different legal cultures, you know what I mean? The legal culture in Canada is, perhaps, except maybe for the criminal bar, they're a very kind of a compliant culture, less so in the United States, different again in the U.K. And so there's definitely court actions coming up in many countries, even in Canada.

There's a decision that's under appeal right now, the judge's name is Bennett, I can't tell you the name of the case because it's letters, because it has to do with children. But it was a wonderful decision where it was a family matter whether or not children should be forced to be vaccinated, and the judge said, "No, all of these issues"— When he was asked by one side, to say, "Look obviously, they have to get vaccinated; this is what all the public," this is an Ontario case, "this is what the public health officer said." The judge said, "No, these are all controversial issues."

So that's just an example of one judge. So I don't think it's an easy thing to push back or get any eventual remedies, but I think it's a very necessary thing. Because in my view, what we're looking at is, if we don't do that and if we don't persist in taking hopeless cases to deaf tribunals—until there's a tribunal that hears the issues and is willing to consider them impartially—then we're facing a kind of authoritarian rule where rights won't have to be stripped because we just won't have any. There will just be privileges for people who demonstrate that they're compliant and who demonstrate that they're willing to be compliant to the extent of turning in people who are not. So for instance under the BC Act that I've talked about a couple of times, doctors are compelled to report on one another.

Shawn Buckley
Before the commissioners ask another question, I just want to clarify the case, were you referring to the Ontario Court of Appeal decision that overturned the lower court decision on vaccination?

Gail Davidson
No, one that was made at the same time.

Shawn Buckley
Oh, like a week following?

Gail Davidson
Yeah, and the judge's name I know is Bennett.

Shawn Buckley
Okay.

Gail Davidson
But that's, yeah.

Shawn Buckley
Sorry, Commissioners.

Commissioner Kaikkonen
I'm just going to leave it at that. Thank you.

Commissioner Drysdale
Hello, and thank you for coming.

You know, when you were doing your presentation, I couldn't help but thinking about the Charter of Rights, and you know, you read the Charter of Rights and if you're not a lawyer, you think that they mean something.

[01:10:00]

And in the Charter of Rights, there's a notwithstanding clause, which has been used to the peril of all Canadians.

So when I was listening to your presentation, I was thinking, is there a notwithstanding clause? And there appeared to be a notwithstanding clause. And your slide E talked about rights that could be abrogated and rights that couldn't be. But when I read the language there, it's a notwithstanding clause, you know, they can manipulate that into anything they want it to be, can they not?

Gail Davidson
Not at all, no, but I can see where you would think that.

But let's take freedom of expression, for instance, just as an example. Now, in a lot of situations, the freedom of expression was just completely extinguished. And we had doctors having their licences summarily suspended, not after a hearing even, before the hearing. And then the hearing doesn't take place for years. So basically, their whole career is ruined, their whole—it's incredible.

But in international human law and Canadian law, freedom of expression is one of those rights that can be restricted. And it can be restricted in order to protect other rights that would be restricted if the freedom of expression wasn't restricted. But the restrictions have to comply with certain conditions. They can't be just things that—somebody waltzes out at a press conference and tells you that it's all over.

Commissioner Drysdale
I understand that, but I'm looking at, I'm looking at slide E right now; could you put it back up, Dave? Sorry.

Gail Davidson
Slide D?

Commissioner Drysdale
Okay and it says, no, E. Sorry, E as in elephant. Yeah. There we go.

Gail Davidson
I got it.

Commissioner Drysdale
And it says "specifically allowed" is to be abrogated or derogable, whatever that word is. Legitimacy, temporary, movement, expression, lawfulness, necessary, proportionality. And it says, "necessary during an emergency to protect other rights and maintain the rule of law."

Gail Davidson
Yes.

Commissioner Drysdale
The Canadian one is really the same wording. It says, "Well, these are your rights unless we figure they're not."

Gail Davidson
Yeah.

Commissioner Drysdale
And that seems to me that's what that's saying. And you get into things like Mr. Clinton arguing about what the definition of the word "it" is.

Gail Davidson
Yes. Right. Well, the difference between, I think one of the differences between— I think the Canadian Charter is a very weak constitution. And the weaknesses is exampled by section 1 that allows restrictions and just has that vague, you know, necessary and a democratic society, kind of thing, without any other conditions on it. And of course, the notwithstanding clause.

But one thing that I like about international human rights laws is Canada is also a party to the Vienna Convention on Human Rights. And one of the things that that convention says is that a state can never use domestic law as a justification for overriding their international human rights law obligations. But nobody's ever argued that at the Supreme Court of

Canada, as far as I know. Do you want me to just really quickly explain legitimacy, lawfulness, and necessity, and so on, what those conditions refer to?

Like to be lawful, it doesn't mean to say it would be lawful just because there was a law. So let's say Bonnie Henry or David Eby or anybody else made a law that restricted rights in British Columbia, that doesn't mean the restriction is lawful because lawfulness contains a lot more qualities.

So to be lawful, a provision has to be, first of all, it has to be clear and precise enough to be known: both what the prohibition or allowance is; what the consequences of it are; and then it also has to be reasonable. And so,

[01:15:00]

it has to be in relation to something that can reasonably be understood and known beforehand.

And legitimacy means that the restriction has to be capable of addressing the risk to the other rights. And proportionality, that's kind of the same thing, there has to be a balance there and temporariness.

But the thing that's missing from people even being able to assess these things was information because the mandates and policies imposed since March of 2020, they weren't like normal laws.

So they weren't like, let's say, we're going to have a law restricting the speed limit on Highway 1 or something, or around schools. The information and the concerns that that was based on would be well-known. The risk that was being addressed would be well-known.

With respect to the closure of businesses, the masking, the distancing, the compulsory vaccination, all of those things were in reference to a risk that the public didn't know anything about. They didn't know anything about the regional or demographic risk of the virus. They didn't know anything about what's the information that says, if we restrict indoor numbers to 50 or 25 or 4, how does that address the risk? What is the risk to the people that are going there and how does that address it?

Whereas if you said, "Well, we're reducing the speed limit in front of the schools," like we could debate that and the reason why we could debate it because we know the information it's based on. I think that the measures are unlawful—before you even look at those conditions—because of the absence and suppression of the information that was necessary to understand and assess the restrictions.

Commissioner Drysdale
My last thing that I want to talk to you about is, I think you just made a kind of off-hand statement when you were talking about judges. And you said, "You know, judges are subject to the same biases and propaganda, the rest of the Canadians are." And I have to tell you that really bothers me. Let me frame that a little bit better.

When you go into a court, how do you address a judge?

Gail Davidson
Well, you know, it depends what level of court they're in, but you have honorifics like Your Honour and Milord and Milady, and so on.

Commissioner Drysdale
Certainly. What's the reason for that? Why when you go to court or King's Court and you say Your Honour, why do you address the judge or why do I as a citizen address a judge with Your Honour?

Gail Davidson
Well, you know, gosh, I don't think I could answer that for you adequately, but I assume that it's so that people in court will give the decision-maker a certain kind of reverence.

Commissioner Drysdale
Doesn't it also, I agree with that, but doesn't it also work the other way, too? That when a lawyer or a citizen stands in front of the judge and says, "Your Honour," they're reminding the judge of their duty, which is higher than an ordinary person's duty. They're addressing them with "Your Honour" and they're saying, "sir, I honour you because I know you're going to be unbiased, and I know you're going to be honest, and I know we're holding you as a society above the others." Isn't that another?

Gail Davidson
I agree with you, I like your characterisation. Yes.

Commissioner Drysdale
And furthermore, now this is a question that's going to get us into trouble, and I may decide not to ask it. My question is, and I've heard testimony about this over and over and over again where our judicial—and from a retired judge, I'm not going to try to paraphrase what he said. But it appears that there's a tool, and I hope I get the term right, there's a tool called judicial notice where a judge can just say, "Well, there's a climate emergency, therefore carbon taxes are constitutional."

[01:20:00]

Or "I can't hear your constitutional challenge because judicial notice: we just accept that the vaccines are—" And so I asked on a number of occasions in these hearings to various witnesses—has the judiciary failed us? And have they protected Canadians' human rights?

Gail Davidson
I would say, no. I mean, I'm sure we can find cases where they have; the two cases that come to mind are both family law cases. The one that I referred to in an earlier family law case, both in Ontario, but I'm sure we could find cases in Canada. I know we can find cases in other jurisdictions, but how can I respond to that?

When I say the judges are just people, even though we call them the Lord, Milady, Your Honour, and we even bow a little bit when we do that, they are just people, you know what I mean? And the other thing: they're not ordinary people because they've usually come

from a socio-economic elite group, right? And maybe they live a bit of a cloistered life, so that's a disadvantage.

But whenever there's a political controversy, and certainly COVID is a huge political controversy, and the proof of that is the propaganda and censorship. If it had just been another flu or something, but there was obviously something else afoot. And so, whenever there's a political controversy—like a war is a good example—the judiciary is always going to defer to the politicians. That's the way it always goes, so there has to be a period of time before there's any opportunity for real impartiality in assessing the actual evidence. That's one of the reasons why I say it takes time. And also, I wanted to say this about judges, not everybody would agree with me, but judges aren't revolutionaries.

The changes always come from the people that are coming to the court, and change takes a long time. And so, I really take my hat off to all the lawyers that have been taking cases for the enormous amount of work; sometimes they have had absolutely no advantage. But I see that they, to me, they do have an advantage because they're climbing up that hill where they're opening the door to information and knowledge. That has to be done in the judiciary same way as it has to be done in your apartment block or your street, or whatever.

Commissioner Drysdale
Well, you know, that is true. But isn't there different levels of responsibility in society? In other words, if I pay you a dollar and a half to cut my grass, you have a certain duty, and if I say, you're a judge and pay you $350,000 a year and call you Your Honour, isn't there different duties there, different levels of duty and responsibility?

Gail Davidson
Well, yeah, I do. That's the ideal, and I certainly subscribe to the ideal. But then, just to go back to the statements of the Chief Justice of the Supreme Court of Canada, you know, he's undoubtedly a person who's very, very familiar with his duties for impartiality and independence and competence, and yet he came out and spoke—he didn't have to do that.

He came out and spoke as the Supreme Court of Canada against the Truckers' Convoy when there hadn't been any court in Canada who had said that what they were doing was illegal. In my view, it wasn't illegal. The only court that had considered the legality of what they were doing, not in their actual decision but just in aside to comment, was the injunction brought against the honking, right?

And so he had to hear all the evidence from both sides and so it was all by affidavit. And he said, I'm paraphrasing, he said, "if they abide by my injunction to restrict their honking,

[01:25:00]

they can carry on with their lawful protest." That was the only judicial— And Chief Justice Wagner must have known that, but that's just an example of the court protecting the state in a time of political crisis or controversy. I'm not sure what you'd want to call it. I think that just always happens.

Commissioner Drysdale
You used the word—you were describing the judges and I'm not meaning to put you on the spot with this—but you said the "upper classes" or the "elite," I can't remember exactly what words you used. And it dawned on me when you said that, isn't it interesting that the elite and the honourable have done less to protect our rights than the truckers?

Gail Davidson
You mean generally speaking?

Commissioner Drysdale
Generally speaking.

Gail Davidson
Yeah.

Commissioner Drysdale
There are always exceptions to every rule.

Gail Davidson
I think that's very, very understandable. And I know that wasn't really a question, it was a comment, if you don't mind me saying that the people who are the privileged people—I mean, I'm a privileged person myself, but so this doesn't apply across the board ever—but privileged people are people who have been rewarded by their society. So of course, they would be much more likely to comply, even with something that was not only unreasonable but obviously unacceptable, than would people who had had less privileges and had been more stomped on.

Commissioner Drysdale
That is extremely enlightening. Thank you for that.

Gail Davidson
Yeah, because the extent to which people believed the unbelievable, i.e., that Pfizer was going to, I mean, really, come on, that was so incredible that anyway, like everybody knew that whatever—

And then, but what was even worse for me was that so many people accepted the unacceptable, of people being summarily overnight stripped of their essential rights, just stripped of them, just like that.

Shawn Buckley
Gail, you have phrased things in a wonderful way. And you have enlightened us today in a profound way. And your comment that the courts were protecting the state, I think, is going to haunt us. But you've given us some insights into the psychology of the courts as you see it. And I'm just saying, I think we owe you a debt of gratitude for sharing with us.

Now, for those who were watching the earlier dialogue between Commissioner Drysdale and Gail when section 1 was being mentioned, the text of that is that the "*Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society." And that's the section that's been the mischief for us.

So Gail, on behalf of the National Citizens Inquiry, we sincerely thank you for attending today.

Gail Davidson
Thank you for inviting me.

[01:29:12]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 8: Douglas Allen
Full Day 3 Timestamp: 07:11:07–08:22:45
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
I'd like to introduce our next witness, Douglas Allen. Douglas, welcome to the National Citizens Inquiry.

Douglas Allen
Thank you very much.

Shawn Buckley
Douglas, can you please state your full name for the record, spelling your first and last name?

Douglas Allen
Douglas Allen, D-O-U-G-L-A-S A-L-L-E-N.

Shawn Buckley
Douglas, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Douglas Allen
I do.

Shawn Buckley
Now you, by way of introduction, you are an economist; you have been teaching economics for 41 years, 35 of those years as a full professor. You are at Simon Fraser University and you are one of two—and there's only two allowed as I understand it—Burnaby Mountain

instructors, and you get that designation based on research and academic contributions that are basically at a highest order.

Douglas Allen
Correct.

Shawn Buckley
You've written five books, two of which are textbooks, and you have published over 100 peer-reviewed articles.

Douglas Allen
That's correct.

Shawn Buckley
Commissioners, Mr. Allen's CV will be entered as an exhibit [Exhibit number unavailable], as will some of his written materials that he's provided to us, just to form part of the record. Now you're here today to share with us your thoughts on basically how this COVID pandemic was handled and with an economic lens, and I'll just let you start your presentation [Exhibit VA-9].

Douglas Allen
Thank you very much. I'm going to talk about lockdowns. I'm going to use that term very generically to refer to all forms of non-pharmaceutical interventions from school closures, stay-at-home orders, mask mandates, et cetera. There may be some specific contexts where I'll talk about specific ones. I've titled my talk "COVID Lockdown Mistakes," and I think there are some fundamental mistakes that were made, mistakes that we knew better and, unfortunately, not only made them but repeated them over and over again. I want to explain why and what happened.

[What Authority Does an Economist Have Regarding COVID19 Lockdown?]
First, let me just say, what kind of authority does an economist have to speak on COVID-19?

And I would just say the following: that I'm deeply trained in mathematics and mathematical models. In my own research, I build mathematical models. I'm deeply trained in statistics and econometrics—econometrics being the study of how to deal with real-world data—data that's not generated by some random process but generated by some either physical or behavioural process, such as the spread of the virus in a community. And sort of critical to the discussion of any kind of policy is that, of course, as an economist, I'm deeply trained in cost–benefit analysis: how to do it, how to identify costs, how to identify benefits, et cetera.

And I will also say that I became interested, like most people, very immediately in March of 2020, about what was going on, and I have published three papers on lockdown and lockdown policy. The first paper was one of the first ones that sort of was critical of lockdown policy. And I think perhaps because of that, it went viral. I wish my other research went viral, but this one did. It was published late in the fall of 2021, and the journal, it has 60,000 downloads already and had already been circulating for five or six months. Twitter ranked it as the #32 most discussed paper of Twitter in 2021.

[Mistake #1: TOTAL Costs and Benefits were miscalculated or not included]
I've read literally hundreds of studies dealing with lockdown and COVID and analyzed them. The fundamental mistake, policy mistake—and it's sort of an Economics 101 mistake—is that any type of policy should be decided on the total costs and total benefits of that action. And not only from the beginning, but repeatedly, those costs and benefits were either miscalculated or various costs and benefits were ignored. And I'm going to use this as my framework for what I'm going to talk about today.

I'm going to very briefly discuss these epidemiological models called SIR models or SIRS models, depending on the equations, and show you why they overestimated the benefits of lockdown. I'm going to focus on a particular equation or structure of the model. Don't worry, I'm not going to show you the equation,

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but it's an assumption about human behaviour. And when I tell you what it is, you'll be shocked and wonder how you could have a model like this. But it characterized virtually all of the SIR models, and my understanding is in British Columbia, it's still the characteristic of the models being used.

I'm going to show you a problem in the value-of-life calculation that was used, and it's kind of a sneaky little problem that an average person might not be aware of, but it sort of biased the way it was looked at. I'm going to analyze the actual number of lives that were saved by lockdown, and I'm going to look at a problem with some various cost calculations. I'm going to focus in on a specific type of cost, namely what are known as "collateral deaths": these are deaths that were directly caused by the lockdown activity.

Shawn Buckley
And Douglas, can I actually just ask you, because this is being recorded, you're hitting the table with your hand and getting [a boom] every time you do that. Thank you.

Douglas Allen
Sorry. You know, when an economist doesn't have much of an argument, he starts pounding the table, so I'll try to watch that. It's a bad signal.

If I have time, I'd like to talk about the economic reasoning behind the vaccine mandates. We just heard a nice discussion on the legal issues of the mandates. However, I wouldn't mind making a few comments on the economic rationale for the mandates and why there was a problem with the economic reasoning behind them as well.

[Simple SIR models failed to predict COVID19 deaths]
So the simple SIR models and their failure to predict COVID-19 deaths. Epidemiologists use a model, and the model is just a series of equations, that's all it is. The equations are a little complicated because they include what are called derivatives, and so they're called differential equations. But essentially what these models do is they just make predictions about how a few things are going to change over time: they're going to make a prediction about how many people are susceptible to the virus over time; how many people get infected over time; and how many people recover over time.

And like all models in epidemiology or in economics or in physics or whatever, their success depends on two things. One, what we might call the structure of the model: Does

the model include equations on all the dimensions that you would be worried about? And I'm going to argue that these models did not. And the second thing is, like all models, they depend on the parameter values that are in the models. These models have variables in there that you need to assign values to before you can make them run. And I'm going to argue that they used incorrect ones.

The importance of these models is that these were what were used to declare what would be the benefits of lockdown. Lockdown presumably was going to either delay infection and help the overrunning of the hospitals or delay infection long enough that a vaccine might arrive and save lives. And for today's talk, I might as well talk about it in the context of saving lives. These were models that were used to predict how many lives would be saved by lockdown.

[SIRS models (susceptible, infected, recovered)]
Everybody was exposed to graphs like this in the news media from the get-go, and they take on all kinds of different forms depending on what's on the vertical axis, but they all have the same basic idea. And first off, to note: they're sort of intimidating because they're very non-linear and they're multiple colours, and usually what's on the vertical axis is something we don't quite understand. So there's almost immediately a deference to the science of these things, but they're actually quite simple.

On the horizontal axis is usually time, starting with some date and moving through. On the vertical axis here is hospital capacity, critical bed capacity. The big black line is what's going to happen if we do nothing: And so if we do nothing, the virus is going to enter into the community. Everybody's going to get infected. There's going to be this massive surge of infected people. Hospitals will become overrun or deaths will skyrocket and then, eventually, everybody becomes infected, and then we have this collapse and we reach some endemic state.

Everybody was forced to learn the phrase, "flatten the curve." Flatten the curve meant that if we intervened in some way and imposed some sort of lockdown, then we could delay either the infections, the deaths, or whatever. And if you look at this graph, they all work the same way. The stronger the lockdown, the more restrictions we put on people, the flatter the curve gets.

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And so the more we push out things into the future when, presumably, we can handle them.

Now, some of the assumptions that were made in these models was—one was that 100 per cent of us were susceptible to infection. Now that turned out to be grossly overestimated: that anywhere between 40 to maybe 60, 70 per cent of us had some sort of T-cell memories from previous coronavirus infections and were not susceptible.

There's a number that I want to spend a little time on, and it's called the reproduction number and it's absolutely critical in these models. The reproduction number, all it means is that if I get infected, how many people do I infect? And then those people will infect the same number. These models assume that I would infect 2.4 people and those people then would infect 2.4 people. And each one of those, subsequently, would infect 2.4 people. If the reproduction number was 2—so every person that gets infected infects two other people—and if the Province of British Columbia was a single social network, then it only takes 21 days for 5 million people to become infected. So at a 2.4 number, I actually didn't work this out, but it would be much less than that. If that number was correct, within a month, and

again, if we were one single social network, the entire province would have been infected. That number is not only wrong, but these models assume that this number was constant. And that turns out to be the real big problem. It is not a constant number.

The other thing is there's something called the infection fatality rate [IFR]. So if you take all of the people infected, if you take the number of people who died that were infected divided by the total number of people that were infected, you get what's called the infection fatality rate. It's a number that's difficult to calculate because we often don't know how many people were infected because we don't know the infections of the asymptomatic people. Anyway, these models assumed that it was 0.9 per cent. That turned out to be seven times too high. So again, these are the parameters that are too high and are incorrect.

And then the structural problem: I'm going to call it the "zombie assumption." And this is the hard thing to believe, and for an economist, somebody who studies human behaviour, it's really hard to believe. When I started looking at these models, I kept thinking, well, maybe the next one will have corrected this obvious problem. These models assume—and it's an implicit assumption because the equation is just missing—it assumes that humans behave as zombies. The zombie is walking towards somebody with a rifle and he's shooting and he just keeps walking. Or you might think it assumes that human beings are just rocks, that they fall off a cliff and they fall at some rate of descent, and that's just the way it is, that the human being never changes their behaviour.

It's as if these models were saying something like the following: Let's put a $100 bill outside this hotel and we'll lay it on the sidewalk. And these models would predict, by the laws of inertia, that $100 bill is just going to sit there. Well, by the laws of common sense and economics, it's going to disappear pretty quickly, right? The models are missing the human component, the fact that human beings actually respond to the environment around them.

[RESULT: These Models Failed Miserably]
Now, the result of the failure of these models to include a structural equation or multiple equations that deal with human behaviour, the failure to have accurate and proper parameters meant that they were grossly incorrect in their predictions of how many people would die.

This is a table from a paper that I published all around the world. That model predicted in March of 2020 that 266,000 Canadians were going to die in the next three months if we did nothing. And that's a pretty horrifying number. Then it predicted that if we had absolute and total lockdown that there would still be 132,000 people that would die in the next three months. The reality was that by July 30th, 3 months later, there were just over 9,000 people dead of COVID-19 in Canada. That means that the model was off by a factor of almost 15. Everyone should say that a model that is off by a factor of 15 is false and wrong, and you shouldn't listen to it anymore. It's been refuted, right? If you really are believing in the science,

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you would say you made a prediction and it was the opposite of what actually happened. Even today, at the end of April, there have been 52,000 people that have been declared, have died from COVID-19. We're still, after three years, not even close to the predictions of this model. The model was wrong because it ignored the way humans behaved.

[Fatal Error: The Exogenous Behaviour Assumption]
Now, I want to show you something that's really quite interesting. Here, I'm going to focus in on this structural equation.

Unlike the model's predictions, human beings actually aren't zombies and we're not like rocks, and if you know there's a threat, you behave accordingly. So if there's a virus that's entered the community, and last week before it entered the community you were going to the store every day and you were shaking hands with people and hugging your friends and all the rest of it, and now there's a virus around and you don't know much about it, but you know that it's potentially, maybe serious, guess what? You don't go to the store as often. If you do go to the store, you're a little more careful. Maybe you don't hug strangers or anything like that.

So it's of no surprise to economists that reproduction number is not going to stay at 2.4. It's going to change very quickly. Now, a group of economists in UCLA, led by a fellow by the name of Andrew Atkinson, in the summer of 2020, took the data that was available from every jurisdiction in the world where there had been more than 30 COVID deaths. And they measured a whole bunch of things. But one of the things they looked at is what happens to this reproduction number after a jurisdiction has experienced 30 COVID deaths. So the virus has entered into a community, maybe it's the Province of British Columbia, maybe it's the State of California, maybe it's France, whatever. And they found something to the world was remarkable; to an economist, it's not remarkable at all. In fact, it's just exactly what you would have predicted.

Initially, the reproduction number is all over the place. In some jurisdictions, it's as high as 4 or 5; in other jurisdictions it's maybe around 1.5. But initially, it's all over the map. But it very quickly, if you look at this graph here, the black line is this estimated reproduction number. The red line and the blue lines are just the confidence intervals of the bands. And so between the blue lines, essentially 99 per cent of all of the estimates fall in there. So you can see it's a very narrow band. But you see that within 20 days, you end up in what's called an endemic state. The pandemic is not around. A pandemic is when the reproduction number is greater than one and the virus is exploding. That's not what happened. Within 20 days of every single jurisdiction, the virus starts to reach this endemic state.

Now, why is that? It's not that we had reached a herd immunity. There was no biological endemic state. This is what's called a behavioural endemic state, that people were responding and behaving in a way that drives it down into the endemic state. Now, the interesting thing about this is that these different places had different lockdown policies: Some were unlockdowned still; some had really strict lockdowns; some had different lockdowns, minor lockdowns. They had different timings in which they imposed.

The thing that Andrew Atkinson, the question he posed at the end of summer is, "Maybe if every jurisdiction, regardless of their lockdown policy, the virus is behaving exactly the same way, then maybe the lockdown policies are having no effect on the virus." Now, keep in mind, this is August of 2020. And this result in the academic community, again, went viral. Everybody in the academic community knew it, which meant every person in public health had to also know this result. It wasn't like this was some secret.

[Estimate of the effective reproduction rate (R) of COVID-19: Canada and United States]
For the people that are watching, the people that are not academic, may be wondering, how do I ever find out all these numbers? There is a fantastic resource available online. It's a data repository at the University of Maryland. It's called Our World in Data. And you can go

there to look up all kinds of things. If you're worried about inflation right now, go look up inflation data or whatever. If you go to this site, there's a coronavirus webpage. You can go to there. It's extremely easy to use. You can look up any country, all kinds of different variables, and you can find out what's been going on. And here, I'm just showing you, this is with the raw data—so not estimating what Atkinson did—just looking at the raw data of this reproduction number for Canada and the United States. And you can see what happens. In March of 2020,

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we hit 1. We entered an endemic state within 20 or 30 days of the virus spreading around. And we basically have stayed there.

Now, these big bumps here were the Omicron thing, but I don't think I need to go into why there's more variants there. But essentially, we have been in an endemic state since the spring of 2020. Now, the endemic state that we're in now is a biological one. British Columbia has 80 per cent of us are vaccinated, but probably close to 100 per cent of us have had COVID-19, right? I mean, we've reached a herd immunity, and the virus really has very little place to go other than animals and people that have not been infected yet. But the point is this, is that we were in a behavioural endemic state almost from the beginning.

Now again, think back to the logic of lockdowns. Logic of lockdowns was "No, no, no, no, no, the virus is exploding all around us." It was not exploding all around us. Almost immediately, it was not exploding all around us.

[Estimate of the effective reproduction rate (R) of COVID-19: World Data]
You can look at the world, the same thing. You can look at any country, go to Our World in Data, look at any country, and it always looks the same. The virus behaved the same regardless of the lockdown policies once it entered the community.

[Mistake #2: Value of Lives Saved was Mismeasured]
Okay, so the models were wrong in estimating how many people were going to die. But what the early studies did when they said, "Okay, well, what's the benefit of lockdown? We want to get the value of the lives that we're saving." So here they made a really sneaky thing.

Economists and other people in the social sciences, whenever lives are involved and you have to get an estimate of the value of human life, we use something called the "value of a statistical life." And what this does is we look at real human behaviour, and we watch you and we say, "Okay, you took a job for an extra $10 an hour, but that job is actually going to increase the chance that you're going to be killed on work because it's dangerous. And so you have demonstrated to me how much you're willing to trade off dollars for a chance that you're going to die. And so we can use that information to calculate, what are you saying the value of your life is?" That's what this idea of the value of a human life.

And it's actually not a bad way of measuring the value of human life because it's actually saying, "You tell me what the value of your life is." And it's not based on your income; it's based on what we might call the "utility" that you get of living. You get satisfaction, maybe of seeing your grandchildren like I do. There's no GDP change in that; it's just utility that you get. And this is a measure of that.

Now, we've been making these calculations for 60 years. And the one fact that we know is that this number is not constant, it declines over your life: that the value of the life of

somebody who's 90 years old is lower than the value of life of a child. And if you don't believe that, go to a funeral of a child versus the funeral of a 90-year-old. And everybody in the funeral of the child knows this is a terrible tragedy, right?

In this particular example I've got here, just the numbers, the numbers really don't matter, but it just demonstrates this. This is sort of typical of a North American value of life calculation. It says the value of the life of a child is around $14 million in North America. The value of an 85-year-old is about $2 million. Now, that's all fine. But here's what the sneaky part was, one of the sneaky parts.

[Most of the 2020 studies assumed VSL = $10M for everyone]
Every cost–benefit study that I could find in the early part of 2020 that was generating the justification for these lockdowns assumed that every human being had a value of life of $10 million. Now, that's not just wrong, we know that it's wrong—it's also absurd. Because to say that the value of life is constant would be to say that it doesn't matter if you live one more day or another 40 years. Those extra 40 years added nothing to the value of your life. The value of your life is $10 million, whether you live one more day or not.

So it's not just wrong, but it's also absurd. But here's the thing. The majority of people who died of COVID-19 were over 70, and in fact, you were really vulnerable if you were over 80. If you're 85 the value of your life was $2 million, but we're assigning a value of $10 million. So not only are we overestimating the number of people that were going to be saved by lockdown, but we're then multiplying them by a number that's probably five times too large.

So just to give you an example:

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In Canada, we were told that we were going to lose over a quarter million people. We were told that if we had full lockdown, we would still lose 132,000 people. So that meant that lockdown in Canada, if we had a complete and utter lockdown in Canada, we would have saved 134,000 lives. If you multiply 134,000 lives by $10 million, you get $1.3 trillion. That is an enormous number. That's almost half the GDP of Canada. Now again, if you think back to March and April of 2020, essentially there was about an $80 billion drop in the stock market value of the country. Eighty billion is nothing compared to $1.34 trillion, right? I mean, when you come up with a number of $1.34 trillion, you can steamroll over just about anybody when you got a number that big. But that number is that big because they completely miscalculated the number of people and miscalculated the value of the life.

[Mistake #3: Don't Ignore the Data]
So this is what happened in the spring of 2020 in this calculation. I mentioned that even by the summer of 2020, Andrew Atkinson had figured out that lockdown was sort of in trouble by the data. But in my academic experience, I've been doing this my whole life, I don't think I've ever known a time when more academics studied a single topic immediately and persistently. The amount of research that was done was really quite phenomenal. Probably in the order of 40,000 or 50,000 studies were done on COVID-19. And they were done immediately. No human being could really keep up with all of the research. And yet, it was, for the most part, completely ignored.

I just want to show you something that's really quite staggering when you look back at this. Look at the date here. This is an opinion piece in *The New York Times*. The date is March 20th of 2020. This is nine days after the World Health Organization has declared a

pandemic. This opinion piece is written by Dr. David Katz. He's an epidemiologist. He's already got his hands on data from South Korea, which turned out to be fantastic data set. He's got his hands on data from the United Kingdom. He's got data from the Netherlands, a little bit of data from the United States. And he's also got the data from the Diamond Princess. Remember, that was the cruise ship that people got held hostage on.

What's interesting about the Diamond Princess was we knew the total number of people that were infected and we knew how many people died. So that was a very reliable source of the infection fatality rate because we knew what the denominator was. And generally speaking, we don't know that for a long time. Now, we also knew that that population was older than the community, but we could still get a very good benchmark of what the infection fatality rate was.

What did Dr. Katz conclude in March '20? He said the following. He said "A pivot right now from trying to protect all people to focusing on the most vulnerable remains entirely plausible. With each passing day, however, it becomes more difficult. The path we are on may well lead to uncontained viral contagion." That's exactly what happened, wasn't it? "And monumental collateral damage." That's also what happened. "To our society and economy, more surgical approach is what we need." If you go and look this article up, you'll see in the beginning, he's saying, "Oh, my gosh, you know, we thought we were dealing with smallpox, but we're not. This is a standard coronavirus and we know how to deal with this. And we're going about it all wrong."

And so if somebody says to you, "Well, you know, we made these mistakes in March of 2020, in April of 2020, well, we made them because we didn't know what was going on." We actually knew what was going on. Right? Dr. Katz knew what was going on. On May 5th of 2020, Ioannidis, an epidemiologist in California came out again with a major study looking at the infection fatality rate and saying, "You know, we're way off on this." So we did know early on what was going on.

Shawn Buckley
Was that Dr. Bhattacharya?

Douglas Allen
No, not Jay Bhattacharya, it's Ioannidis, thank you, Ioannidis, Dr. Ioannidis.

[Nine days after the Pandemic was declared, we had information]
So what did Dr. Katz discover especially in the South Korean data?

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He discovered this, and basically all this is, is just showing that the infection fatality rate was a function of age. And everybody knew this very quickly, right, that if you were 70 years old, you're about 1,000 times more likely to die from the COVID-19 than you were if you were 20 years old. That COVID-19 was never a serious threat to people under the age of 60. Of course, people under the age of 60 died of COVID-19, but, you know, we die of all kinds of things. The point is that the probability of dying was incredibly small. When you've got this dramatic age profile of the infection fatality rate, it immediately tells you where you should be devoting your resources and your attention, and it's not to people under 40.

He also figured out, again, using the Princess data, that the infection fatality rate was not 0.9 of per cent. We learned in the Ioannidis study, et cetera, that the infection fatality rate was on average about 0.15 of per cent, which meant that 99.85 per cent of the population was going to survive the thing. So we knew almost immediately, we're not dealing with the Grim Reaper; we're not dealing with something that was equivalent of smallpox in the 18th century. We were dealing with something that was serious, but not of the magnitude that we were led to believe it was.

[My 2021 study]
My own 2021 study. So what I did, throughout the fall of 2020 and the early spring of 2020, again, massive amounts of studies that were done. I surveyed all this literature, and I concluded the following. I said, "A reasonable conclusion to draw from the sum of lockdown findings on mortality is that a small reduction cannot be ruled out for early and light levels of lockdown restrictions." Not that you could find evidence, but there was still a lot of noise in the data, and you couldn't rule out the fact that there might have been one, but there was "no consistent evidence that strong levels of lockdown have any beneficial effect . . . Maybe lockdowns had a marginal effect, but maybe they do not; a reasonable range of decline in COVID-19 is between 0 and 20 per cent."

[Studies in Applied Economics]
Now, maybe the Commissioners have heard of this study, but if you haven't, I would direct your attention to it. It's a study by Jonas Herby and a few co-authors. It was published in January of 2022. They came out with a subsequent update, I think, in May of '22. In my opinion, this is the best article that is written about describing the various issues related to the costs and benefits of lockdown. It's mostly focused on the benefit side but deals with costs a little bit as well.

This study screened over 18,000 studies on COVID lockdown. What they did was they did a meta-analysis; a meta-analysis is a type of statistical analysis that allows you to amalgamate various studies. They amalgamated only what are called causal studies: these are studies that say, did lockdowns cause a reduction in the mortality? As opposed to just studies that are correlative or just trying to show an association. So they're looking at the very best of studies. They collect mostly what are called difference-in-difference studies. The lockdown gets rolled out in different locations at different times and in different ways and in different intensities. You can exploit this difference across these jurisdictions to get at, what's the actual effect of the lockdown? The actual effect of a stronger lockdown? et cetera.

They look at these things and here's what they conclude: that all of these lockdowns had about a 3 per cent reduction in mortality. All of this effort that we went through basically had almost no effect. "An analysis of each of these three groups," they look at three different types of lockdowns, "support the conclusion that lockdowns have had little to no effect on COVID-19 mortality." The reason why they have no effect goes back to that behavioural assumption. If you're in a jurisdiction that has no lockdown and you think you're a vulnerable person, guess what? You lock down yourself, you behave carefully. If you're in a jurisdiction that has a lockdown, guess what? People that aren't vulnerable, they're non-compliant with the lockdown. And so you end up having it not make much of a difference.

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[On the Benefit of the Lockdown Side]
On the lockdown side of the equation, we knew that early on, very early on, the models were wrong. We knew. We had empirical evidence in the summer of 2020 that they were ineffective. By the spring of 2021, we had many empirical studies showing that there was no effect. And by the fall of 2021, when the Herby study became available, we had a massive meta-analysis that confirmed that lockdowns and other non-pharmaceutical interventions had almost no effect on mortality. I'll just point out also in the Herby paper, and the paper is about 150 pages long, they break down each non-pharmaceutical intervention on its own. They look at school closures, stay-at-home orders, masking, social distancing. And one of the ironies is, of course, you probably have heard this many times, is that some of these things actually increase mortality. You tell people they can't play in parks, they have to stay at home. Stay-at-home orders generally increased mortality. So bottom line: there was no benefit to locking down the population, none.

[Mistake #4: Mismeasure of the Costs of Lockdown]
Now, mismeasure of the cost of lockdowns. Here's another really sneaky thing that happened in 2020. Initially, the only costs that were considered was the lost GDP. We're going to take a human being that's working and we're going to tell them to go stay home for two weeks and you're not going to be able to work: Of course, that's going to reduce the amount of goods and services that are available. And of course, that is a cost. And like I mentioned earlier, that cost was about $80 billion in the first few months of COVID-19. Now humans are ingenious and resilient, and we all know that we discovered quickly ways of working from home and adapting and all the rest of it. And so this kind of cost sort of faded away. But it was still a cost in the early period. But it was the only cost that was considered.

Now the interesting thing is that this is sort of a fundamental economic mistake, something that you would fail a "100" student for making. Because what it turned out they were doing, was the units that they were comparing the benefits to was different than the units they were comparing the cost to: they were comparing apples to oranges. Now what do I mean by that? If you remember when I talked about how they valued human lives, they valued them based on the utility you get from life. You want to visit your grandchildren, that's a value to you and we'll take that into account in the value of life, even though it has no consequence on GDP. But when it comes to costs, we're not going to count the utility of taking your life away from you, we're just going to count the lost GDP of having to stay at home. On the one hand, we're counting utility; on the other hand, we're counting GDP: we're comparing apples to oranges.

Now if you want to turn it around, we could have done the calculation— It would have been probably not correct, I mean, at least it's comparing apples to apples. But suppose we wanted to measure the benefits in terms of GDP: We're going to lock you down. And oh, you're going to die of COVID, but you're 85. You weren't producing any GDP, so the value of your life is zero. So we lost nothing, I guess the locking down was terribly inefficient, right? We lost GDP, but we didn't lose any value of life. Everybody would think that was absurd, but at least you're comparing apples to apples. So by comparing apples to oranges, by comparing the utility of life to just GDP, again, you're biasing: you're saying the benefits of lockdown are enormous, but the costs really aren't that big of a deal. It was just the lost GDP. Sorry.

In my 2021 study, I used a methodology to get at an estimate of the utility loss of lockdown. And I concluded that the cost–benefit ratio was 141. And so to put that into context, that would mean that for every 80-year-old that had a death that was averted because of lockdown, we ended up killing 141 80-year-olds. You save one life, but it costs you 141. It was based on that cost–benefit calculation that I declared that we committed the greatest

peacetime policy disaster in our history. If you were a British Columbian, you might remember 25 years ago, we had the fast-ferry fiasco that brought down the government, and everybody knew about it. The cost–benefit ratio of that fiasco was just three, just three. The cost–benefit ratio here was 141,

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that the costs were greater than the benefits.

[Additional Costs Include]
Everybody knows, and I'm sure you've heard much testimony on this. I'm not going to spend any time on most of these issues, but we know that there was lost educational opportunities. I just read a study the other day showing that the catch up, we have not recovered from these lost educational opportunities. I can speak as a professor that there were incredible lost opportunities at the university level, and these have long consequences. Lower education means that your wages are going to be lower over your lifetime. Lower wages means that your health outcomes are going to be lower. It means that your life expectancy is shorter and so that there are going to be lost lives because of the lost education opportunities.

There are increased deaths and reduced life expectancy due to spells of unemployment. Unemployment reduces lifetime earnings, reduction in lifetime earnings reduces health outcomes, increases probability of death, et cetera. And again, in both of these categories, if you calculate the value of lost life, they swamp any estimate of the benefits of the lockdown. Increased deaths of despair, increased suicides, increased drug overdoses, addictions, all kinds of things, increased domestic violence, increased family breakdown, supply chains disruptions, and costs and consequences. Now maybe you had to wait an extra three months for a new oven for your kitchen, but around the world, the supply chain interruptions have been devastating in terms of mortality.

Direct deaths caused by lockdowns, and these are deaths that are called collateral deaths; so you actually lock down, and this actually caused a death. Now how could that be? If you remember, who can forget, hospitals were shut down, only for COVID patients, and we were terrified. We thought that if we even went to a hospital, it was sort of signing your death warrant. Lots of people missed cancer appointments, screenings, all sorts of things like this, and these people later died or died before their time.

One thing for the Commission to realize is that the costs are going to take a generation to figure out. We know these costs exist; we're trying to estimate them. People are making estimates, but the actual answer is going to take a generation. What does it mean to have a child that was born during COVID and never saw a human face for two years? You know, the consequences of that will take 20, 30 years to find out. But we know they exist, and we are making estimates, and like I said, if you took any category of these costs and convert them to the value of lives lost, it swamps, swamps any benefit of lockdown.

[Collateral Deaths]
I just want to focus in on this collateral death issue because it's something that we can get numbers at and can get estimates on. And again, if the Commissioners are unaware of Casey Mulligan, he's at the University of Chicago in the economics department. He's done lots of work with his students on this, and he's been working on collateral deaths, and he estimates for the United States that about 170,000 people died as a consequence of lockdown. In one of my papers that's submitted to you, I look into a study done in England that again looks at collateral deaths. And there, they go really deeply into what caused

people to die, and again, come up with a very large number of collateral deaths. Far more people died these collateral deaths than died of COVID.

Now I just want to show you on this category alone what this means. In the United States, up to December 2021, about 825,000 people died of COVID. If we take the Herby value of 3.2 per cent, if lockdown reduces mortality by 3.2 per cent, then that means only 27,000 deaths in the United States were averted. The other 800,000 people would have died anyway. That means that if we take the 171,000 people that were killed because of lockdown—that's the cost—and divide by the benefit of saving 27,000 lives, you still end up with a cost–benefit ratio of six. Remember again, the fast-ferry fiasco that brought down a government, the cost–benefit ratio was three. This is twice as worse. On this one category, you could reject lockdown just based on that alone.

[Estimated daily excess deaths per 100,000 people during COVID-19, Canada]
Just a few numbers going back to Our World in Data.

[00:45:00]

If you look at Canada, now here I'm being speculative. But if you look at Canada, the dark line is the line of excess deaths attributed to COVID in our country; the red line is the excess deaths not attributed to COVID. And you see that since the spring of '21, our excess deaths— I should define excess deaths: So for any given day, for any given week, for any given month, or any given year, there's an expected number of people that are going to die. In Canada, we expect on any given week of the year, about 800 people are going to die. If 900 people die in that week, we call the 100, excess deaths. The reason why we use excess deaths because it doesn't rely on some government agent categorizing you died of COVID-19 just because you tested positive. You got a bullet wound in your head, but I mean, we count you as COVID-19 because you tested positive. So it's a more accurate way of measuring excess deaths.

And so the red line: if there were 100 excess deaths in a week, the red line might say there was 90 of them were non-COVID related, and only 10 were COVID related. So we see since the spring of '21, there are excess deaths that are not COVID related—are high. Now, again, this is evidence you'd want to look into it, but there's evidence of these collateral deaths, people that were dying. It's more deaths than we think, and they're not COVID related. And so you'd want to investigate that.

[Estimated daily excess deaths per 100,000 people during COVID-19, World]
I was mentioning on the world scene, if you look at the world, excess deaths on the world, you see the COVID deaths on the bottom, you see the dark red line is the excess deaths that were not COVID. From the get-go, there have been massive excess deaths around the world. And again, this is probably, it's entirely speculative on my part, but it's probably very much related to supply chain issues. You're in a country where you're close to subsistence and suddenly food supply chains get disrupted and you start to starve to death, right? And again, this is just one of the consequences of lockdown. We worry about what happened in our own country, but what we did had consequences to people that are far worse off than we are.

[Estimated daily excess deaths per 100,000 people during COVID-19, Sweden]
If you look at Sweden, it doesn't seem like there's much evidence of excess deaths outside of COVID at all. And, of course, we know now that if you look at excess deaths in Sweden, Sweden, which experienced absolute minimal amounts of lockdown, had the lowest excess deaths of all European nations, even lower than Norway, its Nordic neighbour that got so

much positive review. And of course, they didn't suffer all of the cost consequences from lockdown. So they had none of the costs of lockdown, and they had the benefits of a low [thing.]

[Bottom Line: Cost/Benefit practically infinite]
So again, my conclusion from April '21, it hasn't changed. Lockdowns are not just an inefficient policy, but they must rank as one of the greatest peacetime policy disasters of all time.

Am I okay to go on and talk about just some economic logic of the mandates? It won't take long.

Shawn Buckley
Yeah, you absolutely are.

Douglas Allen
[Mistake #5: Vaccine Mandates]
Again, I'm not talking about the legal aspects of mandates, I'm talking about the economic rationale about them. They were illogical from an economic point of view. Things that you obviously know about the coronavirus: So you cannot isolate a coronavirus; it's not like smallpox that you can isolate and remove from a population. It exists in animals and birds and as well as humans, and so it's never going to be eliminated. It's constantly mutating, we all know that by now, and so even though you vaccinate against one strain, it's going to mutate and those mutations are often going to be able to avoid the vaccine. It's not like measles that you can get a shot when you're young and it's good for the rest of your life. There's no single vaccine that is going to protect you.

We also know from the vaccine literature that there are many non-responders for one reason or another. They get the vaccine, but they're not immune because they did not respond to the vaccine. What this means is that with our vaccines for COVID-19 is there was always large, what is called "leakage": that people who are vaccinated could get infected and they shed the virus and therefore can infect others.

[Vaccine Mandates, Problem 1]
These facts present problems for the logic of mandates, and I'll just point out two. The purpose of the mandate—the stated purpose of the mandates—was that the vaccinated person could be assured that the person sitting beside them in the movie theatre or the dining restaurant was also vaccinated.

[00:50:00]

And therefore, they were safe around that person. But the problem is, of course, just because you're vaccinated does not mean that you don't get infected. And probably most of us have been infected multiple times by COVID-19, even when we've been vaccinated.

I reveal some of my personal health information: I got COVID-19 in the fall of '21; I had received two of the vaccinations. At the time, we didn't know the different infection rates, but we did know that people with the vaccine were getting infected. Conditional on getting an infection, the vaccinated person still sheds the virus at the same rate as the unvaccinated person. So if I'm sitting beside somebody who's vaccinated, but they're infected, they're going to shed the virus as if they were unvaccinated. But here's the

dilemma: The person who is vaccinated will have fewer symptoms and is more likely to be asymptomatic, and so I can't tell that the vaccinated person beside me is infected. If they're unvaccinated, they may have sniffles or something like that, and I have a guess that they're actually infected, and I'll stay away. They probably know themselves that they're infected and they'll probably stay away as well.

The fact that the vaccine masks the infection actually makes it more dangerous to be around vaccinated people than unvaccinated people. And so the logic behind the mandate was faulty. I may have been in more danger, not less danger. It's really an empirical question.

[Vaccine Mandates, Problem 2]
Now, the second problem with mandates is this. The chief benefit of the vaccine, and we learned this in 2021, was that it reduced the severity in most people. I'm not saying there were not negative consequences.

[The Chief benefit of the vaccine is drastic reduction in severity of illness]
I'm saying for most people, it reduced the severity of illness, and we can see this. Here is the week-by-week death count in Canada, and this little bubble here, that's the delta variant. The delta variant had an infection fatality rate that was sort of similar to the beta variant and the alpha variant. But when the delta variant came along, a large fraction of the population was vaccinated. And unlike the earlier two waves, there was not the spike in deaths. The big spike that came after, that's Omicron. The reason why, even though Omicron was less lethal, why there was still a large death count was because it was so transmissible. A massive amount of people got infected.

[This means that vaccines were mostly a PRIVATE GOOD]
But my point here is that the benefit of the vaccine was that it reduced the severity of an illness. Now here's the point. That means that the vaccine is what we call a private good: if I get vaccinated, it benefits me. It really has nothing to do with you, nothing to do with you. The purpose of the mandate was because, presumably, this is a "public good" and that my vaccination is actually serving some public purpose. But it's not serving a public purpose: I can get infected and I shed the virus like anybody else. And so it's a private good and a fundamental core tenet, I think, on human rights and freedom is that you get to decide your private goods. Nobody tells you what colour of a car to buy. Nobody tells you whether you can get a driver's licence or not. We don't tell people what they have to eat at night. These are your choices because it's really nobody else's business. And your decision to get vaccinated or not is really an individual's private business because it only confers a private benefit. And so the whole argument that there's some "public good" nature of the vaccine, I think, is completely wrong.

[A core tenet of human rights is the freedom to decide PRIVATE GOODS]
And here's another thing from Our World in Data. We can look at the lockdown measures that were placed on people and you see what happened. We all know what happened in 2021, we put stronger measures of restrictions on unvaccinated people. And I think this is going to go down as one of the shameful episodes in the history of our country that we discriminated against people like that. Yeah, I'm sorry for getting emotional because there are people in my family that decided on their own to not get vaccinated, and they were told you couldn't travel, you couldn't go to a restaurant, you couldn't go to a theatre. We convinced everybody that the unvaccinated were going to kill everyone else, and so they were shunned and not invited places, et cetera. I think that's just a tragedy.

[How to Prevent a Future Relapse]
So how do we prevent a future relapse? I only have a few ideas and not solutions.

Shawn Buckley
And I'm just wondering, you know, we're getting close to the 60 minutes

[00:55:00]

and I am confident there's going to be a lot of—

Douglas Allen
I can stop there.

Shawn Buckley
questions for you, so I'll turn you over to the commissioners.

Commissioner Massie
Well, I have a couple of more technical questions. I really like the model you presented. But one of the things that always puzzles me with all of these models, like flattening the curve, it's not clear to me that the assumption that was made with any measure you take to flatten the curve was going to reduce the total number or just spread it in time. Because when I look at the curve we're showing in your model, the area under the curve is not the same.

Douglas Allen
Is the same, yes. So this is, again, another one of these sort of things, it was an evolving lie. So it's absolutely right. Those different curves that I showed you, the area under the curves are exactly the same. And what that means is, if you're looking at mortality, flattening the curve, according to those models, does not change the number of people who die. It just spreads them out. That's why the initial argument was, "Oh, we're just trying to not overrun the hospitals." Which was another red herring because a fundamental idea in economics is that the amount of goods available is never fixed. There's no such thing as a fixed hospital capacity. We can change hospital capacity like that. And of course, if you remember, we did. We set up hospitals all over the place and they just remained empty. Central Park in New York City was converted to a hospital. If you remember, President Trump brought in a naval ship with a hospital; it was never used, nor was the Central Park one. So, yes, exactly **right. The initial thing was, "Oh, we're just worried about hospital capacity." You could make the argument that, look, if we defer infection, maybe a vaccine will come along and then we may avert a death. But you're absolutely right—flattening the curve only delayed infection.**

The other thing—sorry if I could evolve—the idea became eventually the idea of zero COVID, that somehow for the first time in human history, we could take a virus that's spread throughout the population and somehow create a zero COVID. I mean, that's the extent of that sort of reasoning where it went.

Commissioner Massie
Yeah, I don't want to go to the zero COVID illusion. That's another story.

Douglas Allen
Yes, that's another story altogether.

Commissioner Massie
The other thing I'd like to ask you is a lot of these models and data we're getting from public sources, and I agree with you, Our World in Data is very good. But in all of these models, it's based on when you estimate—would it be COVID case or COVID hospitalization or COVID death—it's based on attribution. And if the attribution is biased, for whatever reason, technical, political, whatever reason—the calculation we're doing based on that is not that reliable.

Douglas Allen
Absolutely, you're talking about—I have to define what's a COVID death. Yes exactly, and, of course, I'm sure you've heard the average number of comorbidities is four: so these are people that are extremely sick anyway, and you've got dementia and heart disease, but you tested positive for COVID. But we know now, and especially in the U.S., that hospitals were given dollars for every COVID patient, the extra dollars for every COVID death, so there's a strong incentive to write COVID-19 down for everything. That's right, and so this is the academic's job to take into account for that, to try to work around it, and one of the ways you work around it is you use excess death numbers. Or in that British study that I cite in my paper, I mean, to actually dig deep into the medical records and find out what was the actual cause of death, what were the comorbidities, et cetera. But you're absolutely right, if you can't trust the cause of death, well, then, you're in trouble.

Commissioner Massie
My other question has to do with when we look at excess death. I mean, it seems to me that given the numbers that we know now are probably the best numbers we can estimate for COVID, real COVID death—it seems to me that very often these numbers are kind of close to the noise to what you can measure in actual excess deaths that varies according to the season and all kinds of other factors. So it makes the calculation or estimation of the real impact a little bit difficult. Like the three per cent reduction that was estimated, it was estimated based on taking for granted that the COVID deaths were what they were. But if they're not, then the three per cent could even be an excess or an exaggeration.

[01:00:00]

Douglas Allen
That could be zero.

Commissioner Massie
That could be zero.

Douglas Allen
Yeah, yeah, yeah, yeah, no, absolutely. So again, this is why I sort of stress, take a look at that Herby study. I mean, they sort of extensively consider these issues, and how can we handle them? And which studies actually controlled or tried to get at these issues, and which ones did not? I mean, they make an enormous effort to go through these studies and say, "What are the good ones and what are the bad ones? And let's throw out the ones that are kind of meaningless and look at the good ones."

[Estimated daily excess deaths per 100,000 people during COVID-19, Canada]
But again, even in this graph, I don't know if you can see it here, but I mean, you know, there is a confidence band and you can see over time the confidence band is growing because we don't have as good of a data. But yeah, these are all issues that a good academic is going to want to consider. And I guess the point I'd like to get out to the Commission is, there really are good studies out and there's lots of them, maybe hundreds or thousands of them. There are people like the Herby studies that are pulling them together and allowing people to look at them and write them up in a way that ordinary people can understand. And part of the reason for me being here today is that I think, just to even tell people about Our World in Data, that there are resources available right at everybody's fingertips to find out the truth.

Commissioner Massie
My last question would have to do with the fact that when you look at these curves up and down— And let's say we go all-cause mortality, we don't try to attribute. As we rolled out other measures than the lockdowns— Or other measures like the vaccine, especially the vaccine mandates that can create these very interesting short time, in terms of deployment of the vaccine in some areas, we went from zero to a very high number. In some of the cases, it was more defined in the area where they had the special mandates to really—like vaccine equity programs and stuff like that.

So when we look at the overall excess death mortality, people have examined whether when vaccines were rolled out, overall, was it beneficial in terms of excess death or not? Is that another additional factor that needs to be taken into account? Because we've seen that other non-pharmaceutical measures like lockdowns or masks and other things like that or smaller gathering were superimposed on the vaccine, so it makes the analysis of that very tricky in order to—

Douglas Allen
Very tricky. So these are all what are called confounding issues, right. There's all sorts of things going on at the same time, which again, not to get technical, but there are ways of dealing with it properly. Again, you know, using that difference-in-difference technique. Because I can find out there are two jurisdictions, maybe they're virtually identical except there's one difference, and so I can get an estimate to identify the effect of that one thing. And yeah, it takes a lot of work. And you've got to be really cautious when you just look at a correlation between this thing and that thing. It really can mean almost nothing.

But again, there has been lots of work to try to narrow in on what we call and identify the "causal effect" of— Like I said, there's lots of studies looking at each one of these things: What's the causal effect of a mask mandate? What's the causal effect of actually wearing the mask? Because you can put a mandate on and nobody watches it, so you know, there's that distinction. There's all kinds of distinctions. What happens when you put a lockdown on

and a vaccine mandate on at the same time? Again, it's a very tricky issue, but we do have ways of trying to identify the causal.

Commissioner Massie
Maybe just one last question, because I understand that there's a lot of data, you have to sort out the best studies in order to get the understanding. But it seems to me that when you show the data that was available very early on, that's pretty much what we ended up getting. So this data was pretty accurate. Why is it been ignored, even nowadays, by the health agencies?

Douglas Allen
Yeah, this is an interesting issue. One of the papers I submitted is on this. Why did we make the mistake not once, not twice, but five times? We continually made the mistake. And I think what's going on here is, it was not a conspiracy around the world. It was that every public health officer and politician had an incentive to basically double down. That they panicked in March of 2020—they knew, at least by the end of April if not earlier, that they made a tremendous mistake. But what are you going to do? Are you going to announce to the Canadian public that you just lost $80 billion of their pension funds and all the rest of it? No. You're going to kind of hope that, well, maybe this thing will just go away.

[01:05:00]

And you remember at the time, it was two weeks to flatten the curve, but it got extended. Well, let's just extend it a little bit. Summer comes along; things settle down and you're kind of hoping that's the end of it. The last thing you want to do is admit you made a mistake. You're victorious. In fact, we re-elected a government on that victory in the fall. But now the virus comes back. Well, now what do you do? You can't admit you were wrong because you just got elected on your performance. So you double down. You say, "No, it's even more dangerous. We're going to have a real serious lockdown now because we think the vaccines are about to come."

And then when it comes back in the spring, you do it again. And just like in Blackjack, when you double down, the stakes get larger and larger. And so even in the spring of '22, when everybody had had Omicron, Omicron taught us all that it wasn't death that was at the door, it was Omicron that was at the door, and we were all going to survive it. And so even then, we almost had the Emergencies Act invoked. Why? Because the stakes were so high. You locked down people five times in a row, and now you admit that you've made a mistake? Not going to happen.

This is one of the things— Somehow, we have to be able to allow politicians and health officers, if they acted in good faith, they have to be allowed to admit they made a mistake. We can punish them at the ballot box. Now if they acted in bad faith, and if they broke the law, then of course that's another story. But somehow, if the politicians had known, if they could have said in May of 2020, "Oh my gosh, we panicked, sorry about that. And maybe you'll kick us out of office, but we're not going to be held liable for these things." Maybe we could have avoided it. That's a tough one.

Commissioner Massie
Thank you.

Commissioner Drysdale
I've got just a few short questions. You mentioned that some of the original models that were relied on by the Canadian government were by a particular researcher by the name of Neil Ferguson. With the unlimited resources the Canadian government seems to have, you think they would have gone and did go to the very best researchers in the world. Do you have any feeling for how Mr. Ferguson had done in the past with his predictions?

Douglas Allen
He had actually an abysmal track record. He's a physicist, he's not even an epidemiologist. And his physicist training probably led him naturally to conclude that there's no point in modelling human behaviour. But yeah, he had a very bad track record with the swine flu and SARS, the original SARS virus, et cetera.

I do know in the province of British Columbia that they relied on other modellers, two of them are at SFU. And I was just speaking to one of them two weeks ago. And they still have not added any kind of behavioural equations to the model. Still. It's three years later, right? And part of the reason is because an applied mathematician or an epidemiologist who has sort of this physics background, they're not trained in human behaviour. It's not like there's an equation that they just pull off the shelf and put in. They have to come up with the equation, right? They have to have some sort of training in, how do human beings respond?

There's lots of actual models out there. They're called SIRB models, the Susceptible Infected Recovered Behavioural. And these models are mostly developed by social scientists, including economists. And again, Andrew Atkinson and his team in UCLA were developing these models in 2020, and they're far more accurate in predicting the number of deaths. And in fact, one of the things I still have not had time to do— Atkinson has a model in the spring of '21 that is making forecasts all the way out to 2023. And he's pretty accurate. He has to guess at when people are going to get vaccinated and all the other kind of things. But it's not like these things are not done. It's just that I think a lot of the people that government is relying on have not been trained in human behaviour; they don't know what equation to throw into their model.

Commissioner Drysdale
With regard to your comment to Dr. Massie. I'm not sure if you saw a video that was played in this Commission of Theresa Tam in 2010 in a documentary that was done for the National Film Board where she said, "It's better to overreact at the beginning and then **apologize for the mistake and move on." So I suggest to you that at least Ms. Tam knew that she could have changed direction, as she quoted herself in the National Film Board film.**

[01:10:00]

Douglas Allen
I was unaware of that.

Commissioner Drysdale
Thank you.

Shawn Buckley
It looks like there are no further questions.

I just, on your point that you seem actually very forgiving of public health officials. And yet your evidence shows that as early as of March 2020, it was really clear that the models that our behaviour was being relied on were wrong. And that data never changed. It just kept getting confirmed and confirmed. So I believe your evidence is as of March 2020, we knew we shouldn't be locking down and there was no justification. And we also knew that they would be causing harm.

Douglas Allen
No. I agree. I mean, of course, the sooner they could have admitted a mistake, the better for them, better for everybody. And the longer that they delay that, the harder it is to admit your mistake. And the more likely it's bad faith, and as soon as it becomes bad faith, then you really have no incentive to admit that you're wrong.

Shawn Buckley
Now, I would like to thank you because first of all, I see why you've been named a Burnaby Mountain instructor. You're a very good teacher, and you have shared with us some information we didn't have and given us some understanding into modelling that hasn't been presented here, and so you've done us a real service. And on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming and sharing with us.

Douglas Allen
You're welcome. Thank you.

Shawn Buckley
I'll just wait. Dr. Allen is getting a standing ovation.

[01:11:55]

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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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 9: Zoran Boskovic
Full Day 3 Timestamp: 08:37:29–09:00:10
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Welcome back. Our next witness is Zoran Boskovic. I hope I got that right. So if you would please give us your full name, spell it for us, and then I'll do an oath with you.

Zoran Boskovic
My name is Zoran Boskovic. First name Z-O-R-A-N. Last name B-O-S-K-O-V-I-C.

Wayne Lenhardt
And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Zoran Boskovic
I do.

Wayne Lenhardt
Thank you. Given the time constraints today, I think what I'll do just to shorten things up a little bit, let me give your bio, and you can correct me if I get anything wrong. You were born in Bosnia and Herzegovina, and you and your wife have forestry degrees from the university there.

Zoran Boskovic
Correct.

Wayne Lenhardt
Due to strife in the country, in 1994, you immigrated to Canada, and I'm quoting here, "with an 18-month-old baby and two suitcases," back in 1994. So at that point, you got work in

New Brunswick briefly; '96 you moved across the country to BC, and you got work with the Ministry of Forests there. In 2004, you moved to Kamloops. Your wife became operations manager with Kamloops Forest District and you were senior manager with Mountain Resorts Branch. So you took care of some ski resorts.

Zoran Boskovic
Correct, that was my last position with the Ministry of Forests with the Mountain Resorts Branch.

Wayne Lenhardt
So tell us what happened as COVID came along.

Zoran Boskovic
Well, we all heard through different testimonies and the expert witnesses that 2020 was the year where we didn't know a lot. There was some information out there, but the overall operations and the occupational health and safety within my workplace were put in place, and we followed those protocols and, more or less, there was no single incident within the workplace that I know of in 2020. Plus the government, at that time, introduced a gradual opening, and the Phase 3 was supposed to kick in sometime during the summer of 2021, and then Delta hit. I got infected in mid-August of 2021.

I should say during that period of time during 2020 and early 2021, there was a very limited number of people in the office. I was, due to my family circumstances: I didn't have extended family around me or kids of school age. Both my wife and I opted to be present in the office, and we worked from the office. My office environment was a small one, twenty people overall. But only five of us were present consistently throughout the summer of 2020 and the summer 2021. As I said, when I got infected with COVID, so did my wife. And I can only surmise or speculate that given the presentation and the context that was given by the expert witnesses, I got infected actually from the vaccinated people—I contracted the virus.

Wayne Lenhardt
Yeah, and at a certain point, they made having the vaccine a term of employment, is that right?

Zoran Boskovic
That's correct. Shortly after I got infected, I decided to leave the country and go and visit family. I had visited the family doctor and tested positive, and I asked if I can obtain the letter that I recovered from COVID. That was September of 2021. And the doctor asked why would I require something like that and I said, "natural immunity." If you recovered from COVID, it is actually recognized in most European countries. And even if some of them had any of the vaccine requirements or something like that, the equivalent of obtaining the post-infection, natural immunity would count.

[00:05:00]

Wayne Lenhardt
So you and your wife both applied for an exemption after you had gotten it, but you were both denied, correct?

Zoran Boskovic
That's correct. Sometime in October, a head of a public service agency announced that there will be a vaccine policy introduced mandating vaccines. We didn't know what exactly we would have and whether there will be any flexibility within the policy itself. That policy came into effect on November 1st, I believe. On the first day of the witness testimony, Mr. Philip Davidson provided very good review and overview of the mandate that was introduced with one stroke of a pen by the head of a public service agency.

So from November 1st when we had the opportunity to take a look at the policy—what it takes, what the requirements are—we had until November 22nd to comply with the policy. For the government or anyone else to make the medical treatment compulsory, it was a red line for us. We always believed in the informed consent. I tried to work with the family doctor to obtain that kind of informed consent; I shared a number of studies and information that confirmed the effectiveness of the natural immunity. That was in November, and there was silence and no response.

In December I followed up with an email with my family doctor too, and no response. By that time it was November 22nd. I had to disclose whether I'm vaccinated or submit the exemption request, which I did. I wrote the exemption request and while I was awaiting the response, I was directed to work from home. I was working basically throughout the month of December from home and in the month of January until I got the letter denying the exemption request on January 17. Effective January 19, I was placed on leave without pay, and if I don't comply within three months then I may be terminated.

Wayne Lenhardt
Yeah, so you were put on leave without pay for six months. Is that correct?

Zoran Boskovic
The three months past. Within the three months— I believe what is important for the Commission to know, and the people as well, was that I felt that I'm participating in a Kafka's Trial: You're communicating by a letter with someone; you don't know who that is. You send a letter providing more information. They respond basically dismissing, "Those are your subjective, you didn't provide any objective information," although I forwarded a link to over 50 different studies. It was everything dismissed. Beyond that three months, on **leave without pay, they didn't communicate anything until sometime in June, seven days before they would terminate me.**

It was June 23rd, I believe, I received one letter that the recommendations went to the assistant deputy minister for my termination, and I was terminated on June 20th, which coincidentally was the same date that the federal government lifted the vaccine pass and mandates for the federally employed workers. I thought throughout all this time, I was hopeful that there would be some common sense and logic returning to provincial government, but to no avail. So I was terminated June 20th and so was my wife. Whether it's a coincidence or not, within the same ministry, everything that happened to us, happened at the very same day. So we were placed on leave without pay the same day, and we are terminated the same day.

Wayne Lenhardt
So just to emphasize, you were suspended without pay

[00:10:00]

and then eventually terminated on the exact same day that the federal government lifted the restrictions saying that you had to get vaccinated.

Zoran Boskovic
Correct.

Wayne Lenhardt
Did you bring that to their attention?

Zoran Boskovic
I didn't have anyone to bring to attention. I mean, the letter was signed by the assistant deputy minister, but throughout that time I had never received a single phone call from my employer asking me about the situation or to explain why I'm going to be terminated or disciplined, for that matter.

Wayne Lenhardt
At that point, how old were you?

Zoran Boskovic
Sorry, can you repeat the question?

Wayne Lenhardt
Fifty-eight or how old were you?

Zoran Boskovic
I was, when I was terminated, 59.

Wayne Lenhardt
Okay. And you had put in over something like 25 years in the same department, correct?

Zoran Boskovic
I wouldn't say the same department but within the same ministry. I worked more than 20 years as a professional forester in various capacities and the last four years as a senior manager within the Mountain Resorts Branch. The same Ministry of Forests and Range.

Wayne Lenhardt
Okay. You had some other difficulties around this time as well. You were going to go back to your parents, and your wife's parents had some health problems back home. Tell us about that.

Zoran Boskovic
Yes, as I mentioned before, shortly after I recovered from COVID, I obtained that letter and I went to visit the family in a fear that perhaps the borders may be closed, and I just wanted to see my family before things perhaps got worse, after the Delta variant. My wife as well had the plan to go back home sometime in November because her father was suffering from stroke effects. He was immobile in a nursing home, and she promised to come and visit him. Because of the vaccine mandate and everything else, she decided not to go in the month of November, before the vaccine passports were put in place, fighting under a fear that she's going to lose a job and ability to support him in a nursing home.

She obtained the same letter, and we were determined to board the plane on the eve of December 31st of 2021. After a three hours ordeal at the airport in Vancouver at the boarding entrance, it was denied. There were multiple phone calls with some people somewhere, no one knows where to, to determine that basically she is not able to board the plane. The agent, to put further insult, commented that we should do our duty as the other Canadians did and get vaccinated. And shortly after that, my father-in-law passed away on January 10, 2022.

Wayne Lenhardt
At the time you went on leave without pay, your wife and you both ended up going on leave without pay, correct?

Zoran Boskovic
Correct. We were deprived of any income. We survived on some of the savings that we had and with no family support. We did apply for employment insurance the moment we were put on leave without pay—we knew that it is not in my contract and that it is contrary to the employment contract that I have signed with the government. They unilaterally changed the terms and the conditions. There is nothing within that contract that exists that the employer can actually put the employee on leave without pay, only on the request of the employee.

Wayne Lenhardt
You tried to apply for EI, did you not?

Zoran Boskovic
I tried to apply for the EI. I requested the record of employment to be sent to the federal government, to the Service Canada Agency, Employment Insurance and there was no communication for months.

[00:15:00]

I tried to follow up over the several months, and eventually in the month of May, I got a letter that my application for the employment insurance benefits was rejected based on the

assessment that a leave without pay is deemed suspension, and the suspension means misconduct. That was one ground. And the second ground that they put is that I didn't prove availability for work.

Wayne Lenhardt
But your wife also applied for EI at this point.

Zoran Boskovic
She did apply at the same time and, just like me, didn't hear anything until the month of May, and through the good fortune or whatnot, she actually was approved.

Wayne Lenhardt
She got approved, but you didn't.

Zoran Boskovic
It's just the arbitrary nature of who you're dealing with. And that's the state of the administrative justice that we have and the bureaucrats that decide who can or cannot get the support. So after 26 years of paying for the employment insurance benefits, I was denied the opportunity to get the social assistance when it was most needed.

Wayne Lenhardt
I believe you retired in September of '22, though, and then you would get a pension. Is that correct?

Zoran Boskovic
As I was terminated on June 20th, I know from that point on, I received that capital punishment in the employment law that my career with the public service was over.

Wayne Lenhardt
So you did get a pension at some point, did you not?

Zoran Boskovic
Because of my age and the length of service, I was eligible for the early retirement. So I applied for the early retirement and effective September, I am in retirement but, with that step, I've taken the financial hit of approximately $900 a month in my pension income. So for the rest of my life, I'm going to be paying penalties every month. Nine hundred dollars for not obeying the employer's and the government mandate, and that will be a reminder for me for the rest of my life.

Wayne Lenhardt
And you're still just living on your pension. You haven't been re-employed, am I right?

Zoran Boskovic
I haven't been re-employed. We're still trying, as Mr. Phil Davidson in his testimony— We tried to put in a petition for the injunction to stop the firing of the public service employees. We were supported through the crowdfunding of the BC public. We formed a society called BC Public Service for Freedom Employees Society that crowdfunded the legal actions and, unfortunately, our petition for the injunction was rejected as we couldn't prove two of the three grounds for the petition. The judge agreed that there is a serious issue to be tried, but on a balance of convenience and the irreparable damage, we couldn't. According to a judge, we didn't prove it.

Wayne Lenhardt
Do you still have any ongoing court cases?

Zoran Boskovic
The second step of that proceeding was meant to be the petition for judicial review and that step hasn't happened yet.

Wayne Lenhardt
Okay, at this point I think I'll ask the commissioners if they have any questions they'd like to ask.

Commissioner Kaikkonen
Thank you for your testimony. I'm just wondering if we can get a copy of the original contract. You can redact your names, and also the letters for both you and your wife from EI. Just redact your names so we have that as evidence.

Zoran Boskovic
Absolutely, I believe those are public documents. So I am currently— I should add and explain that I went through all the levels of the appeal up to the leave to appeal that was refused with the Social Security Tribunal, and at the moment, from a few days ago, I submitted, as a self-represented litigant, the notice of application for judicial review with the federal court.

Again, self-represented as you can imagine, I'm not a legal expert. I'm trying to navigate. But we talked about access to justice a lot today,

[00:20:00]

and I did approach several lawyers and asked for representation and what would it cost. I got the estimate of anywhere up to $50,000 to recover $25,000, but it's absolutely out of reach for me. Access to justice is not available and that's what the public needs to know. I think through the testimonies of the expert witnesses, we learned that today and over the past several months.

Wayne Lenhardt
Just for the Commissioners, there are a number of documents that are attached to this file that you can find in your materials [Exhibits VA-12, VA-12a, VA-12b, VA-12c, VA-12d, VA-

12e, VA-12f, VA-12g, VA-12h, VA-12i, VA-12j, VA-12k]. But keep in mind that this gentleman worked, he started his employment some 26 years before, so some of the documents will be quite old.

Zoran Boskovic
Perhaps for the public, if I have enough time. When the Social Security Tribunal argued why I didn't meet the test and the criteria to receive, the Tribunal member at the general division altered the decision. Which the first reason to deny the benefits was I didn't prove the, I believe, it's reasonable— It wasn't a misconduct, but I think it revolved around reasonable alternatives.

Sorry, I can't remember exactly the reason for rejecting, and they altered and switched. The Tribunal member says it's not this criteria, but now it's a misconduct. And when it comes to the availability for work, they said that I set personal conditions—which is, I didn't get vaccinated and I couldn't get employed. Using that logic, not a single person who didn't get vaccinated would be eligible to receive the—

Wayne Lenhardt
I think our allotted time is very close to up. So are there any other quick questions from the Commissioners? No. Okay. I want to thank you very much for coming and giving your testimony today, Zoran.

Zoran Boskovic
Thank you for the opportunity.

[00:22:43]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 10: Wayne Llewellyn
Full Day 3 Timestamp: 09:00:25–09:16:40
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Good afternoon. Next witness is Wayne Llewellyn, so if you could give us your full name, and then spell it for us, and then I'll do an oath with you.

Wayne Llewellyn
My name is Wayne Llewellyn, W-A-Y-N-E. My last name is spelled, L-L-E-W-E-L-L-Y-N.

Wayne Lenhardt
Do you promise that the evidence you're going to give today will be the truth, the whole truth, and nothing but the truth?

Wayne Llewellyn
I do swear.

Wayne Lenhardt
Thank you.

I'm going to bring you really quickly up to March of 2020. You had spent 35 years working for a major municipality and you retired in 2011, is that correct?

Wayne Llewellyn
That's correct.

Wayne Lenhardt
You presently live in Penticton?

Wayne Llewellyn
Yes.

Wayne Lenhardt
And you're starting to enjoy some of the hobbies that you wanted to explore during your retirement. So as 2020 came, tell us what happened.

Wayne Llewellyn
Well, March of 2020, I was on track to supplement my income by playing guitar in wineries, as well as serving in wineries and stuff like that. It was actually a dream job and that added up to about 10 per cent over top of my pension income, so I thought it was pretty good, living the right life.

I was walking home in March of 2020, walking up the hill, and I heard about these lockdowns and so on, and I said something just does not feel right here. Two weeks turned into two months, so I started to do my own research.

Before I get into all of the other stuff that I've done, what is really driving me in all of this is, I believe that I've got one family member for sure that's been vaccine-injured. She's a sister-in-law that lives in Ontario. She got both injections and ended up in hospital for about six weeks. She was initially diagnosed as having multiple sclerosis. They ran every test under the sun and eventually admitted that it was the vaccines that caused the injury. Now she can barely walk without a cane, and her children have to help her do basic things like get groceries.

Another family member, the dearest person in the world to me, got an injection in May of 2021 and six weeks later had to have their appendix out. I've also got three grandchildren and I can't see them living in the type of world that we're currently in today. Even starting back then, I said I have to do something.

I initially filed a complaint against Bonnie Henry with the College of Physicians and Surgeons in November of 2020, questioning whether or not she had the evidence that was needed, that there weren't more harms being done than good. What's interesting, shortly after that, I did receive a call from a member of her office, her name was Allison. She wouldn't give me her last name, but she asked me what my concerns were, and I think it was a follow-up of a fairly pointed email that I had written to Dr. Henry. I said, "You know, there's no evidence to support what's going on. There aren't dead people in body bags piling up everywhere." All this lady by the name of Allison could tell me was, "Well, there's a global pandemic, you know." I said, "Where's the evidence to support what's going on?" She wouldn't tell me. That was on Christmas Eve of 2020, and as a public servant of 35 years, I would have never called somebody on Christmas Eve to talk about issues like that.

By the time June of 2021 rolled around, I filed the second complaint against Bonnie Henry for violation of privacy. People in British Columbia had received an envelope from Dr. Henry that had a window on it with their name and then in bold blue letters across the top of it, it said, "A COVID-19 vaccine has been reserved for you" and to me, that's the same as saying your next colonoscopy has been scheduled. I filed a complaint on the basis of violation of privacy, again, expressing my concerns that there is no evidence. It was an experimental gene therapy that was being rolled out that has some evidence of it causing harm, up to and including,

[00:05:00]

death, and the communications that were sent along with that envelope were not factual. They did not meet the duty of confidentially and, in fact, they were totally inappropriate and more coercive than anything.

I also, at the same time, filed a complaint with the privacy office and I got a reply from them. They investigated it and I eventually got a letter saying that the provincial government didn't have the authority to do what it did under both the *Public Health Act* as well as the *Freedom of Information and Protection of Privacy Act.*

Eventually the College of Physicians and Surgeons bounced out both of my complaints on the same grounds that they didn't have jurisdiction to hear the complaint, and my only options were to go to a second level of appeal, which is the Health Professions Review Board and/or go to the Supreme Court of British Columbia. Not being a lawyer, I don't know how to do complaints to the Supreme Court of British Columbia, so I pursued the Health Professions Review Board. I submitted every case that I could find that was previously decided by the Health Professions Review Board and included about 90 pages of information, and it was bounced out.

By the time September rolled around, John Horgan was on the news, and he was likening the unvaccinated wanting to enter into pubs and restaurants to be equivalent to unruly patrons and that if a business owner found that the unvaccinated were wanting to get in, they should call law enforcement.

To me, that totally violated the principles and the purpose behind the BC *Human Rights Code,* and it's predicated on three principles that I would like to share right now. The first one is to foster a society in which there are no impediments to full and free participation in the economic, social, political, and cultural life in the province. The second purpose of that Code is to promote a climate of understanding and mutual respect where all are equal in dignity and rights. The third is to prevent discrimination. That complaint went nowhere. I did receive one reply from the Human Rights Office saying would I like to have a conversation about it? And I said absolutely, I can't wait for a hearing date. I have heard nothing back since. In December, I'd also filed concerns with the BC ombuds person's office and that was also totally brushed off.

One of the more significant initiatives that I undertook started in October and November of 2021. A lady in the Maritimes had filed a criminal complaint with one of the local police forces down there. I got the information from her and made a template up using her information, as well as gathered all the information that I could. Along with three other people, we eventually did submit a criminal complaint to the Penticton detachment of the RCMP.

Before we got to actually submitting that complaint, I was able to get the signatures of just over 200 people that were also interested in the following areas that we believe should have been investigated by the police. They include assault, extortion, intimidation, breach of trust by a public official, criminal negligence, and administering a noxious thing. I included other information with that, probably one of the most significant pieces of information that I can recall—that I know that this Commission has already heard about—is the Pfizer post-marketing reports. In that report, there were 1,227 people that had died out of a total sample size of 42,086 people. And within three days, that complaint was bounced out of the Penticton RCMP detachment, saying that what we had submitted didn't mean a thing.

What is also interesting is, I know a gentleman in Victoria that went through the exact same process of gathering other people. He used the same information that I did. He went down to the Victoria detachment of the RCMP, and they told him there that they don't take criminal complaints.

[00:10:00]

In addition to that, he then decided he would go over to the Victoria Police Department, and he was able to sit down with one of their officers for about an hour and a half with three other gentlemen. In about 10 days, that was bounced out, for the same reason as the Penticton detachment individual had bounced out our complaint there.

Around the winter of 2021, I heard from Brian Peckford that said we have to learn how to start to hold our politicians accountable. So we started an MP accountability project. What I've done with that is, I've been able to collect the contact information of roughly 300 people that I know regularly write our Member of Parliament asking him to do things like safeguard our democracy and human rights; to serve the public's interest above all else; to ensure that he does things like act with integrity and avoid conflicts of interest—advising him of his duty to inform and educate citizens on the activities of Parliament and how citizens can actually engage in legislative processes. So far, I've been totally ignored over writing him probably 25 to 50 times, except for once, last month, where I received a one-line reply saying that our Member of Parliament was going to be in Parliament speaking about the issue that I've raised a concern about. He ended up not addressing it at all.

Another thing that I did was, by the time May of 2022 rolled around, I said, "Okay, filing complaints against Dr. Bonnie Henry is not working, what else can I do?" So I filed a complaint, along with four other people, against one of the individuals that work at the College of Physicians and Surgeons on the basis of them not doing their job. The title of the complaint is really that it's a failure to superintend the profession, which is one of the requirements of individuals under the *Health Professions Act*, as it existed at that time. The duties of all colleges are to protect the public and act in the public's interest. Even things like you heard from Dr. Charles Hoffe yesterday, how he tried to report vaccine injuries—which could be as a result of some sort of hazardous agent—and there is a section in the *Public Health Act* that requires doctors, or they call them prescribed persons, to report if they find that there is an adverse agent that's going around.

Another part of the complaint relates to the lack of the College enforcing things like the BC *Health Care (Consent) and Care Facilities (Admissions) Act.* Section 2 of that Act, the title of it is called Consent; Part 2 is Consent. I read the Nuremberg Code and then looked at Part 2 of the BC *Health Care (Consent) and Care Facilities (Admissions) Act*, and it basically codifies the principles associated with informed consent and so on. There are seven parts to that complaint. I don't want to go into them in too much detail because it's still under consideration by the College, and we haven't received the decision back.

But the seven parts are first is a failure to superintend the profession; a failure to enforce standards of practice and reduce unethical practice; a failure to enforce professional ethics; a failure to employ inquiry procedures that are transparent, objective, impartial and fair; a failure to observe practice standards guidelines, legislative guidance, such as the BC *Health Care (Consent) and Care Facilities (Admissions) Act*, as well as the codes of ethics and violation of public trust, as well as professional incompetence.

Wayne Lenhardt
Have any of these complaints been successful and, secondly, are any still outstanding?

Wayne Llewellyn
This one that I'm talking about right now is still outstanding and none of the others have been successful. Even when I filed a complaint for the violation of my privacy and I got that letter from the privacy office saying that the provincial government didn't have the authority to do what it did under those two pieces of legislation, I thought for sure there would have been some kind of sanction put against Dr. Henry, but there wasn't.

[00:15:00]

Wayne Lenhardt
Okay, and I presume that, while these lockdowns and whatnot were going on, you were unable to do your music.

Wayne Llewellyn
Absolutely.

Wayne Lenhardt
And also, you were unable get your other part-time income that you had with the winery companies.

Wayne Llewellyn
That's right. I refused to wear a mask. I did wear a shield for about two days, at one time, but, other than that, I said, "No, I'm not playing this game." I was going to be going to a new winery. I was really excited about it and that all evaporated.

Wayne Lenhardt
Is all of that employment back to normal now?

Wayne Llewellyn
No.

Wayne Lenhardt
No, okay.

Wayne Llewellyn
It could be. I might be able to get a job again, but I haven't been pursuing that. I've been trying to fight these battles instead.

Wayne Lenhardt
Okay, I'm going to ask the commissioners at this point if they have any questions for the witness? Going once. Going twice. Okay.

I think, in the interest of keeping our facility here from turning into a pumpkin, I'm going to let you go. Thank you very much for coming to the National Citizens Inquiry and giving us your evidence. Thank you. Good luck with the music.

Wayne Llewellyn
Thank you.

[00:16:29]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 11: Paul Hollyoak
Full Day 3 Timestamp: 09:20:22–09:37:00
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So I'd like to introduce our next witness, Paul Hollyoak. Paul, can you hear me?

Paul Hollyoak
Yes, I can.

Shawn Buckley
And do you have video on your computer or phone there?

Paul Hollyoak
Yes, it was showing. I'm just looking.

Shawn Buckley
Because we're just seeing your name. So I think there's, there we go.

Paul Hollyoak
There we go.

Shawn Buckley
There we go. That's much better. We can see you. Thank you.

Can you please state your full name for the record? Spelling you first and last name.

Paul Hollyoak
Full name is Paul Hollyoak, spelled P-A-U-L H-O-L-L-Y-O-A-K. No middle name.

Shawn Buckley
And, Paul, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Paul Hollyoak
I do.

Shawn Buckley
Now, my understanding is that you have worked twenty-eight years with the Coast Guard, eighteen of those years as a rescue specialist. Can you share with us briefly what a rescue specialist is?

Paul Hollyoak
A rescue specialist is a certification that a Coast Guard individual can get, and it involves operating a fast response vessel. There's some medical training involved. The placement is usually on a ship or a lifeboat, and the rescue specialist is usually responsible for deck duties.

Shawn Buckley
Okay. I just want people to understand you were one of those guys for eighteen years that went out there when no one should be out there to save lives.

Paul Hollyoak
That's correct.

Shawn Buckley
Okay. Now you ended up, because you're a government employee, being subject to these mandates for vaccination. And my understanding is that mandate for you came in, in the fall of 2021. You put things off as long as you could, but you ended up getting vaccinated in November and then December of 2021. Is that right?

Paul Hollyoak
That is correct, yeah.

Shawn Buckley
Can you share with us what happened after you became vaccinated?

Paul Hollyoak
Within the first couple of months after being vaccinated, I started to have low energy levels and difficulty breathing. Some of this I attributed to the fact that I was now in a desk job, rather than being as active on the water as I usually am. And so the energy level and breathing decreased over a period of time. I'm still having trouble with both of those situations. By May of 2022, I started to develop inflammation in my joints. So my hands

were first to the point where there was a time when I could not use my hands at all. My knees—

Shawn Buckley
So let me just stop you there and have you flesh that out. So what do you mean you couldn't use your hands at all?

Paul Hollyoak
It was extremely painful from my wrist all the way out to my fingers. So gripping things. I couldn't lift anything of any significance. And we're talking about not even being able to lift something that's like, being able to grip it: it was the grip, at that point, which was a problem, not even something that was like a 20-pound object.

Shawn Buckley
Okay, so basically, you can't lift things. So that's pretty well disabling you as a person at that point.

Paul Hollyoak
Yes, yeah, definitely. It's extremely frustrating—when I've been on the water saving lives and fixing problems for people—and not being able to open a jam jar,

[00:05:00]

or sometimes even a plastic wrapper could present problems for me at home.

Shawn Buckley
Right, okay. And you were also talking about inflammation in your knees and feet. Can you share with us about that?

Paul Hollyoak
Yep, so the inflammation in my knees makes it extremely difficult to be up on my feet for any length of time. It's also, even right now, I can feel my knees. If I sit in one spot for too long, then being able to switch to a different position can be extremely painful as well.

Shawn Buckley
Are you able to walk far?

Paul Hollyoak
Not extremely far, no. Not compared to what I used to do, prior to vaccination. I was a skier; I was on ski patrol and I used to hike a lot. That's not possible now. I can take the dog for a fifteen- to twenty-minute walk. That's about my ability to get out and about.

Shawn Buckley
Right, okay, so carry on. My understanding is that some other things suffered after the vaccination. So for example, can you tell us about your cognitive abilities?

Paul Hollyoak
Yeah, by August anyway, if not July of 2022, I started to find it difficult to be able to handle tasks like troubleshooting, also being able to juggle multiple things. As a program manager for the Coast Guard running the Inshore Rescue Boat program, there was often, I know, half a dozen things on my desk at any given point that I would be able to figure out. And then something would fall through the cracks, and I'd have to rethink the whole thing. Now, I have trouble sometimes formulating sentences. And if I have to troubleshoot something, it takes me a lot longer to figure that out, something at home that needs to be fixed or whatever.

Shawn Buckley
Yeah, and I didn't mean to cut you off. I want you to expand on that a little more. So I want people to understand. You're talking about this period in the summer of 2022, you were a program manager for the Coast Guard at that time. So you had some pretty heavy responsibilities, and you had to be keeping track of a lot of things.

Paul Hollyoak
That's correct.

Shawn Buckley
Yeah, so by the time September 2022 came around, you actually were no longer able to do your job as program manager because of the cognitive difficulties. Is that right?

Paul Hollyoak
That is correct, yeah. I was handing a lot of my responsibilities off to a subordinate that was taking care of things. And I even took the last two weeks of September off on leave, hoping that I would be able to have a break from work and regain some of that stuff. Whether you know, I thought maybe it was stress at work that was causing it or whatever. But after a couple weeks of leave in September, it was obvious that this isn't what was going to be solving the issue.

Shawn Buckley
Right. So my understanding is you then in the fall of 2022 went on sick leave. Basically, you had a whole bunch of sick time booked because you had just never been off sick before.

Paul Hollyoak
That's correct, yeah. Yeah. I had maybe six months off prior for an injury to my hand, but other than that I have not been sick. And so October 1st, I went on sick leave and that is going to carry me through until mid-June of this year.

[00:10:00]

Shawn Buckley
Right. And then in May, June of this year, when your sick time runs out, you're going to be placed on long-term disability.

Paul Hollyoak
That is correct, through my health program or whatever it is. That will be 70 per cent salary starting in June.

Shawn Buckley
Right. Are you in any pain on a day-to-day basis?

Paul Hollyoak
It fluctuates from day to day. And my knees are probably the worst culprit. And also, the fact that I'm not getting out and about as much. I'm not exactly bedridden; I have been at times. But, you know, you lose some of the ability to get into a comfortable spot, and so other things start to hurt. Like if I'm leaning on my elbows more because my hands are hurting or whatever, the position that I'm in, then my elbows start hurting. And so it can be a general achy feeling in my whole body. Other days it might be just my knees that are causing the issues.

Shawn Buckley
Now, you had told us earlier that you had had some real difficulties with your hands. How are your hands now?

Paul Hollyoak
My hands still present a fair bit of problem. A rheumatologist put me on hydroxychloroquine to bring down the inflammation, and that's held to a large degree. Making a fist and applying any pressure to anything causes pain. It almost feels like my fingers are too fat, and it's the only way I can kind of explain it. But yeah, I've not been able to play guitar or do anything that requires significant strength in my hands, probably for eight months anyway.

Shawn Buckley
Right, and my understanding is that you're also now on oxygen two or three hours a day.

Paul Hollyoak
That is correct. A doctor that I'm seeing actually wanted me to attend a hyperbaric chamber on a regular basis.

Shawn Buckley
Now, I don't know if you're still there because your screen froze, so we'll just wait a second to see if it unfreezes. And Paul, you're still frozen. So if you can still hear me, we'll cut off and go into a live witness. And if you can still hear me, I can tell you we were getting close to, oh there, you're back. I don't know if you could hear me during that time. It's funny how Zoom will freeze sometimes. And now you're frozen again. If it comes back, I—

Paul Hollyoak
Yeah, my apologies.

Shawn Buckley
There you go. Yeah, so what I was hoping to, and I was getting close to the end of my questions.

But you'd spoken about having breathing problems and you're on oxygen on a daily basis, and I'm just wondering if you can share with us a little more detail about the breathing problems and why you're on oxygen.

Paul Hollyoak
It's related not only to the breathing problems, but it's oxygen perfusion as well. So the breathing, the pulmonologist is calling a form of pneumonia, which is related to the inflammation kind of generally happening in my body. So it's inflammation in the lungs that is causing that and makes it difficult at times to do anything for a period of time because of the fact that I get short of breath. The other part is that we're trying to increase the oxygen

[00:15:00]

in my blood cells. My hemoglobin count is down, and so we're trying to monopolize on the ability to get oxygen throughout my body—and breathing concentrated oxygen allows that to happen more effectively.

Shawn Buckley
Okay, Paul those are the questions I had. I'll ask the commissioners if they have any questions, and they do.

Commissioner Massie
Thank you very much, Mr. Hollyoak, for your testimony. I was wondering whether the side effect from your vax has been properly reported to the Health Authority.

Paul Hollyoak
No. Basically because the specialists that I've been seeing are reluctant to use those words. The closest they get is calling it a significant multi-systemic disease. Even though I've used the words vaccine, they've been reluctant to do the same.

Commissioner Massie
Thank you.

Shawn Buckley
Thank you. Those are the questions. Paul, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing with us today your story.

Paul Hollyoak
Thank you for the opportunity to share.

[00:17:47]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 12: Shaun Mulldoon
Full Day 3 Timestamp: 09:40:13–10:02:05
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So we'll move on to a different witness, Shaun Mulldoon. Shaun, can you state your full name for the record, spelling your first and last name?

Shaun Mulldoon
Shaun Mulldoon, S-H-A-U-N M-U-L-L-D-O-O-N.

Shawn Buckley
Shaun, do you swear to tell the truth, the whole truth, and nothing but the truth, so hope you God?

Shaun Mulldoon
I do.

Shawn Buckley
Now, by profession, you are a quality manager, and I think you are the only witness we've had here today that's born and raised in Langley.

Shaun Mulldoon
That's correct.

Shawn Buckley
Okay. Now, you're here to speak about a vaccine injury, but I wanted to ask you first why you chose to get vaccinated.

Shaun Mulldoon
I chose to get vaccinated. It wasn't out of fear of COVID per se. At the time, all the social activities had all been closed. My parents, being elderly, were very concerned about COVID. I wanted to make sure that I wasn't going to spread COVID to them, and I also just kind of wanted normal life back so we could start having events and activities. Sporting events were cancelled. You couldn't go to the movies. You couldn't have parties over. And I just wanted normal life back, and I also wanted to do it to protect my parents as well.

Shawn Buckley
Right. And so, you got your first dose of the AstraZeneca vaccine. Can you share with us what happened?

Shaun Mulldoon
April 22nd, 2021, relatively, I guess, early in the vaccine rollout, I went and got AstraZeneca. It was the only vaccine available to me at the time. I actually didn't know anything about the vaccines. I hadn't done any research. I didn't even know the name of the vaccine that I'd gotten. I knew there was Pfizer and a couple other ones. I really didn't care which one I got. I wasn't concerned about it. I had no hesitation. I wasn't worried about them whatsoever.

About, I guess, a week later, I hadn't had any ill effects whatsoever, but I went to bed on a Sunday night feeling absolutely fine. I woke up in the middle of the night with some stomach pain and it persisted throughout the night. It was quite intense. In the morning, I threw up a couple times and I called in sick to work. And I don't throw up. I'm a very bad thrower-upper, as my wife says. It sounds like I'm screaming at the toilet and so it's very uncommon for me to throw up.

So I decided to call the doctor and just talk to him, and he basically said, "Well, you don't have any COVID symptoms. It's probably just a stomach bug. Maybe call 8-1-1 just to make sure." And he said, "We'll kind of worry about it if it doesn't improve over the next few days." 8-1-1 wasn't concerned about it at all: I had no COVID symptoms. They said just carry on.

A couple days later, I did have a fever, so I went for COVID tests. It came back negative. And then on Friday, it had been a long week: I'd barely eaten. I'd been in a lot of pain. I hadn't been vomiting throughout the week. On Friday, I called my doctor and said, "I'm not getting better. I'm still in a lot of pain." And he said, "well, give it a couple more days," and I did mention, I said I was vaccinated.

Shawn Buckley
So when you call your doctor on Friday, I mean, you've been sick since Monday.

Shaun Mulldoon
Since Monday. So I spoke to him on Monday morning and again on Friday. And he said on Friday that if my condition didn't improve that, you know, "give it a couple more days," and then we'd investigate it further. I did mention that being vaccinated, a couple weeks earlier at this point, and he said, "Oh, it's very unlikely that it could be from that; there is no concern in that regard." Then that night, I deteriorated very rapidly. The pain went from tolerable to just excruciating. In the morning, I started throwing up and passing blood.

Shawn Buckley
And then you went to the hospital.

Shaun Mulldoon
Yeah, um, sorry.

Shawn Buckley
No, take your time.

Shaun Mulldoon
Yeah, when I started passing blood, at that point, I immediately called my wife and said, "I need to go to hospital; something is wrong." And so she was out; she ran home and grabbed me.

We live five minutes from Langley Memorial, so we got to emergency and I kind of charged past the security man that was there who was asking me if I had any COVID symptoms. I actually said, "Yes, but I tested negative. Where's your bathroom?" And he sent me to the corner of the emergency ward there, and I went to the bathroom and just started— nah, I'm sorry. I've told this story a hundred times. I don't normally get too upset. But I just started vomiting profusely in the bathroom. Just between, like, the pain and the exhaustion, just in a ball on the floor, I couldn't get up.

[00:05:00]

I actually texted my wife from the floor, and said, "I don't think I can come out." She just replied and said she was checking me in. And after about five minutes or so, I did kind of pull myself together—which I'm going to try to do here today as well—and I made my way out to emergency where she was checking me in at that point.

They got me into the room pretty quickly. There was kind of like a dentist chair in the room. I don't know if that makes any sense, but that was the room I ended up in, in emergency. I couldn't even sit in the chair. I was still on the floor; I kept having nurses tell me I had to get off the floor. And I'd try; I'd sit back in the chair. But the pain was just like nothing I'd ever experienced. I actually don't remember much from the rest of the day. I think I was just kind of oblivious to what was going on around me. I don't remember the doctors. I don't remember the nurses. I was sent for quite a few tests. I don't even recall what tests I was sent for, if it was CTs or MRIs.

The next kind of vivid memory I have was heading down a hall and through a set of doors into an incredibly bright room and asking the nurse, I said, "Am I going for surgery?" And she said, "Yes." I said, "So this isn't a stomach bug?" And she kind of laughed and she said, "No, this isn't a stomach bug." And I just kind of asked, "What time is it?" I'd gotten to the hospital around 11:30 or noon that afternoon, and the one doctor—it turned out was my surgeon—said, "It's just after three." And I said, "Oh, like in the afternoon?" And he said, "No, it's just after 3 a.m." And at that point I became very scared because I was trying to figure out why I was getting ran down a hallway and into a surgery at three in the morning. But then they just, they knocked me out, and, you know, the room goes black. And then the next day I woke up in the ICU.

Shawn Buckley
And did they explain to you the next day what had happened?

Shaun Mulldoon
Yeah, the surgeon came to visit me, and I woke up and I was full of tubes, as you do. And I had these two compression leggings on that would inflate and go back and forth, and I had a heart rate monitor on. And the surgeon came to visit me and kind of exposed— I had a big, huge spacer in my stomach, and he explained that I had a blood clot in my portal vein and that I'd lost about six feet of my small intestine.

Shawn Buckley
So can you explain to us what vein that is?

Shaun Mulldoon
Not specifically, not having a medical degree. But the portal vein, it feeds blood to your internal organs, and so it had cut off blood supply to my intestines, the clot that was there.

Shawn Buckley
Right, so your intestine actually had died, a portion of it had died.

Shaun Mulldoon
Yeah, I had lost just over two metres of my small intestine; I lost what's called your ileum. And the surgeon explained, basically, that the reason that I was still open and they hadn't stitched me up is because they'd taken as much intestine as they could for me to ever, kind of, have hope to have a normal life again. It wasn't recoverable: the intestine was gone. But they left some intestine in place that was very unhealthy, hoping it would recover because at this point, he wanted to make sure I retained every inch that I could.

A couple days later, they did a second surgery and about 10 centimetres of intestine had died. So they removed that, but the rest was recovering. So at that point, they gave me a stoma, so I had an ostomy bag, and they closed me up. So that was, I think, maybe day three in the ICU, or day four.

They didn't know what had caused my blood clot. I didn't have any of the traditional markers for blood clotting. But on the next day, they told me that they had found blood clots in both my lungs, and then the day after that, they'd found blood clot in my spleen, my **abdomen. And they said there were five that they were watching quite carefully and they were very concerned about.**

Shawn Buckley
And I just want to back up. My understanding is they did a CT scan of you. So when they're telling you, you have blood clots and where, I mean, you actually have these blood clots you're describing.

Shaun Mulldoon
Oh, absolutely. I'd had many CTs. I make jokes that I should glow in the dark. I had two in one day, which, apparently, you're not supposed to have, and it was actually initially refused, but the surgeon said I had to go for it. This was before they knew what was happening.

My surgery was exploratory surgery, which I've been told doesn't happen anymore. It was an emergency exploratory surgery. The ER doctor had called the surgeon at one in the morning and said, "put a team together and come to Langley." And I guess the surgeon had initially asked if they could do it the next day and was told, "No, we can't wait till tomorrow." Because of that scenario, even being an emergency surgery and exploratory surgery, they didn't know what they'd find.

When I asked the surgeon, I said, "Am I going to live through this?" He hesitated long enough to make me very uncomfortable. And he just said that when they first opened me up and found all my intestines were dead that they didn't know if I was going to survive the surgery or not.

Shawn Buckley
So what happened next?

[00:10:00]

Shaun Mulldoon
About day four, I guess, in the ICU, what was happening to me, they still didn't really know. They knew I was filling with blood clots. I'd been given an IVIG treatment, which is kind of supposed to shut down your immune system because I was clearly causing more clotting. And they'd also sent my blood work off, kind of all across North America and Canada for various tests. I think it was day four, I had a group of doctors, maybe half a dozen or a dozen doctors and specialists, they set up a table beside my bed in the ICU. And one of them came up and said, "We've concluded the investigation. It was done by McMaster University out in Ontario"—that's like a leading vaccine research centre in Canada—and he said, "This was caused by your vaccination."

Shawn Buckley
Okay, so they conclusively came back at that point and said it was caused by your vaccination.

Shaun Mulldoon
Yes, I'm diagnosed with vaccine-induced immune thrombocytopenia, they call it VITT. And basically, when my body started to produce antibodies to fight the vaccine—the antibodies it produces are called platelet factor 4 antibodies or PF4 antibodies—and they activate your platelets, and your platelets clot. That's what they're supposed to do. But this is severe, aggressive clotting, and it actually kills you very, very, quickly if it's not treated.

Shawn Buckley
Right, and now my understanding is you had some particularly bad experiences in the hospital, and one involved your colostomy bag kept falling off. Can you share with us that event and then also mentally how you were doing?

Shaun Mulldoon
Yeah, the time in the ICU, obviously it was in the peak of COVID when there was no visitors. They were quite good about letting my wife visit me just because at that point, I was kind of on, you know, deathwatch to some degree. I've never seen doctors that just looked so confused and concerned and scared. Because my surgery wasn't planned, normally when you have a stoma in an ostomy bag, they kind of plot it, where they want to have it. They get you to move and bend and make sure it's in a convenient spot. Well, we didn't have that opportunity. And so, my ostomy is right beside my belly button.

Unfortunately, I've got kind of a roll of chub right there. And so an ostomy bag is like a big band-aid, they just stick it to you. But every time I bent over or moved, it would crease it and then my output would leak out of the ostomy bag. Because my intestine was so short, I had a very high-output ostomy. It needed emptying like 10, 12 times a day. And so once it starts to leak the fluid—and like, it's not vomit, it's not diarrhea either; it's kind of somewhere in between the two—it leaks out and then the absorbent lets go. And so, my ostomy bags would just fall off my body relentlessly.

And the one nurse, she was really good. And she came up the third time it had broke open that day and I was soaked again. And they changed my bed and my clothes. And she said, "Is it me?" And I'm like, "No, you're one of the good ones." Like she was very confident, she knew what she was doing. And she patched me up and 15 minutes later, it fell off again. I'd just gone to bed and I was soaked again. So I had two nurses, they kind of stripped me naked and they got me cleaned up again. And I had one of these moments. I've had a lot of these moments.

It's finally after, I'd say, I spent three weeks in the ICU. I got moved to Surrey Memorial because that's where my hematology team was. And I'd say week four or five, they finally found a product that worked for my stoma. And I ended up using that product for the duration of the time that I had my stoma for—before my reversal was done to get reconnected.

So yeah, getting the colostomy bag or an ostomy bag was an absolute nightmare. I've been soaked in ostomy fluid more times than I care to admit. After I was discharged from hospital, it still happened repeatedly because we still hadn't found the ideal product yet. So **I mean, losing the intestine and getting the ostomy bag, it was, like I said, it was a pretty upsetting aspect of this.**

But what was actually the scarier aspect was the fact that they couldn't figure out why my blood was clotting, and they didn't know how to treat me. And I had a doctor who approached me—had many doctors that just came to visit me out of curiosity—and he said, "We know very little about the adverse events from these vaccines and we know even less about treating them." And he told me that he thought they had jumped the gun to some degree with these vaccines. When I asked my doctor, "How come we weren't warned about VITT? How come nobody had told me about the possibility of VITT?" The doctor said, "Well, we didn't know."

[00:15:00]

Shawn Buckley
And my understanding is you're going to be on blood thinners for the rest of your life?

Shaun Mulldoon
At this point, yes. I'm still producing the PF4 antibodies, so I'm still a blood clot risk at this point. They wanted to reverse my ostomy sooner, but they were very reluctant to because they didn't want to take me off blood thinners even for two days to do the surgery. So at one point, they said it'll be three months and then it was six months. At the nine-month mark, I was hospitalized again. I'd gotten incredibly weak and malnourished and dehydrated. I've been told at this point I probably should have been on parental nutrition. I should have been on TPN [total parental nutrition], but they were hoping I could just eat my way healthy and I spent six months failing at doing that.

And so in January of last year, my health had deteriorated to a point that they said, "We can't wait any longer; we just need to reconnect what's left of your"— You know, I had no colon at this point, and there was a bit of ilium still attached to my colon, so when they reconnected that, I got a bit of my small intestine back as well.

Shawn Buckley
Okay. Now, can you speak about your mental health and how that was affected?

Shaun Mulldoon
I stayed—well, I tried to stay—positive initially. Actually, I had a lot of nurses comment on that, that I seemed to be in pretty good point, and I said I just want to focus on recovery, that's all I can really do. I wasn't bitter or upset about what had happened. I just kind of thought I was an unfortunate one in the process until the vaccine passport got introduced because I wasn't considered vaccinated. I'd only had one. The doctor in internal medicine and my hematologist come and spoke to me and said, "No more jabs, no more pokes, at least not until you make a full recovery, then we can discuss it at that point." And then a couple months later, the passports came in, and so I asked for an exemption [Exhibit VA-8a]. And my hematologist called me back and said, "You're not eligible for an exemption from further vaccine."

Shawn Buckley
So a team of doctors has agreed that you were injured by a vaccine that has literally almost killed you and destroyed your life, but even in those circumstances, you were not eligible for a vaccine [exemption].

Now, we're running short on time, so I'm going to have to lead you a little bit. But my understanding is that the effect on your family life from this has just been tremendous: that for about a year and a half you were—just using your words when we had a conversation earlier—useless as a father and husband. That, basically, your wife kind of felt kicked to the curb because of all the attention that was having to be focused on you. And you're not sure how your marriage is going to do, going forward.

Shaun Mulldoon
It was almost, like I had lost my intestines and I spent almost a year recovering, and I had a second surgery when they reconnected my intestine. I was incredibly weak, and it was a long, slow, recovery from there as well. I spent a lot of time incredibly weak, exhausted, fatigued, and I was, as a father and as a husband, pretty useless, to be honest. At one point, I felt like I was a third child for my wife to take care of.

We already had a lot going on, both the kids are in sports and coaching and everything else. It was incredibly difficult on my relationship, even just our family life. It was incredibly trying, and I feel like we're still recovering from just trying to fight our way through this.

I've never known true fatigue before when you can barely get out of bed. I had to deal with some depression as well because my body wasn't working very well. And then just the anger and the bitterness that the fact that the province didn't seem to want to help, the federal government wasn't going to help. I was medicated. I was very angry at the world for a period of time and so obviously, that contributes to a struggling relationship as well.

Shawn Buckley
Thank you for sharing that. I don't have any further questions and I'll ask if the commissioners have some questions of you. And there is a question.

Commissioner Massie
Thank you very much for sharing this incredibly sad, sad story. What's the prognostic for your health moving forward?

Shaun Mulldoon
I have short bowel syndrome now, having lost a considerable amount of my digestive tract. So I have bowel issues, digestion issues, and absorption issues. So I kind of have my staples I have to stick to or else I have bowel issues. Even sticking to my staples, I still tend to have them. I'm on Vitamin B12 injections. I'm still on a blood thinner, and I'm on like a whole slew of supplements trying to ensure that I'm not malnourished. For some reason I still seem to struggle with dehydration issues as well. When I got my colon back that helped significantly.

My hematologist wants to just leave me on blood thinners for the time being. When I had COVID last year, I finally tested positive for COVID about a year later.

[00:20:00]

I called her and said, "Should I be concerned about blood clots because COVID can potentially cause blood clots?" And she says, "Well, no, you're on blood thinners at this point, I'm not concerned about that."

So I'd say even in the last few months I've noticed my energy levels have started to improve. I don't want to say I had brain fog, but my cognitive ability was just decimated. I was on 100 milligrams of prednisone a day, my whole body just trembled. I was told 70 is kind of the max, and I was on 100 for quite some time. And so I feel like I'm still going

through my recovery at this point, and so I'm not sure I'm going to make a 100 per cent recovery. I'd like to have my intestines back, but I think the last few months has been pretty positive.

Commissioner Massie
Do you know of other people that had similar vaccine injury?

Shaun Mulldoon
Yeah, I know of a few. There's a woman in Squamish that also has VITT. And then I'm in a VITT support group with mostly people in the U.K. because they gave out AstraZeneca for the duration, so they have lots of cases of VITT. And then there's also some people from Australia in the group as well. And so, you know, it's a support group for people that are kind of going through the thrombosis and thrombocytopenia.

Commissioner Massie
Did any of these doctors come up with some sort of explanation why you were more affected than other people by this condition?

Shaun Mulldoon
No, they don't know. I'm part of numerous studies trying to determine what causes some people to produce these antibodies and not others. At this point, there's no answers.

Commissioner Massie
Thank you very much.

Shawn Buckley
Thank you, Shaun. There being no further questions on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your story with us.

Shaun Mulldoon
No problem.

[00:22:09]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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NATIONAL CITIZENS INQUIRY

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Witness 13: Camille Mitchell
Full Day 3 Timestamp: 10:02:27–10:14:08
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Wayne Lenhardt
Can you hear me now, Camille?

Camille Mitchell
Hi, yes. Sorry about that.

Wayne Lenhardt
I can relate. I have the same problems with this equipment every once in a while. Okay, could you give us your full name, spell it for us, and then I'll do an oath.

Camille Mitchell
Yes, it's Camille Mitchell, C-A-M-I-L-L-E, Mitchell, M-I-T-C-H-E-L-L.

Wayne Lenhardt
Do you promise that the evidence you give us today will be the truth, the whole truth, and nothing but the truth?

Camille Mitchell
Yes, I do.

Wayne Lenhardt
Okay. You currently live in Shawnigan Lake, BC. Am I right?

Camille Mitchell
Yes, that's correct.

Wayne Lenhardt
Let me lead you through a couple of things and then you can tell us your story. You have been a pharmacist for 26 years. Am I right? And the last nine years you had a position in a hospital?

Camille Mitchell
Yes, that's correct, in Duncan.

Wayne Lenhardt
Okay. It looks as if you've gone through the typical scenario here. The mandates came in, and I guess you said you're not going to take this jab. Maybe you could just give us a quick run-through of what happened at that point.

Camille Mitchell
Well, I just wanted to briefly touch on my history into why I didn't want to take the jab. In my experience as a pharmacist in community pharmacy for 15 years, I had observed many things that made me very cautious about new substances: things like, black box warnings, medication recalls, and watching things like Paxil-withdrawal side effects disappear. So I knew right away that I wasn't going to take it.

I'm not sure what you want to hear about the termination. After I got terminated, I went back into community pharmacy from the hospital. To proceed with that, I had to recertify to administer injections because that's what most of the pharmacies wanted you to be able to do. I had received that certification before I went into hospital. But because I was in hospital, I didn't maintain that certification. So I had to start over doing that and in the process, I had to do a course called the Immunization Competency Course. Obviously, I had done it in the past, but I was redoing it.

I noticed one particular module entitled Immunization Communication Principles. It was something that was new to me; I don't recall doing that the first time around. And I found that the information in there was really pushing people into getting vaccinations. I was just second-guessing myself and, maybe, I just didn't recall doing it the first time around. But when I actually looked into it, this particular module was done in 2008, was redone in 2014 and then, it was done again in 2021, specifically to address vaccine hesitancy. It was very leading, very nudging. They wanted you to use presumptive statements to assume vaccination. It just really stood out to me that that's what their goal was, to just push, push, push the vaccines.

Wayne Lenhardt
Okay. Let me just pick up the trail of timeline here. You're fired from your hospital pharmacist position you'd had for nine years because you didn't want to take the injection. You tried to get an exemption with a declaration of faith and that didn't work. They didn't even reply to you. Am I right?

Camille Mitchell
Yeah, that's right. I had submitted it up a chain of command. In registered mail, I sent a declaration of faith

[00:05:00]

in addition to a notice of liability [NOL] to the President of Island Health and to the President of the Health Sciences Association [HSA]. I did actually get a response from a legal representative of HSA saying that they wouldn't acknowledge the NOL. They didn't say anything whatsoever about the declaration of faith; so it was just completely ignored.

Wayne Lenhardt
So you were unemployed for a little while I'm assuming. Were you?

Camille Mitchell
Yeah. I think I was out of work completely for maybe a few months because it took me some time to get that recertification. I did a little bit of casual work in Victoria.

Wayne Lenhardt
Okay. My notes say you have a job in community pharmacy at the moment, but you're under repeated threat of job loss under BC's new Bill 36. Could you explain that to us?

Camille Mitchell
Well, part of Bill 36, from my understanding, is that they want to amalgamate all of the health colleges in BC. I think it's around 25 and includes everything from Chinese medicine, massage therapy, pharmacy, physicians, everybody with any relation to health. They want to amalgamate these approximately 25 colleges into six. And instead of being self-regulated colleges, they want to government-appoint people to regulate these colleges. So you are having people who know nothing about your profession telling you what to do.

Another part of this stipulation is that they have the ability to tell you if and whatever kind of immunizations they decide you should get. As someone who has taken an active role in my personal health and as a pharmacist, I feel that I have the ability to make those kinds of decisions on my own. I don't need some government-appointed official to tell me what I should and should not do with my health.

Wayne Lenhardt
Are you able to prescribe by yourself for patients?

Camille Mitchell
Coming up in June of this year, in BC, they are granting us the ability to prescribe for minor ailments. To a certain degree, I think I already do: someone who comes in with a sore throat or something. There's a certain amount. But they're kind of expanding that scope. So that's up and coming.

Wayne Lenhardt
Okay. I'm going to just skip over now. You had suffered some other detriments because of this. You had family in Alberta and Saskatchewan that you couldn't fly to visit, that type of thing. Is all of that pretty much behind you now?

Camille Mitchell
Well, for the time being, yes. I've been able to go and visit family on the airplane.

Wayne Lenhardt
Okay. Did you suffer any major loss of income?

Camille Mitchell
No, not really. I got a huge payout because I had a whole pile of holiday pay. So I had a huge payout. So between that time, where I was able to start working again, I wouldn't say I suffered a huge loss. And personally, I'm in a reasonable place. I don't have any debt other than helping my youngest daughter through her post-secondary education.

Wayne Lenhardt
You never did take any of the shots. Am I right?

Camille Mitchell
Absolutely not. I told my current employer before they hired me, I said, "I'm not jabbed, I'm not getting the jab, and I'm not giving the jab." They were fine with that, and I'm gracious for that.

Wayne Lenhardt
I'm going to ask the commissioners at this point if they have any anything they would like to explore with you.

[00:10:00]

Okay. Related to your file, the Commission has a document relating to vaccine hesitancy. Now, I'm not sure if that came from you. I'm assuming it did.

Camille Mitchell
Yeah, that was from the Immunization Communication Principles module from the BCCDC [British Columbia Centre for Disease Control] Immunization Competency Course that I had to do. So that came from that course and that was part of it.

Wayne Lenhardt
That was part of the course you took, okay. It's headed up Immunization Communication Tool 2021.

Camille Mitchell
That was the one that they specifically modified.

Wayne Lenhardt
Yeah, it basically talks about vaccine hesitancy and how to deal with it. But it looks like a psychological recipe as to how to get people to agree to take the shot.

Camille Mitchell
Exactly, exactly. That's how I saw it.

Wayne Lenhardt
Time is running short, so I'm going to ask the Commissioners one last time, are there any questions on this? Okay, thank you very much on behalf of the National Citizens Inquiry for giving your testimony, and I hope all the things go well for you. Thank you.

Camille Mitchell
Thank you.

[00:11:48]

Final Review and Approval: *Margaret Phillips, August 25, 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

Vancouver, BC **Day 3**

May 4, 2023

EVIDENCE

Closing Statement: Shawn Buckley
Full Day 3 Timestamp: 10:14:19–10:16:20
Source URL: https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html

[00:00:00]

Shawn Buckley
So that is our last witness and the third day of hearings in Vancouver, British Columbia. It's interesting that every time we go to a different province, we learn kind of how—I almost want to say the flavour was different and how the province handled things. There's some subtle differences and some not-so-subtle differences. So for example, one of the provinces actually had required vaccine passports to go to a liquor store—that was in Saskatchewan—which basically ensured that anyone that was an alcoholic would get a vaccine passport as a form of coercion.

So we've learned different things and it's been an absolute pleasure for the National Citizens Inquiry to be in Vancouver and British Columbia and learning about the unique experience here. I always say that you cannot attend for a full day at the National Citizens Inquiry and not have your life changed.

We pick up next week in Montreal, or I'm sorry, I keep saying Montreal. We had been scheduled there and we decided to move to Quebec City. So we pick up there, and then we go to Ottawa the week following that. So we're going to invite all of you to join us for that. If you can't attend in person, please watch online.

And just sincerely thank you for participating in, witnessing, and experiencing people **sharing their stories. And you can tell that they're just desperate to get them out. And we can tell you on the back end that they're very thankful and grateful, and I'm just thanking you because it's important that you participate. So until we meet again next week in Montreal, we will be signing off here in Vancouver for the National Citizens Inquiry.**

[00:02:03]

Final Review and Approval: *Margaret Phillips, August 25, 2023.*

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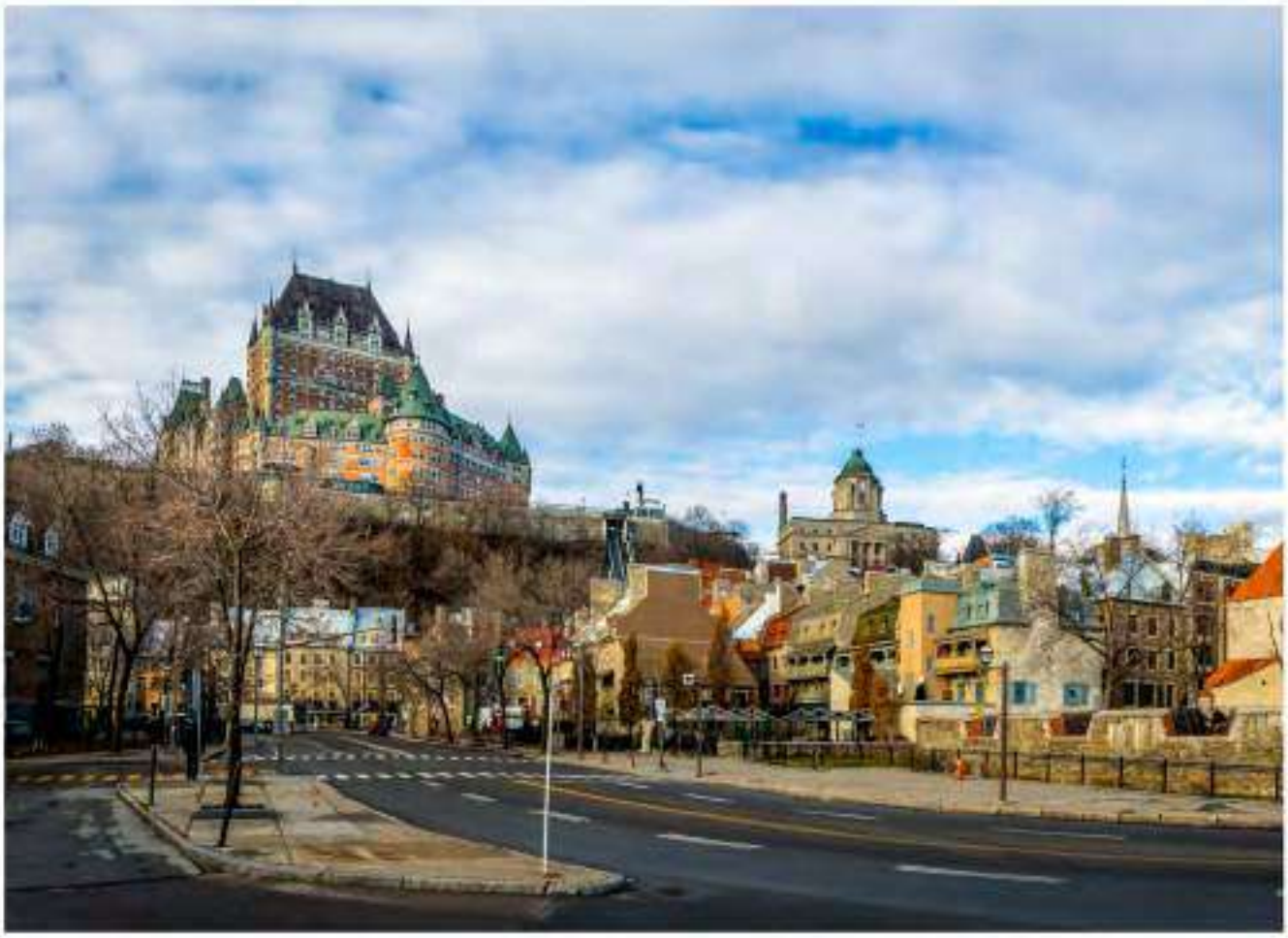
VOLUME THREE

Witness Transcripts

Part 7 of 9: **Quebec City, Québec**



NATIONAL CITIZENS INQUIRY

EVIDENCE
QUEBEC HEARINGS

Quebec City, Quebec, Canada
May 11 to 13, 2023

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). 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 July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

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.

TRANSLATION TEAM
(French to English)

Managing Editor
Erin Thiessen

Translation
Susan Burns, Jeanne Chabot, Lucy Narbaitz, Val Sprott,
Erin Thiessen, Elizabeth van Dreunen

Copyediting and Formatting
Jodi Bruhn

Final Review
Erin Thiessen

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Opening Statement: Philippe Meloni
Full Day 1 Timestamp: 01:17:02–01:29:35
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Philippe Meloni
Hello everyone, I'm Philippe Meloni, President of the National Citizens Inquiry for Quebec. So, welcome to this first day of the National Citizens Inquiry into the management of COVID in Quebec's capital. This inquiry is the fruit of the commitment of hundreds of people who have been working for months, on a voluntary basis, giving of their time freely. I'm not going to name anyone, not that they don't deserve it—they all deserve it a thousand times over. Unfortunately, I won't be able to name them all. So without exception, thank you everyone. It's thanks to you that we're here.

What is this Inquiry? From my point of view, it's the quintessential citizen act. During this crisis, which has affected everyone to varying degrees, governments at all levels and the mainstream media have delivered a single message, a single vision of the situation.

Many citizens have tried to take their cases to court. Unfortunately, the response has essentially been: "We can't judge the substance of the case because this court does not have the requisite expertise in this subject area; we have to assume that the government is acting in good faith and is, in its view, doing what's best for its citizens." So it's not a question of justice; it's a question of politics. The judicial follow-up was, "Prepare complete case files." But when it came time to talk about the substance, the ruling was: "The measures are no longer in place. The case is now moot. We can therefore no longer process it."

However, for many the damage is irreparable: side effects, broken families, children with impaired development, businesses—sometimes generations-old—bankrupt, dreams shattered. For all these people, moving on is not an option. They can't accept: "It's behind us. No one could have done a better job anyway. Get over it and look to the future". All these citizens need to have their suffering acknowledged and their legitimate questions answered.

They say there are four powers: the legislative, the executive, the judiciary, and the much-vaunted fourth power, the media. But when all four speak with one voice—when even the

opposition parties join in the chorus—what's left for citizens who aren't satisfied? We are, according to all levels of government, in a democracy. And what is democracy? It's government of the people, by the people and for the people. If that's the case, this Inquiry is the finest example of democracy we can dream of. Hundreds of men and women have come together across the country, despite differences of political opinion, culture, and language, to peacefully set up the tool they need, financed solely by citizens' donations, to answer their questions.

From the outset, long before I became part of this adventure, it was decided to look at every angle of this crisis. Not having the power of subpoena, we therefore invited all the government players who took part in the decisions to speak in addition to all those who haven't had a voice for all these years. Unfortunately, so far, unlike all the specialists who have already testified as well as all those you will hear from here in Quebec and next week in Ottawa, none of them have come here to explain their point of view. I find this deplorable.

Our work will be remembered for posterity. A hundred years from now, historians who want to understand how this crisis took shape, how it was managed, and what the consequences were for the population will have access to over 150 hours of testimony, provided by eminent specialists and ordinary citizens alike. Everything will be brought together in one place, with all the evidence and documents that have been recorded. And they'll be able to see—with evidence to back it up—that governments have preferred to ignore all this work. This work will also be of use to any lawyers who want to start proceedings. They will have at their disposal exceptional raw material to prepare their cases.

[00:05:00]

The mainstream media, too, have so far chosen to ignore us. Only the CBC, in a Manitoba regional broadcast, did its job by reporting on the Winnipeg hearing. They noted the seriousness of our work, without bias: journalism that reminded us that it's still possible to do honest work. Fortunately, nature abhors a vacuum. Independent journalists have taken up the baton. Several of them are here, and I thank them warmly. It's thanks to them that many of you are here in the room, and even more of you are listening to us live or recorded around the world. It's also thanks to them that, for the past three years, we've been able to hear different points of view.

"You have to believe the science": we've been hearing this phrase ad nauseam for years. But it makes no sense. We don't believe in science; at most, we believe in the relevance of the scientific method. Belief is a matter of spirituality. We've also been told repeatedly that there is a scientific consensus. You've already been able to verify, by listening to the six previous hearings, that this is far from the actual situation. Over the next three days, you will be able to hear internationally renowned specialists explain their point of view in French. You will observe that, contrary to what has been repeated, the truth is not so simple. As responsible citizens, you can make up your own minds. We invite you to do so. I'd also like to point out that it won't all be about science. We'll also hear from ordinary people who have had to face difficulties that were, and for some still are, far from ordinary. Like many of us, I'm sure you'll come away changed by the experience on many levels.

Finally, from all this testimony, the four commissioners here today will produce a report. I have the utmost respect for the colossal amount of work they will have to do to distill the essence of everything they have heard. Let me introduce these commissioners.

First of all, who will be the spokesperson for the commissioners in Quebec City? Bernard Massie. Bernard Massie has a PhD. He graduated in microbiology and immunology from the Université de Montréal in 1982 and completed a three-year postdoctoral fellowship on studying DNA tumour viruses at McGill University. He worked at the [National] Research Council of Canada, NRC, from 1985 to 2019 as a biotechnology researcher and held various management positions, including the position of Acting Director General of the Therapeutics in Human Health Centre from 2016 to 2019. He has devoted a significant part of his career to the development of integrated bioprocesses for the industrial production of therapeutic antibodies and adenovirus vaccines. He was also an associate professor in the department of microbiology and immunology at Université de Montréal from 1998 to 2019. He is currently an independent consultant in biotechnology.

Next, who is the spokesperson for the commissioners in the rest of Canada? Ken Drysdale. Ken is a professional engineer with over 40 years of experience as a Professional Engineer, which includes 29 years in the development and management of national and regional engineering businesses. Ken is currently retired from full time practice as a consulting engineer, but continues to be active in the area of forensic engineering, investigations, preparation of expert reports, and expert testimony in trial, arbitrations, and mediations. He has testified as an expert witness at trials in Manitoba and Ontario. He has also acted as arbitrator and mediator in disputes.

We will continue with Janice Kaikkonen. Janice's passion is community outreach. She works primarily with vulnerable populations and youth. Janice holds degrees in Island Studies, English and Political Science, as well as in Public Administration. Janice has taught at the elementary, secondary, and post-secondary levels (in the Faculty of Arts, Education, Journalism and Pre-Med). Her research specialization concerns the intersection of public policy and the social fabric, which led Janice to pursue a Doctorate in Theology and Discipleship.

[00:10:00]

Professionally, Janice has been a researcher with the PEI Task Force on Student Achievement, a coordinator with Canadian Blood Services, and a contributing member of the Supply Chain Management Sector Council. At one point, Janice established a transportation service for adults with special needs, and owned and operated a summer day camp for youth. In her spare time, Janice enjoys reading and writing and facilitating workshops on effective communications and media.

Currently, Janice is a school trustee in the Bluewater District. Janice and her husband Reima have 7 children and 17 grandchildren, and live on a farm in Southgate, Ontario.

Last but not least, Heather DiGregorio. Heather is a senior partner in a regional law firm based in Calgary, Alberta. Heather has nearly 20 years' experience in tax planning and dispute resolution, which involves assisting her clients navigate Canada's complex and constantly evolving tax landscape. She is a past executive member of each of the Canadian Bar Association (Taxation) and the Canadian Petroleum Tax Society. She continues to be a frequent speaker and presenter at these organizations, as well as the Canadian Tax Foundation and the Tax Executives Institute. Repeatedly recognized in the legal community as an expert and leading lawyer, Heather has represented clients at all levels of court, notably the Alberta Court of King's Bench, the Tax Court of Canada, the Federal Court of Appeal and the Supreme Court of Canada.

To conclude, I'd like to say that the world is watching. Those of you who have, or will have, taken part in this project in one way or another—whether by financing it, working on it, sharing the information, or honouring us with your presence; whether here, online, or in rebroadcast—I thank you from the bottom of my heart. We couldn't have done it without you. You are making history.

Without further ado, you can now listen to a man whose courage was admirable and whose name will undoubtedly be associated with this crisis throughout the French-speaking world and beyond: a man for whom I have the utmost respect, Professor Raoult.

[00:12:33]

Final Review and Approval: *Erin Thiessen, October 26, 2023.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 1: Dr. Didier Raoult
Full Day 1 Timestamp: 01:29:40–03:16:45
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
Good morning, Doctor Raoult. My name is Jean Dury, I'm a lawyer in private practice and I've been working in the field of human rights for over forty years, and I'm the one who's going to be questioning you today. I'd like to begin by thanking you on behalf of the Commission for your presence here today, and above all, for all the work you've done, which in Quebec has been followed by many, I can tell you!

So, without further ado, I'm going to touch on certain subjects that you know well, and as a preamble, I noticed that you've said on certain occasions that your job is to find therapeutic solutions for new diseases. And I found it important to emphasize this in the preamble today since it will be a path on which we'll travel today because we were contending with a new disease. Now you have to understand that I'm a novice, so I'm not a scientist at all, and if I make mistakes, you can correct me. I have no problem with that.

So let's go back to March 2020, when we were informed that there was what we called a pandemic. I would like to know, for your part, if you are able to explain to the Commission your thoughts on this notion of a pandemic that had just been determined in March 2020. Can you answer this: specifically, was there a pandemic?

Dr. Didier Raoult

First, permit me—forgive me if this appears pretentious or arrogant—to tell you in a few words what I have done previously in my life. I'm talking about it because we're discussing scientific consensus—I am not at all a fringe thinker. I'm the microbiology man. There are probably people here who know that I have been the most quoted in the world over the past 20 years. Twenty years ago, I was tasked with a report by my Ministry to manage the issue of bioterrorism, which I thought at that point wasn't that serious. I have no regrets. So of course, I took the opportunity to write a report, that is still available online, on how to manage future epidemics, right?

So you could say I had a report that's 20 years old, and I therefore had a very well-defined vision, particularly regarding organization, which led me to set up an institute for research and care on infectious diseases, which is the biggest medical research project contract that France has ever had. So I'm not someone marginal. Maybe my attitude, my hair style appears like that of a weirdo to you, but I'm not a misfit. I've published more in all the infectious disease journals than anyone else in the world. So it's not true that the idea of what was put in place represented a consensus.

[00:05:00]

It's a very interesting way that will explain—of course, it has to do with what I'm going to explain to you.

For the past thirty years, infectious diseases specialists have essentially played a crucial, even exclusive, role in testing drugs for chronic infections such as AIDS and chronic hepatitis. As a result, the links between infectious diseases specialists and the pharmaceutical industry that was developing those drugs became essential, and a very large proportion of infectious diseases specialists no longer did anything else in terms of research—which isn't proper research: trying to provide patients with protocols that were written by the pharmaceutical industry, with all the results analyzed by the pharmaceutical industry, which "ghost writers" published in the *New England* [*Journal of Medicine*] or *The Lancet* or *BMJ*.

So, if you like, that was the situation. And so, in most states we turned towards people who were known to deal with infectious diseases and who, in reality, had no experience at all in epidemics but in the management of chronic infections—like, for example, Fauci in the United States who has done just that for forty years.

You see, emerging diseases and epidemics are very, very different in nature. AIDS was like that in the beginning. I worked on AIDS at the beginning, in the early '80s, and it subsequently became the management of chronic infections with the development of therapeutic optimization by the pharmaceutical industry. It's a different nature. So the consensus we've been talking about in terms of infectious diseases is, from the outset, a consensus achieved by relying on practitioners who, for decades, have been working to develop or evaluate drugs that have been bought—not developed. They are actually developed by start-ups, bought by pharmaceutical companies, by Big Pharma, and who then put them on the market, and then promote them, including in the biggest newspapers.

All this data, it's data that's very well known, it's not paranoid data. You know, three out of four of the last editors-in-chief of the *New England [Journal of Medicine]* wrote this, the current editor-in-chief of *The Lancet* published this, he also wrote this: that the pharmaceutical industry's weight in scientific production has become colossal, since they are the indirect employers or associated employers, people who do and who have become advisors, experts, et cetera. We are in a situation that is not one of consensus, or of reflection on epidemics, but a reflection that will integrate people who have a very particular way of working on infectious diseases, since the infectious diseases on which most people have worked in Western countries are AIDS and chronic hepatitis.

Secondly, the question of the definition of a pandemic: like all definitions, it is a question of the words used. A pandemic means that it is an epidemic that spreads across the entire planet. Now we can see things a little more clearly. At first, it's an epidemic that struck China, with secondary cases in Europe, Germany and Italy, before becoming widespread. What I'm thinking at the moment, after an analysis we're currently carrying out online which is now in preprint, is that a very important phenomenon happened somewhere after the virus entered France— I don't believe at all that the pandemic virus was manufactured in a laboratory, because that doesn't make sense virologically. Two mutations appeared; one mutation in the mechanism that reproduces the virus, which will multiply the number of errors by a hundred. As a result, this virus will become hyper-mutagenic, whereas coronaviruses had the reputation of not being mutagenic.

[00:10:00]

And so, the two previous virus outbreaks that were very similar, SARS in China and MERS-corona—you were unlucky in Canada to have a hospital outbreak of SARS, but it hasn't been reproduced elsewhere—the epidemic was quickly exhausted since the adaptive capacity of this virus, due to its low mutations, was very weak. So this virus which was close to MERS-corona or to SARS, people predicted at the outset that it would develop in

the same way: in other words, that it would disappear on its own. And these two mutations that we will find in almost all the viruses that you've had here and that we've had in Europe—which are in the RNA polymerase and the spike that you've heard a lot about—one has allowed a better adhesion of the virus, the other has allowed a greater speed of mutation—a quite exceptional adaptability, meaning that this virus has given rise to children, grandchildren, and great-grandchildren who each play their role one after the other.

And so this is the point at which we're going to be able to see that this virus is likely to become much more epidemic and change quickly. And so you have a single episode that looks like a normal epidemic, which is the first episode that we have in the world, which gives the typical shape of an epidemic with an acute infection—that is a bell curve—but then new epidemic episodes will appear. I was the first to talk about variants, and people were denying the very idea that there are mutations or variants. It was only when people in England, at the Wellcome Trust, said that there were variants, that the idea of variants was accepted, although this happened three months after I spoke about it.

So we are faced with multiple viruses, and which will have— The meaning of your question is even deeper than you imagine. We have conducted considerable analysis of the variants: that's 60,000 genomes in my centre alone. And what's really interesting is some of the variants have gone pandemic; what we called Alpha, Delta, now Omicron are pandemic, meaning they're found all over the world, while some variants have remained epidemic in particular areas. For example, the one that killed the most people in France is called Marseille-4. It developed in mink and spread to parts of Europe, but did not invade the whole world. Another variant has been detected in Spain and England, and has not become a pandemic but produced a limited epidemic. And why some of these variants became pandemic and other variants caused limited epidemics is quite incomprehensible at the moment.

So a pandemic is simply the observation that a virus is taking hold everywhere, but we don't know why. We're starting to get data, but it's a bit technical. Viruses exhaust themselves if there is not a new fertile mutation, meaning one that restarts the story. Otherwise, the mutations that accumulate spontaneously lead to the end of the epidemic.

Jean Dury
Thank you, Doctor. Before continuing, I have to swear you in. I didn't do it initially, but we can do it retroactively. So everything you said will be under oath, so, well, it's called a solemn oath. So do you swear to tell the truth, the whole truth? Say, "I swear."

Dr. Didier Raoult
Yes, I swear. I would like to add my conflicts of interest, I usually do. I have been working for the development of an electron microscope for Hitachi for several years, and since the beginning of the year, I have been scientific adviser for Orofa, which is a company that does biological diagnostics.

Jean Dury
So I'm going to ask you a question that has gone around the world: we're going to talk about hydroxychloroquine. You found a therapeutic solution, and can you tell us briefly about this episode in your life where you were confronted by your peers and many other doctors around the world, when you advocated for hydroxychloroquine? Can you tell us about this therapeutic strategy that you undertook at that time?

Dr. Didier Raoult
So hydroxychloroquine is part of a group of molecules that was studied in the '80s for their role in the cell.

[00:15:00]

Hydroxychloroquine is a weak base, meaning it is basic and not acidic like amantadine. All basic products, which are relatively small in size, enter the cell easily, by diffusion, and concentrate in a very acidic area of the cell called the lysosome. And they modify the pH, the acidity of this lysosome, by changing it from pH 4.7, which is an acid pH, to pH 5.6, which is a little less acidic. And by doing this, they change the physiology of how the cells fight against microbes.

So I analyzed the role of hydroxychloroquine. All of these things were measured first by another team, an American team that was working on Q fever. And so, I was a specialist in Q fever, which we couldn't manage to treat effectively. I analyzed this drug in the context of Q fever. For 30 years now, Q fever has been treated with hydroxychloroquine coupled with an antibiotic, because the antibiotic in an acidic pH doesn't manage to kill the bacteria, whereas if you raise the pH a little, then the antibiotic kills the bacteria. So it's a molecule that I know very well, that I have prescribed myself—I'm also a medical practitioner.

I've treated thousands of people with intracellular bacterial diseases—Q fever, Whipple's disease—and I've been requested to consult around the world, including in Canada, for advice on how to treat them. And by using this phenomenon, which is that by raising the pH

level of the vacuole, that is, the little sac in which the microbe is found, you change the life of the microbe in the cell. So if bacteria, viruses or parasites enter the cell through a vacuole, which we call phagocytosis or endocytosis, in most cases, the lysosome sticks against this vacuole; they fuse together; they pour enzymes into it, and these enzymes are only active at acidic pH.

So you change the nature of what is happening, and that includes with viruses. And so, long before us, there were people who had written a paper in *The Lancet* saying, "Look, we need to evaluate the antiviral activity of hydroxychloroquine because some viruses enter by endocytosis, including one of the two influenza viruses." And so when SARS arrived, hydroxychloroquine was tested for SARS. At the time, Fauci said: "It's likely that the only drug for SARS-1 is hydroxychloroquine." And the Chinese had tested hydroxychloroquine, just as the Koreans had tested hydroxychloroquine when they had problems with MERS. So it was a phenomenon that was not at all unexplained nor inexplicable.

Simply put, it's not a classic antiviral. Antivirals generally act on the enzymes of the virus itself, or on exchanges, or on the mutation of viruses. In this case, it's a general phenomenon which affects the ability of the virus to leave the vacuole it's entered through fusion with the lysosome. And in preventing this activity, you prevent the virus from multiplying. So it's a well-known phenomenon.

Furthermore, I chose hydroxychloroquine because it was an extremely well-known drug. There have been billions and billions of prescriptions that contain chloroquine or hydroxychloroquine. There was a year, I believe it was 2006, six billion treatments with chloroquine were carried out in countries around the world, since it was the standard treatment for malaria at the time. We used hydroxychloroquine for a year or two. I treated more than 4,000 people; we never had an accident, either cardiac or ocular. Hydroxychloroquine is used constantly by rheumatologists to treat the common disease of rheumatoid arthritis and also lupus, which is also a disease due to antibodies, specifically the same antiphospholipid antibodies that we sometimes see in SARS, and which cause heart damage.

Globally, it's the drug we use to combat autoantibodies, autoimmunity antibodies. It's a very well-known drug, and we know—I did thousands of tests before this adventure—that if you give 600 mg a day of hydroxychloroquine, after a few days you'll have 1 µg/ml of hydroxychloroquine, which is sufficient, according to the first in vitro tests we did, to neutralize the virus.

[00:20:00]

So all of this is very basic and understandable science. It's not mysterious, it's just mysterious to people who haven't looked at the literature, who don't know what they're talking about. It's all understandable science. In fact, I immediately reacted to the first statement made by the Chinese, who were the first and only ones to say at the start of the epidemic— The man who managed the first episode of SARS in China said: "There are only two drugs we've tested that are effective: Remdesivir and hydroxychloroquine. And because we know hydroxychloroquine, we know it's not toxic, we know the dosage, we're going to start treating people with hydroxychloroquine." And they announced preliminary results that said there was some efficacy.

So all this was knowledge, there's no improvisation here. So we quickly applied for authorization to carry out a therapeutic trial. As luck would have it, we were able to do a comparative trial with people whom we were able to diagnose, but couldn't treat with our protocol, which wasn't yet ready. Because they weren't included, they served as a control group where we simply measured viral load. That is, did the virus decrease more rapidly with or without our protocol? This was our finding, and it's a paper that's caused quite a stir. In fact, I didn't think that you could unleash such astonishing passions by doing science.

Jean Dury
Yes, in this vein, you often said that most of your detractors knew nothing about science. And I can tell you that it reached a lot of people when you said that because you mentioned that the majority of those making policy regarding COVID came from the National School of Administration. Could you please speak a little to a subject about which so much ink was spilled?

Dr. Didier Raoult
To tell you to what extent science is not what is explained in administration schools—but I understand. The reason why I didn't want to participate in the French Scientific Council is that the politicians wanted to say that they were making political decisions in the name of science, but it wasn't in the name of science, it was in the name of political strategies, which were not scientifically validated.

So for example, we now know that there was no evidence to suggest that wearing masks in the street would reduce the epidemic. We have shown that to be false. The lockdowns had no scientific substance. And besides, the Swedes, who have had no change in their life expectancy, never applied lockdowns. So all of this wasn't science, it was politics. It's all

very well, people have to be political. But, as for me, I didn't want to be exploited as a scientist, to be said to be the one who did it. So I wouldn't have wanted to play the role that Fauci was doing, or what Delfassy was doing: to say that we make political decisions in the name of science. I don't agree, and it's not my role. My role is to talk about science, it's not to make political decisions. I never wanted to do politics. Besides, no one is able to say what my political opinions are. If anyone knew, I'd be interested in knowing what they are, because they vary depending on the situation.

Jean Dury
We are going to talk about a subject that has shaken the planet. It's the subject of vaccines. So it's a big topic. I would like if you could give us at the Commission an opinion on the effectiveness of vaccines, if you would.

Dr. Didier Raoult
You are talking about the COVID vaccine.

Jean Dury
Yes, which have been offered.

Dr. Didier Raoult
Not to advertise, but I wrote a book on vaccines five or six years ago, long before this, and I agree with everything I wrote about vaccines at the time. So on the question of vaccines, we have to try not to get caught up in binary arguments of "I'm for vaccines or against vaccines," which are idiotic.

Jean Dury
With that, I agree. That's not what I'm asking you. I agree with what you've said.

[00:25:00]

Dr. Didier Raoult
There are vaccines that work very well, that have made it possible, at least in the one case of smallpox, to eradicate a disease; and others that have made it possible to reduce the

incidence of disease very, very dramatically. There are at least a dozen that work very, very well, that are indispensable. And in France, I played a political role in getting two of these vaccines reimbursed. There are so many. One for the Hæmophilus influenzæ vaccine, the other for the hepatitis B vaccine which were not subject to reimbursement in France for ideological reasons. Since then, the ideology has changed. In the '90s, the people who were hostile to vaccines were rather "New Age," rather left-wing; and now, those who are in favour of vaccines at all costs are rather left-wing.

So the tide turned as to those who were against vaccines. You know that in California, there's a huge drop in vaccination, which was due to left-wing hostility. And at the time, they were teaching at the national health training school that vaccination policy was directed by the pharmaceutical industry, and that the tragedy of the imputed link between hepatitis B and multiple sclerosis was an error linked to pharmaceutical lobbying. When I asked for the science to be re-examined, I was accused of being an ally of the pharmaceutical lobby, which is a laughable accusation—as you can see, times are changing—because it's all a kind of ideological simplification.

Now, to come back to the vaccination for COVID, we are in a situation in which we have over-dramatized an epidemic by making people believe that everyone was going to die from this epidemic. I will remind you that in most countries— apart from the United States, which is the country that has had the most singular management of all for reasons which I believe I know and will share with you—of the people who died, half of them were over 85 years old. Ninety per cent of them were over 70 years old.

So we were in a group of diseases that we know—that is, in the elderly or those who have associated pathologies, immunocompromised, Down syndrome—with a very, very high mortality. Well, with these people, you have to have protective measures, and you had to have them as soon as possible in the EHPADs. EHPADs are what we call nursing homes. Well, we had to take care of these people right away, so we immediately tried to put protocols in place. We reduced mortality by 50 per cent with therapy, but we were forbidden to continue. So the immediate targeting of this disease was therefore essential.

The over-dramatization caused the government to say, "We're not going to require the scientific validation that we normally require for a vaccine." And all of this was pushed very, very, very hard by, in particular—I'm sorry, but it's the reality—by Bill Gates for years. He proclaimed: "We will have to have vaccines in six months." However, it's not possible to validate a vaccine and its effectiveness in six months. It's impossible. So if you want to validate it in six months, well, you can't really assess its action against— That's what happened, we never tested for contagiousness.

So this vaccine was sold as a solution to a panic-stricken population, saying, "Listen, when the vaccine arrives, we are going to have a magic wand and this magic wand is going to be to vaccinate everyone. And then the disease will be over." But if you consider the results now, it's terrible by the way. As nobody remembers, and they remember less and less, nobody sees. You just have to look. You know, there was a very good site, which I looked at very, very regularly: the Johns Hopkins COVID. You only have to look at it to see that the vaccine did not change the impact of the disease. It has not changed; the impact is the same.

So secondly, regarding its effectiveness, we saw this very quickly because we asked people who came for testing. We did 1.2 million tests in my Institute and we asked the people we tested: "Have you been vaccinated or not?" And we quickly realized that vaccinated people were just as infected as unvaccinated people. So we knew there was no protection against infection. Everyone knows that now. So the eradication or elimination of COVID was something that we very quickly knew was not true, despite the fact that every time I talked about it, people tried to say: "It's not true."

But you only had to look at the vaccination coverage in England and the rebound immediately after, and you only had to see what was happening in Israel. This is all on Johns Hopkins COVID, you have to just look. Or look at South Korea. There was no COVID before the vaccination, and after the vaccination we see COVID exploding at a time when there was a considerable vaccination rate. So we know very well that it will not protect against the disease.

[00:30:00]

The second question is—okay, if we come back to a proposal that is reasonable, at least at first glance—which is one we know about for other respiratory viral infections. We should bear in mind that for respiratory viral infections, we currently have no vaccine that can ensure lasting immunity. There are none. And the diseases themselves, like COVID, you know well that there are people who have had COVID three or four times, so it's not protective. You cannot envision a protective vaccine when the disease itself is not protective because the immune response during a disease is considerable. And there are no examples of non-immunizing diseases for which we have vaccines that provide lasting immunity. That's basic. It is a basic scientific concept. It's because people are ignorant that they don't know that.

We well know that what happens with the flu is the same problem. One, it mutates. Two, it rearranges itself. There is a lot of rearrangement with COVID also. And it's a viral respiratory illness that's not immunizing. You have a flu and then you have another one the

following year, or you don't have it, for reasons that we don't understand. And so the flu continues. And every year, we make vaccines for the flu. And fine, all it does is lessen the severity a little bit in those most at risk. That's the efficacy.

And unfortunately, the subjects most at risk are those who have the poorest immune response. This is one reason why it decreases the mortality a little. It's not totally ineffective, but it's not terribly effective. Even so, the flu vaccine provides some protection against contagiousness for three to four months. And so, this is one of the reasons why it is recommended by most countries for healthcare personnel in direct contact with patients during the seasonal epidemic. This isn't extreme, it's just knowledge.

So this vaccine has been produced under conditions that make it impossible to evaluate all the groups. In other words, you can't test its safety and efficacy in pregnant women so quickly. You don't have time to test it on children. You don't have time to test its efficacy against transmission. So those three major elements. And the only thing you can test —and that has been tested—is whether there are more or fewer symptomatic forms in people who are not vaccinated compared to people who are vaccinated. There were preliminary results within three months showing that—and again, we can't assess the efficacy of this vaccine at six months because it hasn't been tested for six months.

All this is being done in real time in the general population, even though it hasn't been tested. And, of course, it hasn't been tested, so we don't know the results. And when we see the results, well, there's a certain number that don't work. So in terms of effectiveness against contagion, we know that we can't eradicate it. We've got the simple and absolute proof. We've really seen it. This disease cannot be eradicated by vaccination. Afterwards, if you want to prove it, you know, there's always someone who'll make you a mathematical model paid for by a famous foundation to show that it works. And if you simply look at the variations on Johns Hopkins COVID, you'll clearly see that the efficacy surrounding transmission isn't great. We've just published a study on 30,000 people we've treated here. Regarding the efficacy for high-risk subjects, there's a certain efficacy on the severity for the oldest subjects, those over the age of 75. They have fewer severe forms.

Then there are the side effects. I was the first to speak up about this in France. We had a very young care worker who was vaccinated and lost an eye because she suffered a deep retinal vein thrombosis. Then, of course, there was a great reluctance on the part of staff to seek treatment. People say it's because I was the one expressing reservations, which wasn't the case. It's because people were talking. When you have a 25-year-old girl who loses an eye, all her caregiver friends in the hospital find out very quickly, and then people get suspicious. The facts were in. And so that was with the AstraZeneca vaccine. Very quickly, I

announced on my channel when I was doing my shows that I recommended that women under 50 shouldn't be vaccinated with this because they were the people most at risk. They shouldn't.

[00:35:00]

Afterwards, England itself banned it, and everyone dropped it. Everyone forgets that I'm the one who said it in the first place, because afterwards, everyone interpreted it as a general position against the COVID vaccine, a general position against vaccines in general, which is stupid. Sorry but I don't want anyone to think I'm stupid. I'm not stupid at all. Well, if I am, I don't realize it.

All that. Then we saw the story of myocarditis in Israel. The proportion of myocarditis is currently unknown, especially because there is a proportion of sudden deaths in young subjects, and particularly in athletes, which has not been explored. For a long time, people denied that it causes myocarditis, but now nobody denies that. There are people for who it's not important.

But we have to assess all vaccines, if you like. That's why I can't answer your question directly as to whether I'm for or against it: all vaccines need to be examined in a balance of the risks and benefits involved. We have the same results as, for example, the Swedish government, which has just published a very well done, intelligent study on the mortality rate of people under the age of 45 with COVID, specifically, from the moment they are sick. We must treat them. In France, we did a terrible thing at the beginning, when we said: "Don't treat the sick, stay at home, don't bother your doctor." Doctors didn't respond. "Just take some Doliprane [an analgesic] and if you're out of breath, go to the emergency room or phone the SAMU [emergency services in France]." This was a huge mistake because if you don't know anything about a disease, you have to start by studying it.

That's what we did, we started by looking at the patients. And so we realized, as the Chinese had written, that the disease presented itself on the respiratory level initially as a drop in oxygen that exhausted the patients, without any increase in carbon dioxide. It's carbon dioxide that leaves you out of breath. In influenza, you have both a drop in oxygen and an increase in carbon dioxide. It's all about gas exchange. And so, when things aren't right, you realize it because you're out of breath. Whereas in this disease, when you're out of breath, it's very late, it's time for resuscitation. For a long time, you've had very low oxygen, you've exhausted yourself fighting to get oxygen, and when you can't fight any more and you're suffocating, it's extremely late.

And so in this disease, you have to measure oxygen concentration very, very early on with pulse oximeters. Everyone ended up buying pulse oximeters. The Ministry finally recommended it, three months after I recommended it. So you have to measure oxygen at home. It's medicine; it's science; it's the experts versus the administrators. It's different worlds, you see. And so if you oxygenate them, you lower mortality in the youngest subjects, because they will recover if they don't have to struggle for ten days to be able to oxygenate themselves. Otherwise, they won't get to intensive care—they will die.

And we know this too because we had our aircraft carrier on which there was an epidemic of 700 people with zero deaths. We had an epidemic on a cruise ship in China, and with those under the age of 70, there were zero deaths. And so in Sweden, when they assessed this, they determined that there was one death for every 10,000 infected people under 45 years old. So if you want to know what the relative risk of dying is when you're under 45, you have to multiply that by the frequency of the disease, and the frequency of the disease during this observation period in Sweden was of the order of 10 to 15 per cent. This means that between the ages of zero and 45, there was perhaps one death per 100,000 people who would die from COVID-19.

So when you introduce a vaccine into this population, if you know from the very beginning that it doesn't play a role in controlling the epidemic, then you have to tell yourself that the vaccine must have less than one death per 100,000 people. And this, of course, you can't test yet. And that's what benefit/risk is all about. There's been devastation in 85-year-olds, so, if you were to say, "Look, if there's one death per 1,000 or per 10,000 in people vaccinated," next to the risk of dying from COVID, well, my God, we can take the risk. The expected benefit is reasonable. But when you have no expected benefit, well, no risk is tolerable. Is that clear?

Jean Dury
Yes. In fact, I just wanted to add that you can be sure I didn't get into a question about whether you were for or against vaccines because I know we've tried to catch you with that on several occasions.

[00:40:00]

You answered well. We were talking about the vaccine's effectiveness, not whether you're for or against it.

Now, I'm going to address a subject that, for me personally, is very important, and that's censorship. Just to put it in context, Professor Raoult, in Quebec we have around 400,000 professionals who are subject to 42 or 44 professional orders, and each professional order has an employee who, during the pandemic, monitored social networks to see if there was any deviation, or to see if there was any professional who thought differently from the way the government wanted them to think. When this happened, the professionals would suffer the wrath of these overseers, and often it ended in disciplinary complaints. It wasn't just medical disciplinary complaints, or those who belonged to professional orders related to public health, but it could be a surveyor, an engineer, or any other professional order.

So there was a lot of censorship, and of course, I mentioned that this was something I'd been working on since I was very young. And now that I've given you a bit of a context on what's going on in Quebec, I'd like to get your opinion on what's going on in your circle and what you think of the benefits—that is, not the benefits, the opposite—of censorship in Europe at the moment.

Dr. Didier Raoult

I wasn't expecting, if you will, this degree of censorship. I could see it coming because I was doing a whole series of seminars very regularly in my Institute, and I had already compared, if you will, the information provided by the traditional media, the newspapers, in this case, therefore, *The New York Times*, *The Washington Post*, *The Guardian*. At the time, this had been analyzed by *Our World in Data.* And I compared this to information from Google and social networks. We could see that the traditional media focused on two or three areas, if you will, whereas the social networks were much broader in terms of causes of death.

So if you look at the mainstream media reports covering three causes of death, that is, terrorism, suicide, and homicide—that was before the COVID era because after, it became all about COVID—in 70 per cent of articles talking about death, they were about these three types, while these three kinds of death represented perhaps less than 5 per cent of causes of death depending on the country. On the other hand, the social networks only talked about them 20 to 30 per cent of the time. So the understanding of mortality in social networks was much closer to reality than that of the mainstream media. So the bias of the mainstream media was extremely clear to me after this discovery, and that bias has absolutely incredible power—the same in France.

But what was really interesting, and something I wasn't aware of, was indeed censorship on social networks. My first intervention on hydroxychloroquine in China, reporting on

what was happening in China, was labelled "fake news" on Facebook and "fake news" on the Ministry of Health website. Afterwards, I said, "Wait, I'm reporting something that was officially said in China. You can't say it's fake news. You can say the Chinese are lying if you want,"—that was the big thing—"but you can't say it's fake news." So, everything that has been instituted over the last few years by fact-checkers, fake news, et cetera, in reality is information control. It's censorship.

And then, as we've seen on social networks, people regularly have their videos deleted on YouTube. That wasn't the case for me because I was a bit too big for them to really do that to me. Besides, every time I talked about something, I was careful to rely on texts that were written and known. I expressed very few personal opinions. In reality, I was explaining what I believed we knew based on information that was published. But it was absolutely enormous. Moreover, since he bought the Twitter network, we can see this more clearly now with Elon Musk's willingness to remove and report on efforts that have been made to censor communication on networks. So this is a very striking development.

[00:45:00]

I can tell you I'd only read about this evolution in Hannah Arendt's work on totalitarianism, and I recommend that you read it because it's extremely disturbing. She explains totalitarianism very well; it's very different from dictatorship. In a dictatorship, they force you to obey, but in totalitarianism, they want to force you to think the way they tell you to think. I feel that we've entered a phase in the West which, in my opinion, is very, very close to totalitarianism, and which can be very, very well studied with respect to the establishment of Communism. If you read [Arthur] Koestler's *Darkness at Noon* or you read about Nazis, that's how it's done, it's propaganda. "You've got to think like that, you've got to recognize when you've said something else, that you've got it wrong, you've got to be self-critical." But we know all this, we just didn't think the world we lived in was going to become like this.

As such, we need an extremely strong democratic reaction to prevent what was described in *1984*, in other words, the establishment of the Ministry of Truth. We also had the Ministry of Truth, and it's interesting because the Ministry of Scientific Truth, if you like, has its own ways of measuring things. Among scientists, our measure is the number of citations we have or a construction based on the number of citations called the "h-index." So, I had visits organized with the intention of destroying the Institute and the work I was doing, by eight people who are senior civil servants of the Republic, mandated by two ministers, as well as upper management of the equivalent of the FDA, and I had fun taking all their scientific output and letting them know that, "There are months when I published

or was cited more than all of you combined. So, you can't tell me that this is science, that isn't science. It's ridiculous, it's ridiculous." So clearly, it's not in the name of science.

But there are other things I've discovered. So, there's a site called PubPeer, which is an online denunciation site which analyzes your studies, including analyses done by anonymous people who have no scientific knowledge, and then bombards the newspapers in which you've published to say that you've cheated, that you broke the rules. So you see, there wasn't just censorship, there was an absolutely incredible aggression that I'd never imagined possible.

And then there was cheating, really, because "Lancet-gate" is nothing other than cheating. In other words, that unknown people managed to get 80,000 medical files of patients treated with hydroxychloroquine and that 10 per cent of them died, and published this in *The Lancet*. I can tell you, and you can mark my words, I was *The Lancet*'s only editorial consultant. Once again, I'm not a minor figure; I've been *The Lancet*'s only French editorial consultant for some 15 years.

So I sent a paper to *The Lancet* in which we report 3,000 cases, and okay, the paper isn't reviewed because it was about chloroquine. I receive for review a paper by rheumatologists from a world association of rheumatologists, reporting a million treatments with hydroxychloroquine over several months or years, in rheumatic patients, and showing that there are no cardiac incidents. They reject both papers and at the same time publish a paper in which they say that there are 10 per cent deaths out of 80,000, whereas they had in their hands the rheumatologists' paper with one million without deaths.

So, if you will, this is extraordinary. This means that censorship was exercised not only at the level of the press, but at the level of the scientific press like I'd never seen before. What happened was unheard of—and therefore, that led me to have a political reflection on how to clarify this? How do we deal with this? You're a lawyer.

Personally, I'm struck by all the drama we've seen in recent years with the pharmaceutical industry. Maybe that will change with Purdue. In the United States, an estimated 100,000 deaths a year have been caused by OxyContin: Purdue, advised by the pharmaceutical industry's top consulting firm. Perhaps some people will go to prison. But for Vioxx, which is estimated to have killed 60,000 people, there hasn't been a month's imprisonment.

So, if you will, our society needs to reflect. The only penalty there is—and in the United States, they still penalize them—they take money from them, they take billions from them. In France, they don't even go this far, or only take extremely small amounts.

[00:50:00]

I don't know if they penalize them in Canada when they realize that they lied, concealed the results.

This is all happening. Again, you have to stop saying it's conspiracy or paranoia. You just have to look. There are lots of sites that measure the number of— I don't know how many, Pfizer must have had 20 billion in fines in recent years, Merck, the same. So these are fines for cheating, fraud, bribery, illegal financing of doctors for prescriptions. All this is perfectly well known. So quite simply, society hasn't taken measures that are commensurate with the deaths that have been identified. These are indirect homicides and should be treated as indirect homicides, okay?

And they are not, because there's a false naiveté that suggests that the pharmaceutical industry is not like all other industries. Yet, it is an industry just like the car industry, which cheats with diesel, or like tobacco. It's all the same. The aim of an industrialist and an industry leader is to make money so as not to go bankrupt because otherwise he's obliged to put people out of work. States protect them. And all this has to be regulated because the pharmaceutical industry is no different from any other industry. There's no conspiracy or paranoia here.

It's hard to see how we could regulate Pfizer's sales in 2022. It's $80 billion, including $22 billion in profits. You can't let that go unchecked. You just can't. It's a challenge to all human intelligence. The whole thing has to be contained. You can't imagine: in Europe, we have not been able to get the status of the European Commission's negotiations to spend 41 billion dollars. There's no visible trace of it. It's a world that shouldn't exist. In a regulated world, such things don't exist. So there's a real fundamental problem here, which is that first we say "but it's for the good of mankind," so, we agree that it's for the good of mankind and therefore, we throw out all the rules.

I'll give you another rule to which I'm very attached. In my Institute, from the outset, one of the major undertakings was to create our own professional conduct and ethics committee, because I think this is one of a number of things that has been hijacked. We've ended up distorting ethics, which is never more than the morality of the doctor-patient relationship, into something that is purely regulatory and administrative.

Let me tell you something. We do not accept so-called non-inferiority trials, meaning trials in which a molecule is tested that cannot be of any benefit to the patient. It's meant to show that the new molecule or strategy is no worse. In Quebec, we would have said, "It's no worse than the molecule that already exists," alright? But in reality, patients are never informed that they are taking a risk because what we're testing is whether the new molecule is less risky than the old one. We decided that in our Institute, we wouldn't do or take part in any non-inferiority studies, unless on the paper that we give the patient we say: "You're taking an unknown risk." That's one thing.

Secondly, we're very concerned by these developments: normally, the Declaration of Helsinki, which hasn't been followed here—I don't know if it's been followed in Canada—stipulates that if a doctor earns money by prescribing a new treatment that hasn't been evaluated—which was the case for all vaccinations, we were in a phase III trial, it was still in the field of research—the patient has to provide consent. And so if we ask a patient to accept, we have to tell them whether or not we're getting money. I can tell you that in France at least, when it comes to therapeutic experimentation, there's no doctor or principal investigator who says: "I'm being paid and I'll earn more money if you say 'yes' than if you say 'no.'' It's not clear in the files we give them.

And the third thing, which is something that is absolutely terrible: I don't know if it happened in Canada, but back home, there were a number of professions for which vaccination became compulsory. But this collided with the fact that people were being asked for their consent since we were in an experimental period. But it's stipulated, including in the Declaration of Helsinki, that you can't ask someone to consent if saying "no" penalizes them in comparison with saying "yes."

[00:55:00]

You know very well that when a therapeutic experiment is carried out, you have to write on the consent form—and we didn't say this for the vaccine, it's an exception to all ethical rules—"Listen, you won't have any sanctions, penalties, or problems with your care if you say 'no'." So it's genuine consent, not an obligation. From the moment it ceases to be risk-free consent if you say "no," it's an obligation; and so this obligation, theoretically, in an experimental phase cannot be imposed.

There's a real problem here that's been generalized worldwide. In other words, in a product that hasn't been fully evaluated, that's going to be evaluated on prescriptions as a whole, well firstly, the states have assured the pharmaceutical industry that it won't be

prosecuted. So on the one hand, the states will assume the dangers and penalties if there are prosecutions. And on the other hand, well, the study wasn't finished. Volunteers would have been found because there was considerable initial appetite for the vaccine.

We were the first vaccination center in Marseille so once more, we had to put things in place and stop the "for or against vaccines" nonsense. There were people crying to be vaccinated. At the beginning, we started by vaccinating the oldest people, but there were people who were ten years younger than the initial vaccination age, which was over 70, so there were people in their 60s or 50s who were crying to be vaccinated, so there was an appetite for this vaccine. There were people who didn't want it, but there were people who really wanted it. There was considerable emotion involved because once more, this calm analysis of benefit and risk—for benefits that were not known—could not be carried out. All the benefits were hypothetical.

Jean Dury
You mentioned a subject that captures everyone's imagination: conspiracy theorists. I'd just like to say that, in Quebec, in cases where I've personally acted and the subject has been raised, I've always objected, saying, "There is no definition." It's a journalistic discourse and it's impossible to frame the term "conspiracy theorist" in a court of law and have a judge say what a conspiracy theorist is. So, I'll just mention that I'm going through this right now in Quebec.

Dr. Didier Raoult
The Minister of Employment too, I assure you!

Jean Dury
I speak of in court. For me, the courthouse is where I act. I've always objected, I've always won, I've always challenged. And I'm against the idea of going to court to define the word "conspiracy," and it's very difficult to define, by the way. You mentioned consent, and we're very concerned about that too because the Supreme Court of Canada ruled that no one can be treated without consent. And I can tell you that this principle has been unfortunately disregarded in the case of the vaccine.

I'll close by telling you what I heard on social networks, that in May—around May 23, I believe—at the World Health Organization, there's going to be a meeting to establish laws

that will oblige countries to follow all WHO recommendations when next there's a pandemic. Are you aware of the current situation?

Dr. Didier Raoult

No, no, no, I don't follow that closely. Once again, I'm very, very concerned about the financial power in the 21st century—and I'd like to make a comment about this—and the considerable conflict of interest that Bill Gates has in this affair. Bill Gates, through his two foundations, Gavi and Bill & Melinda Gates, is the leading funder of the WHO, ahead of the United States. He has a policy that he has always declared and he has personal investments in those stated goals, which make this the biggest conflict of interest in the world. So here's a real question and one day it will have to become clear. Here too, I agree with you: in 10- or 20-years' time, when people look at this, they'll be laughing at us. We can't have healthcare run by a billionaire who thinks he's God and invests in the areas he predicted we should invest in.

[01:00:00]

I think we have arrived at a problem which is staggering, I find it so big.

Now there's something I'm going to tell you that I find very interesting and fascinating. Doesn't it all come full circle? You probably know, because you're neighbours, that in the United States, there has been the biggest drop in life expectancy of any country in the entire 20th century since the beginning of the COVID episode; but it started even before that, about ten years ago. So at present, life expectancy in the United States, which is like the blink of an eye in terms of history, is lower than in Cuba, lower than in the Maghreb countries, and lower than in China. Yet it is the country that spends the most on healthcare. And it's the country with the most pharmaceutical companies.

So I don't know what conclusion you draw from this. But what's very interesting is to see that countries which only use generic drugs—none of the molecules invented during the 21st century—have a life expectancy that hasn't stopped increasing. And the countries in which this disease has taken its heaviest toll are the countries in which the pharmaceutical industry is most powerful: in Western countries, and in particular, the United States. But I will never wager anything on the United States because it's so multifaceted that anything is possible.

I think they need to reinvent the law against Rockefeller for the pharmaceutical industry and for GAFA [Google, Apple, Facebook, Amazon]. I don't think we can let monopolies get to

be this size without breaking them up because they're becoming too powerful and too dangerous for democracy. The Americans invented that. The same goes for white collar crime and conflicts of interest. I learned all this when I did my post-doc at Bethesda. That's when I became aware. How could we have ignored that? You know, the chap who during this crisis became editor-in-chief of *Clinical Infectious Disease*, which was the *American Journal of Infectious Disease*: he was on Gilead's board. How is it possible to have been so negligent about conflicts of interest? It's a terrible thing.

So I believe that a certain number of basic principles of liberal democracy have been bypassed or forgotten in the name of "we're doing all this for your own good." I don't believe that. Just as I don't think there's such a thing as a free lunch, but that was also something a great American economist said.

So I think we need to return to a controlled liberal democracy, that is, with checks and balances that are commensurate with the powers that be and with transparency. For example, we've just done a study that I am having difficulty getting published in the major journals, but which is original in terms of a study. In it we've included 100 per cent of all the patients we've treated in the Institute, just over 30,000, whose therapeutic data is external to the IHU [l'Institut Hospitalo-Universitaire], that is, external to hospital pharmacies. The phenomenon we're studying—mortality—is external to us. We used national statistics where we examined name by name and then, according to the treatment, we compared the mortality. And all this data is already available on a data bank that anyone can view, 100 per cent. Our analysis is our own, but raw data are raw data.

Until now, we've never been able to get the raw data from all those analyses claiming that this works or that doesn't, particularly from the pharmaceutical industry. As you can see, it's a first to get Pfizer's results because the Texas court required Pfizer to make them public. Otherwise, I believe—I may be talking nonsense, you know better than I do—that in the United States, as this is considered a trade secret: the results of these expert reports can remain undisclosed to anyone—apart from the FDA—for ten years. This means that other researchers cannot look at them, see what has been removed, what has been eliminated. If it hadn't been for this situation, a story like Vioxx, again with an estimated 60,000 deaths, would never have happened. So the fact that there's no transparency about therapeutic trials is totally immature.

So we cannot simply live as if, we cannot do, we cannot believe that the role of the pharmaceutical industry is to do good for humanity. I know one of your commissioners is a theologian, but I'm sorry, this isn't about the goodness of God or humanity. It's about money.

[01:05:00]

So we need to get back to figuring out how to control, what controls are possible so that there are no attempts to buy each other off, no special rights, no financing. How do we control this? We need to be adults and consider that this is the same thing as "Dieselgate," it's the same thing as tobacco, it's always the same thing. And so we have the impression that these lessons are totally forgotten or simply that we act like they don't exist.

Jean Dury
So as far as I'm concerned, Doctor, these are the questions I had to ask you today. Thank you very much for being here and for being questioned. Are there any questions? Please remain at the disposal of the Commission, which may have questions for you, Doctor. Thank you for your time.

Commissioner Massie
Hello, Professor Raoult. My name is Bernard Massie. I'd like to thank you very much for taking the trouble to come and give us these absolutely detailed explanations, which allow us to really understand the situation we're in. I've been personally following you since February 2020, and I'd like to thank you personally for being a voice of reason and serenity in this madness, and for enabling us, through rigorous science, to really come to grips with what we're dealing with. That's my comment.

I'd like to ask you a few clarifying questions. I've followed a lot of your conferences, and among other things, I've noticed that you regularly cite the data available on the Johns Hopkins site and *Our World in Data*. I've always had a certain, well, we follow this data and assume that it's collated as rigorously as possible. I've always had a certain reserve in view of the work you've done at the IHU [l'Institut Hospitalo-Universitaire] with Bernard La Scola, in particular, to demonstrate that the presence of an active or infectious viral load obviously depends on the number of PCR cycles performed to detect the presence of an active virus. And I know that in Quebec and in other parts of the world, PCR replication cycles have perhaps been exaggerated, let's say, to such an extent that I've always wondered a little about the famous epidemic curves, which are essentially based on the presence of positive signals, the accuracy of which is ultimately questionable.

How do you analyze this data, given that, well, it's the data we have access to? I know you've been very rigorous doing this in your Institute, which gives you perhaps a much

more accurate picture of what happened in the epidemic phases. How do you work with these sites to extract information that can be useful in understanding the broader picture?

Dr. Didier Raoult

I agree with you. I can tell you one thing, though: this, too, may be something to think about. When I started, we had an Institute that was over-equipped, probably the best-equipped microbiology laboratory in the world. Our equipment was exceptional. And so, when things started happening, we were already doing 300,000 PCR tests a year. All we had to do was add PCRs for COVID at the start, which wasn't a particularly difficult thing to do, and we managed to do up to 5,000 a day. In France, the policy was created by people who didn't even know what a PCR was, or who performed very few of them. It was based on the fact that "we don't do testing." Instead, we tested those who were identified as highly likely—predictive value—of having a significant positive test, and this became absolutely ridiculous. I pointed this out three times. It provides an almost magical illustration of this crisis. Listen carefully, because it's so big, it's like a novel.

So in the beginning, the Ministry said: "Since there are so few tests, we can't do any tests. In my lab, I was told, "We can already do 200, 300, 400." You know, when we repatriated people from Wuhan and there were no cases in France yet, there were 300 people needing testing and we returned 300 results in two hours, so we knew how to do it. But at the time, people were saying: "In France, we can't do tests, we can't do more than 30 tests." And in Paris, we couldn't do more than 30 tests, which led to hostility. And so, the public health authorities said: "For the time being, the only people who need to be tested are the Chinese from Wuhan who have a fever. The others don't need to be tested."

[01:10:00]

And so, an 80-year-old Chinese man presented himself at a Parisian hospital with a fever, illness and cough, but he wasn't from Wuhan itself, he was from the Hubei region. And they didn't test him; they sent him home. He came back. When he came back, same thing, he still didn't fit the criteria of people to be tested, and he was sent back home. And he came back in respiratory failure. He ended up going to Bichat, where he was treated by the team of Yazdan Yazdanpanah, who was responsible for managing this crisis in France, and who is a specialist in AIDS and hepatitis of course, and who gave him Remdesivir. He died of kidney failure as a result of the Remdesivir. And, icing on the cake, this case was published three times: once in *New England*, one as a case report, once in *Lancet Infectious Diseases*, and once in the *International Journal of Infectious Diseases*. That says it all about the ineptitude, ignorance, and cynicism of having published. I would be ashamed to mention it. Listen, it's

such a considerable medical error, it's such stupidity to have this man who died without treatment, without anything, who was sent home even though he came from the area where the epidemic was taking place. It leaves you wondering if you are dreaming.

And so, it's true that we've moved on from that—in the end, I was the one who convinced the President of the Republic that we had to do tests. This was one of the things I was able to convince him of. We had to do testing because that's how infectious diseases are diagnosed. But, you know, with the tests, you now see the opposite extreme. But if you look at the two major studies that were supposedly used to evaluate hydroxychloroquine—*Recovery* by the English and *Discovery* by France—within the framework of the WHO . . . Have you read them? —maybe it's not your job to do so, but it's my job. Well, in these two studies, as in many studies that were done at the outset, there are people who never had confirmatory diagnostic tests. And yet these people have become the world's reference.

I would never in my life have dared to say that someone had been diagnosed with an infectious disease without having had a test. If you look at the criteria, they were like, "Look, does the doctor think he has this?" And they didn't even know what the major signs of COVID were at the time, which were loss of smell and loss of taste, which had really significant predictive value. But at the time, they didn't know that. And so, they included people who were coughing and said, "There, they've got COVID." And so, those were the two big studies that everyone relied on. It's such a huge mistake. You see, this isn't methodology, this is medicine.

So we didn't even have the diagnoses. In most cases, people didn't know how to make the diagnosis, especially in big cities where there were too many cases for them to take action. And then in the second part, when this started to spread in France, we did millions of tests. People came to us to have their positive tests confirmed. And in 25 per cent of cases, we found that the test was actually negative. The rates that had been reported were the result of—you know, PCR contamination. That's one of the reasons why you can get titres with distilled water. You can have a positive PCR for COVID if you're not working in conditions that prevent you from doing so, and you obtain PCR titres that are not reasonable. So, I agree that this is unreliable. The only thing that is reliable, and interesting, is kinetics. And it's always like that, when you do scientific studies, and the means of inclusion aren't satisfactory, the only thing you can interpret are the movements, all other things being equal. So, the tests may be as bad as ever, which is speculation, I agree with you. However, an increase reflects an increase in cases. Am I making myself clear?

Commissioner Massie
Yes, it's very clear. Thank you very much. I had another question about the famous definition of a pandemic. And, well, you mentioned, quite rightly, that it's a definition, it's a question of words. And my concern, in listening to the lectures you've given, is that, basically, an infectious agent like a coronavirus won't necessarily evolve in the same way depending on the specific environment in which it's found, in terms of animal reservoirs, climate, or the level of health of the population.

[01:15:00]

So how can we have the illusion of managing this kind of infectious disease situation on a global scale without taking into account the local particularities that are probably decisive for the evolution of the pandemic, and which should normally call for more localized management based on each of the cases that will occur locally? So epidemic versus pandemic, isn't there a confusion here that makes us dream of magic wands, for example?

Dr. Didier Raoult
Yes, there's no doubt that the WHO uses the word pandemic as if to wave a red flag and say, "This is very dangerous." I agree with you. From my point of view, one of the major problems we've had in France is that we've neglected the zoonotic role of what we call mustelids, that is, mink farms. Taking this into perspective is one of the reasons why I don't believe in the Wuhan [laboratory virus] escape at all. Anything is possible. If, in fact, there's proof of that, I'll change my mind because I'm a scientist. But, on the whole, emerging diseases are born when there is a very, very large concentration of a possible target animal, either man-made concentrations like farms or the only ones that have such natural extraordinary concentrations, which are bats and murids (rodents).

So rats: there are huge colonies of rats and bats, you've seen that; there are caves in which you have a million bats rubbing their wings on each other. And in there, we find hundreds of strains of coronavirus, and the fact that at some point, one of them recombines—because everything recombines and modifies itself constantly—and causes a virus to emerge is quite possible. That's what happened with mink. Now, there are plenty of strains that have been brought in from mink, with, incidentally, a selection process. Mink have a number of specific characteristics. And it's true that it was neglected in France, although it had been acknowledged in Holland and Denmark. For once, the WHO was on the ball because in May/June 2020, the WHO said: "Be careful with mink farms because there are a lot of mink in close proximity." There are also people who think that it emerged from mink farms in China—the Chinese are among the biggest mink breeders. And so in Denmark, they killed

17 million minks to prevent spread. France was a long way behind in this field and didn't control mink farms at all for a very long time.

And I asked all levels, including the highest, to access the samples from the mink farm from which developed the second part of the epidemic, creating a virus specific to France: the biggest killer in France. And it took six months for me to get a sequence from the Pasteur Institute, without us ever receiving the samples to do the sequencing ourselves. And it was this sequence that was the very root of the epidemic which started up again in the summer of 2020. So we know it came from there, because epidemiologically it was the place, it was the time, and the strain was the same. So we know it's true. So mustelids and minks in general have been neglected. Now, it's becoming increasingly likely that Omicron has a real specificity, that is sensitivity to rats and murids, whereas the others were not. So the idea of Omicron goes back a long way. It took at least a year to emerge in humans, if we look at the genesis of the sequences. And so for a year it was floating around without being diagnosed. And for the moment, the most plausible hypothesis is that it was a mutation that appeared in African murids, which is very possible.

So in any case, it's true that these zoonoses and epidemic rebounds were unpredictable because we didn't really know how sensitive the different animals were, although among mustelids, there's the ferret, and the ferret is the experimental model for all pandemic respiratory viral infections. So it's no surprise that the ferret is sensitive to this. In fact, ferrets had already been tested with previous coronaviruses, so it's no surprise that minks were susceptible. And when you have several million minks in a farm, the speed at which viruses advance and mutate is considerably colossal. It creates an absolutely extraordinary biodiversity.

[01:20:00]

It was known from the outset that keepers on mink farms were infected and that keepers could infect someone in their family when they came home with an infection acquired from mink.

So all this was knowledge. It was simply politically unmanageable. And on top of that, when I started saying about the vaccine, "You're not going to eliminate a disease that's epidemic in mustelids by vaccinating humans, it doesn't make sense." What's more, we knew that felines were susceptible, and then we knew that rats were susceptible. So you can't eradicate a zoonosis that has so many different targets, it's not possible. So accepting that it was a zoonosis and not a one-off event called into question the strategy of eradicating or eliminating the virus, which suddenly became laughable. If you say to people, "You realize

that with all the animals that are capable of getting this, you're not going to vaccinate all the mustelids and catch the badgers, the ferrets to vaccinate them, it's not possible," nor will everyone hide from dogs. We don't know if dogs can then become vectors, but there are dogs that have caught it from their owners, you see. So the possibility of animal reservoirs is considerable.

Commissioner Massie
Perhaps I will allow myself one last question. I know you don't like making predictions. You have said it frequently. But in your opinion, at what stage of the pandemic do we find ourselves at the moment? There is, for example, Geert Vanden Bossche, who raises a terrible possibility that we would not only have a more transmissible variant, but possibly a more pathogenic one. Well, it's disputed, it's debatable, it's not impossible because, well, his hypothesis is that there is a very targeted immunological selective pressure with these vaccines that we used on the only target, which is the spike protein. It creates an immune pressure that can ultimately lead to an adaptation that will bypass the more global immune response of natural immunity. But it would seem from what we are observing at the moment that Omicron, although it is very transmissible and we have a whole series of variants, it seems, in any case, to balance out; or, in any case, we do not seem to see any emergence of variants which would be particularly more pathogenic, as you had with Marseille-4, for example.

Dr. Didier Raoult
I never predict anything, it's not part of my nature. I observe, if you like. Therefore, the only reflections one can have, at least that I am likely to have, are comparative reflections. So I watch what goes on.

So there are works that you probably don't know, and others that you certainly won't know, that have been done by my great friend and collaborator. He's my first student, you see; it's hardly new, it's been forty years. He's Michel Drancourt, who still works with me, because I don't have as bad a temper as people say. Pretty much everyone who was able to stay with me has stayed with me.

So together, we invented a field called paleomicrobiology, that is to say, the study of past epidemics. This also brought me terrible conflict, albeit scientific battles, because we were the first to use these techniques. And we used them to show that the plague of the Middle Ages was due to *Yersinia pestis*, at a time when there was the same fantastical thinking: "There's going to be something even more serious, even more deadly." So there was NSF

[National Science Foundation] funding that was attempting to demonstrate that the Black Death of the Middle Ages was due to a hemorrhagic fever virus and not the plague at all, and this had a lot to do with ignorance. And, I'm pleased to say in a French-speaking country, this ignorance was due to the fact that around 80 per cent of the epidemiological studies carried out on the plague in the 19th century were done by French speakers and published exclusively in French, so English speakers were unaware of them. So, of course, Yersin was a French speaker. Balthazar, who discovered the whole plague cycle, was French; Montlaré, who worked all his life on the plague, especially Garmontrand, who made telluric reservoirs, was French and wrote only in French. And so this literature was only known by French people, people who had studied in France or who read French. Still, it caused a lot of conflict.

So we invented a technique based on the dental pulp. Dental pulp is vascularized like the spleen, it's full of blood. And so, when people die, it clogs up, and dust remains inside, which is a kind of blood culture, if you like, preserved by time. So we were the first to use this. Everyone uses it now, even for genetics. It had been incredibly criticized on the grounds that, theoretically, DNA couldn't be preserved for so long. So once again, it was theory versus practice. But Michel continues. Michel continued with proteins. But now he's doing that all by himself. We did the plague together. The first evidence he had through protein analysis and serology of an infection by this group of coronaviruses, the betas, dates back to the 16th century.

[01:25:00]

That's published, okay? And he's just finished a paper that's in the process of being accepted; in the infirmaries of Napoleon's armies in 1804, he has found another infection.

So this is to tell you one thing. Epidemics used to stop on their own. So we're in a megalomania of human scientific power, which means that it won't stop unless we decide that it will stop. It'll stop anyway. If it does stop, then we begin to understand: In reality, the mutations we see in organisms end up exhausting them. There are many mutations that have no use, that are not mutations that kill microbes or viruses. And we've been able to show that for SARS, for example, there's one mutation maintained every fortnight [two weeks] on average. And when there's an average of seven mutations, the SARS clone disappears. It has lost its energy and disappears. This explains why most epidemics last two or three months: because they accumulate mutations which, over time, prevent them from being effective.

And there's an extremely well-known model for people interested in epistemology, in the history of science, and that's the story of myxomatosis. I advise you to read this, because—as for Wikipedia, it's incredibly rigged, there too is censorship. It's incredible, it's become a propaganda tool. If it's become about propaganda, it's over. It's all bought by the industry or influencers. But myxomatosis was imported into Australia to kill rabbits—there were too many rabbits—and then it killed so many rabbits that it killed all the rabbits. We wondered what had happened. And what happened was that, spontaneously, the myxomatosis virus became less and less lethal, meaning that there's a reverse selection process known as "laziest selection," which means that the least aggressive viruses are the ones that come to the forefront after a while. So we get the impression that there are alternating cycles between priority for the most aggressive, which is the start of the epidemic, and priority for the least aggressive, which is the continuation and installation of the cycle.

That's what we saw, for example, with the flu. For example, the Spanish flu was a monstrous thing that killed young people, devastated the world, and is still used as a reference by catastrophists. Yes, but the flu doesn't do that anymore. So from time to time there's a new major variant that's deadly, but it's never been deadly like the Spanish flu. So the natural evolution of viral cycles is to disappear.

So in terms of the plague, which we've studied a great deal in particular because we've done a lot of work on old plague samples, we can see that it's not exactly the same variants that arrive, and then, for one reason or another, they disappear. On this point, I disagree with the immunologists and the idea of "herd immunity," which would mean the end of the epidemic. As long as there are cases, there are cases. As long as there are still susceptible cases, there may still be human cases. So I believe that the end of the epidemic is not due to population immunity, but to the end of the viral cycle. The virus exhausts itself, if you like, through the accumulation of useless mutations; and it either has a new favorable mutation, bounces back, and refashions another epidemic with a unique variant which is itself another virus, or on the contrary, it exhausts itself and then eventually disappears, or becomes like the rhinoviruses.

This may be the future of coronaviruses because there are four endemic coronaviruses circulating everywhere, which more frequently give rise to a total absence of manifestations than to manifestations. In Africa, we didn't work on coronaviruses, but others did. There are areas where eight per cent of people carry coronaviruses in their nose all year round. They're not sick. Some of these coronaviruses are believed to have been the cause of epidemics, of a whole host of epidemics, particularly in the 19th century, and also what we found in the 16th century.

[01:30:00]

Little by little, these viruses became viruses of the upper respiratory tract, that is, rhinoviruses—rhinitis viruses, if you like—and then they stopped being very aggressive. Nevertheless, if you catch a rhinovirus at the age of 85, you now have, I don't know, a three per cent chance of dying in Marseilles hospitals—these are a few of the things I know. It's not totally harmless, but in cases that are very, very fragile, it can still kill people; but in the general population, these are common infections that don't kill. So it's possible that the natural evolution of these viruses is gradually to have, on the contrary, a decline in their pathogenicity, but it is then something that can be reawakened by a mutation on another occasion.

Commissioner Massie
Thank you sincerely. I'm going to ask my colleagues if they can address any questions to you in English because they don't speak French. I think you'll be able to answer them and we'll do the translation. Do you have any questions?

Dr. Didier Raoult
No problem; although in Quebec, I know it's frowned upon to speak English. Anyway, I will make an effort.

Commissioner Massie
We'll forgive you. Do you have any questions you'd like to ask, Janice?

Commissioner Kaikkonen
Good morning, bonjour. I'm going to speak in English because my French has really lapsed, but I'm going to pass my question on to Bernard, Doctor Massie, who might be able to translate it for me if you don't understand what I'm trying to say. So you mentioned the financially powerful in the context of transparency and who is controlling who, kind of like the old cliché, "follow the money." But as we know, it's very difficult for people to make good decisions about their health and well-being when authorities are oppressing the populace through lockdowns and mandates. So how do we prepare now, should governments try these same measures again in the future?

Dr. Didier Raoult
Well, I don't know. One more time, you're trying to ask me to make predictions. I would not. What I'm seeing here is that people don't believe now, so it's going to be more difficult. Many, many people have been really, really, disappointed by the fact that there was a lot of decisions that were not supported by anything. For example, because you speak in English, you may have been aware of this, because it is probably one of the most important documents in this story: it is the Johnson leaks. So we have now the conversation between the equivalent of the Ministry of Health in the U.K. and Boris Johnson on the political decisions they took for lockdowns, for restrictions. And they discuss together, and I wonder if you have read that. It is really fascinating. And the reason why they decided is, finally, Boris Johnson says, "Well, the Prime Minister of Scotland has done that, I don't want to hurt her so we are going to do that in England as well." So this was the rationale, the scientific.

These people are clowns! This is not serious, they're clowns, the head clown is followed by all the clowns. So the main thing is that people are following one another; and one of the reasons is because finally, two years after, everybody understands that it was not a good decision, they can always say: "but everybody was doing this," so they don't need to think. I don't know if they can think, but they don't want to think. Only Sweden, in Europe, had a different position. I don't know why they are so good but they get their own decision, based on their own analysis. All the others just followed the first clown that starts to walk, the first clown was mainly in the U.K. because the U.K. gets the reputation to be the very best in medical research.

Commissioner Kaikkonen
Thank you, merci.

Commissioner Drysdale
Good morning, sir. You have commented about a wide variety of topics, from medical to censorship to government actions, so I want to talk to you overall about them.

[01:35:00]

So first, can you explain to me—in layman's terms "in short" because we're short for time—what is the definition of a pandemic?

Dr. Didier Raoult
Well, there is no definition of the pandemic. Theoretically, "pan" will say "everywhere," an "everywhere epidemic," so this is the definition. So as I told you, it's kind of a red signal to say, "well, it's terrible." This is how the WHO uses it, but if there is a definition, "pandemic" is a disease that is epidemic everywhere. This could be your definition.

Commissioner Massie
Professor, can I ask you to answer in French for the audience? And they will have the translation. I know it's complicated.

Dr. Didier Raoult
The first question is: how will the public react to the next display by governments and the press in a comparable situation? I can't predict that, but in any case, what I see is that people are a lot less gullible now than they were three years ago. And there is something that is very, very, very important. I hope that this will be part of your analysis and your comments: the leaked emails from Boris Johnson and his Department of Health about the measures taken, crisis management policies, and in particular, lockdowns. They discuss, and there is no scientific basis for this, but they say: "Since the First Minister of Scotland said that lockdowns were necessary, so as not to offend her, we will lockdown too." So, when people say it's in the name of science, that tells you the nature of the reasons why they've made these decisions. And the nature of the reason is for following, sorry, that's a neologism. They follow each other, and when one has started, the others say, "If we're accused or have a trial tomorrow, we can always say, 'We did what the others did, you can't say we decided that.'" So the decision not to do as the others do is potentially more damaging, and requires thought and decision-making based on established data, as opposed to saying, "Look, there's no reason; they're doing it, so we're doing it." And since the leaders in medical research were the English and the Americans, as soon as this decision was made, everyone followed them, except the Swedes. The other question is about the pandemic, which I think I've already answered in French. There's no real definition, apart from the fact that it's a signal that something is very serious. But theoretically, a pandemic is an epidemic that occurs in every part of the world.

Commissioner Drysdale
Then, to follow along and continue on that, again, you discussed many things in your presentation and you talked about the COVID-19 pandemic; and Doctor Massie and yourself talked about PCR testing, you know, the variability or the unreliability of the PCR

test. You talked about that the average age of death of a victim of COVID is actually higher than the life expectation age. You talked about that often COVID-19 was called the cause of the death and it was not sure whether that was the cause of the death. We heard testimony—as a matter of fact, in Toronto—from a paramedic who said someone jumped off of an eight-storey building and they swabbed the remains and said it was a COVID death. So when I think about COVID-19 and I think about the definition of a pandemic, and I think about the variability across the world, you know, Sweden you mentioned, France you mentioned, United States, et cetera. So there's a lot of variability, there's a lot of questioning about how they diagnosed it, and I want you to compare that to something else you talked to. And I want you to talk a little about pandemic. The other thing you talked about is government response. You talked about censorship, and that's universal around the world, as I understand it. It happened in France, in England, in the United States; it happened all over the world.

[01:40:00]

We have heard significant testimony from across Canada about how our institutions failed. You know, basic fundamental beliefs in our institutions, informed consent failed. You talked about that yourself. You talked about the courts failing us. And with all of that, here comes the question. Was the real pandemic COVID-19 or was it the effect that it had in ripping apart the fabric of our society—because that was universal across the world?

Dr. Didier Raoult
I don't know. I cannot write the story. What I can tell you is that the trouble that we get here is that, first, I agree with you: some of the deaths have nothing to do with—the only young person that died of COVID-19 in Buffalo died of an overdose.

Commissioner Massie
Professor Raoult, I'm going to ask you to answer in French. And I've been asked to translate my colleague's question for the audience here, so I'm going to summarize the long preamble of Ken, who apparently speaks more than I do. To put the question, with what has been deployed around the world to manage this pandemic, do we really consider it to be a pandemic in terms of an infectious disease occurring everywhere at the same time? Or is what we've witnessed merely a response from our institutions that has caused a major disruption in the organization of society?

Dr. Didier Raoult

There are two things we can say because there are examples of countries—Scandinavian countries, certain African countries—where there has been no decline in life expectancy. These countries have managed effectively. As you know, the greatest loss of life expectancy has been in certain Eastern European countries, such as Bulgaria, and in the United States. There are two phenomena that seem very important to me. Firstly, the way in which the epidemic was handled, that is, calmly focusing on those at risk, learning how to treat it as the disease unfolded. As I said, we used oxygenation and anticoagulants because there was substantial deep vein thrombosis. So we had to detect people with coagulation anomalies. So we had to practise medicine.

So what's happening, and this is a real general issue, is that more and more administrators—in our case, it's the ENA [École nationale d'administration], in your case, I don't know what it is—think that, in the end, medical practice isn't that important anymore: "We don't really need doctors." In fact, we've been putting the brakes on the training of doctors for the last 30 years in an incredible way. There are plenty of places where there are no more doctors. So I think it's likely to get even worse because the state is in danger of thinking that artificial intelligence is going to replace even more doctors. The state ended up thinking—in France, this was very clear—for example, it was the Director General of Health who spoke directly to the population to tell them how they should look after themselves, to tell them what they should do, and not go through the doctor.

And so the whole relationship that was built up— So whenever there's medicine involved—for example, I have a lot of links with Africa; the Africans understand very, very well what I'm saying because in Africa, you can't leave someone who's ill without care. It could be someone who practises traditional medicine or it could be a health officer or a doctor, but when someone is sick, you have to take care of them. It's the first time I've heard ministerial instructions saying that you shouldn't look after the sick. It's something completely new, and it's indicative of a deterioration in our perception of medicine. That's one thing.

The second thing is, of course, what's happening in America; and I don't know what your figures are in Canada, and I apologize for that, but you have an obesity epidemic which is the cause of excess mortality in young people. Obesity is a considerable cause of excess mortality for all respiratory infections, and it's very easy to understand if you ever look at a cross-sectional drawing of an obese person on his back and you look at his respiratory capacity.

[01:45:00]

Just from that, you'll be able to understand that his tolerance level to a respiratory infection is much lower, and on top of that, there are immunological phenomena. And so, the decline in life expectancy in the United States began ten years ago with two phenomena: obesity and drugs. And drugs, for reasons that were favoured by the U.S. government saying, "You've got to be happy right away." They polled patients to see whether they had immediate relief, and for immediate pain relief, you give opiates. And when you are given opiates, a certain number of you become drug addicts, and the mortality rate from opiates in the United States is terrifying. So I agree, there's a fundamental problem in society, meaning that not everyone is equal when it comes to disease. In other words, there are people in our country who are essentially over 85, and I think it's the same in Sweden. In the United States, it's not at all the case because, of course, obesity in the United States today is not at all the same as it is in France. But here too, it's the same thing: what are the countermeasures against drinks? We all know that obesity is caused by sugary drinks. What are the restrictions against sweetened beverages? There are no countermeasures against sweetened beverages, as far as I can see.

Jean Dury
That's the end of the questions, Doctor. We'd like to thank you very much for the information you've provided, which will undoubtedly help us prepare a brief containing a number of recommendations. In fact, that's the purpose of this Commission. So thank you very much.

Dr. Didier Raoult
You're welcome. Goodbye.

[01:47:05]

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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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 2: Mélissa Sansfaçon
Full Day 1 Timestamp: 03:17:08–03:54:17
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Louis Olivier Fontaine
So good morning, everyone. Let me introduce myself: my name is Louis Olivier Fontaine. I am a lawyer and today I am acting as a prosecutor for the National Citizens Inquiry. Hello, Madame Sansfaçon. Can you hear me well?

Mélissa Sansfaçon
Yes

Louis Olivier Fontaine
So, Madame Sansfaçon, I'm going to start by identifying you. I would ask you to state, please, your first and last name.

Mélissa Sansfaçon
Mélissa Sansfaçon.

Louis Olivier Fontaine
All right. And another formality to start: I'm going to ask you to take an oath. Do you solemnly affirm to speak the truth, the whole truth and nothing but the truth? Say: I affirm.

Mélissa Sansfaçon
I affirm.

Louis Olivier Fontaine
So today, Madame Sansfaçon, you have been invited by the National Citizens Inquiry to testify about the consequences you suffered as a result of the COVID injections. On behalf of

the Commission, I would like to thank you for your availability and your courage to testify today. To begin I would ask you, just briefly, to tell us what your occupation is, Madame Sansfaçon.

Mélissa Sansfaçon
I am an information management consultant. But I can name my employer. I work for Hydro-Quebec. So it's basically office work with meetings and things like that.

Louis Olivier Fontaine
All right. As has been said, you received the COVID injections and suffered consequences. I would like to know what are the reasons that led you to receive these injections.

Mélissa Sansfaçon
Mainly, I went because, since his birth—basically, the first two years of his life—my son has been hospitalized twice each winter. So we suspected that it was to continue. We were a little afraid that if, say, he was to catch COVID, he would have to be hospitalized too. And at that time, you had to be vaccinated to accompany someone to the emergency room. So the main reason I went was that. It's that I didn't want to leave my two-year-old child alone in the emergency room. And at my work, there was talk about making it, let's say, strongly suggested. But the main cause is really my son.

Louis Olivier Fontaine
All right. In fact, I would like to know; before having received the COVID injections, what was your state of health, in general, without going into details. But what was your state of health?

Mélissa Sansfaçon
Still good. I just had irritable bowel, basically, since the 2000s, but otherwise I was mostly healthy.

Louis Olivier Fontaine
All right. So we are now going to talk about the first injection you received. Could you tell us what state of mind you were in before receiving the first injection, and what happened during and after that first injection?

Mélissa Sansfaçon
I definitely went there in a somewhat resigned state of mind because I didn't feel I needed to have the vaccine. I saw it a bit like the flu vaccine. If you are more likely to get sick if you catch the flu, you would take the flu shot. I saw it somewhat the same with COVID. But, you know, at the same time, it gave me a certain peace of mind because I thought to myself, "If my guy ever has to be hospitalized, at least I can go with him." Once the injection happened, in fact during my 15-minute wait, I started having symptoms. Basically, at that time, at the site of the first dose, it was the feeling of a heavy and swollen arm that started during my 15-minute wait and which lasted for four days following that.

Louis Olivier Fontaine
Do you remember the approximate date?

Mélissa Sansfaçon
Yes, it was May 23, 2021.

Louis Olivier Fontaine
Perfect. Do you remember the brand of product you received?

Mélissa Sansfaçon
Pfizer.

Louis Olivier Fontaine
Okay. So I understand that you felt some effects. What happened next?

Mélissa Sansfaçon
I'm not sure I understand your question. After what?

Louis Olivier Fontaine
Yes, so I believe that, in reading your file, we saw that you also received a second injection.

[00:05:00]

Mélissa Sansfaçon
Yes. Yes, I got my second injection on July 25, 2021. Then when I got there the nurse asked me what side effects I had on my first dose— Excuse me, I'm just going to drink some water. I explained to her, basically, what I just told you, that I had had the sensation of a heavy and swollen arm for four days. To which she replied: "Well, expect worse, because people really react more strongly to the second dose." So once I had my injection and was in my 15-minute wait, my arm started to feel numb. So I just said to myself: "Well, well, this time, it's not the heavy and swollen arm, it's going to be numbness." Then I left after the 15-minute wait.

Louis Olivier Fontaine
All right. Regarding that, could you talk about the symptoms you had or the consequences you had following that second injection? What steps you took in relation to your health?

Mélissa Sansfaçon
Briefly, because I really had a lot. Basically, we can say that I still have numbness present in my right arm today. I have it in my right leg too. In fact, it's at different intensities. Sometimes it goes as far as needle sensations that are painful, both in my arm and in my leg. Sometimes the numbness goes up along the neck, in the face, the lips. Sometimes on the left side, but that's rarer. It's really more concentrated in the right arm and leg. We can also add to that all the burning sensations. The way I explain it best is that it's like having a full

body sunburn. When you have a sunburn, you don't realize that you are in pain; we scratch and then it becomes painful. It's rather the same principle here, but I have it from the roots of my hair to the soles of my feet. The burning sensations—I'm sorry, but my meds are making my mouth dry—have basically resulted in a hypersensitivity of most of my right side. Hypersensitivity to heat first; it developed this winter in response to the cold as well. Humidity, fabrics, heat, so admittedly the skin, the water, the shower—all these are things that I have to manage—that's the term I have, but that's not quite it. Basically, I now shower in lukewarm water, things like that. The heat: as soon as the sun touches me, it is the same feeling as with a sunburn, as I was saying earlier. So as soon as the sun touches me, I react strongly: it's as if it were burning me right now. The direct consequences following the injection are these: the numbness, the needle sensations, and the hypersensitivity with the burning sensations.

Louis Olivier Fontaine
All right. And did you receive any formal diagnoses during your dealings with healthcare personnel? What diagnoses have you received, if any?

Mélissa Sansfaçon
I have not yet. I went through countless tests, if you count my three visits to the emergency room in a month and a half. In fact, the first time I went to the emergency room after my second injection was for ten days. They gave me countless blood tests. I had a brain scan, electrocardiogram, head to spine MRI. I also had an—I want to say this correctly—EMG, the test for the central nervous system. And lately, I've had two skin biopsies. I had a first biopsy in mid-October which turned out to be voided, if I may say so, in the sense that the skin specimen was poorly preserved. So I had to do another one, this time at the end of January, for which I am still officially awaiting the results from my neurologist—we have an appointment at the end of the month—but which seems to indicate the same result as the first, according to what is in my Quebec Health file. So my skin specimen would have been poorly preserved again this time, and theoretically, I will have to do a third one.

[00:10:00]

I don't know if I can take two minutes to explain because the reason I'm discouraged is that the first biopsy aggravated my symptoms enormously. Excuse me . . .

Louis Olivier Fontaine
Take your time, no problem.

Mélissa Sansfaçon
It's a very incapacitating disability, if I may say so, in the sense that I'm constantly looking for ways to improve my daily life. Hypersensitivity means I can't cuddle my own daughter anymore because she's too hot. Her skin is too hot. I can't hug my spouse either for the same reason. Even with a layer of clothing, I have to be careful because it ends up burning me. You can imagine how "comfortable" it is to sleep or even just sitting up surrounded by pillows.

But the biggest impact is really regarding the clothing because clothing burns me. There are clothes that are okay one day and not okay the next day. I've completely reoutfitted my wardrobe twice. And each time something gets worse, I have to redo the whole process. I'm

on the verge of doing it all over again for a third time. And it's always that I have to think two steps ahead. I will give an example: earlier I mentioned the sun, the heat, with temperatures like those today. Last year I had to teach my daughter—she was seven years old at the time—to take the car key, put the car on "accessory mode" to open the windows because I can't get into the car to lower them myself, because it's as if I'm putting my whole self into an oven. It's super painful. Always having to think about different ways to try to go about my daily life is what exhausts me.

And the biopsy happened between the death of a person I considered to be as a grandfather and the death of my grandmother. Both happened very suddenly, and then the biopsy added physical stress to the emotional stress I was experiencing at the time. From the moment of the biopsy, my body overreacted because that's how hypersensitive it is—it overreacted. I couldn't lean on the side of my leg, in fact where the biopsy is, where they took the piece of skin. This is exactly where my sock elastic touches. So I absolutely had to fold my sock, fold my winter boot. Then, I constantly had to keep a plaster on it to prevent any fabric, whether my leggings or whatever, from falling on it. And that went on even up to the week I had to go for my second biopsy.

For the second biopsy, my body reacted less strongly than the first time, but there was an additional layer of symptoms that was added on top. Even today, although the two wounds have healed, it feels as if they were raw. I can't touch them. I can't lean on them. Just sitting cross-legged is impossible for me. I have to always fold my sock. And the other example that I can give you is that my feet—I'm a girl, I have lots of kinds of shoes—my feet, at present, only tolerate one pair of shoes: my Converse. Even though the back of the Converse sits below where my wound is, when I drive, I feel like it's pushing right on the wound, even though there's still a lot of space before you get to the wound site. So it's the fact of having constant pain, which is very mentally tiring. But it's also having to constantly think of solutions to be able to live my daily life, which should be super simple, but adds an additional level of effort.

[00:15:00]

Not knowing what it is, that it has almost been two years—I have a hard time accepting that I may be stuck with it for life.

Louis Olivier Fontaine
Tell me, Madame Sansfaçon, how did you perceive the reaction of the healthcare personnel during all the steps you took to identify the cause of your symptoms?

Mélissa Sansfaçon
I consider myself lucky because I've spoken with other people who have had side effects who were told it was all in their heads. Except the first time I went to the ER; the ER doctor looked at me really hard and then said, "No, no, that's okay. It's only been ten days. It's normal, go home. It will disappear." Then despite me asking him, "Okay, let's say it doesn't go away, what should I do?" "No, no, no, it will go away. Good day." But the last two times I went to the ER, people believed me. They made me take tests. They saw that there was something wrong, even though I had no obvious physical traces.

After that, when I went to the emergency room, I was referred to neurology. The neurologist also ordered tests. It doesn't matter what they do because I've seen so many people. Right now, I'm being followed by a psychologist in chronic pain management, and

also by an occupational therapist for managing chronic pain. I'm going to start physio soon. I am followed for medical cannabis, neurology, I saw a dermatologist, all that. And while I don't want to point fingers, generally what they tell me is that maybe it was something that I had that was dormant, which the vaccine would have triggered. Others tell me: "No, no, no, it really is the vaccine. We see the cause because your symptoms started during your 15-minute wait. So, it's hard not to make the connection with the vaccine."

But these people who say "yes, it really is the vaccine" are rare. More of them want to say that it is something dormant that I had awakened, for whatever reason. But these are symptoms I've never had. It's hard to say, "Okay, maybe, yeah, something was dormant in my system." But one way or the other, whether it's something dormant or not, well, the trigger is still the vaccine. So, in my opinion, I see the link. It's there. It started in my 15-minute wait. They aren't symptoms that I had before, so it's the vaccine.

Louis Olivier Fontaine
And how do you present the situation when you approach these healthcare personnel? Do you have a way of approaching them, presenting your symptoms? For example, do you suggest that link? How do you present your situation to healthcare personnel?

Mélissa Sansfaçon
I never hid anything. I've always said it started in my 15-minute waiting period. And that it has only gotten worse. Basically, the three times I went to the emergency room at the beginning—I went to the emergency room three times within a month and a half—I always told them that it was in relation to the vaccine. I always told them it kept getting worse. And by then it was getting worse every two weeks. Every two weeks, I had a new symptom that popped up, which appeared intermittently and then took hold permanently.

Now, almost two years later, the development is, let's say, slower, in the sense that it's not every two weeks that I have a new symptom, it's maybe every month, month-and-a-half. It's just that it's added to an already overwhelming situation. So it always seems a bit like the end of the world when a new symptom sets in, because no one really knows what it is. Nobody is able to really put it into words. What I'm being told is that, with a disease like mine, it's difficult to have a sure and precise diagnosis in the sense that they go by process of elimination.

[00:20:00]

Okay, I understand. Currently, I have two probable diagnoses: sensitive Small Fibre Neuropathy, which is, in essence, a malfunction of the nervous system of the skin. That's a first diagnosis that should, one day, if a valid biopsy comes back, be confirmed by that. And I would have to take another test to confirm another diagnosis, which would be Reflex Sympathetic Dystrophy. Then we add to that something I learned recently, which is allodynia, which is basically, from what I understand, a feeling that's not supposed to be painful and that becomes painful. The same idea as, you know, having my sweater feel like it currently burns me, but it is not supposed to burn me. A kind of, as I was saying earlier, hypersensitivity of the skin, things like that.

But the delays are extremely long. You know, being told twice that my skin specimen was poorly preserved, when each time it [the biopsy process] made my symptoms worse, then being told, "You really should—we need this—you really should have it done a third time." Let's say, I don't really feel like it.

Louis Olivier Fontaine
And perhaps, in a few words, what were the consequences for you at the professional level?

Mélissa Sansfaçon
Actually, the first time I went to the emergency room, the first time I was examined, it was my office colleagues who pushed me to do so. We were, well, for sure we were in a pandemic; we were working from home. The arm in which I got vaccinated is my arm, what do you call it, the main arm in any case, my right arm, my dominant side, in short. The reason why I chose this arm, again, comes down to my son; I still needed to be able to hold him since he was young. I have always held my children with my left arm. So what I wanted was that if ever there was some pain in my arm at the injection site, well, I would still be able to hold my son.

The reason why my colleagues pushed me to get checked out is that they saw me using the computer mouse on the right at the level of the screen. Then they said to me, "Hey, Melissa, what's going on?" I then said to them: "Well, I don't know. My arm is more numb than usual. It's not pleasant, so I'm using my left hand." I didn't make a big deal of it, in that I told myself that it's going to end eventually and then it's going to be okay. Then they said to me: "No, no, no, you are going to see a doctor." So I went for an examination. And after the third time I went to the emergency room, I saw my family doctor, who acted, basically, as an orchestra conductor. She was somewhat the coordinator: "Okay, we should try returning to the emergency room, have fewer delays, see a neurologist," things like that. But when it came to all the medical paperwork, all that, she was the central core. Then, in the weekend that followed my last visit to the emergency room and the appointment I had with her, I had the burning sensations begin to appear. And when I told her about it, she said, "Okay, I think we're going to put you on sick leave for two or three weeks while you see the neurologist; we find out the results of the tests you've just taken; we see what's going on, all that, then after that, we'll reevaluate."

Finally, after much paperwork, the doctor reevaluated me and gave me an indeterminate leave of absence. So I've been off work for over a year and a half, mainly because my burning sensations are so much stronger on the right side.

[00:25:00]

So the whole outer side down to the fingers, with which I use the keyboard, mouse, all that: it's the side that hurts me the most. And I also have trouble remaining in the same position for long. Whether it's standing or sitting. If I sit too long, my right leg becomes extremely numb. If I stand too long, my biopsy wounds begin to, I just have the term in English, "throb." In any case, in short, they hurt. Which means that I often joke a bit by saying that I adopt the stance of a pink flamingo: I have to lift on one leg because it hurts too much. So for all these reasons, the work stoppage remains indefinite, at least until we find a medication that helps me in my daily life. Then again, it's a been a failure so far because I've tried six drugs, and I haven't yet found one that works for me.

Louis Olivier Fontaine
Madame Sansfaçon, I can see that you are wearing something on your right forearm. Could you say a few words about that?

Mélissa Sansfaçon
Yes, basically, since the holiday season, my hypersensitivity symptoms have gotten so bad that I constantly have to have my right forearm bandaged, which is where my hypersensitivity is most acute. It's not tight, it's really just to make a kind of sleeve. Besides, if it is too tight, it increases the numbness. So that's a good indicator. It's really just to create a sort of crutch against the elements because a sweater that may be okay one day, as I was saying earlier, may not be okay another day. But it's the same between my two arms. It can be fine on the left, but not fine on the right because on the right side I'm always overreacting. So putting this on allows me to—I don't like the term—be more efficient in trying to get through my daily life. Because, as I was saying earlier, if, let's say, we break a foot, we're going to use crutches to be able to keep walking. Well, for me, this is my crutch. It's putting a bandage on my forearm and my hand to be able to go about my business.

It's a bit the same principle as, you know, on my desk, I have a homemade "ice pack" because ice is the only thing that allows me to reduce the burning sensations. So I constantly have ice packs that I had to make at home—I know it's not good, but with food transport ice packs because those from the pharmacy didn't stay cold long enough for me. I really needed something that could last me more than an hour. Not that I need it constantly. It's just that when my hand gets too hot, at least just being able to lean on the ice helps me keep going.

Louis Olivier Fontaine
So we are now coming to the end of your testimony, Madame Sansfaçon. The Commission suggested that we ask a question: how things could have been done to make things better for you. I understand that your case is extremely difficult and you have very serious symptoms, but is there anything, ultimately, that could be done or could have been done to make you better?

Mélissa Sansfaçon
In relation to vaccination or in relation to what I am currently experiencing?

Louis Olivier Fontaine
In general, whether it's regarding vaccination or it's just in general.

Mélissa Sansfaçon
You know, even though the term "compulsory" was never used, we can agree that the rights of the non-vaccinated were so violated that we did not really have a choice. As I said earlier, I'm not hiding anything. The main reason I went was for my son. Because I wanted to be present with him if ever he had to have something done, or if he had to be hospitalized. If it hadn't been compulsory—because here, it was basically compulsory to accompany someone to the hospital—I would have followed the other measures: to stay two meters away from everyone, to wear a mask, it doesn't matter, the Purell [hand sanitizer], whatever. I would have followed all the measures. I wouldn't have been vaccinated. And of course, I think about it.

[00:30:00]

Of course, I say to myself, "Why did I go? Why did I do this?" But, again, it's always about my son.

But what really exhausts me is the fact that medical personnel, in general, do not want to make the connection with the vaccine in the first place. As I said earlier, I never hid the fact that, for me, it was connected to the vaccine. They always try to sideline me by saying, "well, maybe that, maybe this, maybe that." No, no, no, it started in my 15-minute waiting period. I've never had symptoms like this before, so in my mind, the connection is clear. But it doesn't seem like medical personnel want to recognize this, no matter the specialization or whatever. That's something I also hear from people I've spoken with who have side effects that are different from mine. We're not really supported because we feel misunderstood, in the sense that since people don't want to make the connection to the vaccine, it's kind of like, in a way, saying it's a bit in our heads. But that's false. It's completely physical, even if I have no obvious physical signs.

I talk about it a lot. When I talk about my case, I always say that it's as if they don't consider it urgent because I'm not bleeding out. But my quality of life suffers enormously and increasingly, whether it's just time passing or, as I was saying earlier, the biopsies that have made my condition worse. And regardless, the delays are always endless. I understand that we are lacking people in the health sector. I understand that there are many people who are sick. I don't want to jump ahead in the queue for anything. It's just that I really feel that because I have no physical traces, because I'm not bleeding out, it's not seen as urgent, whereas I see it as urgent.

Maybe it's silly, my daughter compares me to a vampire. Honestly, that's pretty much it. I can't go outside without being in pain. I must be in the shade. If we go to the park with my children, I have to hide under the play structures. Of course the other parents look at me and think I'm weird. Except those who know me, they know why. But, you know, the other parents at the park, they wonder why the lady, she practically runs under the play structure. It's mentally exhausting, it's physically exhausting. But just minimally—because we certainly can't change anything; we've had the injection; look, what's done is done, we look ahead—to be recognized, to be told: "Yes, it's okay, I know it's the vaccine. Do not worry. We will take the appropriate steps accordingly because we know that's it." Just that, it's worth all the gold in the world. But it is difficult.

Louis Olivier Fontaine
Okay, thank you very much for your testimony, Madame Sansfaçon. Now, maybe the commissioners will have some questions for you. So I will now give the floor to the commissioners if they have any questions.

Commissioner Massie
Do you understand English or do you need me to translate the question?

Mélissa Sansfaçon
No, no, I understand English.

Commissioner Massie
All right.

Commissioner DiGregorio
Thank you for your testimony. Excuse me, I will ask my question in English, but if you can answer in French— Has your injury been reported to a vaccine adverse injury reporting system such as CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] in Quebec or in Canada?

Mélissa Sansfaçon
It's a good question. I know I have a doctor who has—

Commissioner Massie
I'm going to have to translate the question into French first for the audience here. So my colleague's question is whether your vaccine injury was properly reported to the health authorities.

Mélissa Sansfaçon
I have a doctor who has reported to the public health level. We are talking about January last year here, so January 2022. This was the first person who spoke to me about that. I didn't even know there was a system to report this to public health. Yet I've seen many people between July and December.

[00:35:00]

So she took the steps for the report to, in short, reach the level of public health in Quebec. And the public health nurses followed me for one year from the date of vaccination. That's what they do, they told me. But my file remains open at the level of public health in Quebec, since it is not settled, and it continues to get worse. So I no longer have occasional follow-ups, as I did for the first year following vaccination. But if I need information or have things to add to my file, I have a phone number that I call and there is someone who calls me back, who speaks with me in fact. Also, this same doctor is taking steps to fill out the Quebec form for the victim compensation program. But we haven't finished yet because we wanted the results of the biopsy, which we don't have. So I'm not sure when it's going to be ready.

Commissioner DiGregorio
Thank you.

Louis Olivier Fontaine
So that would be complete for the commissioners' questions. So, it only remains for me to thank you, Madame Sansfaçon, for having testified today before the National Citizens Inquiry. Allow me to congratulate you on your courage and availability. So thank you and have a nice day.

Mélissa Sansfaçon
Thanks, you too.

[00:37:07]

Final Review and Approval: *Erin Thiessen, October 27, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 3: Pierre Chaillot
Full Day 1 Timestamp: 03:54:29–04:57:10
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Chantale Collard
Yes, so, hello; my name is Chantale Collard. I am the acting prosecutor for the National Citizens Inquiry today. And Monsieur Chaillot, I don't know if you're online. So hello, Monsieur Chaillot.

Pierre Chaillot
Hello!

Chantale Collard
So first of all, we are going to proceed with identification. Please state your name.

Pierre Chaillot
My name is Pierre Chaillot.

Chantale Collard
All right. And also, for the purposes of the Commission, I must swear you in. Do you solemnly declare to tell the truth, the whole truth? Simply say, I do affirm.

Pierre Chaillot
I do affirm.

Chantale Collard
Perfect. So Monsieur Pierre Chaillot, if you don't mind, I'm going to introduce you briefly. And if I make any errors, don't hesitate to correct me. So you have training as a statistician at ENSAI, the National School of Statistics and Information Analysis. You have also obtained

a degree in mathematics from the University of Rennes 2 and you have been a statistician since the start of the COVID crisis.

Every week, you have scrupulously collected all the official data available from the Eurostat, INSEE [National Institute of Statistics and Economic Studies], the DREES [Directorate for Research, Studies, Evaluation and Statistics], and various ministry websites. You also won the 2007 INSEE public statistician competition. You have attended engineering school and worked for ten years at the National Institute of Statistics and Economic Studies. On the INSEE website, there are posted around 20 studies in which you have participated. But since 2020, you became interested in this COVID crisis as an ordinary citizen.

You have also anonymously written many articles transcribed into video, notably on your YouTube channel, without claiming authorship. It's also important to mention that you're not making money with this civic activity, neither from your YouTube channel, where there is no publicity, nor from your articles, which you offer freely on internet platforms. And you are the author of the book: *COVID-19, ce que révèlent les chiffres officiels: Mortalité, tests, vaccins, hôpitaux, la vérité émerge* [COVID-19, What the Official Figures Reveal: Mortality, Tests, Vaccines, Hospitals, the Truth is Emerging] with the royalties being paid to the association: Où est mon cycle? [Where is my period?] Correct?

Pierre Chaillot
That's right.

Chantale Collard
So Monsieur Chaillot, you are going to tell us about the results of your research. I believe you also have a PowerPoint that we can share on the screen.

Pierre Chaillot
It's shared.

Chantale Collard
Yes. So first of all, you are going to tell us about the deaths. So to the effect that there was no mass mortality event [hecatomb], can you explain this to us?

Pierre Chaillot
Yes. For my purpose, what I would like to explain to you today is that statistics are of no interest in themselves. A statistical figure means nothing. A statistic is a tally, and to understand the statistic, the number doesn't matter. We must first understand what we have counted. What is most important in statistics is to know what has been counted and how it has been counted.

And so it is the person who decides what we are going to count and how we are going to count it who has already determined what the final statistic will be. And what I show in my book is that all of the statistics labelled COVID-19 are not scientific at all. They are nothing more than the result of bureaucratic counting decisions. Therefore, anyone who uses statistics labelled COVID-19—whether it be of cases, hospitalizations, or deaths—to make it look like they are doing science are not, in fact, doing science, and are creating nonsense,

producing nothing usable. And so the book tells how we experienced statistical fraud throughout this period.

And indeed, I start with the deaths because it's the most important element. It's important to show that, statistically, absolutely nothing has happened from the perspective of deaths, since the whole world has forgotten that it is necessary to take into account the age of people before starting to speak of deaths. Obviously, the number of deaths in a country corresponds first to the size of the population. The larger the population, the more deaths there are; and after that, it is the age of the people that counts.

And for example, here you have the number of deaths in metropolitan France, which says—and I carried out this exercise for all the European countries for which I had data—where we have seen the number of deaths each year since 1962. And we have institutions that cried in horror when, in 2020—which we see here—there was an increase in deaths, saying that it broke the record number for deaths, which was true. But the previous record was set in 2019, before that in 2018, et cetera. There are more and more old people in France, and it is normal that more and more of the population is dying. And to illustrate this, you have to look at what is called the age pyramid.

[00:05:00]

The age pyramid represents the population in a country according to age. Here we are in the year 2000 in France: 20 years ago. The age pyramid is this. Each bar represents a share of the population in France, and it is by age group. There are the 0- to 4-year-olds below, 5- to 9-year-olds above that, 10- to 14- year-olds, et cetera. We go up to the over-90s and we put the men on the left in blue and the women on the right in red. And we see that in the year 2000, there is a big gap that begins at around 55 years; and we see this hole which represents the people who died or who were not born during the Second World War. The Second World War left a lasting impression on history in a very marked way for more than a century. And below that gap there are those under 50 who were called baby-boomers—the baby-boomers born from 1946 in France, Europe and Western countries. There were a lot of births; and therefore, that makes up the people who were under 55 years old in 2000.

And therefore, in 2000 in France, there were 9.5 million French people who are 65 years old and over. And 20 years later, quite inevitably, people are 20 years older, and so are our baby boomers. And so in the graph on the right, our baby boomers have shifted 20 years upwards and they are now approaching 75; and at 75, many more people die than at 55. And it's not just a little more: it's a lot more. Death by age follows a curve that we call exponential, so there is a multiplication of the number of deaths for each year that passes. And so you have to take that into account—the continuous evolution of the age pyramid—whenever we make calculations on mortality. And there are official calculations that allow us to do this, such as the standardized mortality rate by age, the "age-standardized mortality rate," which we can find at the WHO, at Eurostat, as well as at Stats Canada.

And so when we take this into account and calculate the age-standardized mortality rate, we obtain this curve in France, and we realize that 2020 is the sixth least fatal year in all of the history of France. So this is the case for all the countries of Europe where we see variations. Sometimes the year 2020 is the least deadly year in history and sometimes it's the tenth, something like that. Well, it depends on the country, but there is nothing exceptional, and we are not able to find the slightest mass mortality event anywhere in the world for which we have data. That is about totals.

And it's even worse for those under 65, since some have said that there was, after all, an increase compared to 2019 but of course for those under 65, we see nothing. So anyway, those under 65, who represent 80 per cent of the population, have absolutely never shown the slightest sign of any danger or any increase in mortality, and have never been affected by anything whatsoever. And the over-80s, of course, died more in 2020 than in 2019 in some countries, but their mortality rates remain among the lowest ever recorded in all of history.

So the mass mortality event didn't happen in the way it was promoted. So we cannot defend any measure that has been put in place on any justification of reducing mortality, especially not among young people, nor even among the oldest. And so as I was saying, I did this for all the countries in Europe. And on this map, I represented where the year 2020 is in terms of mortality compared to all the past years. And we see that—for example, here we have Iceland at the top, Ireland, here we have Norway, Denmark—2020 is the least lethal year in history for these countries. Absolutely nothing happened. It's even a record low mortality. For Germany, Finland or Sweden, well, it's the second least deadly year in all of history, so only 2019 is less deadly. For countries like France, this is normal for the decade. And for the worst in black, the year 2020 remains the tenth least deadly year in all of history.

So it is important to look at age and stop pretending that a mass mortality event has happened anywhere since 2020. This is completely false. In Europe, I downloaded all the data from Eurostat, but you can also look for it on a site called Statista, data on the United States or even China to realize that—even in China in 2020—there is no trace of a mass mortality event. So that is the first thing we should completely refute: there was no mass mortality whatsoever.

Chantale Collard
Basically, you confirm that there was no mass mortality event in terms of deaths. Now what about hospitalizations?

Pierre Chaillot
Exactly, this is the second level. We have to ask ourselves the question of hospitalizations. And in France, as in many countries, we had propaganda that was extremely strong—numerous images on television saying that French hospitals were completely overwhelmed by what was called the first wave (we will come back to this) in March-April 2020. Therefore, everyone was persuaded. Since then, there are official reports that show that here in France during the 2020s, the total number of registered COVID-19 patients in the hospital—that is, the burden of COVID-19 patients—was 2 per cent. Therefore, the suggestion that it was COVID that caused hospitals to be overcrowded in 2020 is perfectly ridiculous. It is completely impossible with a figure as small as 2 per cent.

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Ninety-eight per cent of patients had nothing to do with any kind of respiratory infection that could have been labelled COVID. So it was something insignificant.

It's even worse than that, since, here on this graph, I have shown the evolution of the number of hospital stays in 2020 compared to other years. And we can see very clearly that these are the months of the year, and we see the number of stays from previous years. In red are the numbers of hospital stays for the year 2020. The yellow bars represent the

decline, and we see that there was a huge decline in hospital activity in 2020. Why? Because with the panic that had been unleashed, the French government decided to put in place a *plan blanc* [general emergency plan] from February onwards which was used to throw out all of the sick people who needed to be in the hospital saying, "COVID patients will take up all the space."

In the end, this story of COVID in hospitals was totally insignificant, and the hospitals remained empty. And up to 50 per cent empty in April, while all the TVs were telling us that they were overwhelmed and that the hospitals were full of COVID patients. So not only were they half empty, but there were hardly any sick people labelled COVID inside. So that's the hospital aspect.

Chantale Collard
Now let's talk about diseases. So is an epidemic apparent?

Pierre Chaillot
This is the third level, in fact. And in France and elsewhere in the world too, there is a network called the Sentinelles Network, where doctors report patient cases via a network that makes it possible to count and track what are called outbreaks. And in particular, it works well for the flu. That's what I'm going to show on this graph.

So here we have the results of what is called the incidence, in other words, the number of patients per 100,000 inhabitants as reported by the network of doctors called Sentinelles. And so here we see the black curve, which is what was recorded during the winter flu season in 2014-2015—so up to 800 new patients per 100,000 inhabitants—and here, 2015–2016, in yellow; and 2016–2017 in blue, where we had reached 400 patients per 100,000 inhabitants. And all the red curves on the right represent patients whom doctors have diagnosed with COVID-19, and who had consulted doctors. And we have never exceeded 150 patients per 100,000 inhabitants in France since the start of this crisis.

In other words, according to the usual definition of what constitutes an epidemic, there has never been an epidemic of COVID-19 in France. It's quite simple: doctors did not see enough patients to declare that there was an epidemic.

So in other words, there has been no mass mortality event anywhere. There has been no overwhelming of hospitals as was promised. There was a total disorganization of the hospital system. There was a lot of fear. We turned people away from the hospitals, saying that COVID-19 was going to overwhelm everything; and in the end, there were very few hospitalized cases. And even regarding disease, doctors did not see patients in sufficient numbers to declare any epidemic. So there is something wrong. And these are the three ideas to sort through first in order to ask the question: What have we counted from the start?

Chantale Collard
And here I have a question for you. The famous tests, the tests: is there a link between the so-called COVID tests and any disease?

Pierre Chaillot
That is the whole question, since we have changed the definition. This is what we have just seen, since there were no patients. We never should have been able to initiate any kind of hysteria, and especially not for medical reasons. But the definition was changed. I recall that there were reports that criticized the WHO in 2009 for having launched an H1N1 panic by changing the perception of severity. In other words, in the past, before declaring a pandemic, large numbers of serious patients had to be found in countries. Since 2009, the WHO changed its definition to say that the severity criterion no longer applied and that you only needed to find patients. By the way, the WHO was strongly criticized for having participated in trying to launch a panic in 2009, but in 2020, it's much worse, because it's no longer a question of counting sick people but of counting cases. And so, in effect, rather than having an epidemic of sick patients, we have epidemics of cases based on testing. And so, we don't have an epidemic with these famous tests, we have a simultaneous count everywhere.

Here is a screenshot of the site called "Our World in Data," where you can look at new confirmed COVID-19 cases, and these are the deaths per million confirmed COVID-19 deaths. And therefore, you see there's an almost synchronized count starting all over the world at the same time. We are not yet necessarily at the testing stage because the tests are not necessarily provided everywhere, but we still have a count that starts everywhere at the same time. And besides, this simultaneous count everywhere demolishes the idea that it would be due to a communicable disease—we will come back to that later. What people need to know is the way in which patients are registered in hospitals—this applies to all hospitals in all countries affiliated with the WHO—is done on the basis of a nomenclature called ICD-10 [CIM-10 in French], the International Classification of Diseases.

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Soon we will see version 11, but at the time, it was ICD-10. A new code was put in place by the WHO beginning on January 31, 2020, and so all WHO-affiliated hospitals around the world were asked to start counting COVID-19 from February 2020 onward. And this start is indeed the beginning of the count, which takes place almost everywhere in the world at the same time. Indeed, the WHO memo specified that there were two codes: code U07.1 for confirmed COVID-19 and U07.2 for unconfirmed COVID-19 virus, but it also said not to use the second code. Everything was to be registered as virus confirmed.

And what we see in the French hospital statistics, available on a site called ScanSanté, is that the introduction of the COVID-19 code—this COVID-19 code of the ICD-10—is then used to determine the price at which the hospital will be reimbursed. Then, there is a passage from the ICD-10 code to another price, another code, which is called the GHM. And the COVID-19 code allows you to enter information into the different boxes, seen in yellow. But almost all have been entered into this yellow box according to age: "respiratory infection and inflammation, age over 17 years."

So we see that there was an explosion of these codes in France from the year 2020: an explosion of more than 400 per cent, then 500 per cent in 2021 compared to 2019. So we had 50,000 people per year pass through the hospitals under these codes, and we went to 250 [250,000], and then to even more than 300,000. And we see that the use of these codes was made at the expense of all the others. So in other words, at first reading, one would have the impression that COVID-19 is a disease that cures bronchitis, even asthma, pneumonia, bronchopneumonia, pulmonary edema, interstitial lung diseases, all other diagnoses on the respiratory system: bronchiolitis, tuberculosis, chronic bronchopneumonia and flu. In other words, all other respiratory diseases seem to have

disappeared in favour of COVID-19. And what we understand very well by looking at this table is that we are only dealing with a transfer of coding. What has been called COVID-19 is the synthesis and sum of virtually all other respiratory diseases that existed until then, and which are now placed under the same banner.

It's a story of transfers and codes. I also specified that these codes correspond to a reimbursement price for the hospital, and "respiratory inflammation infection," for example, is much more highly reimbursed than flu. So there is greater interest in entering a patient in this box rather than in the flu box, thereby improving hospital reimbursement. So in the hospital, we only see a transfer of coding and that's it: there is no new disease.

And indeed, you are right to talk about the tests. Perhaps before speaking about the tests, which are the key to all this, we should go back to what people died from.

Chantale Collard
The cause. Indeed, you are also going to talk to us, Monsieur Pierre Chaillot, about the effectiveness of vaccines.

Pierre Chaillot
We are going to talk about effectiveness and the cause of death. This is a question that I would like to raise now, since we said there was no mass mortality event, there were no overloaded hospitals. There was no visible pandemic, no epidemic in terms of the number of patients. We had a transfer of hospital coding, but we did have increases in deaths. Here, I will show you two different neighboring countries.

So here are the weekly deaths that occurred in France since 2013. So you see variations. Every winter, there are increases in deaths throughout the northern hemisphere at the same time, simultaneously. And we see here, in 2020, I put in yellow the period of strict lockdown in France in March–April 2020 and we can clearly see a peak in deaths which only affected the oldest people. I put here the different age groups, and it really affected the older people. And we have the neighboring country, which is Germany, in which during the same period absolutely nothing happened. There was no strict lockdown at all. There were rules that were put in place, of course, which closed certain public places, but there was no strict lockdown.

So we have a country which strictly locks down, which has too many deaths over this short period—at the end of the year, it was not that much, but over this period it shows up—and then Germany, where absolutely nothing happens. So it does not make sense to have countries like that, which behave so differently in terms of the level of deaths. And I have included a map here which highlights in red the countries where we observe an increase in deaths that is significantly higher than usual. This uses the Eurostat data, the official data. I have 9 out of 33 countries, which is a minority.

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So the idea of the pandemic and the first wave is completely wrong. It's a minority of countries that are seeing an unusual increase in mortality. And if we dig a little deeper and look within each country, for example here in France, it's the French departments—there are 100 of them—and so in France, there are only 14 French departments which have an abnormal increase in mortality. So, it's the same, it makes no sense in terms of geographical

distribution. They are not even neighboring territories. We have all of Île-de-France, that is to say around Paris, and then we have a few territories scattered all over the place.

So we really have completely incoherent distribution zones, with a story that does not hold water, about a virus which is spreading and which would cause a mass mortality event from a geographic point of view. There are— Once again I repeat, the deaths labelled COVID, which we saw is mostly counting—well, they are almost simultaneous everywhere.

This can be seen when we look at the death peaks among the different countries. Here we go from the United States, to Spain, to England, which is an island, to Germany which is in the middle of Europe, et cetera. And we must have a maximum of 10 days of lag between any two peaks, which makes it perfectly impossible for us to accept that something is spreading. If there was something spreading in the population, we would have quite notable differences among the different waves, among the different countries. So there are far too many inconsistencies to validate this story, and that just shows that we are dealing with a simultaneous count everywhere and not a spreading epidemic at all.

What I showed for France is that, in France, we know where people die. We know if people died at home, in hospital, or in what are called retirement homes, nursing homes for the elderly, or EHPADs [residential establishments for dependent elderly people]. Here, we see the number of deaths at home; so in other words, these are people who were found dead at home, whose death was confirmed by a doctor at home postmortem. Therefore, these are people who have never been registered as COVID of any kind, otherwise they would have been taken to the hospital. If they had been in care homes, they would have been counted as COVID. As such, these people were really discovered afterwards at home.

Even so, there are doctors who said that the excess mortality which took place in March–April was due to COVID deaths. But no one can know, there were no autopsies. The institutes had fun attributing this increase in mortality from March–April 2020 to COVID-19 without there being the slightest proof of that, apart from death certificates—I repeat—issued by doctors who were convinced that COVID kills and who wrote that on the certificate, but without completing any autopsy.

And this excess mortality corresponds to 5,200 people over the period of the first French lockdown: March–April 2020. But we have an official report from Public Health France on May 7, 2020, which sounded the alarm over the fact that there had been a huge decline in the use of stroke and cardiac emergency care provided over this period—a deficit which was estimated at 4,800 untreated people, and therefore, possible deaths—because if we don't treat strokes and heart attacks, it is not COVID that will kill them; rather it's that we have deaths by neglect.

This figure was confirmed by another report, that of the ATIH [Technical Agency for Hospital Information], which said 3,000 for only one of the two pathologies—I believe it was heart attacks—and consequently, 3,000 times two: that's 6,000. So we are between 4,800 and 6,000 possible deaths from lack of care, as established by official authorities, to cover an excess mortality of 5,200. In other words, the entire bump that we see from deaths at home during this first French wave has nothing to do with a virus, even in the slightest, but only with neglect.

It's the same for EHPADs, in other words, the retirement homes I talked about. Here, I put the number of daily non-COVID deaths in blue, and in orange, those labelled COVID. So we see that from the moment we have the right to count COVID, all other types of mortality disappear. It's an obvious scam. Nevertheless, there is excess mortality over the period,

which corresponds to 5,000 people. And I would remind you that in France, like many other countries, the government was being advised by consultants, and decided that there was a new deadly disease—COVID-19—which was going to infect everyone, and that there would be no room in hospitals for the elderly because they would be full of COVID patients. We saw that this wasn't actually the case.

And so the only thing that was proposed was to offer them a palliative: a double injection of a palliative drug. In many countries, it was Midazolam. On the other hand, there was a worldwide shortage of Midazolam because of the Canadians, the English, the Americans who had taken all the world stock. And therefore, in France, there was a special decree called, "the Rivotril decree," which authorised Rivotril.

And so on the graph below, we see the sale of injectable Rivotril in French pharmacies. And consequently, we can estimate the number of beneficiaries of the palliative Rivotril, which is estimated at 5,000, and which corresponds exactly to the excess mortality in that period. In fact, with Rivotril, we can clearly see the first so-called wave of COVID-19 from March–April 2020 here and the second so-called wave of COVID from October that we see there, and which is again perfectly reflected in this policy, which says "we no longer treat"—no doctors, no treatment for the elderly—"and we go straight to the palliative." This seems to cause deaths in a perfectly logical way, without the need for a virus at all: it's just a change of protocol.

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Now for illustration purposes, we also have the data in England. So here is the excess mortality that can be calculated from the English ONS [Office for National Statistics] data—so the excess mortality in the over-90s, and below that, the distribution of Midazolam over the period, that's it. So as I said, there was no longer a stock of Midazolam in France, but there was in England. It was used to do the same thing in England and therefore, we also have perfect correlations in England for the same protocol.

The last place you are when you die is in the hospital. In fact, the hospital is even the primary place of death in France, since the majority of people who die, die in the hospital. It's 1,000 people every day, and we see the same thing: the blue curve of the number of daily deaths in hospital—I should say the blue curve excluding COVID, which goes down from the moment we have the right to register patients as COVID.

So here we are registering those who have just died as COVID patients, but there is still an increase in mortality over the period of March–April 2020, which we can estimate to be around 7,000 people, as I said. And we have an official report. Members of the Scientific Council published a report in *Nature* which shows this rather exceptional curve where we see, over this period, among the patients labelled COVID—the orange curve, here. It's the time between their admission to the hospital and their death. And we see a huge death rate on day one and also very, very strong on days two and three, knowing that we are apparently talking about a disease that is supposed to make you sick in a few weeks, and then you die from it several weeks later. So dying on the day of admission to the hospital, or within three days, is not normal.

I remind you that the protocol in France at that time was not to consult a doctor, but to self-medicate with the antipyretic Doliprane, to wait it out, and only when you could no longer breathe to go to the hospital. So in terms of patient survival, it's not great because we have patients who arrive at the hospital in the emergency room in a very advanced state of distress.

Second thing, I showed for the retirement homes that I could calculate the number of people who benefited from the protocol called Rivotril, but I have no idea of the number of people who benefited from a palliative treatment instead of care at the hospital, which can very well explain why we have people who die on day one.

And the third thing is that the protocol, seeing that we said that there was no treatment in the hospital, the only thing they claimed was going to save people was to intubate people deeply, put them on a ventilator, and put them in an induced coma. Well, this practice has been shown in many ways to be harmful and to cause people to lose their chance to recover, since it's not easy to survive it.

And therefore, if we add these three causes—so, the iatrogenic effect, in other words, people who are put on a respirator and who do not survive whereas if we had done otherwise, they could have survived; if we add palliative treatment replacing care; and if we add the non-care in early stages—well then we can explain 100 per cent of the excess mortality, which is just that we didn't do what we normally do, and we implemented deleterious decisions that harmed patients. And there is no need at all to bring in even the most minor new virus to explain this excess mortality. You just need avoid doing what you normally would have done.

Now we are going to get to what you spoke about earlier, that is the tests, which are indeed the engine of statistical fraud. In effect, in statistics, as you mentioned, the tests are indeed the engine of fraud since tests don't normally reflect reality. Take the example of a pregnancy test. So a pregnancy test is when a woman pees on a pregnancy test and there's an indicator that tells her if she's pregnant or not pregnant. But that's not the reality. The reality is to be pregnant or not pregnant. Pregnancy tests are more than 99.9 per cent reliable, and that's okay. If we imagine that we make all the little 5-year-old boys on the planet pee on pregnancy tests, we will probably have some that will be positive. Well, should we have a 5-year-old boy checked for pregnancy because he has a positive test? That is not the reality. The reality is to be either pregnant or not pregnant, and not simply to have a positive test.

However, for this idea of COVID-19, that's what we did. That is to say, a person who had absolutely no symptoms could, on the basis of a simple test, be considered sick. So being sick with a non-disease: in other words, a disease without symptoms. Even being considered contagious: that is, that they could transmit their non-disease to someone else and their non-symptoms to someone else. After 15 days, they were administratively considered cured of their non-disease and even immune to their non-disease.

Therefore, this is a complete absence of reality. And it explains why the doctors did not see **any sick patients yet still cried pandemic, as a result of these famous cases and these famous tests—famous tests, moreover, the worth of which we absolutely cannot know. For our famous pregnancy tests, to determine how often they are wrong, all that is needed is to have pregnant women pee on them and then all the tests that show "negative" when the woman is pregnant, well, we know right away it's a false negative. This allows you to test the sensitivity of the test. And conversely, if we have non-pregnant women pee on the test, we look at everyone who shows "positive," and that allows us to test the specificity of the test.**

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And so the fact of being pregnant or not pregnant, which is reality, is called a "gold standard." For this COVID-19 story, there is no "gold standard," simply because there is no precise definition of the disease. We have a set of symptoms that has been stated, which include headaches, cough, fever, chills, fatigue, stomach aches, nausea, diarrhea, and all that could fit into the COVID-19 box. With any of these symptoms, and based on a test, you could say, "Oh well, it's COVID-19 disease." That's why there are a great number of scientists who say that it's a disease, which is specific, which is multifactorial, which is diabolical—quite simply because we are including anything. We are counting a test without being able to measure it against something concrete, and there is no "gold standard."

With the French data, we can even verify that this test has absolutely no meaning. That's what I'm going to show you now. Well, if we imagine that the test is 95 per cent reliable, we can say to ourselves, "Well that means that if I test everyone, and the sequence of the virus I am looking for does not exist, well, I'll find 5 per cent positive." Well, right there we have a problem. Because for a good part of the year 2020 in France, there were less than 5 per cent positive tests. That's the Ministry of Health telling us whether we have a positive test, a negative test, a person who is symptomatic, and a person who is asymptomatic—that's 4 boxes. If we add symptomatic positive tests and asymptomatic positive tests, we are less than 5 per cent for a large part of the year, which means that we are possibly in the process of locking people up for something that does not exist. In the end, we are just talking about a test which is too sensitive, which is not specific enough, and therefore, in fact, we can't do anything with this data.

Second thing: Let's assume that the test is not entirely bogus, that it is very reliable, above 95 per cent. Well, one can ask the question: is it coherent? For example, we can look at whether our positive tests indicate any actual disease and you can see that over the whole of 2021—well, among my positive tests—I have a lot more asymptomatic ones, that is people who have nothing at all, than people who are symptomatic, that is people who have symptoms. In other words, the test is absolutely inconsistent, and when you have a positive test, you are not actually sick. And so that's a huge problem, which means the test is bogus.

We can check in the other direction: We can look at people who are symptomatic, that is, they are said to have the symptoms of COVID-19. We make them do a test and what do we notice? We notice that the overwhelming majority of the tests, three-quarters, are negative.

So for the sick, the tests are mostly negative; and when you have a positive test, you're likely not sick, which means that the test has never had anything to do with the disease in the slightest. It is therefore— well, I don't know what you can call it, a scam, in any case, scientific nonsense; and therefore, it is above all not a statistical tool since it's nonsensical.

Chantale Collard
It is rather an epidemic of cases. So we have an epidemic of positive cases, but without disease. That's what you are telling us, Monsieur Chaillot?

Pierre Chaillot
Exactly. Absolutely. If we go to 2022, then I can show you that the positivity rate increased in 2022. It has nothing to do with the fact that the virus arrived. It would be somewhat unfortunate to say that it arrived just when everyone has been vaccinated. These statistics don't even make sense over time, since gradually, as virology laboratories did not find the SARS-CoV-2 virus, but started finding other sequences, they called them variants.

And we suddenly increased the sensitivity of the test by looking for more and more variants—the record having been established from the end of the year 2021 to the beginning of 2022 with the alleged Omicron variant, which skyrocketed test positivity rates all over the world. In France, we reached 30 per cent positivity; and there was, I believe, 70 per cent positivity in Sweden at that time, so all the Swedes were positive. It was remarkable.

So that still doesn't make sense. It's just that we're changing the protocol all the time and so we do anything at all. And then we even changed the protocol in the opposite direction. But in addition, it's winter, and therefore in winter, the number of symptomatic people increases among the negative cases as well as among the positive cases, and that's all. Fortunately, there is science for that, to enable us to count. In winter, people get sick, and then if you increase the sensitivity of the test, there are more positives, and that's it.

Therefore, there's no consistency. There's never been the slightest consistency in the positivity rates of these famous RT-PCR tests. There wasn't the slightest consistency with any disease. And we've been forever changing administrative rules that made no sense all along—and that's very clear if we allow ourselves to analyze the statistics.

Chantale Collard
So we now come to the question of vaccines. So the tests have no efficacy according to your research results, but they do have an efficacy to promote the vaccine. Do the vaccines provide protection?

[00:35:00]

Pierre Chaillot
There are very few people who know that indeed, the vaccines— So neither Pfizer nor Moderna have ever promised people who were vaccinated that they would be protected against any disease. By disease, I mean symptoms. Personally, that's how I define the word "disease": to be sick, to have symptoms. Neither Pfizer nor Moderna promises that people will have fewer symptoms or be less sick once they are vaccinated. They promise that people will have fewer positive tests, that's all. It's supposed to play on the positivity of the test. The two phase III studies are very clear on this: they are based on positive tests.

An additional small thing is that when the trials come in, you're supposed to say that COVID-19 is dangerous for people over 65 years old. But the study protocols for the two tests here from Pfizer and Moderna have three-quarters of the test population be candidates under 65, which means that the two studies should have ended up in the trash just because, quite simply, the population doesn't correspond to the target. And there you go.

We're going to dwell a little on the fact that it is based on the positive tests. We say an "output" means that the patient has symptoms, whatever they are: so we said fever, we said difficulty breathing, chills, muscle pain, loss of smell, diarrhea, vomiting, et cetera, there are plenty of them. As soon as we have one, then we get tested. Here we have a problem: it's that in the protocol—I'll take the example of Pfizer—it's not mentioned at all that each person must be tested the same number of times. This means that if we tested those who received the placebo more often than those who received the vaccine, consequently, we'll find vaccine efficacy simply through test bias. And so there is nothing at all in the study that

guarantees that the two cohorts were tested in the same manner, and we have clues instead that tell us this wasn't the case.

Finally, I will remind you that the alleged 95 per cent vaccine efficacy of Pfizer is eight cases—that is, in six months, out of the 40,000 people tested, they found eight positive people in the vaccinated group and 162 in the placebo group. So the first Pfizer result—even after six months of study—is that there is no pandemic. Eight versus 162, when we study 40,000 people for six months, means that this pandemic story does not exist. They haven't found enough people to say that. And it's on this eight to 162 which leads to 95 per cent efficacy. These are figures that are so ridiculous that the biases required to arrive at this result can be colossal.

I remind you that there is a testimony in the *BMJ* [*British Medical Journal*] of a researcher who was head of the laboratory at Pfizer denouncing the number of breaches of the usual protocol that had happened in the laboratory. And in particular, there are doubts about the secrecy being properly maintained throughout, because once again, if people know who is in the placebo group and who is vaccinated, well, then they simply need to test only the placebo candidates and not the vaccinated.

Again, in the Pfizer study, there is this particular table, which is interesting, which shows that for people who have been vaccinated, here, we see many more cases of fever, chills, muscle pain—that is, sick people—than in the placebo group. So what the Pfizer study shows very clearly is that their vaccine makes you sick. It's written down very clearly with these statistics: the only thing we can be sure of is that it makes you sick. And besides, people are therefore forced to take anti-fever medications or painkillers such as, for example, paracetamol, which will have a great impact because it will suddenly mask their symptoms. So the population that is the sickest and that takes the most medication to mask these symptoms, well, that's the vaccinated population—and by far.

So, there's some doubt about the fact that they tested the right number of people and that, as we look at the study, they didn't just decide that for the same type of symptoms—Because you see that the symptoms that are written down are the same symptoms of what is called COVID, they're the same—but when we talk about vaccination, we're going to consider that they are adverse effects to the drug, whereas when we talk about people in this placebo group, we can consider that they are the effects of COVID-19.

Many of these undesirable side effects happen within the first seven days, by the way, and the first seven days aren't included in the study results. So that is again a possible bias. In other words, if the vaccine, for example, makes you really sick for the first seven days, so you take antipyretics and painkillers, you won't feel anything afterwards—well, you won't test positive afterwards. Whereas if the placebo doesn't make you sick, then there's a better chance of testing positive.

And then one last thing is that at the end of the study, you have to look at the number of people who were excluded from the study, which is the primary method for Big Pharma to get rid of the embarrassing results. And here, we see that of the 40,000 initial people, there are 1,800 vaccinated who were removed from the study before the end and only 1,600 among the placebos. That's a difference of 200. That's not normal, and those numbers are colossal in relation to the efficacy.

[00:40:00]

So that is, the efficacy we see is 8 against 162, even though 3,000 people were removed in all, and 200 more people were removed from the vaccinated group than from the placebo group. So the bias can be colossal, to be certain that they haven't kicked out people who would have had positive tests if they hadn't been removed from the study. This is a very typical way to succeed in promoting any medication on the basis of supposedly scientific studies—by making these kinds of small statistical adjustments.

So Pfizer is not showing at all that you will be less sick after the vaccine. You are sicker after being vaccinated. And as for the alleged effectiveness in relation to the test, we have a whole host of reservations—even more than reservations—with regard to the study when we see all the figures put forward, when we see the shortcomings, and furthermore, when we know the track record of this brand. So what we can say then is that everything is based on the tests—and knowing that the tests are a scam, all we have to do is not test the vaccinated and only test the unvaccinated to get the results that suit us.

If I take France as an example, well, we can show—thanks to this simple graph which is available on the internet, which was produced by a person who, by the way, received the Legion of Honour from the French President for all his work during the crisis—this graph shows the entire scam. In other words, the link between test, health passport [*pass sanitaire*], and vaccination. Since in fact, when we set up a health passport, we arranged it so that only the unvaccinated are tested.

And so here is the graph for France. It's the positive cases reported for the population, so it's a positivity rate, if you will, according to vaccination status. And so, orange shows the unvaccinated; blue are the vaccinated, two doses; and black are the vaccinated, three doses. There is a small data error that comes from the site. And what we see is that when the health passport was introduced in France on July 12, people were forced to go and test themselves because they were on summer vacation. So they went to the campsite, to the restaurant, they tested themselves all the time.

And so, there was a wave in the middle of summer, a wave of positive tests, no sick people at all. There is no wave of sick people at that time. We have a wave of positive tests in the middle of summer which begins from the moment the health passport is introduced. And as long as there is a health passport, it is the non-vaccinated who are required to test themselves the most. Therefore, we have vaccine effectiveness, since the effectiveness of the vaccine comes from not having to test yourself.

And so it works very well, and the wave stops exactly on August 15, which is the usual date for the return of vacationing people in France. And so there you go: we have a virus that starts with the health passport and stops exactly when people come back from vacation. It lines up perfectly. The positivity rate, then, when people are at work, is relatively low because they don't need to go to restaurants and camping. And we see that when the All-Saints holidays begin in November, there is a new increase, there, in the positivity rate among the unvaccinated. That has nothing to do with a virus; it's a new administrative rule. Well, the French state decided at that time that all college students would have to test themselves every day to go to college. It was to encourage them to be vaccinated.

And so, that's it; that's why it's going up. And it's not a new virus at all, but as long as there is a health passport the unvaccinated are more positive than the others.

And a new administrative rule change took place just before the start of 2021. The Minister of Health decided that all people who have two doses will now have to take a third, otherwise their health passport would be deactivated—it's a "vaccination passport" and it

could be deactivated. And so rather than rushing for a third dose, everyone, especially those who had had side effects—you have seen testimonies—instead rushed to get themselves tested: it was free. To get this lauded positive test: it was in winter, you had symptoms, and you had a chance of avoiding the trap of having to get a third dose. And so people with two doses rushed to get tested so much, so that more of them will be positive than those with zero doses.

And so here we are, at the beginning of the end of the scam, as we realize that by modifying the administrative rule, well, then we modify the vaccine effectiveness. From now on, not having a vaccine, not getting vaccinated, is more protective because we're not subject to an administrative rule that is worse than any other. We had those with three doses who still got tested and the results were quite positive. That's pretty odd. I mean, people who think they're protected, who still go to test themselves and find themselves to be positive.

And here, the most interesting thing is in March. It's the end of the scam, in other words, we have the end of the health passport. And on the very day of the end of the health passport, the curves are reversed. That is, the least positive are those who test themselves the least: these are the unvaccinated. A little above that are those with two doses, and the most positive of the bunch are those with three doses, simply because what you see is a perfect reflection of people's levels of fear—that is, the more we are vaccinated, the more we are afraid and the more we test ourselves—and it works perfectly.

So this graphic—all by itself—definitely destroys this scam that has been the "test, vaccine, passport" triptych. We set up a health passport so that the vaccine protects against having to be tested, and it artificially creates vaccine efficacy.

[00:45:00]

Chantale Collard
It's quite clear, Monsieur Pierre Chaillot. I don't know if you also had a follow-up to talk about post-vaccination deaths. So you claim that there were no deaths, no mass mortality event, in the COVID period in 2020. But after vaccination, do you have any figures to show us the statistics of deaths or hospitalizations?

Pierre Chaillot
Yes, I downloaded the deaths. There was no mass mortality event of any kind in either 2021 or 2022. There was no mass mortality from the vaccine either, otherwise we would see stronger statistical indicators, but we do see statistical signals. So I'm not going to say mass mortality event either, but we see signals. I'm just going to remind you—I think it's in a screenshot I made in July 2022 for the release of my book—the numbers have increased. There it is. In European Pharmacovigilance [part of European Medicines Agency], the number of adverse effects have been entered according to category, reported by professionals or not. So proven cancers, cardiac arrests, myocarditis, pericarditis: these were already in large numbers in Europe. And then, the number of results that ended in the death of the patient reached 28,000 last July, and we must be at 33,000 in Europe today.

I remind you that the pharmaceutical industry says two things. The first thing they say is that none of these cases can ever be attributed to the corresponding drugs. Why? Because the industry tells us: "Myocarditis existed before vaccination. Therefore, you can't prove that in a vaccinated person the myocarditis occurred due to the vaccine." This is the primary spiel of the pharmaceutical industry—it serves to protect itself. This is one of the

legal reasons why in France, in particular, it is almost impossible to win any lawsuit against Big Pharma, and moreover, what is said is true statistically and is further asserted by all the health, drug, and government agencies.

Except that the drug industry is saying a second thing: it says they are fully aware that there is a total underestimation of the number of adverse effects since people don't report them. Almost no one knows that there is pharmacovigilance, and even when they do, it's very complicated to make a report, so no one does it. So according to the drug industry, these numbers have to be multiplied by 10 to find out what happens in real life. It's taken from the drug industry documents that say, "It reflects only 10 per cent, you have to multiply it by 10." There are professionals who say that we should rather multiply is by 20 or 100, but even if we take the figures of the drug industry, we still have to multiply by 10, which is quite interesting and impressive when we look at these numbers.

What I did to give myself some insight is that I looked at the evolution of weekly deaths in France and in all the countries of Europe from Eurostat. Here, for example, I took Portugal. I made a model for calculating excess mortality, the details of which I wrote in my book, and all my programs are online. I have a red bar when I see a weekly excess mortality compared to the past, compared to the expected, and green when it is a lower mortality. Blue is the average of what happens and below I put the number of doses received.

So here, for example, is for 15- to 24-year-olds in Portugal, and what do I see? I see that there is an increase in mortality right during the vaccination campaign for 15- to 24-year-olds in Portugal. It lines up perfectly. And I also notice that for the 60- to 69-year-olds in Austria, I also have increases in mortality at each dose in a perfectly synchronized way. I didn't make calculations just for these countries; I put two examples per age bracket in the book and I did all the examples, I did everything, for all the age brackets that were available.

Thus, to run my programs, I have absolutely everything, if you will. And I even did statistical calculations to find out if the vaccination peaks were close to the death peaks that we see in the excess mortality. And the statistics tell me that it can't be due to chance—it's too close too often. So I tried all kinds of things to see if it worked every time, and it works way too often. So I have real traces of increased mortality occurring exactly during the vaccination campaigns.

There are also details on births. That is, we have data in Denmark and in other countries such as France, Germany, Slovenia as well. We notice that since the vaccination of women of childbearing age, indeed, nine months later, we have a collapse in the number of births. In Denmark, we can see it very well: we are below the low significance curve, whereas births in Denmark were very regular. These are the numbers of births month-by-month. There it is from 2022. Therefore, nine months after the vaccination of women of childbearing age, it collapses and it does not go back up.

Here, in France, is a graph that was made by Christine McCoy, which I also checked. So by downloading data from France on mortality, representing the rate of children who died between 0 and 6 days—that is, neonatal mortality, which most often corresponds to children who are born too early, very premature—

[00:50:00]

we note that the vaccination of pregnant women officially started in France in May 2021, but rather it's in June 2021 that we have the peak of vaccination of pregnant women, and

we have a peak of neonatal deaths the like of which has never been recorded, that we therefore see here. And for the red dotted lines, it's the very, very high excess mortality. Therefore, there is less than a one in 1,000,000,000 chance that this spike is natural. So we also have a record of the deaths of premature babies.

So from all that we've seen, what I'm showing is that we've been through a statistical scam from start to finish based on testing, and they created fear based on statistics of deaths, hospitalizations, and sick people who were never there at all. And the tests, with the health passport, have made it possible to set up a "test, vaccine, passport" triptych, which has made it possible to build perfectly, artificially, a vaccine effectiveness that does not exist. And then what we observe, and what is silenced by all the media and many institutes, is that right during the vaccination campaigns, we have unexplained increases in deaths, we have a drop in fertility that comes afterwards. Therefore, there are far too many traces, far too many signals not to worry about them.

Chantale Collard
Monsieur Pierre Chaillot, I have one last question for you. In fact, with regard to all these statistics, with regard to all your figures, the figures speak for themselves. You have done a very thorough and very, very, clear study. What could have been done differently or not done—I can go negative too—during this period?

Pierre Chaillot
For France, it's quite simple since, as I said, there is a report from the Senate which chronicles the H1N1 scam. So the report is from 2010 on the 2009 H1N1 scam, which made it very clear that if this scam didn't catch on—and which implicates the WHO by the way—but if it didn't take, it's because we behaved as usual. Meaning that when people got sick in the winter, well, they went to see their doctor as usual, who cared for them as usual. Each doctor treated his patients differently, incidentally, but it doesn't matter. In all good conscience, each doctor treats in a different way and as a result, it worked; that is, nothing happened at all. In fact, a report was issued after this episode saying that this is what works in the event of a pandemic: we don't panic, people go to see their doctor when they are sick, and when the doctor decides that they are very, very, sick, they go to the hospital.

So that is what should have been done. But there's another report that came out in France in 2019 that broke these rules and now said: "In the event of a big pandemic, the first thing you have to do is tell people not to go see the doctor, to send them only to certain authorized hospitals." So, no congestion of the hospitals occurred in France, but some hospitals were overwhelmed if they were among the ones called to the front lines. There were only 38 qualified to receive COVID-19 patients, and I remind you, it was anything and everything: it was headaches, fever, chills, nausea, diarrhea, et cetera. So all the French patients were sent to 38 hospitals, whereas there are 3,000 health centres in France, public, private—and they hadn't seen the doctor before either, so we created a gigantic bottleneck for sick patients.

So, that's what the report laid out. And the report also said something else: that a sick person was no longer defined as being symptomatic—that is to say, as having symptoms, knowing he is sick from it—but it was these famous tests. And that's also what the WHO did, was to stop and say, "We have a pandemic because we have found a sequence of a virus from a sick person in China, and now that we have tests, we are going to launch this great hysteria." So that's what was new.

What should have been done was to stay within common sense, to stay pragmatic. What is a sick person? It's not someone who is dangerous; it's not someone we identify with a pseudo-test and who we consider dangerous. A sick person is someone who has symptoms who we must take care of, and that's it. And there are doctors for that who must act in good conscience to receive all the sick and to treat them, and that's all.

Therefore, what shouldn't have been done was changing rules that work: rules that don't permit launching a hysteria and that don't make some people rich, whether it's by way of tests or pseudo-vaccines that protect against testing.

Chantale Collard
Pierre Chaillot, thank you very much for your testimony. As far as I'm concerned, the questions are over. In addition, it's quite possible there will be questions from the Commissioners. Thank you very much again for your collaboration during the Citizens Inquiry.

Pierre Chaillot
Thank you.

Commissioner Massie
Hello, Monsieur Chaillot. Thank you very much for your very exhaustive presentation, which really sheds light on a lot of things. I won't have a lot of questions, but there is one that bothers me. You have presented comparisons between different jurisdictions, for example, France and Germany, which had not deployed, in any case, lockdowns with the same intensity, so to speak, at a similar time. And we make the assumption that, well, if there is a virus circulating, it doesn't know that there is a border between France and Germany, so we should normally have the same kinds of effects in the population in Germany.

[00:55:00]

And so you mentioned that in France, when you look in more details at the department level, it would seem that there would have been a greater concentration in certain departments in terms of the effects that we saw associated with this pandemic. Would the explanation for this be that the administrative measures or directives to deploy lockdowns would vary depending on the size of the departments, or because there is a big difference in certain departments at the geographic level, at the population level, and it wouldn't have had the same impact on the populations at that time?

Pierre Chaillot
So from what I have shown of the two main causes that led to more deaths than usual, the first was to say that the elderly in rehabilitative nursing homes should no longer be treated, but instead just be injected with a palliative. There is a French report on the COVID crisis where we have testimony from a trade unionist doctor who says that for hospitals in Paris—that is, around the Paris region—there was a special group which was called the rapid response group. You had doctors who went around, based on a simple phone call, to provide a double injection of this product to the elderly, and who then left. And so this practice, that is, this idea—which was to say that the elderly were doomed and that we just had to inject them with palliative—was industrialised in Île-de-France, the area covered by

AP-HP [Public Assistance for Paris Hospitals], and it is right there that we see a significant increase in mortality. So there you have it, there is a particular measure that hasn't affected everyone but is part of the initiative that was taken there, and which is perfectly correlated.

The second thing is that we have to look at the practices of the hospitals that panicked and in particular, as I was saying, at intubation. Intubation and artificial coma. And in Marseille, they didn't hide the fact that they did not want to do this practice because it was harmful for the patient. And so, it turns out that it's likely that what we're observing are the hospitals that panicked and implemented this protocol—that was probably promoted by ministry, that had also been done by the Italians at the beginning, and that everyone gave up on afterwards—and the hospitals who were the most relentless in their use of this method are where we see an increase in mortality. You would need access to the figures of the various implemented protocols to make a determination, which I don't have. But that is quite enough to explain the differences in mortality between the territories: the level of panic, the orders that are given, and the way in which they are executed. And it has nothing to do with any virus from start to finish. It's just administrative rules put in place, protocol choices, and iatrogenic effects [the effects of those treatment decisions].

Commissioner Massie
My other question is about, well, the idea that there would have been a virus circulating, which would have caused major illnesses or hospitalizations or deaths. Do you deny the existence of the virus having the ability to cause disease in a certain number, or do you vigorously question the alleged effect on a large population? In other words, does this virus, in fact, exist in the population? Is there a new virus circulating which can cause illness in a certain number of particularly fragile people, but overall, is no more important than what we would see in other respiratory infections?

Pierre Chaillot
I am not a doctor, nor a chemist, nor a virologist, nor a microbiologist, and I have never observed even the smallest cell. So I can't tell you if something exists or doesn't exist based on actual observation. On the other hand, I can tell you that there are no traces: there are no statistical traces that there was any virus anywhere. And I told you that the curves were synchronous, which is to say that we have evidence that we can discuss scientifically, that it is impossible that the deaths, or even the sick people that have been attributed to this COVID, have anything to do with something that has spread. It's just physically impossible. It is impossible for the curves to be synchronous with something that spreads in space and time. It's not possible. Therefore, there are too many inconsistencies regarding this subject.

Personally, I am asking for scientific proof. That is, that we find existing proof—something in the order of an RNA sequence—that would arrive, that would spread, that would also be responsible for a disease. What evidence can we provide on this subject before it is possible to make a determination? I call on everyone to ask themselves that question.

As for me, I just maintain my point on the statistical aspect of things. The story that's been told on this subject doesn't hold water for two seconds when we look at the statistics that we have. And the only things we observe are a new method of counting, transfers of codification and iatrogenic effects, abandonment of people, and then, voilà, a change in behavior that explains the whole thing. I don't know if the virus exists, but there's no need at all to bring it into the equation to explain anything. So, in my opinion, you don't even have to worry about it. If it exists, it's perfectly insignificant and it has no influence whatsoever in what we have experienced.

[01:00:00]

Commissioner Massie
My last question concerns, ultimately, trying to answer the question: To what extent has the deployment of the vaccine in fact resulted in either hospitalizations due to side effects or deaths? The challenge we have, of course, is that it doesn't seem to be a high enough frequency in general for us to be able to detect a clear signal. Sometimes you can see it over time, when there's a fairly synchronous aggressive campaign, but otherwise it's pretty hard to detect in the general population. There's the whole story of the doses: when we're going to get them, second dose, third dose, et cetera.

And in the end, the best way to find out would be to have solid numbers on the vaccination status of people who are hospitalized and/or who are going to die, for all kinds of reasons, but who are vaccinated. So these figures must exist in the official statistics. How is it that we are not able to extract this information from the official figures?

Pierre Chaillot
It exists. It exists in France; it exists in all the countries of the world. There are very few countries that have attempted to circulate this information. Scotland did it at one time and stopped right away when it showed vaccinations unfavourably. We have England continuing to do so, and we have Norman Fenton doing exceptional work to show that the so-called vaccine effectiveness comes just from the fact that there is a time lag between when you get vaccinated and the moment when you are registered as vaccinated. And so we place the vaccine deaths of those who have just been vaccinated among the non-vaccinated. His presentation is very, very, clear.

In France, we've been asking for the data for months. We shouldn't have to ask to see these figures when they are normally accessible, and even are—and have been—the subject of preliminary studies on the topic. There is nothing coming through at the moment. Maybe by insisting, by complaining, by demanding things we'll get them. And once again, even if we're given figures, we shouldn't take them at face value. We have to look at where they come from, what their quality is, what we can infer from them first.

In the end, in any case, you have to do real statistical work. Demand it at least, but also have the raw data, and verify everything that's inside and its quality before deducing anything.

Thank you. I'm sorry, I have another meeting now. I'm going to have to leave you.

Commissioner Massie
Thank you so much. I'll leave you with the lawyer.

Chantale Collard
Thank you very much. Thank you very much for your time. I know you have other commitments. Thank you again.

Here's hoping that the recommendations of the Commission will go in the direction of your statistics. Thank you very much, Pierre Chaillot.

Pierre Chaillot
Thank you.

[01:02:39]

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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, and further *translated from the original French.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 4: Dr. Jean-Marc Sabatier
Full Day 1 Timestamp: 06:05:46–07:00:07
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Konstantinos Merakos
So hello again everyone. We had a little dinner break. So thank you for being here. We have our next witness with us, but before that, I'll start by introducing myself. It's good to know the lawyers are here today to help the situation. So my name is Konstantinos Merakos. I am a lawyer in Canada for the firm Bergman & Associés. A brief word about our experience. In 2020, our firm represented members of the public service in a legal action against the federal government on the basis of violations against the Constitution of the Charter of Rights and Freedoms and Human Rights. This was after the federal government expelled public servants over their right to privacy, bodily integrity and their medical choices. So I would quickly like to thank the forum for its professionalism and respectful exchanges, and I want to emphasize that it is not only important but crucial in a free and democratic society to have forums like this.

So thank you and congratulations. Without further ado, we'll move on to the next witness, Monsieur Sabatier, who is on Zoom with us right now. Monsieur Sabatier, can you hear us?

Dr. Jean-Marc Sabatier
Yes, hello.

Konstantinos Merakos
Are you doing well?

Dr. Jean-Marc Sabatier
Yes, very well, thank you.

Konstantinos Merakos
Thank you for being with us. So I'm going to start by having you sworn in. So do you swear or solemnly affirm to tell the truth, the whole truth and nothing but the truth? Say "yes" or "I solemnly affirm it."

Dr. Jean-Marc Sabatier
Yes, I solemnly affirm it.

Konstantinos Merakos
Good. Your full name, please?

Dr. Jean-Marc Sabatier
Jean-Marc Sabatier.

Konstantinos Merakos
Ok, and where are you currently located?

Dr. Jean-Marc Sabatier
Pardon?

Konstantinos Merakos
Where do you currently live?

Dr. Jean-Marc Sabatier
I live in Rousset, so in the south of France.

Konstantinos Merakos
Okay.

Dr. Jean-Marc Sabatier
It's near Marseille.

Konstantinos Merakos
And are you alone in the room or is there someone else?

Dr. Jean-Marc Sabatier
Yes, yes, yes, yes, I am alone.

Konstantinos Merakos
Okay. So Monsieur Sabatier, today, we will first of all speak about you, your CV and— I have here the message that you sent and essentially, it will be before the committee here, with

whom you spoke. So I'd like to start by discussing your CV, your background and your expertise. So briefly, in a few sentences, your expertise, please.

Dr. Jean-Marc Sabatier
Yes. In fact, I am a research director at the CNRS: the National Center for Scientific Research. It is the French research body. My educational background is a doctorate in cell biology and microbiology, and I have a Habilitation to Direct Research, therefore an HDR in biochemistry. And so I've been working in a research lab since 1985. I've worked in different fields, but my specialty is toxins, microbes, and protein engineering. And in particular, I have worked on vaccines since I joined the CNRS in 1989 on the topic of vaccines. At the time, they were HIV vaccines. On that occasion, I worked on the subject with Professor Montagnier, since we had a partnership with the Institut Pasteur in Paris.

Konstantinos Merakos
Perfect, thank you very much. And currently, you are still working in the field. What is your present employment?

Dr. Jean-Marc Sabatier
Yes, so I currently work at the Institute of Neurophysiopathology in Marseille, and I research COVID. Among other things, I am editor-in-chief of infectious disease journals, in particular a journal called *Coronaviruses*, which is really specialized in coronaviruses, and another journal that is more specialized in germs, let's say, and then diseases associated with germs. It's a journal called *IDDT*. Both are peer-reviewed international journals.

Konstantinos Merakos
Excellent. Thanks. In a few words, I see your résumé here, which is very extraordinary. Can you say a few words about patents? There are quite a few pages on the subject here. Can you say a word or two? Are these patents that you participated in creating? Is it something that is under your name? We will perhaps identify one or two patents which would be important for today.

Dr. Jean-Marc Sabatier
Yes. I was the co-author of 55 patents, there are joint patents with the Institut Pasteur—moreover, old patents signed by Professor Montagnier, so in virology on HIV.

[00:05:00]

And then, more recently, there are also patents on toxins and on microbes, on antibacterials, for example; and in particular, we filed a patent on a molecule that I had designed and produced chemically, which has been tested in an FDA protocol against HIV, the human immunodeficiency virus. I've worked quite a bit on microbes. I'm also editor-in-chief of another journal which specializes in antibiotics, in other words, molecules that are active against bacteria.

Konstantinos Merakos
Excellent. Thank you. I know that here, if possible, we will talk about the virus's mode of operation and the pathological problems associated with vaccine injections, but I will leave

the floor to our commissioners to ask you questions. So I thank you and I will leave you to it.

Dr. Jean-Marc Sabatier
Thank you.

Konstantinos Merakos
Thank you.

Commissioner Massie
Hello, Dr. Sabatier, my name is Bernard Massie. I am also a researcher, but I finished my career a few years ago. I was in biotechnology so I know the whole history of patents. I know that during this pandemic, there was a lot of work that was done around the axis of the ACE2, I don't know how to say it in French. . .

Dr. Jean-Marc Sabatier
Yes, the ECA2 [in French].

Commissioner Massie
. . .which regulates an extremely important function, and that you have particularly focused on trying to perhaps explain both the pathology that could be detected with the infection—with SARS-CoV-2—but also with pathologies that arise from, or rather, the undesirable effects that result from the injection and the abundant expression of the spike protein following the gene injections. Can you briefly describe to us the problems that can be detected, and perhaps draw a parallel between being in a condition of infection versus injecting these coding sequences to produce, or overproduce, the spike protein?

Dr. Jean-Marc Sabatier
All right. So first of all, to describe the virus's mode of infection, I must remind you of how the renin-angiotensin system works. In fact, it is a system that I must explain in some detail for you beforehand in order to understand precisely how the virus works on this system, and how current vaccines—which are essentially based on the spike protein—can act. More specifically, messenger RNA vaccines. First of all, this renin-angiotensin system is extremely important because it is the number one system for the functioning of the human body. It really allows the functioning of all our organs and tissues; and it is in this capacity, therefore, that it has a truly essential role for our body to function. In particular, it is responsible for renal, pulmonary, and cardiovascular functions. It also controls innate immunity, and it controls the different microbiota, therefore: the intestinal microbiota, which is the second brain, and also the vaginal, cutaneous, and oral microbiota. So you see that it is a very important system.

So to outline in a few steps how this system is affected by the virus, as well as the vaccine spike protein works. First of all, in some cases, you have a substance in the liver that will be produced which is called angiotensinogen, and then you also have the kidney which will produce an enzyme called renin. And in fact, this renin will degrade angiotensinogen to give angiotensin 1, which is a hormone. This angiotensin 1, in turn, will be degraded by another receptor called ACE1, which is the angiotensin-converting enzyme 1. And when this molecule is degraded, it will produce angiotensin 2, which is another hormone. This

angiotensin 2 is the key to COVID diseases. If you will, this angiotensin 2 normally recognizes a receptor called ACE2, which is the angiotensin-converting enzyme 2. Now, this ACE2 receptor is the target of the spike protein, either of the virus during a natural infection or, in certain cases, of the vaccine spike protein—in other words, the one which will be produced by the vaccines, in particular messenger RNA ones. Since messenger RNA vaccines are vaccines in which RNA is injected into the deltoid muscle, and is coupled to lipid nanoparticles which allow penetration into the cell, these RNAs will be translated into spike proteins, which are actually the vaccine spike proteins.

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So what happens, if you will, is that this spike protein— whether viral or vaccine-induced— will be able to recognize the ACE2 receptor, in other words, the angiotensin-converting enzyme 2. And in fact, by binding to this ACE2 receptor, they will interfere with the degradation of angiotensin 2 because normally angiotensin 2 is degraded by the ACE2 receptor to give another hormone called angiotensin 1-7. And so when you have a natural infection or when you receive a vaccine injection, at least in certain cases, you can hinder the degradation of angiotensin 2, which will then end up in excess and which will over-activate its own receptor. Its own receptor is called AT1R, and it is a receptor that can be extremely harmful. That means it is a receptor that is completely essential for the human organism to function because it just so happens that it pilots all these renal, pulmonary and cardiovascular functions. It controls innate immunity and it controls the different microbial flora, so it has a very, very important function. But on the other hand, when it is overactivated—and that is precisely the case when there is an infection of the SARS-CoV-2 virus, like when we have COVID or when we receive a vaccine injection or a vaccine booster injection—at that time, this receptor can be overactivated, which can be very harmful because it is capable of launching a host of cellular signalling pathways since it is an extremely complex receptor. It's one of the most complex receptors that we know of—one of the seven-transmembrane segment G protein-coupled receptors—and it can do a lot of things because it activates pathways, or cellular signaling cascades.

So I won't go into details, but the best known are JAK/STAT, p38 MAP kinases, NF-kB. There are many more. And in fact, what this receptor does when it is overactivated—Because you have to know that we find the renin-angiotensin system on which this receptor depends in all the organs of the human body: in the heart, in the lungs, in the liver, in the spleen, in the intestines, in the adrenal glands, in the thyroid. We even find it in the brain, we find it in the gonads, in the reproductive organs. So it really is absolutely everywhere. And so this AT1R receptor, when it is overactivated—which just happens to be a consequence of the attachment of the spike protein to the ACE2 receptor, and therefore, of the overactivation of the AT1R receptor—can cause vasoconstriction. In other words, it will be pro-hypertensive. It will also be pro-inflammatory, which means it will launch a storm of pro-inflammatory cytokines, for example, a production of interleukin-1, interleukin-1 beta, interleukin-6, TNF alpha, interferon gamma, so it's very harmful because it can start a lot of inflammation. At the same time, it is pro-oxidant, which means it will generate oxidative stress at the cellular level. And this is very harmful since, in fact, oxidative stress can kill cells because it can put them into apoptosis—in other words, into programmed cell death—and then that can also put them into autophagic dysfunction. In any case, it is very harmful.

So the AT1R receptor has this pro-oxidant effect because it activates an enzyme called NADPH oxidase, whose nickname is NOX. This enzyme will release reactive oxygen particles which are very harmful because they can kill mitochondria, which are the energy centers of the cell; and so when they kill the mitochondria, they also kill the cells. So this

AT1R receptor is also pro-angiogenic; that means it will promote the growth of blood vessels, and so, among other things, it will be able to grow tumors, even launch tumors. It has a pro-cancer effect too, which is also problematic. The overactivated AT1R is a receptor as well, which is prothrombotic; in other words, it can initiate thrombosis. We know how serious this is since the majority of people who die from severe COVID die from thrombosis. It is also pro-hypoxemic; that is to say, it will reduce the oxygen load of red blood cells—the red blood cells that carry oxygen to our cells, tissues, and organs so that they can work. So it decreases this dioxygen load since it, in fact, hinders the incorporation of dioxygen on the iron, which is present at the level of the hemoglobin of the red blood cells. At the same time, you also have this receptor which is also pro-hypoxic. In other words, being pro-hypoxemic by causing the blood saturation to drop suddenly, it causes a deficit in the supply of oxygen to our tissues and organs. We consider it hypoxia when we are at a saturation level of less than 95 per cent oxygen in the blood.

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You also have a pro-fibrotic receptor, which means it will be able to induce fibrosis of organs, which is also very harmful because it is often completely irreversible. It could be fibrosis of the heart; it could be fibrosis of the lungs. And it's a receptor that's also pro-hypertrophic, meaning it causes organs like the heart and lungs to swell, simply because the renin-angiotensin system is actually involved in cell differentiation and multiplication, and that's why it can make organs grow and enlarge. And that's also why it can have a pro-cancerous effect since cancers are in fact an anarchic proliferation of cells. So alongside all that, this AT1R receptor can also lower the production of nitric oxide, which is a very important substance because it is involved in all the inflammatory, immune and memory phenomena, all the cognitive problems. That's why people who have long COVID often have memory problems or cognitive problems. So it's due to this drop in nitric oxide or NO. You see, therefore, that this overactivated AT1R receptor, either by the viral spike protein, or by the vaccine spike protein, can be very harmful. Because it is, to sum up: pro-hypertensive, pro-inflammatory, pro-thrombotic, pro-hypoxic, pro-hypoxemic, pro-fibrotic, pro-hypertrophic, and lowers nitric oxide.

And besides this, the essential problem with current vaccines—for the messenger RNA vaccines—is the toxicity of lipid nanoparticles. So just as a reminder, lipid nanoparticles are what allow these messenger RNAs to enter the cells. In fact, there are four types in vaccines: so Spikevax from Moderna, and the Pfizer vaccines, Pfizer BioNTech and Comirnaty. Actually, these lipid particles are cholesterol and phospholipids, so they are not a problem. And the ones that are problematic are the other two types of lipids because they are pegylated lipids and cationic lipids, which are not natural. And so these smaller-sized substances can be picked up by the different organs, and then, what is even more concerning, they can cross barriers: in particular the placental, blood-brain barrier, et cetera. And so these messenger RNAs which cause the spike protein to be produced are simultaneously harmful precisely because this spike protein was badly chosen from the start; that is to say, it was slightly modified. You know, actually, the spike protein is like a string of pearls made up of 1,273 pearls, with the pearls being amino acids. And you have twenty different types of pearls. In fact, the designers, that is, the designers of these messenger RNA vaccines, have modified two pearls: one bead at position 986 and one bead at position 987. They actually replaced them with two proline residues. However, prolines are amino acids, which are somewhat special because they can make a connection with the amino acid that is upstream, in either cis or in trans [configuration]. In fact, that means that at the level of these two modified prolines in the messenger RNA vaccines, we can have several types of configurations, so a trans/trans, cis/cis, cis/trans, or trans/cis configuration.

So what does this actually mean for our listeners? This means that at the level where the beads were modified, the peptic chain can have four different orientations. In other words, at that level, the pearl necklace's spike protein can be oriented in four directions. And in fact, these four orientations enhance or increase the probability that the S protein—or the spike protein, which is actually produced by the translation of these vaccine messenger RNAs, or RNA vaccines— This means that it can, in fact, adopt different shapes in space, and that enhances the possibility that these S proteins, or spike proteins, combine into a trimer. And when it associates in threes—in other words, when it is an association of three spike proteins—at that moment, it looks like the spike protein of the virus: it looks like the spicule, which is, in fact, an association of three S proteins. And when it looks like the spicule, these vaccine proteins in trimeric form have the ability to recognize the ACE2 receptor. And once attached to the ACE2 receiver, what do they do? They do exactly what the virus does, which is to interfere with the breakdown of angiotensin 2.

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This angiotensin 2 will therefore be in excess. It will over-activate the AT1R receptor, which will produce all these harmful effects—which I spoke to you about five minutes ago—and it will trigger a lot of more or less severe diseases, and will be able to affect many organs. This is why the COVID diseases that we find in long COVID are very varied. Because this renin-angiotensin system is pervasive and is, in fact, connected to all the organs since it is found on the surface of many cell types—in particular all the endothelial and epithelial cells, as well as all of the nerve cells. On nerve cells, you have neurons and oligodendrocytes. In the immune system in the brain, you have astrocytes and microglial cells. All of these cells have ACE2 receptors.

Also at the level of the reproductive organs, you find these ACE2 receptors in the prostate, the penis, and the testicles; and in women, in the endometrium and the ovaries. So it really is present everywhere. And it also lines the entire vascular system, and that is precisely why we can have cardiovascular problems since it covers the entire internal lining of the blood vessels. And it's really pervasive because we find it even at the level of mitochondrial membranes, as well as inside cells. So it's not only on the exterior of cells. There's also a renin-angiotensin system which is intracrine and which, in fact, controls all the functioning of the cell. And we find it particularly in all the cell membranes: on the internal membrane of the mitochondria, which are the energy centers of the cell and allows the cells to live. But we also find it in the membranes of cell organelles such as the endoplasmic reticulum and the sarcoplasmic reticulum, even the nuclear membrane, so they are found in the endosomes, exosomes, and lysosomes.

Well, they are really present everywhere, and that means, in fact, that this renin-angiotensin system that controls our organs can be extremely harmful precisely because it is present everywhere. And the problem with the current vaccines is that they are all based on the spike protein, and this spike protein is, in fact, to a certain extent able to recognize this ACE2 receptor and to make the system malfunction. And by causing this system to malfunction, well, these vaccine spike proteins effectively do the same thing as the virus, which is to say they disrupt the renin-angiotensin system, they over-activate the AT1R receptor, and they cause all the pathologies that we know today.

Commissioner Massie
If I can take the liberty of summarizing what you are saying— If I correctly understand what you are saying, it is that the spike protein found on the coronavirus will engage this

system and can potentially cause any series of dysfunctions at the cellular level, and even at the organ level. And similarly, the spike protein, which is expressed as a result of gene injections, can do the same thing. So can I ask you a question regarding, I would say— Well, in the case of coronavirus infections, with SARS-CoV-2, based on the recent epidemiology that we have, we can practically conclude that a very large majority of people have been infected, exposed to the virus. But that a large number of these people would not present symptoms, or at least not easily detectable ones. Is it like this because people's immune systems have stopped the virus from spreading to enough places in the body to cause these malfunctions? Or, at the same time, are there people who, in terms of this system—which seems extremely complex, with enormous ramifications in all sorts of cellular pathways and in all sorts of different organs—are there people who would have a better capacity to manage this kind of dysfunction?

Dr. Jean-Marc Sabatier
Yes, absolutely. So in my opinion, it is precisely the people with relatively severe forms of COVID—even fatal forms—who are essentially the people who are vitamin D deficient. Vitamin D plays a very important role in this system because it acts upstream of the system, as it is a renin inhibitor. And renin is the enzyme that transforms angiotensinogen into angiotensin 1. And this angiotensin 1 is the precursor of angiotensin 2, which over-activates when it is in excess because of the presence of viral or vaccine spike protein, which over-activates the AT1R receptors. So you should know that indeed, people who are vitamin D deficient or insufficient—that is to say with levels lower than 30 nanograms of calcidiol per ml; for people who are deficient, it is lower than 12 nanograms of calcidiol per ml—at this point, there is a very harmful effect, precisely because the spike protein, viral or vaccinal, will over-activate the AT1R receptors, which will go into overdrive.

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So there will be a disruption, an overactivation of the renin-angiotensin system, and vitamin D will not be there to thwart this system since it would have a braking effect on this system.

And we should be aware, of course, that there is a genetic polymorphism, if you will, of the renin-angiotensin system. We don't all have the same renin-angiotensin system. If someone is Caucasian, Indian, Asian, African, they will have different renin-angiotensin systems. In other words, globally, we all have the same elements of the renin-angiotensin system, but there is a biodistribution of the receptors that is not the same. And then there are also variants at the level of the receptors and of the molecules as well. Now, for example, 35 variants of the AT1R receptor are known. So there is a polymorphism which is very important at the level of the RAS [renin-angiotensin system] that can actually also explain the differences in the occurrences which can be observed in people. We should be aware that this renin-angiotensin system is also not the same in the same person throughout his life. In other words, when you are a baby, you do not have the same renin-angiotensin system as when you are a child, a teenager, an adult, or a very old person. It constantly evolves throughout your life. And then, we should also be aware that a woman does not have the same renin-angiotensin system as a man. Why? Because, among other things, the ACE2 receptor, is encoded by a gene which is located on the X chromosome, which is the common sex chromosome. The AT1R receptor, which is responsible for COVID diseases, is encoded by another chromosome, which is chromosome 3.

But, in any case, what is certain is that there are comorbidities which make us more sensitive to an over-activation of the renin-angiotensin system when we have this system

that is already out of order. In other words, when you have comorbidities—for example, when you are hypertensive, when you have an autoimmune disease, when you have cancer—that means you already have a problematic renin-angiotensin that is dysregulated. And therefore, the vaccine injection can have a much more harmful effect on such a person. Likewise, a SARS-CoV-2 infection can cause a much more severe case of COVID precisely because these people are susceptible. We also know of genes that make someone more susceptible to developing serious forms of COVID. For example, there is a gene called HLA-B27. We know that people who have this gene have a greater risk of having a severe form of COVID.

So you have other genes that are involved. For people who have this HLA-B27 gene, it is interesting to know that, in the situation of infection with HIV or the hepatitis virus, it has a protective effect. Who knows why, but it does not behave the same depending on the microbes. Anyway, there are genes which strongly affect outcomes. Of course, in this gene polymorphism, that is very important. There are other diseases, you know, in people who have problems like Marfan's disease, for example, with a defect in the production of fibrillin-1, or people who have Ehlers-Danlos disease, for example, who have a problem producing collagen since they have a collagen-deficient gene. When they are infected with the virus or receive a vaccine injection, these people develop more severe forms precisely because they have a problem.

Commissioner Massie
Monsieur Sabatier, I will try to focus the discussion a little with a question for you, which has to do with the fact that, well, this spike protein— According to your knowledge of coronaviruses, and given its preferred target with the ACE2 receptor, is it unique in the coronavirus family or does it exist in many other coronaviruses?

Dr. Jean-Marc Sabatier
No, it's found in coronaviruses. It's not unique at all. For example, you know that SARS-CoV-2 is a beta-coronavirus, from the sarbecovirus family. So it's an enveloped virus with spike protein and then you have a single-stranded arm positive-sense ribonucleic acid.

Commissioner Massie
My question, more specifically, is this: Is the interaction of this spike with this receptor new?

Dr. Jean-Marc Sabatier
So it recognizes the ACE2 receptor. We need to be aware that the 2002 epidemic was also an infection with a coronavirus. It's SARS-CoV, now called SARS-CoV-1. So the target of this coronavirus was also the ACE2 receptor, in other words, the angiotensin-converting enzyme 2. The MERS-CoV of the 2012 epidemic, on the other hand, was different.

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It's also a coronavirus, but it was targeting another receptor, which is CD26; it's a DPP4—a dipeptidyl peptidase-4—which is another receptor. So we are aware of different types of receptors.

But you also have, for example, the cat FIP [feline infectious peritonitis] virus, which also disrupts the renin-angiotensin system, and which, in fact, causes exactly the same diseases

in cats that we see as COVID diseases in humans. It also disrupts the renin-angiotensin system, but it recognizes another receptor: it recognizes the spike protein of the cat coronavirus, of the cat FIP virus, and it recognizes another receptor called CD13, that is aminopeptidase N; and in fact, in this case, it will hinder the degradation of angiotensin 3. This angiotensin 3 will be found in excess since the spike protein of this coronavirus has fixed on the APN receptor, on the CD13 receptor. And so this excess of angiotensin 3 will also over-activate the cat's AT1R receptor and will cause COVID-type diseases in cats. We find exactly the same pathologies with hypertension, thrombosis, and pleural effusions. So if you will, you have a whole family of receptors, and obviously, there are other receptors that are targeted by coronaviruses.

Commissioner Massie
Going back to the treatment of COVID with this alleged magic wand, which was the gene injection for the expression of the spike protein, you mentioned briefly that you thought it was probably not very wise to choose this antigen in the platform, notwithstanding the quality of the gene platform that was chosen. The choice of this protein was misguided. My question is, how long have we had sufficient knowledge to conclude that—when we made the choice to use this protein—we should have known that there would be problems in choosing this target for vaccine platforms?

Dr. Jean-Marc Sabatier
As early as 2002, in fact, because the 2002 SARS-CoV virus also targeted the ACE2 receptor, so we already knew that it was a receptor that was harmful. In addition, there has been work done since 2002 on SARS-CoV. There were facilitating epitopes that had been highlighted: that is to say, regions of the spike protein that contain facilitating epitopes; in other words, regions that will stimulate the immune system—in particular the production of antibodies which will, in fact, not neutralize the virus, but on the contrary, facilitate infection by the virus SARS-CoV. However, these domains are also found on the spike protein of SARS-CoV-2. So the vaccine designers could have already known that these regions were potentially harmful in the case of vaccination with a messenger RNA that codes for the spike protein of SARS-CoV-2.

In addition, this spike protein has other problems. The spike protein of SARS-CoV-2 has an RGD motif. It has isotypes that the SARS-CoV-1 spike protein does not have. And we know that this RGD motif is a small piece of the protein which is made up of three beads; these three amino acid residues make up RGD, or arginine-glycine-aspartic acid. We know that it can be very dangerous because it is a motif that recognizes membrane integrins. It has been shown that the spike protein of SARS-CoV-2 is capable of recognizing membrane integrins, among other things: in other words, capable of triggering activity in the cell. And it recognizes, among other things— And this was described experimentally—this spike protein of SARS-CoV-2 is able to recognize membrane integrins which are called alpha v beta 3 and alpha 5 beta 1. And this is serious because these integrins can also be recognized by collagen. But hey, these critical sites are hidden within the collagen, and also happen to have these RGD motifs which are hidden, and these are critical motifs. In fact, when the spike protein, if you will, binds to these membrane integrins, it activates a system called caspase-3 and induces cell death, or apoptosis.

Additionally, we know that there is another danger. In this spike protein of SARS-CoV-2, there is a furin site which happens to have a particular affinity for human cells. And so we knew that compared to SARS-CoV, it was going to increase the infectious capacity of SARS-CoV-2 and the harmful effects of this spike protein. And further, concerning your question

on the vaccine platform, it is bad because, you know, at the level of this messenger RNA, this vaccine messenger RNA has also been completely modified to be very stable. It received, for example, a polyadenylation tail in order to stabilize it.

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The nucleotides have also been changed. You know, you have as a basis ATGC: adenine, thymine, guanine, cytosine. They modified uracil because, when it has ribose on it, it becomes uridine. They modified it to be a pseudouridine. And that's serious all on its own. It's playing sorcerer's apprentice because we only have a decade of hindsight regarding this pseudouridine. And above all, we don't really know what it does because we don't really understand all the enzymatic systems that process the pseudouridine found in these messenger RNA vaccines, especially when the uridine is replaced at the stop: UAA, UAG and UGA codons. When they are replaced, there are no stop codons—which means, if you will, that the system is unable to adequately recognize pseudouridines.

This means that when these vaccine messenger RNAs are translated, there is the possibility that the ribosomes are also capable of making mistakes: that the transfer RNAs are capable of making mistakes and of introducing a different amino acid than the amino acid found in the primary structure of the spike protein of SARS-CoV-2. This has been demonstrated experimentally. And furthermore, if ever the messenger RNA could, in one way or another, integrate into the genome of the host cell—which has not been completely ruled out either since there are systems that could apparently do this, such as a system called SINE-1 LINE-1—you would have a system that is, in fact, an RNA-dependent DNA polymerase activity that could actually make DNA from RNA. At the moment, these polymerases—DNA polymerase, RNA-dependent and RNA polymerase, RNA-dependent—we know that they are also not capable of correctly reverse transcribing a pseudouridine. This means that they can make a mistake. And if indeed the gene that codes, for example, for the spike protein or for the virus genome is effectively incorporated into the human genome, at that point, there may be mutations. So this platform is not ready. In other words, it is too stable. And the fact that it is too stable also leads to the fact that it is capable of producing a lot of spike proteins whereas, normally, a natural messenger RNA would quickly degrade.

Commissioner Massie
Monsieur Sabatier, can I interrupt you here? Because the explanations you give are excellent for a scientist like me. That's fantastic, but I suspect there are a lot of people in the room for whom these explanations are perhaps a bit too sophisticated. I would like to perhaps underline two points concerning vaccine strategy.

You have experience in vaccine development. What you said, in many words, is that this vaccine approach with the messenger RNA platform and the choice of target, which is the spike protein, is very misguided for a large number of reasons that you have listed. I am going to ask you a question that will go one step forward. From what we know about coronaviruses, is even hoping to develop a vaccine that could control the infection like the one we had a possible approach? And if it is possible, what would you suggest as a vaccine strategy?

Konstantinos Merakos
Excuse me, Monsieur Sabatier. Just a moment, sorry to interrupt you. Can you just speak a little slower for the translator, just speak a little slower? That's all. Thank you so much. You can continue, sorry.

Dr. Jean-Marc Sabatier
Yes, absolutely. It is quite possible to produce a vaccine against SARS-CoV-2, one that is a real vaccine and not a pseudo-vaccine. In fact, a vaccine must meet two demands, two essential criteria: It must first be effective, and then it must be innocuous to a certain degree for the people who receive these vaccine injections. However, the current vaccines that we are offered meet neither criterion. In other words, they are ineffective since they do not prevent the infection of the individual who is going to be "vaccinated," in quotation marks, and then in the event of infection, they do not prevent transmission from the person who has been vaccinated to the person who is not vaccinated.

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So there is already a lack of effectiveness. And furthermore, it is not harmless precisely because this vaccine spike protein is capable of causing the renin-angiotensin system to over-react, thus triggering COVID diseases. So what should have been done, and what the designers should have done when producing this spike protein that they modified— Just to remind you, at the level of two beads out of the 1,273 beads, the beads in a 986-987 position, they did that for a very simple reason actually; it was because they wanted to maintain this spike protein in a prefusion conformation. In other words, they wanted to expose a domain which is called the RBD, or the "Binding Domain" receptor, which is the domain of the spike protein that is able to recognize the receptor ACE2. So they wanted to expose this domain of the spike protein so that the immune system would be able to mobilize against it, and in particular, to produce neutralizing antibodies against it. Except that there is still a problem, since the spike protein is able to recognize this receptor, and that is why it is very harmful.

So in order to make a vaccine that is not harmful, it would be necessary to produce a spike protein analogue and to make sure that this structural analogue, modified on one, or even several beads— It would be necessary to make sure that this analogue of the spike protein was unable to recognize the ACE2 receptor—and that way, the spike protein would be somewhat safe. It is not certain, but at least it would not be as toxic as it is at present. Why? Quite simply because this spike protein analogue would not be able to bind to the ACE2 receptor. So there would actually be no disturbance at the level of the degradation of angiotensin 2 or angiotensin 1-7; and that way, there would be no dysregulation of the renin-angiotensin system, and there would be no overactivation of the AT1R receptor, which is the cause of COVID diseases. So that would be important. At the same time, they should have already removed the domains from this spike protein, in other words, the portions of the spike protein which are known to contain facilitating epitopes.

So just to remind you, the facilitating epitopes are the regions of the spike protein that stimulate the immune system—in particular the B lymphocytes, which, when they differentiate into plasma cells, will produce antibodies directed against this region. But these antibodies will not be neutralizing. They will do the opposite of neutralizing antibodies. In other words, they will not have the expected effect; they will have the opposite effect. That is to say, they will facilitate the infection of the host by the SARS-CoV-2 virus, quite simply because these antibodies will bind to the spike protein of the virus. And there are innate immune cells—especially macrophages and dendritic cells—which have a receptor on the surface that is called the Fc Gamma R2A receptor. These will, in fact, recognize the antibody-virus complex.

Commissioner Massie
Monsieur Sabatier, if I may interrupt you. Your explanations are once again very detailed. And my question was, well, actually, you answered it. This is not the type of vaccine that we should have developed. We could have potentially chosen a better target by modifying it. And the second step is the delivery platform. Do you think it's safe to use a genetic platform rather than a protein platform, as is suggested in some of the vaccines that exist at this moment? Do you think it would be safer or more effective to favour these protein platforms rather than genetics?

Dr. Jean-Marc Sabatier
So in a few words: without a lot of data as at the beginning, it was already somewhat logical and normal to choose the envelope glycoprotein of a microbe because that is what is usually done. But let's say that given the history of SARS-CoV, they could have already seen that there were problems with this spike protein. They could perhaps have targeted another antigen of the virus, in particular the N protein—an internal protein, the nucleocapsid protein—since that one is highly conserved, and can produce neutralizing antibodies or stimulate a cellular response that is neutralizing. So that's another antigen that could have been targeted.

To me, the current messenger RNA vaccines are not at all good. In my opinion, it would take at least another decade for them to be perfected because we have no perspective on them. We have no perspective at all. We may say that these vaccines, these messenger RNAs, these vaccine platforms have been studied since the '80s—which is true, they have been studied since the '80s—but the work that has been done on them is not all conclusive since we don't know much. It is not known how stable these messenger RNAs really are.

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We do not know if they are able to produce 5, 10, 20, 100 spike proteins, et cetera, since they are very stabilized. We don't know what their biodistribution will be. We don't even know exactly how they will be translated. We don't even know, in fact, which amino acids are really going to be found in the spike proteins produced due to the presence of these pseudouridines, among other things. The lipid nanoparticles, too, which are used precisely in order to allow the penetration of these messenger RNAs, are not ready either because we know that they are also toxic in themselves, that they are picked up by the various organs, including the reproductive organs. They can be picked up by the brain, by the lymph nodes, by the liver, by the spleen—in fact, by many organs.

Commissioner Massie
If you allow me once again, if I may summarize your thoughts, you are saying that what we have at the moment are prototypes which are ineffective and dangerous.

Dr. Jean-Marc Sabatier
Yes, absolutely.

Commissioner Massie
That there would potentially be—

Dr. Jean-Marc Sabatier
We are lacking sober reflection.

Commissioner Massie
—the possibility of developing something better, but we are far from the mark.

Dr. Jean-Marc Sabatier
Yes, we should have taken inspiration from vaccination trials that have been carried out in cats. Because the cat FIP coronavirus—which is an alpha coronavirus, but is made exactly the same, is an enveloped virus with a spike protein, which disrupts the renin-angiotensin system—there were vaccination trials that were done on it, and those vaccination trials were not successful. So we know already that coronaviruses are not very easy targets. And as for messenger RNA vaccines, in my opinion, we don't have enough perspective on them at all. And I think that, personally, it was madness to vaccinate billions of people with a platform that is, in fact, still experimental; that is to say, we don't have years of hindsight on it.

Therefore, the other "anti-COVID" vaccines, in quotes— Whether they are: attenuated virus vaccines; adenoviruses like Sputnik, Janssen, AstraZeneca; or inactivated virus vaccines, Sinopharm, Sinovac, Chinese vaccines; or even vaccines with recombinant spike proteins like Novavax, the Sanofi vaccine, they also pose a problem because the spike protein is, in fact, there. And the problem is that the spike protein, in itself, is harmful. It should have been modified so as to not be harmful because it might eventually no longer be harmful. But that would be the first thing to study before launching large-scale vaccination trials, especially for a disease that is not very lethal. It would have been better to carry out early outpatient treatments, for example, by treating with an active form of vitamin D.

Commissioner Massie
So as we speak, in the situation we are in, you advise against vaccination with the vaccines we currently have. Does that sum it up a bit?

Dr. Jean-Marc Sabatier
Yes, these vaccines are harmful in themselves. They can cause COVID pathologies for the reasons I have given you. And then, it goes beyond that. There are a certain number of booster vaccine injections which are planned, up to ten, I believe. There is a strong push for booster vaccines. But that's madness because this spike protein affects immunity; because by disrupting the renin-angiotensin system, it affects innate immunity, since the renin-angiotensin system drives innate immunity. So that means the monocytes, the macrophages, the dendritic cells, the granulocytes and eosinophils, basophils, neutrophils, and the "natural killer" cells with the mast cells.

And so the dysregulation of the RAS affects innate immunity, and this innate immunity is what launches the specific adaptive immunity—which is based on the B lymphocytes and the T lymphocytes—and it therefore also disrupts the adaptive immunity that launches itself about four days later. And by disrupting innate immunity, what happens is that it induces a complete disruption of the immune system—since innate immunity launches adaptive immunity. And when we disturb the two, at that moment, it provokes an immunodeficiency, that is to say that it induces AIDS: an acquired immunodeficiency syndrome. And it's a type of AIDS which has nothing to do, of course, with HIV; it's an

immunodeficiency. And this immunodeficiency is accentuated by booster vaccinations since we exceed the immune system's threshold of organized criticality by injecting too many antigens—that is to say, too many spike proteins—either in the form of messenger RNA, indirectly, which produces the spike protein, or by directly injecting the spike protein— well, we induce this deficiency of the immune system.

[00:50:00]

And it goes beyond that, since we can provoke the triggering of autoimmune diseases. Because innate immunity commands the recognition of self and non-self proteins, and therefore, when it is dysfunctional, it can recognize a self-protein as foreign—for example, as microbial—and can then initiate autoimmune diseases.

Commissioner Massie
Thank you very much, Monsieur Sabatier. In the interest of time, I will ask my colleagues and commissioners here if they have any questions for you. We have to move on to our next witness soon, who is waiting in line. Do you have any questions you'd like to ask, Ken? I'm going to translate and then if you could answer in French afterwards because the translator will make it possible to give the answer to the Commissioner and the audience will be able to hear. What's your question?

Commissioner Drysdale
Good afternoon. What you've been talking about so far has to do with a properly manufactured theoretical vaccine. Can you comment? We've had a lot of testimony about manufacturing issues with the vaccine. Can you comment on what additional effects manufacturing errors or manufacturing defects might have?

Dr. Jean-Marc Sabatier
Yes, absolutely, because, apparently, the vaccine batches—in particular for messenger RNA vaccines—do not appear homogeneous. That is to say, we can find messenger RNAs which are truncated, with batches that are not equivalent. And of course, when we inject messenger RNAs that are truncated, we also produce spike proteins that are truncated. So that means that we produce different types of spike proteins and that can be problematic, precisely because we know that the spike protein has harmful effects. And it can also be problematic to present fragments of spike protein since certain fragments of this spike protein can perhaps bind to specific receptors. Because in fact, we always talk about the ACE2 receptor when it comes to the spike protein, but there are also other receptors that have been described. For example, DC-SIGN, neuropilin-1: there are a number of receptors that are potentially targeted by this vaccine spike protein. This means that fragments can affect cellular functioning or can affect the functioning of physiological pathways. And so it's problematic. Normally, there should be very homogeneous batches of vaccines.

Commissioner Massie
Thank you for your reply. Do you have any other questions, Ken? Janice? Okay.

We thank you very much, Monsieur Sabatier, for this testimony and, indeed, for having contributed to enlightening us on this whole issue of vaccines. It will help us in our reflection and in the recommendations that the Commission will try to make for the future. We thank you very much.

Dr. Jean-Marc Sabatier
It is I who thanks you. Sorry for being a bit long.

Commissioner Massie
I will pass you on to our attorney, who will conclude this testimony.

Konstantinos Merakos
So Monsieur Sabatier, thank you once again for your testimony and for all the valuable information you have given us today. And, on that note, the Commission wishes you a good day. But I think it's an evening at home because you are six hours ahead of us.

Dr. Jean-Marc Sabatier
That's right, it's 9 p.m.

Konstantinos Merakos
So we thank you and wish you a wonderful evening.

Dr. Jean-Marc Sabatier
Thank you and I wish you success.

Konstantinos Merakos
Thank you so much.

[00:54:21]

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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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 5: Dr. Christian Perronne
Full Day 1 Timestamp: 07:01:30–07:51:33
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Louis Olivier Fontaine
Hello again everyone, I'm going to re-introduce myself for those who weren't here for the previous presentation. My name is Louis Olivier Fontaine. I'm a lawyer and today I'm here as a prosecutor for the National Citizens Inquiry, taking place here in Quebec City.

Hello, Professor Perronne, can you hear us clearly?

Dr. Christian Perronne
Hello, I can hear you very well, thank you.

Louis Olivier Fontaine
So to begin, Professor Perronne, I'm going to ask you to formally identify yourself by asking you to state your first and last name please.

Dr. Christian Perronne
Christian Perronne.

Louis Olivier Fontaine
Very good, and on another formality, we're going to ask you to—

Dr. Christian Perronne
I had been a professor of infectious and tropical diseases since 1994 and I was head of the infectious and tropical diseases department at the Raymond-Poincaré Hospital in Garches, in the suburbs of Paris. It is a university hospital which is associated with the large group Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals].

Louis Olivier Fontaine
Pardon me, Professor Perronne. Forgive me, you beat me to it. I was just asking you to state your first and last name, and now the next formality is to be sworn in. I'm going to ask you to solemnly declare that you're going to speak the truth, the whole truth, and nothing but the truth. Just say "I affirm it" please.

Dr. Christian Perronne
Yes, I will tell the whole truth, and nothing but the truth, I swear.

Louis Olivier Fontaine
Very well, thank you, Professor. So excuse me for interrupting you, it's just the order of formalities required.

So I was going to introduce you briefly and you can correct me. There are so many elements in your CV I apologize beforehand if I forget some. You are a university professor, a hospital practitioner specializing in infectious and tropical diseases. You are also a medical doctor. You hold a doctorate in human biology. You're also an author since the crisis, or maybe even before, with a book on Lyme disease. In 2020, you wrote a book published by Albin Michel which is titled, *Y a-t-il une erreur qu'ils n'ont pas commise* [Is There an Error They Did Not Commit?]. You also published in 2021, under the same publisher, a book titled: *Décidément, ils n'ont toujours rien compris* [Definitely, They still Haven't Understood Anything]. And finally, in 2022, you published a book called *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]. So has my presentation about you been correct so far?

Dr. Christian Perronne
Yes, that is correct.

Louis Olivier Fontaine
Very good. And are there any other qualifications you think are important to mention in this introduction?

Dr. Christian Perronne
Just to say, for 26 years, I was department head of a university hospital. For 15 years I also worked part-time acting as president for the highest French authorities in public health and in vaccination, advising the Ministry of Health on health crises, epidemics, and vaccination. I was president of the official committee for vaccination policy in France for several years. And for nine years at the WHO on the international level, I was a member of the group of experts called ETAGE [European Technical Advisory Group of Experts on Immunization], which is the vaccine expert group for the WHO European region, a region that is much larger than the European Union. For six years, I was vice-president of this committee of experts. So I have national and international experience in crisis management and vaccination. I think it's important to remember this when we see what happened with this crisis.

Louis Olivier Fontaine
All right. So there was Professor Perronne from before the crisis who was, if I understood correctly, invited on French television platforms and probably also those in other countries; and then, the [COVID] crisis arrived.

The first subject I would like to discuss with you would be, in general, the subject of censorship.

[00:05:00]

I would like you to explain to the Commission all the different maneuvers that were carried out, in a way, to exclude your voice, to censor you in the media. Could you please elaborate on this subject?

Dr. Christian Perronne
The epidemic arrived in France in March 2020, and from the start, I was invited to all television platforms. Sometimes it was a bit tiring because I was invited several times a week on all the main TV channels because the journalists had known me for a very long time. When I worked in these official bodies, they always invited me whenever there was an epidemic, an infectious disease problem, or a public health issue. They were, therefore, familiar with me, invited me, and liked me.

And I was able to express myself. And from the start, as early as March 2020, I expressed my surprise and had diverging opinions from the government's recommendations. Well, at the beginning, it didn't bother the journalists too much. They kept inviting me for several months, but it ended up irritating—I would say—those in high places. In the fall of 2020, what was called in France the CSA, Conseil supérieur de l'audiovisuel [Higher Audiovisual Council]—responsible for controlling audiovisual communications and which has since changed its name to Arcom—made a statement to all the media providers that I was not to be invited to comment anymore because my opinions were a deviation. Alternately, I would be put in front of a lot of opponents to engage in a contradictory debate, supposedly for the purpose of freedom of expression.

But what shocked me was that people who had opinions not based on scientific evidence, who completely followed government policy, had the right to be invited without opponents, and I no longer had that right. While I had been constantly present in the media for several months, overnight I was no longer invited, save for a few exceptions. This was my personal experience. It surprised me; but at the same time, I was not too surprised, seeing all that was happening.

Louis Olivier Fontaine
Okay, thank you. Were other steps taken against you—for example, in connection with your status as a professional or as a doctor?

Dr. Christian Perronne
Yes. So in the fall of 2020, a few months after I took my public position, the director of the Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals] group asked that I be summoned by the Order of Physicians to be struck off as a physician. He called me in December 2020, a bit at the last minute. His secretary called me the day before: "You must be in the managing director's office tomorrow morning." He handed me a letter to the effect that he was dismissing me from my duties as department head, which I had held for

26 years. Everyone had been very happy with my leadership; there had never been any problems. And in the letter, what really shocked me was that it stated that I was unworthy of my position because I had made, shall we say, deviant comments in the media.

I also found it very difficult to accept that there was a young doctor at the time who had, in the summer of 2020, started a national petition for me to be called before the Council of the College of Physicians to be struck off. He was an intern at the time, and he had dared to tell the authorities that I was responsible for death threats against him, even though I didn't even know this person when the events took place. And I was able to prove—fortunately, because I was attacked on this—that though he had received death threats, it was several months before I knew him.

Fortunately, I had proof and was able to defend myself on this because all of a sudden, I found myself attacked. The director of the largest hospital group in the Paris region said, "You are unworthy of your duties since you are responsible for death threats." And even the president of the Conference of Deans of Île-de-France, that is the Paris region, wrote the same thing to me: "You are unworthy of supervising students because you are responsible for making death threats." Fortunately, I was able to prove that it was false. Even the Council of the Order of Physicians—because I was summoned to the disciplinary chamber long afterwards—recognized that it was false. This young doctor received a warning. He could have received a harsher sentence, but he publicly apologized in court, so he benefited from mitigating circumstances.

But in fact, this removal from my title of department head was purely symbolic since I voluntarily chose to step down from the position three months later because I already intended to retire later that year. I retired in March 2022. I was 67 years old; I'm 68 today.

[00:10:00]

I told my successor: "I leave you the department head," because opening an application file for a new department head is a huge file. Doing a service project for several years, I said: "Well, now I'm about to voluntarily step down. It was independent of any attack against me. I don't see the point of doing the file, I prefer that it be you." And besides, I got along very well with him.

So the directors of the Public Assistance knew perfectly well that I was leaving the department head position voluntarily. But since they had no power to remove me or act against me in any way, they performed what I would call a publicity stunt in the media by announcing, "We removed Professor Perronne from his leadership position." It didn't change anything for me. Besides, I continued to practice. I'm still a doctor, I'm still recognized by the Council of the Order of Physicians because I won my case against them afterwards. So that was an attack I suffered that I didn't find very nice, and I found a little shabby on their part because they had no really serious argument against me.

Louis Olivier Fontaine
I understand. So the process you talked about at the level of the College of Physicians is now over. No, sorry, there is another.

Dr. Christian Perronne
There was a so-called fraternal meeting, and the official procedure was the disciplinary chamber of the Regional Order of Île-de-France, in the Paris region. It was in September 2022. The verdict came down in October and they said in their verdict—it's written down,

it's public, you can find it on the Internet—that in the end I was one of the rare people in France to be able to understand what was at stake in the crisis and that, given my national and international CV, not only did I have the right to express a dissenting opinion from the authorities, but I even had the obligation to do so, which was very strong. They completely cleared me of all attacks.

Louis Olivier Fontaine
All right. Has an appeal been lodged against this decision?

Dr. Christian Perronne
Yes. An appeal was launched for the process, but an appeal to the Council of the Order can last a year, two years, three years. I'm not very worried because anyway, they have no argument against me. What bothers them a lot is that everything I said has been proven. I have written three books, as you said. When the first book came out, a lot of people were screaming in the media saying, "Perronne is going to be immediately sued for libel; he libels everyone." I defamed nobody, you can read the book. In addition, there are dozens of pages of scientific and media references for everything I say. There was proof for everything I said. Meanwhile I know they hired law firms against me to try to find a flaw and they found nothing. I have never been sued for libel regarding my books. Everything I said was proven, so I'm very confident.

Louis Olivier Fontaine
All right. So if I understood correctly, again, no legal action following the publication of your three books. Is that right?

Dr. Christian Perronne
Yes. There is a colleague who sued me for defamation, but I never defamed her, I never quoted her. This will be a long process, but I'm not worried because I never cited this person who felt offended. I was saying things scientifically contrary to what she was saying, so she felt defamed. But all the lawyers or jurists I've consulted say, "There won't be any consequences since you never defamed this person." You see, there have been a lot of attacks like that, but it doesn't bother me because everything I said was sourced, based on my experience, based on scientific evidence, and based on the official figures for this epidemic.

Louis Olivier Fontaine
So still talking about your first book called *Y a-t-il une erreur qu'ils n'ont pas commise?* [Is There an Error They Did Not Commit?] could you elaborate a bit on that? What are the mistakes that have been made by the authorities, whether French or international?

Dr. Christian Perronne
I already have experienced a long fight for the recognition of chronic Lyme disease because it is recognized now—even the House of Representatives of the United States voted on this—that it is a bacterium that was modified for military purposes; therefore, it is a disease that ought not to exist. But I had been fighting for the recognition of this disease for 20 years in France. I didn't dare talk about it too much, but now that there is the evidence, as well as the vote of the United States House of Representatives, I can totally talk about it.

So even if I was in the institution, I was very well regarded by the Ministry: I was president of all the commissions, I advised many ministers, I had already opposed them a little on the Lyme disease. Well, I'm not going to go into details—it's not today's subject—but I had already seen how we could manipulate public health data, et cetera, with regards to a disease.

[00:15:00]

And when the epidemic arrived in France in March 2020, from the very beginning, I saw that all the directions given were contrary to common sense. What shocked me was that the Minister of Health at the time, Agnès Buzyn, even before the virus arrived in France—You know that in France, chloroquine/hydroxychloroquine had been available over-the-counter in pharmacies for decades. There were never any problems. No one had complained about a nasty side effect. It was over-the-counter. And, all of a sudden, before the epidemic arrived in France, as an emergency measure, it was registered on the list of poisonous substances. You realize, a substance that was over-the-counter, that we bought like chewing gum in the pharmacy, became a poisonous substance. So I said, "Well, that's bizarre."

And then, from the start in France, there were no masks. In the hospital, when I was a young assistant a long time ago, at the beginning of AIDS, there were epidemics of so-called nosocomial tuberculosis—that is to say tuberculosis which was transmitted in hospitals among the immunocompromised, including people who had AIDS at the time. It was before the tritherapies. And I had fought for the isolation of tuberculosis patients in their rooms, for a mask to be worn when entering the room, for the patient to wear a mask. The mask is very useful when you are in the same room as a patient who has respiratory symptoms, who coughs, who spits. I have always defended masking.

And when I saw that the masking was useful in the hospital or at home to protect the family, there were no masks in France in March. It was strange because they closed the last factory making masks in France just before the pandemic. So now all the masks were made in China. They had burned the last remaining masks saying, "They are expired." They told general practitioners: "You have the right to have free masks at the pharmacy, you are entitled to one box per week," but then they also said to change the mask every four hours. So anyway, it was not possible to do this. Besides, there were zero masks in pharmacies.

And we saw the President of the Republic, the Prime Minister, the Minister of Health, the spokesperson for the Élysée: "Now the masks are useless, stop getting upset. There's no evidence that they do anything." Even the Director General of Health said so. So for months they repeated this continuously on TV every night, and the day the masks finally arrived from China, several months later in June, then masks immediately became mandatory, including when in outdoor spaces, which makes no sense. The mask is useful in a closed space, when you are in direct contact with a sick person who has symptoms, who coughs, who spits, but it makes no sense in the street, on a beach—and with very heavy fines. I said, "This is not medicine, this is not public health."

And when there were lockdowns, we had never had a lockdown before. If I had been entrusted with the management of the epidemic, it would have been settled in three months. In an epidemic with respiratory transmission, we isolate the sick—diagnosed or presumed—preferably at home if they are in a state of health which is not too bad, and possibly in hospital if they are more severe. And we must focus on basic medicine, general practitioners, who are hyper-organized.

For me, around a good hospital, all the general practitioners were ready, had organized themselves in their offices, but they were suddenly told, "No, no, you are not competent." Everywhere on television, people in France were told: "Don't call your doctor. You take paracetamol, and if you ever have trouble breathing, you call the emergency number to get to the hospital." And once there, the hospital had orders not to treat patients.

And watching this, I said, "But how can we manage an epidemic like this?" Especially since we knew from the start of the epidemic in France that hydroxychloroquine worked well. There was even a randomized study evaluating hydroxychloroquine versus placebo conducted on patients in China who had pneumonia due to COVID; it had shown that hydroxychloroquine worked very well. Afterwards, there were Raoult's studies and then, we demonized hydroxychloroquine in France.

And then this fraudulent *Lancet* article that everyone knows came out, where there were 95,000 patients springing out of a hat—like that—in a few weeks. I thought I was hallucinating when I read it. There were no names given of doctors who had participated, no names of hospitals. Even the Australian government was surprised that there were more sick patients in the study than there were in Australia at the time. When you know that there is a very small proportion of patients in a country who agree to enter a study, you can see that it is preposterous. Well, in France, the Minister of Health relied on this fraudulent study to ban hydroxychloroquine for doctors in town. And when, a fortnight later, *The Lancet* recognized that the article was fraudulent, it was not retracted.

[00:20:00]

All that shocked me deeply, and afterwards, what shocked me a lot more was the summer. So the first wave had passed, which was the only serious wave. Afterwards, there was a second, less serious wave; then afterwards, it was wavelets without consequences. And in addition, there were deaths, unfortunately; but most of the deaths were people over 80, 85, who had major risk factors. We could treat them and if they died, unfortunately for a lot of them, it's because we banned treatments.

So the epidemic had mostly passed by the summer of 2020. But to scare people, we created the second, third, up to the twelfth wave with PCR tests. PCR is gene amplification. We amplify small bits of RNA from the virus, but normally PCR should never be used in the general population to screen healthy people. Kary Mullis, the brilliant American from California who won the Nobel Prize for the invention of PCR, had always said so. Sadly, he died just before COVID, otherwise I think he would have been screaming in the media. He had said, "Never use my test for mass screening of healthy people. There are always false positives."

And in addition to this, they intentionally used a number of cycles of amplification that was much too high. Eventually, a lot of people who were in perfect health had a positive test; and that made it possible to artificially create epidemic waves, which were waves of positive tests in people who were healthy. So there you go: it all piled up. We'll talk about the vaccine later, but already, all of this made me understand that all the decisions were contrary to common sense and the normal management of an epidemic.

Louis Olivier Fontaine
Yes, I understand. Well, you say: is there an error that they did not commit? I would like to ask you, is there anything they did correctly?

Dr. Christian Perronne
I honestly cannot find anything because—whether it was the isolation of the sick, the tests, the masks, the PCR, the treatment, and later, the vaccines—everything was done backwards from what should have been done. That saddened me a lot. Especially because I knew personally, and I was friends with, many of these players. And what bothered me a lot about this story is that we didn't have the opportunity to have an honest public scientific debate. For example, Professor Jean-François Delfraissy, who was the President of the Scientific Council at the Élysée Palace until last summer—well, they ousted him a little bit because he was starting to rebel. He admitted publicly on leaving his post that, in the end, everything they had done had produced no good results: that they had bet on a vaccine that did not work; that they should never have forced the population into lockdowns which had not been effective; and that they should have listened to the population.

When he said that as he left, I said, "Oh dear, he's opening his eyes." I think he said that maybe a bit to protect himself. But Monsieur Jean-François Delfraissy, whom I knew as an intern in 1978—so a very long time ago—I called him several times because I knew him well, we had worked together in other areas. I said to him: "Listen, Jean-François, we don't agree, but accept an open scientific debate in the media." He always refused. The same with journalists who have attacked me, experts who have attacked me. I say: "But I would be delighted to have an open debate of all the scientific data." They have always refused.

Personally, I was attacked by the media saying, "Perronne is talking rubbish, he's a conspiracy theorist." It's a catch-all word when they have no argument. They have always refused adversarial debate, but in their articles, there was never any scientific data. Well, I was very shocked by that. I agree that not everyone accepts what I say. I am ready to hear contradictory data, but at the very least, science is also the confrontation of ideas and that was refused.

Louis Olivier Fontaine
I would like us to come back a bit to your experience within the WHO. So I would like you to briefly describe: What was your role at the WHO?

Dr. Christian Perronne
So I was a member of the WHO Euro Region Expert Group. The WHO Euro Region is much larger than the European Union.

[00:25:00]

It actually includes all of Eurasia, all of Russia up to Vladivostok, all the Russian-speaking republics of Central Asia, Eastern Europe, Northern Europe which is not in the European Union, Turkey, Israel. So it's a very big Europe. I was a member of that group for nine years. I was vice-president for six years. It was a big responsibility. Sometimes I hosted meetings and there were a thousand people in the room with people from all countries. It was an advisory group for vaccination policy in this large region of WHO Europe. As such, I was able to see a little bit of what was happening in the WHO as it was ongoing.

Louis Olivier Fontaine
Yes, well, precisely, I would like to know: What were your findings? What is your opinion of the World Health Organization today?

Dr. Christian Perronne

The first thing I saw was that, in the WHO, there were excellent top-level doctors and scientists from all countries. I very much enjoyed working with them: really remarkable, motivated people, who probably earned very little, but were very good civil servants. Afterwards, what bothered me— it was the people at the WHO themselves who told me— that the WHO was sometimes on the verge of bankruptcy because the member states did not always pay their dues, and then there may not be enough money to run this huge building with its many officials and a lot of activities carried out in the four corners of the world. So they happily accepted funding from the pharmaceutical industry.

As such, the pharmaceutical industry is a very big funder of the WHO. And the icing on the cake is the GAVI foundation, which is the vaccines foundation created by Bill and Melinda Gates, which is the biggest funder of the WHO. That is to say that Bill Gates now has a major influence on WHO policy and that is not normal. So it's true that when I started at the WHO at the beginning, there were two or three GAVI representatives in the meetings. By the end, there were 10 or 15. I saw the increase in their presence.

What also shocked me: I am not talking about the group for Europe, which often met in Copenhagen, where the pharmaceutical industry was not present, but when I went to the global plenary meetings in Geneva; there, representatives of all the global pharmaceutical industry were present at all meetings. They were in the hallways; they were lobbying all over the place to all the members. And I was shocked because they heard everything that was said and then they influenced the decisions. And all that was profoundly wrong to me.

I didn't think we were going to get to this particular crisis, but as I was well regarded by the elite, I had been invited twice by Bill Gates' foundation to their international economic forum. I found out, because I attended their program for days, how they financed vaccines. And I realized that, ultimately, Bill Gates never spent a penny: he always collected. That's why he always gets richer, but he makes the states pay. It's a very well-oiled machine.

When someone at the WHO warned me about this a long time ago in Geneva, I didn't really believe it. One day, when Laurent Fabius was Minister of Foreign Affairs in Paris, I had been invited because I was part of the elite, if you will, at the Ministry. There were the Republican Guards, sabers drawn, the red carpet, gilded salons. I was next to the director of the Institut Pasteur; there were a lot of very important people. And in front of me, Laurent Fabius, minister, presented Bill Gates with a huge check on behalf of France. And at the same time, the Africans were saying: "Bah, you French are abandoning us, you are no longer funding vaccines, you are no longer helping us. Fortunately, Mr. Gates is there to help us." But who was paying Mr. Gates? It's France. And besides, recently, Emmanuel Macron announced again that he is giving absolutely exorbitant sums to Bill Gates. I found it odd how it works.

Again, the WHO is a fantastic institution, but I think it has been infiltrated. And what scares me today is the new draft international treaty on pandemics, where the WHO would be in authority above the states. When we see how they changed the definitions—before, a pandemic, there had to be deaths—now they have changed the definition: an epidemic that spreads somewhat across the world, even if there are no deaths, could be a pandemic. And the WHO will have the right to impose on all states the worst measures of lockdowns, compulsory vaccination, and all that.

[00:30:00]

And the states will no longer even have a say. It is very dangerous when I see this divergence being taken by the WHO, which was a fine institution created by the United Nations, and which is currently, in my opinion, a little adrift.

Louis Olivier Fontaine
Okay. Now, Professor Perronne, I would like to address another subject which we had briefly discussed during the preparation, a subject which you told me was one of the most important subjects at present. It is the topic of side effects and deaths from COVID injections. Could you talk to us about that?

Dr. Christian Perronne
Absolutely. So by the end of 2021, I published a letter which was distributed in France, which had been translated into English, and which had gone somewhat around the world. I said: "Caution! These experimental products are still in the experimental phase."

I remind you that a vaccine normally takes ten years to develop. To inject it into a pregnant woman, it takes 20 years. All that was eliminated, I would say. In a few months, they gave us a product and said, "It's safe, it's effective." There was no data. In addition, we now know that the studies published by the manufacturers were rigged. There is even a very shocked American scientist who had written an article in the *British Medical Journal* in 2021. So here we are; we were sold a product. They even skipped the animal phase of development because 80 per cent of the rodents were dead. There were also skeletal abnormalities in the baby rodents. They said: "The rodent is not a good model, so we go directly to humans."

In addition, the fact that we have imposed an obligation of an experimental product in France on professions such as caregivers, firefighters, soldiers, police officers, is contrary to all national laws, to all international treaties, the Oviedo Convention, the Nuremberg Code. So it's like a crime against humanity. It's the law, it's not me inventing anything.

At the beginning, I said, "Careful, these are not vaccines; RNA can transcribe itself backward into the DNA." I know, I took courses at the Institut Pasteur when I was younger. We had lessons on retroviruses. And we know that our human chromosome is partly made up—I don't know the exact figure, but it's around 20 per cent—of DNA that comes from animal retroviruses that have integrated in the human genome millennia or centuries ago. So we have in our genetic heritage something which codes for an enzyme that goes backwards from RNA to DNA. Well, this is recognized by the greatest scientists. Right away I said, "Be careful, you are playing the sorcerer's apprentice. You inject so-called messenger RNA to make this state-of-the-art protein called the 'spike' protein; but beware, nothing says that the RNA will not go into the DNA." So I was insulted everywhere, but some time went by and then there was *PNAS*, *Proceedings of the National Academy of Sciences*, and then other articles after that, which proved that I had spoken the truth. Indeed, from time to time, the RNA can go into the DNA; therefore, it is very worrying.

At the time, I didn't yet know the side effects we were going to see. I was a little worried, but now all the countries that have vaccinated massively all have excess mortality, including in young populations between 20 and 50 years old. Because, ultimately, when we look at COVID itself—in any case, when we read Pierre Chaillot's book; I know that you have interviewed him—we see that there has been practically no increase in mortality, except in the very old at high risk. But now, since the vaccination, depending on the country, the increase in mortality can go from 20 to 40 per cent. And this is recognized, even officially.

The first country to recognize this was Portugal last summer, and after that, the United States, Great Britain. Even *Le Parisien*, which is a French daily that has been quite supportive of government policy, wrote an article last December saying, "In France, 20 per cent increase in mortality among the youngest." But each time, the argument is: "We don't know the cause." So it's strange that we don't know the cause. They say: "It's global warming, it's the stress of the war in Ukraine," it's any kind of nonsense.

Above all, if we compare the countries that have not vaccinated or vaccinated for a certain period and not others, we see that each time we have carried out major vaccination campaigns, there is a "boom" in the epidemic; there is a "boom" in the mortality. Fortunately, some government authorities stopped the vaccines and the numbers came down again. We saw it in Vietnam, we saw it in India. So now there is proof of these major side effects. And even if we look at all the North American and European databases, we see— If we stay with side effects without talking about deaths, in less than two years, we see a gigantic peak in side effects unlike any of the surrounding noise we have had with all the other vaccines over the last 20 years.

[00:35:00]

So we can't say it's a coincidence.

And when we now see the death data, it's terrible. And above all, it is now confirmed in France and in many countries that nine months after the massive launch of vaccination campaigns, we began to see a drop in the birth rate. The other day, I was at the European Parliament in Brussels for the International COVID Summit. There were international scientific experts who made presentations. There was a lot of data that was published in the referenced medical journals. It wasn't just convention waffling. It was solid data that shows the impact of this state-of-the-art protein on the ovaries, on the testicles, on male and female fertility. And what is happening is tragic.

And I'm not talking about the cancers that are flaring up. Now doctors are talking about "turbo cancers." We see people who were cured of their cancer, or had a cancer that was very moderate, which flared up in a few weeks after the inoculation of these pseudo-vaccines. And that is extremely serious. Right now, it's being suppressed, of course, by the media and all that; but I think this all will come to light anyway because you can't hide the dead under the rug. It may take a while, but not very long.

Louis Olivier Fontaine
Thank you. So the commissioners will possibly have questions to ask you; they will want to take advantage of all your expertise and your generous availability. But maybe, to conclude, it was suggested that we ask the question: How could things have been done better? So do you have any suggestions? What could have been done?

Dr. Christian Perronne
Well, for me, it was very simple: if I had been entrusted with the management, it could have been finished in three months. By isolating the patients, treating them as quickly as possible. We had treatments that worked. Even if some grumpy people said: "We don't have complete proof that it works," I remind people that the WHO had written texts several years ago saying, "In a crisis situation, this is not the time to set up long-term scientific studies," these famous randomized studies where you had to wait several months to know if a particular drug was effective.

No, when you have assertions that a drug can work, when you know it is not toxic— This was the case with hydroxychloroquine because even the Chinese had shown at the time of SARS that it worked. Even Anthony Fauci, who was director of the infectious diseases branch of the NIH in the United States, had written in a major international medical journal a few years ago, "If, one day, there is an epidemic of coronavirus, hydroxychloroquine is the best treatment."

So we had assertions, yet we weren't certain, even if there was, as I was saying earlier, a study that had come from China. We could very well, and without doing randomized studies, say, "We will treat and evaluate along the way." And if 100 patients had been followed in France, Germany, Great Britain, Canada, and other countries: after a month or two months, we would have had the answer that it was working. There was no need to look for these very complicated studies which were white elephants.

So here we are. We would have isolated quickly, brought forward the general practitioners by entrusting them with the responsibility of treating as soon as possible at home rather than overwhelming the hospitals. There was no point in developing a vaccine for an epidemic with such a low mortality. Mortality has always been zero point zero something, or zero point zero, zero something per cent. This is an extremely low mortality. So in fact, people were scared in order to impose the massive inoculation of billions of people with experimental products.

You had to treat people early. According to published studies, if you waited a week or more until people were suffocating to give them hydroxychloroquine, then it was too late. There was the example of the flu. You know, there's a drug that works very well for the flu called Tamiflu. It works very well if given within the first 48 hours, and then the effectiveness is remarkable. If you wait three or four days, it works less well. If you wait a week, it doesn't work at all. We were in the same situation here.

So there you go: I would have asked the doctors to be on the front line. I would have recommended to all pharmacies to facilitate the delivery of the medication, recommended to the manufacturers to provide these drugs to everyone—which the Indian government has done, moreover, several times.

[00:40:00]

There are a few states in India that have strayed into vaccination. And it was easily fixed. In fact, when you look back, it was not a very dangerous epidemic. But simply, I think that all that was manipulated to create fear.

Louis Olivier Fontaine
Thank you very much, Professor Perronne. So I will now give the floor to the commissioners, who may have questions for you.

Commissioner Massie
Good evening to you, Professor Perronne. For us, it's still "good afternoon" here. Thank you very much for your testimony. I have a few questions for you. Given the experience you had in managing health crises, both nationally and internationally, when it happened, you were able to realize before others that there was something which was unusual. But aren't you a little surprised to see to what extent all the institutions in France, as in many industrialized countries, rushed to follow a narrative that was at odds with what was done in the past for managing pandemics? And what had been codified, if I'm not mistaken, in pandemic

preparation manuals, which were practically relegated to oblivion at the time of this pandemic? Weren't you a little surprised to see with what enthusiasm people and institutions fallen into this narrative?

Dr. Christian Perronne
Sure, I was surprised, but not so surprised as that, given my experience. In my book on Lyme disease, I had already spoken a little about the corruption, about the influence over the major international medical journals like *The Lancet*, the *New England Journal of Medicine*. It was not me who attacked them, it was the editors of these journals themselves who publicly said so in the media.

I think there has been major corruption of key opinion leaders, what Anglo-Saxons call KOLs: "Key Opinion Leaders." I know this because, I have had young doctors in my service for a long time, with whom I have maintained friendly relations, who have risen to the highest levels of the global pharmaceutical industry, including in the United States. They all told me that what these major opinion "leaders" declared on the official databases— In France, there is a database called Transparence–Santé, where they declare ten thousand Euros, one hundred thousand Euros. It was before COVID, they told me: "You know, that's the gratuity" because some people receive millions of Euros or dollars in offshore accounts.

There was even one who gave me the address in Chicago, in New York, where one of my colleagues received a lot of money; I won't mention a name, but I have known this for a very long time. So already, there are opinion leaders who go on television, who will influence everyone because the vast majority of doctors is not at all corrupt. They are under pressure, they say: "If Professor What's-his-Name, who is very famous, says that, it must be true." So there is some kind of a stranglehold.

In addition, then, there is a great global manipulation going on through private consulting firms. Much has been said in France about McKinsey, which is the main one, but there are others. And again, it's not me saying it. There was an official report from the French Senate a few months ago, which analyzed all this and which said, "It's not normal." The French government has given more than a billion Euros to these consulting firms since the start of the crisis. And I wrote it in my last book, *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]: there's a chapter dedicated to that. I had proof of it, so I was never attacked for any of my books.

There are employees of McKinsey or other consulting firms who sit in ministries, in offices, sometimes in important positions, who write with letterhead "French Republic – Ministry of Health"—so, I think that if it is true in health, it must be true in other ministries—who have email addresses, "Monsieur X or Y @sante.gouv.fr," therefore, official addresses of the ministry. They are not ministry employees; they are private employees of consulting firms. **And personally, what struck me was we saw that all of this was coordinated at the global level because the same decisions were made in the same weeks in Canada, Belgium, Australia, Argentina, and everywhere.**

[00:45:00]

And indeed, it really shocked me, this kind of coordination—and in my opinion, this corruption because, obviously, it's also an epidemic of corruption. I'm not afraid to say it. So I agree with what you say.

Commissioner Massie
My next question is: Given now that there are a lot of studies and a lot of revelations—in particular with the "Twitter Files" and also, there have been revelations in England, exchanges between Boris Johnson and his minister—given that these revelations are coming out more and more for the public, not in the traditional media, but at least on social networks, do you think that these kinds of revelations will end up making the public aware that they must demand changes at the level of institutions or governments?

Dr. Christian Perronne
I hope so. I said it publicly, but it wasn't me who said it, it was Emmanuel Macron himself. My source is Emmanuel Macron, so I think it's reliable. He gave three envelopes to mainstream media, who were at his command. He gave them three billion Euros in a year-and-a-half, then recently, as they didn't have much money left, he again gave them a nice sum on top of that. With three billion Euros, we could build several hospitals, pay nurses for years, while he says he has no money. So you see, the pressure that there was on the media, it's unbelievable, the mainstream media. That's why many French people who watch television every day, who read the usual big newspapers, swallowed the official story without asking questions.

As such, what really worries the government and Europe today are social networks. Because, ultimately, the truth has always come out on social networks over time. And I thought I was hallucinating because in October, I had been invited to give a conference in front of the European Parliament in Strasbourg. And then in the afternoon, I was in the Parliament when finally, someone said to me: "Here, come, there is a meeting there on freedom of expression". So there were Members of the European Parliament. I was surprised because there were two Americans who were there by videoconference. I don't know what they were doing there to monitor what was happening in Europe. And then, the theme was: "It's very dangerous right now; there's a lot of false information circulating, we urgently need to strengthen censorship in all the media." So their argument made me laugh a lot. It was to protect our freedoms, to protect our democracies. So that made me smile.

But I see that the European Union has a bill to censor the media. A few days after this meeting in Strasbourg, Macron banned Rumble in France. Well, of course, it's a Russian-influenced channel that is starting to compete with YouTube. In France, there is a project to censor Twitter. So we see that these alternative media very much scare them. I recognize that there is a lot of false information on social networks. I've been tricked many times into believing things that were totally untrue. You need to be careful. There are still a lot of real things that come out. And unfortunately, it only comes out on these alternative networks. And it's a shame because, you know, in a democracy, the media and justice are normally the firewalls to guarantee freedom of expression, democracy and all that.

I see that the media does not work. Nor does justice work. I am vice-president of an association of activists in France. We have filed more than 60 complaints in court, administrative and criminal justice, but also the Constitutional Council, the Council of State. And all of them were dismissed out of hand, although each time we had all the evidence in the files. So I say to myself: "A society where neither the media nor justice play the game, in the end, we move away from the idea of democracy." That frightens me for my children, my grandchildren. That's why I'm still fighting.

Commissioner Massie
Thank you so much. I will ask the Commissioners if they have any questions for you. Questions? It's good.

Louis Olivier Fontaine
So Professor Perronne, in conclusion, we thank you very much for your generosity. It's been a pleasure talking to you today, and thank you very much. Good bye.

Dr. Christian Perronne
Thank you very much.

[00:50:00]

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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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 6: Caroline Foucault
Full Day 1 Timestamp: 08:08:43–08:35:55
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Konstantinos Merakos
Hello again. We had a short break due to a technical problem and now we are back. Without further ado, we will continue with our next witness. So I have here with me in person Madame Caroline Foucault. Hello, Caroline. Say "hello."

Caroline Foucault
Hello.

Konstantinos Merakos
Okay. Madame Foucault, I'm going to swear you in. Do you swear or solemnly affirm to tell the truth, the whole truth, and nothing but the truth?

Caroline Foucault
I swear.

Konstantinos Merakos
Thank you. Madame Foucault, we'll briefly start with finding out a little more about you, and who you are. Can you talk about your field of work, and if you live in Quebec or elsewhere?

Caroline Foucault
Yes. I work in the hospitality industry, and I live in the Greater Montreal metropolitan area.

Konstantinos Merakos
Okay. And we'll start with a general question. Why are you here today? What brings you to testify before us today?

Caroline Foucault
Um . . .

Konstantinos Merakos
We can start, for example, after the date of vaccination. If there were any side effects, we can start there. Did something shocking happen to you that led you to be here today?

Caroline Foucault
Well, I come from an older generation who trusted our governments and believed in our media. So when my government asked me to go get vaccinated, I trusted my government because they told me, "If you get vaccinated, you will regain your freedom, and you will protect others." So I listened and went to get vaccinated.

And on September 9th, 2021, I had my second dose of Pfizer and immediately my next menstrual cycle was completely thrown off balance. After all, I'm a woman of a certain age, so I was left with periods only a few days a month. And then, all of a sudden, it was like I was hemorrhaging; I was bleeding intensely for seven days with lots and lots and lots of pain. I connected it to the vaccines because that's the only thing that was different about me.

Konstantinos Merakos
And following what you've just described, did you talk to your doctor or a health professional to relate these facts and ask for an opinion as to whether or not they were related?

Caroline Foucault
Yes, I spoke with my family doctor. He was already preparing for his retirement. He left a few months later. When I told him about what had happened, I said, "Listen, I think the vaccine affected me negatively because I have very painful and heavy menstrual bleeding, it's not normal for me to have that." And he said to me, "Oh, don't worry about that, it's all good, you're going back to being like a young girl of 13."

Konstantinos Merakos
Okay. And I imagine your day-to-day life after that was difficult. Can you describe in a few sentences how your days went after that? Did you often have to go to the hospital? Did you have to stay home from work, for example?

Caroline Foucault
Yes, obviously, working in hospitality, I have been affected by closings, openings, closings, openings. Then I went to Ottawa. And that was a great disappointment to me because I went to Ottawa several times in person to see what was going on, and when I returned home, I watched the media and I saw that the media was not telling the truth. It was a huge

shock to us. My [common-law] partner also accompanied me to Ottawa, and when he returned, he watched the television. He was in shock for two weeks. It took two weeks to get over it because he saw that it was lies.

Konstantinos Merakos
In other words, there was a difference between what you witnessed and what you observed on the television, what they were talking about.

Caroline Foucault
Yes. So if they're capable of lying about that—

Konstantinos Merakos
Okay. For example, you spoke about trust in the government; and now you are speaking about the media. In what way has the present situation made you have a certain distrust towards our institutions?

Caroline Foucault
Well, like I told you at the beginning, I am a very normal citizen: I work, I have children, I have always trusted my governments and my media. I never asked myself any questions. I think most Canadians don't ask questions about their rights and freedoms.

With everything that's happened since COVID, I've learned that normally, before receiving treatment, they're supposed to explain what it consists of to us, and they didn't give me that option for the injection because I trusted my government.

So they injected me without explaining the risks and benefits of the injection. So when I understood that this had been done to me, it was another breach of trust that I felt toward the government.

Konstantinos Merakos
Okay. Has your family physician or any other physician ever pointed out to you the risks and benefits of the medical procedure of vaccination before?

Caroline Foucault
No, never.

Konstantinos Merakos
Okay. So clearly, we see a lack of trust; we see that you weren't really informed. So if, in the future, in the event that there is another similar situation, would that be something you would continue— Would you go get vaccinated or not?

Caroline Foucault
There's no denying it: no. I no longer have any inclination to do so. I no longer have any trust. I feel betrayed, abused, and. . . No.

Konstantinos Merakos
Okay. So I would like, even if they are not here with you today, to talk a little about your family. Your husband also suffered consequences [from the vaccination], as well as your son. Could we start by talking about your husband and his side effects?

Caroline Foucault
He's my partner. So my partner and I were confident about what was said on television, "go get vaccinated." He went to get vaccinated around the same time as me, in the fall of 2020–2021. And in April 2022, eight months later, he was unwell for a few weeks. Stomach discomfort, chest discomfort. It wasn't going very well.

And then, during the night, at the beginning of April 2022, he woke up and said to me, "I have really bad chest pain." So right away I said, "We're going to the hospital," and I took him to the hospital. And the doctor told him, "It's a good thing your wife brought you to the hospital because, otherwise, you wouldn't have made it through the night."

So he was diagnosed with severe myocarditis and pericarditis. He had troponin levels—I don't know if it's relevant—but at 4,000 instead of 50. We transferred him to Sacré-Coeur Hospital by emergency ambulance. He called me from the ambulance and we said our goodbyes because I didn't know if I was going to see him again. It was very difficult.

Then he was hospitalized for a week with myocarditis and pericarditis, but it took months to get back on his feet. By then, it was fairly well known that it was one of the side effects of the vaccines. At that point, it was starting to circulate. Obviously, it was not our governments that informed us of this, nor our media. So I started communicating with specialists.

[00:10:00]

I contacted a specialist in Sweden who had done some research. I can transfer it to you. The research is research that he has done. Evidently, there was myocarditis present in healthy young men. And that's it. We're both disillusioned because, again, we weren't told that there were risks. Myocarditis is severe. He almost died and could still die. Not soon, but there is a risk of myocarditis recurrence. So that's it for him.

Konstantinos Merakos
And if it's all right, if it's okay with you, to mention your age and your husband's age.

Caroline Foucault
Yes. My partner is 46 and I am 48.

Konstantinos Merakos
Thank you. Let's continue with your son. Has he gone through some of the same ordeals as you? Has he gone through other problems, be it remote learning?

Caroline Foucault
No, my son didn't want to be injected. He was starting CEGEP [Collège d'enseignement general et professionnel – General and Professional Teaching College]—his pre-university courses at CEGEP—in September 2020, online. So it was very difficult to start a new

program online, at home, all alone. And then, when the QR code came out, all his friends were getting vaccinated except him. He refused all along and he was isolated.

Over the course of months and months, he fell into depression. He no longer wanted to study. He no longer wanted to live. He said to me, "Maman, if it continues like this, I want to kill myself. I want to kill myself, what's the point of living?" So there, that's it. I no longer knew what to do. Obviously, the QR code was dropped. But—

Konstantinos Merakos
Did you do any suicide prevention intervention? Did it get to that point?

Caroline Foucault
Yes. I let his friends visit him. We were not allowed to visit each other because the regulations prevented us from seeing other people. But I let my son receive friends at home because that's what he needed to help him with his depression, and it worked.

Konstantinos Merakos
And I would like to know, for instance— You say that he is not here today but he refused the vaccines. I suppose that was a question between him and his doctor? I suppose, is it—

Caroline Foucault
A personal choice.

Konstantinos Merakos
A personal choice. Okay.

So I would also like to know, was your financial situation very difficult for you after all these personal experiences? I am thinking, for example, of taking care of each other, missing days of work: Did that cause financial problems for you?

Caroline Foucault
No, fortunately for us, no. It didn't impact us that much. We had access to the PCU [CERB – Canada Emergency Response Benefit], I don't really know, I don't remember what it's called—government aid, so no.

Konstantinos Merakos
Okay. So I'm going to return to the subject of your current personal health. Are you still living with health issues, even today?

Caroline Foucault
I have the same symptoms. They are a little less strong, but they are still more intense than before the vaccination. By the way, I was advised to go for a test. I don't know the name: adrio-something.

Konstantinos Merakos
While we were preparing, you talked about problems or fear of reprisals or repercussions. Can we talk a bit about that? Is it in relation to work? Is it in relation to—

Caroline Foucault
Of course, you are all aware of the strategies of intimidation and segregation that the media and our governments have used against the unvaccinated. I am vaccinated. On the other hand, I am now speaking against the vaccines and against the measures.

Konstantinos Merakos
Yes, that's right, against the measures.

Caroline Foucault
Also.

Konstantinos Merakos
Because you had been vaccinated, you believed—according to the information they gave you—that it was going to work. But according to your lived experience after the fact, now you say to yourself that maybe it was not the best solution for you.

[00:15:00]

And basically, it creates fear, and then essentially, that creates mistrust, a lack of confidence in institutions.

Caroline Foucault
Yes.

Konstantinos Merakos
Yes, go ahead, excuse me.

Caroline Foucault
But listen, right now, if you watch all the Commission's videos, if you take the time to listen to all the videos, you will realize that the proof is there. It's overwhelming. People my age and younger are not at risk for COVID if they're healthy. It's not me who says so, it's the evidence that says so. Therefore, I don't see why we were injected with products that were riskier than the virus. So just because of that, I no longer have confidence in my institutions, and, yes, we are considering leaving the country for this reason.

Konstantinos Merakos
Before asking you about the consequences of what you experienced here, we were talking about reprisals, repercussions—

Caroline Foucault
Yes, judgement.

Konstantinos Merakos
—not only in terms of the government's treatment of you, and the media, but I imagine that, despite the fact that you were vaccinated, among those around you also; there were people who made harsh or discriminatory remarks towards other people whether they were vaccinated or not. That is to say that there has been, one could say, a social, societal decay between people. Have you experienced anything like that in your social circles or people who have made mean or discriminatory remarks?

Caroline Foucault
No, I didn't experience any malice. What I got was mainly indifference.

Konstantinos Merakos
Okay.

Caroline Foucault
So when you tell people your partner almost died of a heart attack and you tell them that it was probably because of the vaccine: no reaction. Their faces are blank, no reaction, no empathy. As soon as you mention the vaccine, they look at you like you're an alien. Yes, so, I lost some friends but I made new ones.

Konstantinos Merakos
Okay. And so before getting into the consequences, as you wanted to leave [soon], can you give us, in your opinion—your opinion, as a human being—some suggestions, as to what we could have done better in society to prevent the situation we find ourselves in today, where families have been torn apart, et cetera? In your opinion, one or two suggestions to improve the situation.

Caroline Foucault
I would start by removing government funding to the media because I believe there is a conflict of interest there. Secondly, I don't know who in the government dropped the ball, but someone dropped the ball. There's someone who didn't do their job to properly inform the leaders making decisions and to protect the population. There is someone who has not protected the population because I believe that the vaccines and the measures have been more harmful than the virus itself. So I don't know who to ask for help.

This here is like the last chance I'm giving to Canada—this Inquiry. This, for me, is my last hope. I hope there is someone who will come and bring truth and justice to my country.

Konstantinos Merakos
Okay. And basically, I will end with the consequences. One of the consequences of what you have experienced is that you now want to leave Quebec. You were taxpayers in Quebec, you have contributed to society, and everything. And now we see ourselves possibly losing you.

Why do you want to leave Quebec? We just talked about it, but in one or two words, why do you want to leave? And what would allow you to stay, to change your mind about staying in Quebec?

Caroline Foucault
Okay. Well, I would leave Canada. I'm leaving Canada. Why would I leave? It's because I realize that there are now laws which have been passed to censor information, to censor the truth. That makes me very scared because I don't want to live in a country where we don't have access to the truth, like we didn't have access to the truth during the pandemic. Right now, there are people who are suffering. My spouse is still suffering from his injury, and no one is looking after it.

[00:20:00]

There's no one who knows; there was no one to call about his suffering. So no, I no longer recognize myself here. I'm afraid, I'm even afraid of reprisals after my testimony here. There are people who are having their bank accounts closed right now because they are speaking out against the government. You don't see it in the media but it's true.

Konstantinos Merakos
So in your opinion, there are direct or indirect consequences just for talking about it. To you, having this civilized dialogue between people is a risk.

Caroline Foucault
Yes, it has now become risky to speak against governments in Canada.

Konstantinos Merakos
Okay. And the second part of my question: Is there anything that would lead you to stay in Quebec—for example, if there were any changes, be it in terms of laws, transparency, communication, or better communication from the media or the government towards you? Give maybe one or two examples.

Caroline Foucault
As I said earlier, for me the NCI Inquiry is my last hope for Canada. If, after all the testimonies that you will see, all the evidence that has been submitted, there is no one in our institutions who is restoring order, justice, and truth to Canada— After all that, no, I'm not staying. If the truth does come out, let the media admit their mistakes, let our governments also admit their mistakes.

Konstantinos Merakos
So in other words—

Caroline Foucault
We start by admitting mistakes. That alone would be a big step.

Konstantinos Merakos
Okay. So according to you, a sort of reconciliation in society with what happened: the people, the government, the media.

Caroline Foucault
Yes.

Konstantinos Merakos
Okay. Thank you very much, Madame Foucault. Before closing, I would like to ask the commissioners if they have any questions.

Commissioner Massie
Hello, Madame Foucault. Thank you for your courageous testimony. I was wondering about your husband's vaccine injury: How long exactly was the time between the last injection and the development of his heart problems? I didn't quite get that.

Caroline Foucault
Yes, so we're talking about seven to eight months.

Commissioner Massie
Seven to eight months.

Caroline Foucault
Yes.

Commissioner Massie
And when you consulted, it was quite a particularly serious situation. Did you or your husband suggest that it could be due to the vaccination? And if so, what was the reception of people in the medical profession regarding this suggestion?

Caroline Foucault
So obviously, we slipped in a word to the cardiologist. When we told the cardiologist, "We think it's the vaccine," she said, "No, we take no note of anything that happens later than six weeks after having received the vaccine: nothing after six weeks." So she immediately said that it couldn't be that.

Commissioner Massie
Do you know what vaccine he had? Is it a messenger RNA vaccine or an adeno vaccine, AstraZeneca?

Caroline Foucault
He received the Pfizer vaccine both times.

Commissioner Massie
Pfizer. Okay. My other question is about your son. You mentioned that he had decided on his own that he would refuse this vaccination despite social pressure from his friends who had agreed to take part in the exercise. Was your son made aware of the problems you had following vaccination? Could that have influenced his thinking a little?

Caroline Foucault
No, because, well, I didn't necessarily talk about my periods with my son—we women don't necessarily do that with our sons—then my partner had his crisis eight months later. My son had already decided from the start, so no. And then, we are very free to choose at home. I'm vaccinated but I was the first to denounce the segregation of the non-vaccinated. I am against that; I am for free choice—free and informed consent—obviously.

Commissioner Massie
And getting back to your son, how is he now? How does he feel in this situation?

Caroline Foucault
Well, for now, life is back to normal. He continued his studies. He's going to university. He's doing very well.

[00:25:00]

Of course, on the other hand, we are always afraid—we had this conversation last week—that if the measures with the vaccines ever start again, we are leaving immediately. I'm not going to relive that here.

Commissioner Massie
And now the question: Was your son affected by your husband's vaccine injury? Was he made aware that that's potentially what it was?

Caroline Foucault
Well, it certainly was a pretty serious heart attack that required several months of convalescence. Yes, he saw all that, and you know, it's sad to say but he said to me, "I told you so." He knew the vaccine was no good after six months of development.

Commissioner Massie
Thank you immensely. I will ask my colleagues if they have any questions for you. Do you have questions? Thank you, I'm done.

Konstantinos Merakos
Thank you, Madame Foucault. I think you wanted to say one last thing on this forum?

Caroline Foucault
Oh yes, thank you. I would like to invite all the people who are currently listening and all the people who will be listening to the recording to please take the time to listen to at least

one day of hearings to learn about the truth and share it. It is important. If you love your children, if you love your grandchildren, it's important that you know the truth and that you demand justice. Thank you.

Konstantinos Merakos
So Madame Foucault, thank you. Thank you for your courage. I know it's very difficult to talk about different opinions these days on a platform like this on the internet. So thank you for being here. I thank you for your courage, and your words, and I wish you a lovely evening. Thank you very much.

Caroline Foucault
Merci.

Thank you.

[00:27:10]

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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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 7: Christian Linard
Full Day 1 Timestamp: 08:36:57–09:27:55
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
So hello, Monsieur Linard. Before starting, if you could describe your CV, so that the Commission can have the necessary information to make its recommendations.

Christian Linard
Yes. I did my biochemistry, so a baccalaureate, a master's degree. In fact, before, I had done a bachelor's degree in biomedical technology. I ended up with the equivalent of two baccalaureates, two master's degrees, a doctorate in biochemistry. Then, I went to MIT [Massachusetts Institute of Technology] in Boston to do molecular biology, specifically regarding plants. From there, I returned to Quebec and did another postdoc, this time in clinical biochemistry at Hôpital Saint-Luc. After that, I had a job offer at the University of Quebec at Trois-Rivières, and as such, I am a teaching professor, essentially in clinical biochemistry, at the University of Quebec at Trois-Rivières.

Jean Dury
So can I swear you in as a doctor?

Christian Linard
No. As a PhD, yes, but I'm not a medical doctor.

Jean Dury
Since you have a doctorate in biochemistry, we can say doctor.

Christian Linard
Thank you, I would rather say it's a PhD.

Jean Dury
Okay. But it sounds bad to say, "PhD Linard." In any case, we're going to swear you in. You swear to tell the truth, nothing but the truth. Do you so swear?

Christian Linard
Yes.

Jean Dury
Do you solemnly affirm?

Christian Linard
I solemnly affirm.

Jean Dury
Good. So can you speak to us as an expert on the quality of the messenger RNA in the vaccine?

Christian Linard
Yes. I became interested in this very early on. I am going to present to you three important pieces of information, three important paragraphs. First: I'm going to talk about messenger RNA. Why? Because as a biochemist, and I had done molecular biology, I already knew what was going on in biochemistry. So I'm going to explain that to you now, if I can get access to the slides.

The first thing I'd like to look at interested me because I did it in clinical biochemistry—a specialization—and that is to see what this messenger RNA is, its structure, if it is intact, et cetera. And then from that, to look at the messenger RNA product that is to be expressed by our cells. Okay? That's what I'm going to introduce to you first. I drew a quick diagram that shows you the structure of the SARS-CoV-2 virus. To vaccinate people, we somehow encoded the spike protein in messenger RNA. That is important to know. I point out here that there are also proteins that will surround the viral RNA, which is called the nucleocapsid. This is going to be important for what I am going to tell you later.

So the principle of vaccination with messenger RNA is to take the information coded by the virus, and to stabilize that messenger RNA of the virus. The messenger RNA is synthesized in a completely artificial way and encapsulated in a lipid nanoparticle as a vehicle, like a saucer in a way. And once injected, this nanoparticle that contains the "vaccine RNA" will be absorbed by our cells. And once absorbed, it will enter the cytoplasm of the cell, and then this vehicle will release the vaccine RNA.

[00:05:00]

The cellular machinery will be fully mobilized through what is called translation to produce proteins. So in this case, normally it will produce the spike protein. This protein can remain inside the cell; it can be found in the membrane therefore exposed to the surface of the cell or it can end up completely outside the cell. And so there is an important implication. Obviously, what we hope for is that the modified spike protein that is produced can be recognized by the immune system. It will then produce antibodies against the spike

protein, and not only the viral spike protein, but also the spike protein that has been synthesized by our cells. So right away there is a problem, which is that if the spike protein or pieces of spike protein remain on the surface of the cell, it can promote autoimmune diseases. That's one factor.

For the rest of what I am going to present to you, it is important to know a little bit about the structure of the spike protein. The spike protein, basically, looks like a mushroom, so you have the stem which is the S2 subunit of spike, then you have the cap at the top, which is the S1 subunit. Then you have parts of that cap that can be recognized, which are called the "recognition domain" of that protein.

So the first thing that interested me—since I like quality controls—was to see whether the vaccine RNA being administered is always 100 per cent the right size. There is a length to this vaccine RNA. Let's imagine it's 1,000 nucleotides, so 1,000 small pearls on a necklace, for example; and normally, when the RNA is manufactured for use in humans, it should always have 100 per cent of the length of 1000 nucleotides. Very quickly, I realized from looking at the scientific literature: that was not, in fact, the case. As a limit, up to five per cent of [non-]integral RNA could be tolerated. But even this is too much given that we know that small pieces of RNA can have important interactions with the transcription or the translation machinery of the cell. So this was already problematic. And then by digging a little more, I realized that the variation was not limited to five per cent, but in fact, in certain cases, only 55 per cent of the vaccine RNA was whole. So it was problematic right there.

After that, I looked very quickly— And according to the tenets of molecular biology, the cellular DNA in the nucleus will produce a messenger RNA; this process is called transcription. And then this messenger RNA leaves the nucleus, arrives in the cytoplasm, and will be translated into proteins. And so by searching the literature, I realized that, in fact, the vaccine RNA might be able not only to enter the cytoplasm of cells, but also could make its way into the nucleus. So that is problematic. Whereas if you looked at the NIH [National Institutes of Health] claims, they said: "No, that messenger RNA cannot enter the nucleus."

[00:10:00]

However, the NIH is an authority, I would say, a scientific authority. So that was the first thing that worried me.

After that, what I wanted to look at was the expression of the spike protein by the vaccine RNA. This slide shows four people. So at the top, we are going to look at the expression of the spike protein; at the bottom, we will look at the production of antibodies, in particular on the RBD [Receptor-Binding Domain] that I showed you earlier, as part of the mushroom.

This slide shows data for four patients; the vertical lines indicate the first dose, and here, the second dose. Here is the detection of background noise, and here the different days. Of the four patients, there is only one patient where we see an expression of the spike protein for a certain time and then, afterwards, a decrease: and that is completely normal. Then at the second injection, we see for some an expression of the spike protein, and there are some where it lasted—that is to say that this expression perpetuated—for more than 60 days, so two months. There are others where it has fallen sharply; and there are some, if we look in detail, we see that there was nothing. So they did not express protein. That's important. So we see, depending on the patient—and it must be the same depending on the cell—that the translation and production of spike protein in patients can vary. Either there

is none at all, or there is still a certain quantity, and we will see that there can be much larger quantities.

So what we can conclude here with this slide is that from one patient to another there are great variations in the quantity of the vaccine spike protein produced. So it is not controlled. Normally, when you are given a drug, we know the precise dose that is given to an individual—for example 50 milligrams, and it is always 50 milligrams, there is no variation. Here we see that the amount of spike protein produced will vary, not only from one patient to another, but we can suspect that it will also be from one cell to another as I'm going to show later. And that is problematic, since our body becomes an industrial machine to produce the spike protein; and we do this because we want the individual's immune system to produce antibodies. So this poses a problem in that the concentrations of spike protein vary greatly.

Building on that, we can see it was the same thing for the antibodies. At the bottom, we see that some patients produced antibodies and others did not produce any at all. So again, quantities of antibodies that have been produced by the cells of the individual who is injected with this vaccine range widely. Here, I'm showing pretty much the same thing: this is another study by Ogata that looks at the expression of the spike protein in plasma and also investigates the spike protein produced by our cells. This is called the antigen. Ogata looks at the production of antibodies. I'm going to show a few patients, the others are just for illustration. So here, the x-axis shows the number of days after vaccination. We have the first dose here, and then the second dose, where we have solid blue circles. If I look here, we see that patient number three, after the first injection, produces spike protein.

[00:15:00]

With the second injection, there is no production of spike protein; you can't see anything. We also look at the S1 subunit, which is the cap of the mushroom structure in a way, we can't see anything here either. If I now look at the antibodies that have been produced, we see, here in particular, in red, the S1 protein, therefore the anti-S1 antibody that is produced. So we see that there is a production of antibodies. We also see the proteins of the IgA and IgM antibodies in lower quantity.

If I look at another participant in the study, we discover an entirely different pattern. We see production of the S1 protein but also production of the spike protein. I think I made a small mistake earlier: it's only a part [subunit] that has been produced, not the whole spike protein, it's only the cap. Here, we see that it will produce the protein, therefore the cap, and it will also produce the spike protein. We will see that it will also produce IgG, IgA, IgM antibodies.

Here is a patient who hardly produces anything: neither the S1 subunit nor the spike protein. But nevertheless, he will produce IgG, IgA, IgM antibodies. This is problematic because if we don't detect any in his blood, in his plasma, that means that the protein has been produced and has remained either inside the cell or on the surface since there was production of antibodies.

It is also important to look at—depending on the different individuals—the production of antigens. Therefore, the spike protein or the S1 subunits or, ultimately, S2. But it was S1 that we were looking at and the production of antibodies, and we saw that it is extremely variable. If I look at the S1 subunit, we see that it is extremely variable depending on the individuals since we have the number of days. And then here we have the variation in the quantities found in the plasma of the individuals, which also varies greatly. And it's the

same thing for the spike protein, it varies greatly. So depending on the individual, there are people who will produce no spike protein at all; there are some who will produce a few antibodies; there are some who will produce an adequate quantity; and there are some who will produce quantities that are too large.

And when we produce too many, we see here: this is a case of a woman who produced too many—it was a hundred times more than what we saw in the previous study—and who had massive thrombocytopenia. If we look at the quantity of platelets, we see that there were no platelets at all. Therefore, she was given an anti-inflammatory, antibodies to try to shut it down, and to get the body to again produce adequate amounts of platelets. After treatment, we see that the platelet levels have returned to a normal value.

What I also wanted to emphasize is that we see that we can produce a little bit of the spike protein or subunits, none at all, or produce too much. And so when you have too much, it may be toxic; and again, you don't control the amount of protein that is produced, whereas normally, when you give a drug, you always give the same amount. We all know that.

When we give a drug, it's always the same and there is always precise quality control. And so I wanted to know: Is the spike protein that will be produced by our cells always going to be the same? And I realized, in fact, that this is not the case. I'm not going to present the technologies that have been used: it's the Southern blot, but that doesn't matter. Here we have beta-actin, it is a natural protein that we produce constantly, and we can see that there is only one protein which is produced constantly.

[00:20:00]

If we look at the spike protein, we realize that, because it has glycosylation sites, whether in the O or N position doesn't matter, we don't have a single protein; we have isoforms. That's what we produced. But we wanted to look at what happens to a human when injected. Here, we took mouse cells and brought them into contact with these vaccine nanoparticles. In the first hours, there is not much that is produced. This is what is called a molecular point scale; we don't need to look at that. After here we look at time. And so after six hours in these mouse culture cells, there is already a trace, a production of the spike protein. After 24 hours, what's a bit surprising is that we see different spike proteins. They are isoforms. And then, third day, it's the same thing. Fourth day, we see different ones. Five days later, you can still see some.

So what is interesting to see here is that we have taken a type of cell, and we see that this cell does not produce a well-defined spike protein. So we have different isoforms of the spike protein. If we look at human cells, we will see that it is the same thing. Here, we took cultured human cells and brought them into contact with the lipid nanoparticles containing the vaccine RNA, and it produces the same result. We can already see through the Southern blot that the production varies. Earlier, we saw that it was an expression that was very strong. And here we see that it is a much less strong expression, but we see that there are still protein isoform spike proteins that are produced. And here, it can go on for some time.

Next, I wanted to check the lifespan of this RNA, and I discovered that this lifespan could be very long, up to two months. And after further exploration, I realized that it could live up to six months. So this is problematic as it was generally thought that this RNA had to be naturally degraded quickly. However, I realized that is not the case.

After that, I wanted to look, as did many others, at the distribution of this vaccine RNA, where it was going in the body. In this regard, I very quickly realized that the vaccine RNA

was found everywhere: in the blood, the bone marrow, the heart, the liver, and even in the testicles. Later, we showed that it even goes into milk, which is problematic because it is then the breastfed child who is at risk for problems. So that worried me a lot.

After that, I became interested in the vehicle: the lipid nanoparticle. I realized that it was an extremely inflammatory vehicle. Earlier, I talked about inflammatory processes. And in this scientific article, the inflammatory interleukins IL1 and IL6 were measured and we observed that there was a very important inflammatory process.

I wanted to know: What happens with more doses? That's a preprint, so not yet fully peer-reviewed. We realized that the more we injected, the more the person was at high risk of being infected, whereas we did not see this in the case of the unvaccinated: they had the disease once.

After that, I wanted to know: Can this vaccine RNA prevent mortality, the risk of all-cause mortality? I realized it could not. I asked myself the question: Can this stop COVID mortality?

[00:25:00]

The answer is no, there is no marked sensitivity.

Can it then prevent mortality from cardiovascular disease? The answer is no. And there it seems that we are seeing an increase. Then I looked at the effect on mortality other than from COVID or accidents. It didn't protect here either.

For DNA vaccines, the picture is quite different. Here is the first part.

Jean Dury
Can I ask you a question: Is what you have expressed to us today why it is called an "experimental vaccine" in the first place?

Christian Linard
Yes. I don't know all the ways a drug is put on the market. I know the main phases, but to say that it's experimental means that we have studies that are in progress. And moreover, it has just been shown to you: what we see is that studies have continually been carried out, and the more studies we did, the more peculiar things we saw, and that is what I wanted to show you.

Jean Dury
We often saw conveyed in social networks, especially among laypeople who were talking about this, that it was not a vaccine. Do you have anything to say to that?

Christian Linard
Traditionally, a vaccine is either a protein that is injected into the individual with adjuvants to stimulate the immune system, or it is a virus or a bacterium that is dead, therefore an infectious agent that is dead, or alive but with reduced pathogenicity. And so that, to me, is the true definition of a vaccine.

This is different. That's why I don't like to use the term "vaccine" but rather an injection of messenger RNA. Why? Because it is our body that will be used as a factory to manufacture the spike protein so that this protein is made visible to our immune system to stimulate the production of antibodies. So we normally use an industrially produced vaccine that is injected. In this case, we used our cells to produce the molecule. So we used our body, we transformed it in a way, and some of our cells became a GMO, meaning a genetically modified organism.

In addition to that, what happens is that we can imagine that there are cells which have naturally agreed to produce the spike protein or subunits of the spike protein, but some others did not produce this protein. And so we still have normal cells that belong to us and cells that have become foreign, even to our own immune system. And so we become a chimera. So a chimera—I don't know if you've ever seen the sphinx? It's a lion's body with a human head—that's it: a chimera. So I found that peculiar.

Jean Dury
And finally, we have often heard, since the beginning of vaccination or what has been called vaccination, that vaccine messenger RNA could have an effect on DNA. We have heard that often. We also saw the responses from pharmaceutical companies or specialists who said that it has no effect on DNA. Do you have any thoughts on that? Can you talk a little bit about that, briefly?

[00:30:00]

Christian Linard
Yes. This has quite a history. First, it used to be a tenet of molecular biology that DNA is transcribed into RNA in the nucleus and then this RNA exits the nucleus and is translated into proteins. This was until the day when a researcher showed that this RNA could be retranscribed somehow to DNA. And this was particularly the case with viruses, in particular, retroviruses. A good example is HIV.

But afterwards, researchers also looked in the cell and realized that we have the capacity in our cells to produce DNA from RNA. So it follows that it must be possible for this DNA to be inserted into the genome. So theoretically, it is possible. Obviously, the chances of this happening will be very, very, very low, but as we have been doing billions of injections, we cannot say that it could not happen.

Jean Dury
I have no more questions, but I'm pretty sure our commissioners might have some questions for you.

Commissioner Massie
I had understood that you had another section that you wanted to present to us.

Christian Linard
Yes, I will introduce you to another section. I have two: a small one and then a more important one.

Commissioner Massie
I would prefer that we go to questions after you have finished your presentation.

Christian Linard
All right. So the other thing that has always surprised me is that an individual is only considered vaccinated 14 days later. Now, I'm not a mathematician, but I realized that by doing that, we could say anything, to the point that we are somehow corrupting the data. In my opinion, the instant someone is injected, that person is already vaccinated. Of course, it will take some time for the immune system to produce antibodies, but for me, at that point, he is already vaccinated. This is important. I realized that if you wait 14 days or even 21 days, well, then you corrupt all the data. And, if the data is corrupted, the conclusions are going to be quite wrong.

Following that, I was really worried by the statements made by the prime ministers of Canada and Quebec. Personally, I was shocked when I heard Prime Minister Trudeau on *La Semaine des 4 Julie* [a talk show]. Personally, I didn't worry about being called, for example, a misogynist or a racist, because that's not the case. But to hear it from someone who was non-scientific, that really disturbed me. But one thing that scared me was to hear him pose the question when he spoke about it on television: "Are these people to be tolerated?" So that is to say, those who were somewhat reluctant, or who wanted to think about this vaccination procedure—either who were backing out or who wanted to debate it, to know a little more—to see that these people, who wanted to have more information and even to oppose it, the question that he asked: "Do we tolerate these people?" I was shocked to hear that. Afterwards, I saw Premier Legault of Quebec, who asked the question: "If I'm in the hospital and I'm patient, I won't be approached by someone who is not vaccinated." That raised huge questions for me.

[00:35:00]

But above all else is the first question that Prime Minister Trudeau asked: "What are we going to do with these people?" It raised a lot of questions for me. Around me, I saw all this suffering. Furthermore, we also had, in particular, Pierre Chaillot who published his book and who showed that in fact all this suffering had no reason to exist since there wasn't really an epidemic. That was problematic. And by the way, several top scientists have said we've been lied to about absolutely everything: lockdowns, mass testing, social distancing, masks, et cetera.

One thing that surprised me even more, and I will end with this, is to see that we are in the process of installing mechanisms, laws almost everywhere in the industrialized countries. In particular, what I am watching, since I have part of my family in Europe, is that Europe has introduced a law which will be applicable in 2024: the *Digital Services Act*, the DSA. This act obviously has good intentions, but as you could say, the road to hell is paved with good intentions. It is intended to constrain hate speech and misinformation using algorithms. To understand what is happening in Europe, there is a website that provides a three-minute explanation of what this *Digital Services Act* consists of. And we see that, in fact, it is to control the information that is put into circulation by the platforms, for example, the Internet, et cetera. For example, they say: "It is to protect the citizens, because there are some who refuse vaccination because of supposed harmfulness." Personally, this worries me a lot. And they also say: "It is to safeguard the future of humanity." They say: "We don't want people to start questioning. Climate skeptics who say that climate change has always existed, there has always been climate change." So in a way, its purpose is to

shut down those who would question the methods for acting on climate change, for example.

Well, that was it.

And I find that really— Because the laws are already in place; they are ready to go. It's the same thing for the law in Canada: C-11, which will allow the CRTC [Canadian Radio-television and Telecommunications Commission] to control and regulate online companies, as well as providers of video and music broadcasting services, as well as social media platforms. And that worries me greatly, since the speech that I have now and the ability the internet provides to broadcast one's thoughts, well, all that is at risk. And for me, that provokes a lot of anxiety.

Jean Dury
Thank you.

Christian Linard
I have finished.

Commissioner Massie
So I have a question about what you presented in terms of the heterogeneity of vaccine production. If I correctly understood what you were outlining, it is that this heterogeneity that we find as much at the level of the quality of the spike protein and then, possibly, of the lipoparticles because we do not know to what extent these particles have the same quality from one batch to another: What is the consequence in terms of the injection of these products which do not have a homogeneous quality when they are injected on a large scale in a whole population?

[00:40:00]

Christian Linard
So there are several consequences. On the one hand, we do not control the dosage. Since the length of the RNA is not always the same, the drug is altered in some way. Already that's not normally what we should have. Quality control is very important. When you are given aspirin, it is always aspirin in a well-defined quantity. Here, we realize that, intrinsically, what we give you has no quality. What was most shocking was that the health authorities reduced this quality to 50 per cent. They said to themselves, "If it's at least 50 per cent, it's eligible. Below, it will not be eligible, but beyond 50 per cent, it will be eligible."

Building on that, we see that our bodies, our cells will produce more or less quantities of spike protein or subunits. And there again, we don't have all the studies: Will it stay inside the cell, on the surface, or go into the systemic circulation, therefore into the blood? And we realize we don't even produce quite the same protein, since there are some that will produce the whole protein and others that will only produce subunits, and we still haven't reviewed everything.

And there will be another impact with respect to the reaction of our immune system. So if the protein stays inside, the immune system doesn't see anything at all. If it stays on the

surface, it's problematic because the immune system will recognize our cells which express on their surface an antigen which is not human, which is not "self" and will attack, therefore creating autoimmune diseases. And if it's outside, there are things to consider: Are the quantities produced always the same? Are we going to have a protein? We saw that was not the case. If nothing is produced, the immune system is not stimulated. If there is a certain amount, the immune system is stimulated. If there is too much, then it becomes toxic. The article I presented showed that there was thrombocytopenia, so the platelets collapse.

Commissioner Massie
So this poor quality may be responsible for many of the side effects that occur when people have the vaccination?

Christian Linard
Yes, we can have completely different reactions from one person to another and even from one cell to another.

Commissioner Massie
My second question concerns the importance of being able to discuss these issues in an open manner as we normally do in scientific forums. You mentioned that there are laws underway almost everywhere to ensure that this free distribution in social media—because we know that the mainstream media is relatively controlled—but this censorship can prevent this kind of discourse. Do you already see signs of this? Have you, for example, had the opportunity to express your concerns with respect to vaccines or other elements of management responses in different forums?

Christian Linard
Yes, I have already spoken out and it has caused me a lot of problems, legal problems. Yes, I asked myself a lot of questions about it; and I realized that from the moment you are a professional and you think, you talk openly and you talk to others, well, as soon as you do that, you can be attacked. So we have seen here in Quebec, we can be attacked by our university, by our professional associations. There are a lot of people who have been attacked by their professional associations. And so yes, it worries me greatly to see that now there is a machine already in place, and I think that this machine has been perfected.

[00:45:00]

As I showed you earlier with the DSA, in the future, all this machinery has already been so well perfected that they will only have to press a button; and therefore, I will no longer be able to have even the interventions that I have currently. Now, I am attacked personally. But in the future, it will be even less possible to have a discourse such as the one I have just shown you now. That is to say that I will not be able to do this kind of analysis. When you're a teacher the most important thing is to teach critical thinking to one's students, and to disseminate information since, in fact, the teacher's task is to clarify and to know: to try to reach the truth and to transmit this truth. And I realize that everything is being done to extinguish this truth. There are those who do not want this truth to be revealed. And furthermore, I realize that everything is now in place so that we have to think like those who want us to think in a certain way, and that scares me.

Commissioner Massie
Do you have any questions?

Jean Dury
Just one in closing.

Doctor Linard, can you tell us if artificial intelligence will play a role in listening to everything that happens on the Net—whether it's YouTube, Facebook, whatever—that it will no longer be humans? And, according to what you presented regarding the laws in France, the DSA, and Bill C-11 in Canada, will it instead be artificial intelligence that will analyze everything? And as soon as the artificial intelligence finds something that is not in conformity with the official speech, the laws will be in place to repress it?

Christian Linard
The tools we develop are like a knife. You can use a knife to feed yourself, but you can also use this knife to kill another. What I have seen looking at the newspapers is that, for example, there was a case where a person was sick and he had been to see his doctors and his doctors had not diagnosed him correctly, so he remained ill. So he then asked ChatGPT questions and he saw that ChatGPT could give him a diagnosis which he then went to confirm with his doctors and it was correct. So he was saved by ChatGPT. There was another case with a pet where the owner went to ChatGPT providing all the signs and symptoms of his cat, and, apparently, the newspapers reported that the cat was somehow cured thanks to that.

But what worries me is that artificial intelligence can be useful, but it can also be harmful if we are not in control. So it's kind of like a knife: when it's used well, I think it's progress. I am not a specialist in artificial intelligence, but there are more and more specialists who are worried about these artificial intelligences.

I tested ChatGPT in biochemistry to see what it said when I asked fundamental questions, for example. I realized that it gives generalities whereas the science is much more complex. I realized that I couldn't use ChatGPT to get correct information because, for example, if I asked ChatGPT about everything that I have just demonstrated to you today, ChatGPT would not deliver the same information.

[00:50:00]

Jean Dury
Finally, I would like to express a personal opinion. I believe that the laws that are going to be put in place soon or in the very near future, for artificial intelligence to analyze everything that is written on the net—it's vast, billions of posts per day—because it is beyond human capability. And this instrument will be at the service of these new laws to prevent us from speaking.

Christian Linard
That is going to really worry me.

Jean Dury
It is worrying.

Christian Linard
The day it passes will worry me because it means that there will be a machine that will decide for us.

Jean Dury
Effectively.

Christian Linard
A machine that does not live, but which will decide the fate of the living.

Jean Dury
Absolutely.

Christian Linard
It worries me.

Jean Dury
Well, that's a personal opinion, but I strongly believe that's what's coming. So thank you, Doctor Linard, unless there are other questions.

Commissioner Massie
Any questions from here? Fine? Okay, thank you.

[00:50:58]

Final Review and Approval: *Erin Thiessen, October 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, and further ***translated from the original French.***

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 8: Josée Belleville
Full Day 1 Timestamp: 09:28:26–09:58:11
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
So hello, Madame Belleville, we're going to swear you in.

Josée Belleville
Hello.

Jean Dury
So do you swear to tell the truth? Do you solemnly affirm that you will tell the whole truth and only the truth? Say, "I swear."

Josée Belleville
I swear.

Jean Dury
In your case, we are dealing with a very particular situation. I had the benefit of watching a little of what happened in your life. So could you tell the Commission about your history in the Canadian Armed Forces, to begin?

Josée Belleville
I served my country for 13 years in the Canadian Armed Forces. My job was ACOP, which is: aerospace operator. Excuse me, I'm an English speaker, so I have a slight accent. Yes, I refused the vaccine, so I was kicked out by the Forces. When COVID started, I was living in Nova Scotia. Then by the time I got kicked out, I was living in Ontario. It's like living in two different realms because the reality that I experienced in Nova Scotia, when COVID started and everything, was totally different when we moved to Ontario. And yet, we are in Canada. The rules should remain the rules, but it was totally different.

If I start with 2020, I was working at the base operations center in CFB Shearwater. Essentially, my job with COVID was debriefing. I don't know how to put it, the commander came, then the rest of us. We had all the COVID figures from all the bases: how many soldiers had caught COVID. I told myself that there was nothing alarming for me. I saw that the number of people who had caught COVID compared to the number of people who were recovering and returning to work was appropriate. While I was in Nova Scotia, it wasn't mandated yet; it was our free choice. Like with all vaccines, it wasn't something that was mandatory. So life went on in Nova Scotia. We were really in our bubble, the Maritime Bubble. We lived in that. The stores were still open and the children had been taken out of school. I have two small children at home. Everything was fine.

At one point, the base closed, but I continued to work at the Operations Center. One situation that I found odd was that at one point we had a vaccination parade where everyone had to go get vaccinated, but we still had a choice. We were like— Me and another co-worker of mine—we didn't want to get the vaccine. We had to go; it was a parade. We had to go to the mess where the military usually eat—excuse me, there are military words sometimes. It was at the mess; we had to pass in front of everyone and I felt manipulated. When you are a group of people, you will follow the group of people who get vaccinated. I didn't like the feeling of everyone being together with our colleagues, the whole base, all going to get vaccinated. Personally, I found it weird. But I refused, I continued to work. Everything is beautiful. That's it.

In the summer, June 2021, the whole family gets transferred to Ontario. I was then working for NORAD in Ontario. We were transferred to Ontario, to North Bay. Day and night, everything was closed, no more access to Walmart. It was weird. I was in Nova Scotia, everything was open and we had access to Walmart, and in Ontario: no more access. Then, I started to have a little anxiety and to think to myself, it's a lot different compared to Nova Scotia.

[00:05:00]

I started asking my chain of command, "Is it going to be mandatory? What's happening?" And then my chain of command would tell me, "Don't worry, Josée, it's going to be okay. It won't get to that point." I thought, "Okay, I'll continue to work my job."

Subsequently, in October with the Prime Minister who was starting— You heard the federal employees on what was about to happen. It's very formal in the army. We have to follow the rules and so on. So in October, I started to be afraid. So I wrote a memorandum to my chain of command explaining that I would like to have information on the vaccine; I would like to have confirmation. In the past, being in the military, we know that there have already been consequences from [mefloquine], anthrax. I know my history, so it was something that stressed me out. I didn't want to have to take something in a situation when nobody is being held responsible, as is often the case today, like we've been living. So I started writing a memo.

The first memorandum that I wrote, there were three pages with all my questions: What is in the vaccine? My chain of command refused my memo. They said, "Make it shorter." I redid my memo. I wrote two pages. I gave it back. It wasn't accepted either. He said it has to be one page. I seized on the most important questions. I tried to make it nice. I gave it to the wing commander.

Finally, he said, "I'm not a doctor, I can't help you." But in the army, if you have questions, you ask them higher up, and then the higher ups are supposed to find the answer for you. It

has always been this way. So I was a master corporal. It didn't work. He didn't want to respond to my memo.

Subsequently, the Prime Minister passed the law saying that all federal employees had to be vaccinated before November 15. It was really hard. It was not an easy decision because I really liked my job. I'm a person who was dedicated, who loved the army. It was my career. I was considering 25 years in the army. My father was a soldier. It was a life that I have always known. But when someone says to me: "Why didn't you take the vaccine? If you're vaccinated, you've already taken vaccines!" When you enter basic training, you line up and you take them! But this one, I don't know. There was something stronger than me telling me: "Josée, don't take it, don't take it." That's it. Right then I decided not to take it. I met with my chain of command. They said, "Okay, here's the procedure." It's very administrative. Every month, I went to meet my chief and my commander. Yes, then a lot of paperwork.

I will always remember my last day. The last day I was supposed to work in uniform was November 11, 2021. I was ready to go to work, then I bawled my eyes out. That day I called in and I said I was sick. I couldn't believe the last day of my career was November 11, Remembrance Day. Therefore, I didn't return. From November 15, we were no longer allowed to enter our building. My husband, my two children, are not vaccinated either. We stayed on the military base all alone. No support, no one called us. I became the base reject. Everyone knew it. There were several incidents. I also remember one time on the schedule, when we had a schedule, when we were working, our boss had written my name in red for being unvaccinated. There were things that would never have been allowed in the past.

[00:10:00]

These are medical matters that are supposed to be confidential. It's all the rules that we had learned in the 13 years of service, they were, like, pushed aside. It was madness by then.

I decided not to take it. I started the procedures in November. I started seeing a psychologist. I was like, "Maybe I'm making the worst mistake of my life." I didn't know what I was doing. The psychologist started telling me—the social worker, sorry, he said, "Write a little personal diary," you know, like, "to vent your emotions and all." I said, "Yeah, but I'm not very good at writing. That's not my thing." He said, "What do you like?" I said, "I like TikTok." He said to me: "Do TikTok." I was like, "Okay, perfect." I started doing TikTok as a way to have a bit of a personal diary for myself. There I documented what was happening, what I was doing, how I was living.

The social worker said, "It's going to be like a bereavement. It's going to be like you're going to go through the same stages of bereavement, from frustration to grief, to everything." Yeah, TikTok was my vehicle to express myself, to speak. Subsequently, wonderful TikTok, there were a lot of people who started following my channel. Because—I don't know why—they were following me. It seems they found me interesting. They were following me. Anyway, I gained great popularity on TikTok with 40,000 followers and so on. Yeah.

The process took from November 15 through to June; that was my last day. I had to stay at home. I couldn't go back, except for the times I went to see my commander and my chief. In June, I had my last day. It's like the military. I can tell you that monetarily, it had a big impact, because when I called in November to find out about my pension fund, it was X, then I returned in June— Every month, I was calling to find out, "Okay, when are you going to kick me out?" Then I saw my pension fund go down, down, down, down, down. It had a big impact. The fact is that we don't have unemployment either. I didn't have the right to

unemployment, since I had refused, so I didn't have the right to unemployment. At that time, I was the breadwinner. Since we had just moved, my husband was unemployed because he hadn't found a job. It was huge. It was not an easy decision that I made lightly, but yeah.

Then also, like the lady who testified earlier, in the month of January, I went to the Convoy. I took part in the Freedom Convoy. They came through North Bay and I just followed. I was there, I had the chance to experience this euphoria, which was super wonderful. Then, like the lady said, when I watched the news, what I had been through, and what was being said on CBC, it didn't make sense.

I had my mother too. When I was at the Convoy, I managed to go see my mother. My mother was not doing well following the vaccine. Then in March, she passed away. She had a clot in her heart, kind of like that, randomly. Then she died. That's when we found out my eldest was pregnant. Then I said to myself, in all this sadness, in all that was happening in my life, I said to myself, there's something beautiful coming. Excuse me. That's when I said to myself: my mother died, my daughter is pregnant. You know, one spirit leaves, a new one arrives.

Then we moved to Chicoutimi. We had a house in Chicoutimi, so I waited for my two children to finish school.

[00:15:00]

At the end of June, we moved to Saguenay—in July, right after school. And then everything was wonderful. There, I continued to work on my little TikTok channel as if nothing had happened. And then I said to myself, "Ah, I'm going to be grandma." I couldn't wait—excuse me. In December, my daughter gave birth to her daughter. My granddaughter was born. Then the DYP [Department of Youth Protection] came; they issued a "baby alert" and then they stole her baby. They entrusted the baby to me. They said, "Okay, Madame Belleville, we will leave the baby with you." But that never happened. The reason they won't let me have the little baby is because of my TikTok activity, because of my views, my values and everything. They say I'm anti-government, I'm anti-organization, and that I'm anti-vax.

So they are using that against me. Because of all this, it's been five months since I've seen my granddaughter. Because I expressed myself. I never said anything mean, but I've always presented my life. Here, they are taking all these facts, they are using them against me, my husband, my daughter, my two children, so that we don't have a right to my granddaughter.

Jean Dury
For the benefit of the Commission, can you explain why your daughter's daughter was taken away because you expressed your opinions, but why was your daughter taken away?

Josée Belleville
Long story short, in the past—here we're getting into another matter—my daughter, my eldest, was placed in the Youth Center, where horrible things happened in the Youth Center, the most horrible things you can imagine. We're talking about nearly five years ago because my daughter is 20 years old, so it happened when she was like 14 or 15 years old. In the past I sued the Youth Centre and we were in the middle of disputing it in court. So I think they did it a bit out of revenge because they're mad at me. Then they took exception

to the fact that I expressed myself on social media, that I didn't hide. They took it out on me by keeping the little one, although I have two other children at home and I have a husband.

I wanted someone to help me. I asked Jordan Peterson. I asked all the politicians everywhere to help me investigate. The safety of my children is the most important thing for me. I couldn't believe that this organization didn't know what they had done to my daughter. So I don't want this to happen to my granddaughter. Now they take that from me, they're going to be angry because I denounce them, but it's because at some point, Quebeckers, mothers— If they are capable of doing that to someone who has served her country, someone who is kind, someone who has always defended the rights of her daughter, what have we come to? We're really going down a super, super dangerous track.

Jean Dury
Have you had any, we call that a compromise—a security and development of the compromised child? This is how we can . . .

Josée Belleville
In the beginning, the social worker in question had said that it was a conflict between the couple. So I said: "But, she's not in a relationship." Then they said, "Yes, but maybe she could hurt her child." Well, that's when I said: "Well, do your investigation, leave the little one with me." The fact that they prevent me from taking care of my granddaughter is the problem.

Jean Dury
But in any case, what I'm telling you is that, definitively, they have to go through the Court and have it declared that—we call that a compromise—namely that the developmental security of the child is compromised. So custody is removed. It's necessary. It's impossible not to have done that.

Josée Belleville
I ask you to verify, to investigate. I'm asking everyone, please do whatever because, what's happening to my daughter is one thing, but I'm a grandma, okay.

[00:20:00]

Personally, I can take care of my granddaughter, okay. I can take good care of her. The fact that they take me for a criminal, as a person who is anti-government, like against me, what has Quebec become? This is serious. I protected my country, I protected my children, I protected my daughter. At some point, I'm asking the people: please help me get my granddaughter out of the DYP ordeal. It really doesn't look good. We all know it's another organization that's based on lies. As the lady said earlier, this is her last chance. Me too, this is my last chance. I need someone to get my granddaughter out of there.

Jean Dury
In any case, no doubt your testimony makes one think. I can't give you legal advice in a Commission, but definitely. . . .

Josée Belleville
Plus at some point, it's like, they know I don't have any money. I don't work anymore. I don't have unemployment. It seems like they're picking on me. At some point, a lawyer costs money. Personally, I just wanted to live my life as a granny, to have peace. I also would like to be able to see my mother in my granddaughter. I can guarantee you that they will be in a rage against me and they are going to come after me for everything I say; they'll do anything, but I just want my granddaughter. I am able to take care of my granddaughter, and I ask everyone in the world to help me, that's all.

Jean Dury
We understand. And your message will get through. I can tell you that if you have concerns that the DYP . . . .

Josée Belleville
There have been three foster families. That's three placements already in five months. This little girl is five months old, and that's three different placements. If they had just put her in my house, it would have been over.

Jean Dury
So as I told you, I can tell you straight away that, regarding what you are saying here today, I would be very surprised if you had repercussions in Saguenay through the DYP. I would be very surprised. Anyway, thank you for your testimony, which will be heard.

Josée Belleville
Thank you for giving me the opportunity to say it because I no longer knew where, how, what. I no longer knew what to do. Thank you for this opportunity. But even if we don't talk about COVID, it still has a whole anti-government impact, the judgment of others, misogyny and racism, like, I'm not able to raise my granddaughter. It's all part of the global dialogue.

Jean Dury
I would point out to you that we say anti-government, but in my opinion, it is not anti-government at all. It is simply an opposition to official government thinking. It's not anti-government, after all. That's why . . . .

Josée Belleville
I know, but they've gone so far. They even filed a complaint with the DYP in Charlevoix—the DYP in Saguenay filed a complaint in Charlevoix. That's why I say anti-government, anti-social, anti-organization. The complaint—they wanted to take my two other children from home. Then she removed it. She said, "No, your house is beautiful, your children are okay." We have gotten to this point in society. We have to watch out for our children.

Jean Dury
Do you have anything else to say? Say it, go with your feelings.

[00:25:00]

Josée Belleville
It's related. Let's come back to COVID. I really have no regrets for not having taken the COVID vaccine; I see the people who have had a lot of secondary effects. I just want to tell the world to beware, and always listen to your little inner voice. If something is wrong, listen to it, because it's something. . . . Listen to yourself. Please just pray, pray, pray hard for my granddaughter, for her to be safe, to come home. That's the only thing I have to say.

Jean Dury
You are an extreme situation because we have been trying to be aware of what's been going on in Quebec since the beginning, since March 2020. I had heard that in certain circumstances, the DYP could knock on the door of a family who refused the vaccine. I've heard of that, but I've never heard anyone tell me that a child was taken because they were against a vaccine. You are the first; maybe there are others, but I personally try to be aware—

Josée Belleville
But unfortunately, we have so many parents who are struggling with the DYP—they are so afraid. It's again fear. You don't want to speak out. My daughter, she doesn't want to talk because she's afraid. I was there, too, five years ago when it happened. This is yet another form of manipulation. Then the number of mothers or grandmothers who wrote to me to tell me that it had happened to them too—it breaks my heart.

Finally, I am here as a voice, as a grandmother, saying that it has to stop. Because it's not just me, I'm not the only one in this; there are many like little Alice. You know, there are a lot of them and it's something that Quebeckers— I think they were saying that one in four families in Quebec was visited by the DYP. It's just that, somewhere, people still think so wrongly. That's another thing people think about: "Ah, your child went to the DYP, you must have been a bad mother." Again, the manipulation: "You weren't vaccinated, you're going to kill everyone."

Jean Dury
In any case, I can assure you that a search is easy to do at the DYP in Saguenay, to find out if there's a judgment from a judge of the Court of Quebec in Youth Matters who made a decision that said: "We removed a child to put him in a foster family because the parents did not want to be vaccinated." That can be verified because if that's what is written, if such a judgment is rendered—

Josée Belleville
They don't even want to see us. We asked to speak with them and they don't want to. I made complaints. I followed all the protocols. I lodged a complaint with the Users' Commission, I lodged a complaint with Citizen Protection, I lodged a complaint with the Youth Protection Rights Office, I went through all the procedures. I tried to call the mayor, I called the MP, I called the MPP, I contacted Jordan Peterson, I contacted the PPC, I told everyone on TikTok, I tried to ask for help, but it seems that because it's the DYP, oops. . . .

Jean Dury
Not easy. So thank you for your testimony, Ms. Belleville, which will not go unheeded, I can assure you.

[00:29:45]

Final Review and Approval: *Erin Thiessen, October 30, 2023.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 9: Dr. Denis Rancourt
Full Day 1 Timestamp: 09:59:00–11:10:37
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Chantale Collard
Good morning, Professor Denis Rancourt. For those of you who have just joined us, I'm Chantale Collard, a lawyer who is now a prosecutor for the Citizens Commission of Inquiry. Monsieur Rancourt, first of all, please identify yourself by first and last name.

Dr. Denis Rancourt
My name is Denis Rancourt.

Chantale Collard
All right, then. And I'll swear you in. Do you declare that you are telling the truth, the whole truth, and nothing but the truth? Say, "I do."

Dr. Denis Rancourt
Absolutely. I do.

Chantale Collard
Perfect. So Professor Denis Rancourt, I'll provide a brief description [Exhibit QU-1a]. If, however, you have anything to add, please feel free to do so. So Professor Denis Rancourt, you have a BSc, an MSc, a Diploma in Physics and a PhD in Physics from the University of Toronto. You were an international postdoctoral fellow at the Natural Sciences and Engineering Research Council of Canada (NSERC), working in scientific laboratories in France and the Netherlands. You went on to become an NSERC University Research Fellow in Canada and a full professor of physics at the University of Ottawa, where you were principal investigator and professor for 23 years. You were also an interdisciplinary research scientist, publishing over one hundred papers in peer-reviewed scientific journals in many different scientific fields. Since the very beginning of 2020, you have published over 30 reports on COVID-related issues, and much earlier even, on masks.

Today, we're going to focus on the results of your research. I believe you also have a PowerPoint presentation to make it easier for the audience to follow.

So first of all, can you tell us about the results of your research in relation to excess mortality during the COVID period, and subsequently, following COVID-19 injections?

Dr. Denis Rancourt
Yes, of course. I'm not going to show my slides just yet. I'm going to say a few words first. I'm going to tell you that if we'd done nothing—that is, if the government hadn't reacted at all; if there had been no talk of a pandemic; if there had been absolutely no reaction, either in institutions or hospitals or in terms of government action—there wouldn't have been any excess mortality anywhere. If we had done what we normally do, there would have been seasonal mortality as we're used to seeing for over a hundred years of taking detailed measures. Nothing would have happened. That's the conclusion I draw after three years of detailed study of mortality statistics, all causes combined.

Chantale Collard
Basically, you're going to talk about excess mortality in connection with the measures. So there have been excess deaths.

Dr. Denis Rancourt
Yes, of course.

Chantale Collard
But it was not due to COVID, but instead due to the measures, as I understand it.

Dr. Denis Rancourt
So what I'm doing is studying all-cause mortality statistics. This means that we count the dead, we count the presence of a person who dies, we know their age, we know the place where they died and we know the date on which they died. And we compile these statistics on the scale of a nation or a province or a region or a city, and so on. And it's this type of data that I analyze across several countries and around the world. We collect all the data we can, wherever we can, and analyze it. And on the basis of this analysis, which I've been doing in detail for a long time—and I can't explain it all to you because there are too many of them, and they're scientific reports of a hundred pages with lots of graphs, and so on—I've come to the following conclusion: The data prove that it couldn't have been mortality due to a transmissible respiratory disease.

[00:05:00]

It's inconsistent with a viral respiratory disease because a viral respiratory disease—and this includes what's known as COVID—when tested clinically, kills people with a risk that increases exponentially with age, with a doubling time of ten years. This is well known, as detailed studies show.

I'm not saying it's not true. I'm saying that if we accept that the virus kills in this way, well, the excess mortality that we measure in detail and quantify, for example in the United States, is not correlated with age at all. So if I show you—and I'm going to show you later—

the excess mortality in the United States, for example, by state; and I plot this mortality as a function of the number of people over 80 or the number of people over 65 or the median age of the state's population, there is no correlation. Which is strictly impossible if this excess mortality were due to a respiratory viral disease, period—and above all, COVID, where clinical studies have shown that the risk of death is exponential with age. So we can demonstrate that mortality is not due to the transmission of a viral respiratory disease. No doubt about it. And I'm going to show you other types of data which establish this, which are really striking: maps on a European scale, and so on. That's the first point.

Second point: The excess mortality we see, which occurs suddenly in mortality peaks following certain events, is directly associated and synchronous with measures taken by the government. So for example, at the very start of the pandemic, as soon as the pandemic was declared, there was a demonstrable spike in mortality as a result of treatment protocols in hospitals in the early months of the pandemic.

Chantale Collard
You are talking about March–April 2020. To situate us in time.

Dr. Denis Rancourt
Yes. So the pandemic was declared on March 11, 2020, and immediately from then on—I'll show you some graphs—there was a very large excess mortality in certain hotspots. And this is further proof that it wasn't a virus. It only happens in certain hotspots and is synchronous across the world wherever it occurs, which is strictly impossible for a virus that is spreading. It's strictly impossible. I also do modeling research. Epidemiological theory shows that the time between the "seed," as we call it, the first cases, and the rise in mortality, is a time that depends very much on the circumstances in the country, the cultural and institutional structure, and so on. It can't be synchronous everywhere in the world; it's strictly impossible if we accept what we know about the epidemiology of respiratory viral diseases. So there's plenty of evidence that excess mortality is associated with things we can see directly. I'm going to show you some very striking examples.

And finally, my other important conclusion is that vaccine deployment directly caused immediate excess mortality. As soon as you deploy a dose of vaccine, there's an excess mortality that can be measured and quantified. So we are, I think, the first research group to quantify this on the basis of all-cause mortality. And I'm going to tell you the result of this quantification; I'm going to show you the mortality risk per injection. And this risk increases exponentially with age. We're the first to demonstrate this, and I'll show you that we've proved it for several countries. And this means that we absolutely should not have given priority to vaccinating the oldest people. It's the opposite of what should be done. The basic presupposition of those who want to inject us is that the risk of side effects doesn't depend on age, it's simply a risk, whereas we've shown that the risk of mortality increases exponentially with age.

[00:10:00]

It's very, very significant, and rises to very high values per injection when it comes to the elderly.

So now that I've told you my conclusions after three years of research, I'm going to show you some graphs that illustrate these points. I've prepared some slides that we can put on the screen now. So there you have it. This is to show that my detailed scientific expertise is

in several fields that are relevant to the COVID study. For example, I'm an expert in environmental nanoparticles, nanoparticle synthesis, nanoparticle properties and nanoparticle characterization. This is very relevant because we say that viruses are nanoparticles, and these nanoparticles are the basis of vaccines. I'm an expert in molecular science, molecular reactions, theoretical and experimental molecular dynamics. I'm an expert in statistical analysis, error propagation, advanced Bayes-type statistical analysis. These are fields in which I have published scientific papers.

I'm an expert in theoretical modelling. I've modelled environmental phenomena and I'm now modelling epidemiology to show how classical epidemiology, as it's promoted, can't explain the phenomena we observe. So I'm an expert in modelling and I'm an expert in scientific measurement methods. So I've written articles to develop and advance techniques such as diffraction, different kinds of spectroscopy, magnetic measurements, measurements of all kinds, calorimetric, et cetera, and microscopy methods. And in my laboratory, I had an electron microscope, I had a nuclear spectrometer, I had these instruments; and I was the head of a laboratory that used these instruments to do detailed research on environmental substances, et cetera.

So all that to say that I have a lot of expertise that is directly relevant to these issues. I have a group; I work in collaboration with people I really like, including Christian Linard who joined us recently, and then there's Marine Baudin, Joseph Hickey, Jeremy Mercier, John Johnson, who is a professor at Harvard University with whom we recently wrote an article comparing the effect of lockdowns in the United States. So those are my collaborators. The articles I base my work on are on my website, denisrancourt.ca. There are more than 30 articles in this field; they're big reports and you can find them all. The vast majority of these articles have been translated into French. The translation is on the article page of my website, where you can find a link. I've prepared a book of evidence that's almost 900 pages long, containing 20 of the articles most relevant to the conclusions I'm drawing today, which I'm making available to you as evidence [Exhibit QU-1].

Chantale Collard
Also available on the web.

Dr. Denis Rancourt
I've also made this book of evidence available on the web, yes, but I want it to be tabled before this Commission too. So those are the conclusions I've already described. I'm sorry, the slides are in English. The fact that there was no pandemic, et cetera, I've already explained.

Here, I'll show you what all-cause mortality data can look like. Here we see mortality by month in the United States from the year 2000 until recently, and we can follow the seasonal variations of this mortality. We can see that there's a dip in February, and that's simply because there are 28 days in February. There are fewer days, so there's less mortality. You can spot the Februarys here. This is to show you what it looks like when we do mortality by month for an entire nation like the United States. And you can see that the last group, in this sort of mauve, is mortality during the COVID period.

[00:15:00]

So from the moment a pandemic was declared, mortality was much higher in the United States. And the mortality has a structure—has peaks—that is completely unusual.

Normally, you can't have peaks of mortality in the summer in a country in the northern hemisphere, but there were in the United States during the COVID period. We've explained and shown that this is only true in poor states, where there are lots of poor people, where people were killed in the summer, and we try to explain this in our articles. But that's to show how mortality appears. And the black dots are the sum of all mortality over a period such as the COVID period versus the period just before that, but of the same duration, versus the period just before that of the same duration. So we can see the black spots: it's the total mortality for a period that would be equivalent to the COVID period. We can see that there's a big jump in mortality in the United States when we enter the COVID period. This is a very precise quantification of total mortality over the COVID period.

Chantale Collard
Professor Rancourt, I know you're going to give us a very elaborate answer, but in general, the arguments one might say we hear are: "The population is aging, maybe that's why it happened." I hope you'll respond to that.

Dr. Denis Rancourt
There isn't a sudden spike in the number of elderly people who will die during the COVID period. There isn't a bulge in the elderly population that, as time progresses, reaches the age at which they're going to die, and then die suddenly. So the effect of age, for example, the aging of the population, will cause a gradual increase in this integral, this total mortality. But when there are sudden jumps, it can't be, for example, the baby boomers or things like that. It has to be a sudden event that happens in the population when you do this kind of study.

Now, this is just to give you a sense of what all-cause mortality looks like. This is the same mortality for the United States, but seen by week and where the same integral is used. Here, the black dots have the same meaning, but here, we see in greater detail the mortality per week and we see the peaks I was talking about, which are very abnormal, and which I'll describe in a few moments. And you should also know that this relatively gigantic mortality in the United States corresponds to 1.3 million deaths that would not have occurred had we not done everything we did during the COVID period: in the United States, 1.3 million more deaths!

Well, in Canada, there was almost none. The excess mortality during the COVID period in Canada is so small that it's almost impossible to measure. We've quantified it and I'll show you in a moment: it's very small, and much smaller in proportion to the population. It's not because there are fewer people. And so we would have to conclude that the virus refused to cross the border between the United States and Canada, which is completely absurd if we want to believe that it's due to a virus.

This is further proof that it's not a respiratory disease: because the border is several thousand kilometers long, with constant economic exchanges. It's strictly impossible for there to have been a virus in the United States that killed 1.3 million people and virtually nothing in Canada. It's strictly impossible in the context of respiratory viral disease theories.

So for the United States, there was this excess mortality, and it can be calculated on the scale of the 50 states of the United States. This is a graph of excess mortality in *y* for the entire COVID period as a function of the percentage of the U.S. population living in poverty. And here, we see that there's a correlation: in science, we say that it's a very strong

correlation. There's a coefficient called "the Pearson correlation coefficient," which has a value of +0.86. A strong correlation like that is unheard of.

[00:20:00]

And it's not just a correlation, it's a proportionality. That is, those who are used to looking at graphs like this will notice that it passes through the origin, meaning that in a state where nobody lived in poverty, nobody would have died due to the measures that were involved. And so this is another demonstration that it can't be a respiratory viral disease. Respiratory viruses don't attack poor people. They attack people who are old, vulnerable and have comorbidities, and that's how they cause death. They don't choose to kill people who are poor.

Chantale Collard
By the way, I'm sure you'll be talking about the African continent, if we are considering poor people.

Dr. Denis Rancourt
That would be another topic, but not right now. So poverty has a very strong correlation in the United States with this excess death, as well as the number of people who are "disabled," who are not functional due to severe mental illness. In the United States, there are 13 million people suffering from severe mental illness to the point where they can't function in society on their own, and who have to be cared for by various institutions, and who are heavily medicated. So we have a correlation graph with the number of people per state in this condition, and there's a very strong correlation there too. So the correlations we find between excess mortality and societal factors are: poverty, the number of people in this type of extreme misery—mental illness, et cetera—and average family income. If you make more than a $130,000 a year per family in the United States, you don't die from COVID, period, according to the statistics we've studied.

So I'm not showing all these graphs but I just wanted to show this one, which speaks directly about poverty. So in the United States, there are a lot of people living in poverty and misery, I would say, caused by a medical system that gives psychiatric drugs to a lot of people on a large scale. There are many, many people who are in this misery, who are in very poor health, and that's why there's a very high mortality rate in the United States and almost none in Canada. This is the excess mortality for the ten most populous states in the U.S. by age group. So you see, age groups 0- to 24-years, 25- to 44-years, and so on.

And here we show the excess mortality expressed as a percentage of what the mortality would normally be. This is the period before we started vaccinating, so, this is the COVID period but before the vaccine was deployed. We can see that, even in that period, excess deaths by age group were of the order of 20, 30, 40 per cent in excess of normal mortality in those ten states, to give an example. And then, in the period when we started vaccinating, the same graph looks like this: we see that for the youngest, it goes up to 60 per cent for the 25- to 44-age group. So we see a change in the structure by age group when we start vaccinating people in the United States. It's very measurable.

Chantale Collard
So this is the first dose.

Dr. Denis Rancourt
Here, we're including mortality over the entire period from vaccine deployment to the final days of this study. So we were still vaccinating. This is the result.

But what's surprising is that we've just explained the United States, but now we're going to look at Canada. And what we see in Canada is the light blue curve. The light blue curve shows all-cause mortality per week in Canada from around 2010 to the present, essentially. You can see that there's virtually no change.

[00:25:00]

We're entering the COVID period and there's not really a big change. And what I've highlighted in red, and this will surprise you, is what the Canadian government is telling us, what Theresa Tam wrote in a scientific article: she said that if the government hadn't done everything they did—the vaccines, the masks, the distancing, the lockdowns—then there would have been about a million more deaths in Canada. This graph shows the absurdity told to us by Theresa Tam and her co-authors. They claim that if nothing had been done, the mortality rate would have been this high. And the mortality you see on the screen, because the scale starts at zero in *y*, is an absurd mortality. There hasn't been a world war, there hasn't been an earthquake on a time scale that could be normalized, there hasn't been any known phenomenon in history since these data were first measured that could produce such a high mortality.

Chantale Collard
Purely hypothetical.

Dr. Denis Rancourt
And Theresa Tam claims that, because of these measures, this great mortality we would have had is down to the level that is exactly what it would have been had we done nothing. In other words, they didn't bring it down to half, they didn't bring it down by 90 per cent to get to ten per cent. No, they lowered it to a level as if there hadn't been a particularly virulent pathogen. We're in this absurd situation. It's what they're telling us, what they want us to believe. And for a scientist like me, it is the realm of the absurd.

Here I'm taking the data for Canada and putting it on a scale where we look at it in a little more detail. And now, I'm doing this integral for a year-cycle; so I'm going from one summer to another to capture the mortality that tends to be higher in winter, to show the extent of the small increase that is nevertheless seen in integrated mortality for Canada when we get into the COVID period, and in the cycle after that too. So there is a small increase that we can quantify. On a larger scale, we can still see this small increase. And in Canada, we can also compare all-cause mortality with vaccine deployment. So in Canada, we can see that there's a peak at a time in the seasonal mortality cycle when there shouldn't be a peak, which coincides with the start of deployment of the first doses. And then, when the third dose takes place, that is, when there's an acceleration in the cumulative number of administered doses, we see a peak in the winter of 2022 that's much greater than all the other peaks on this graph. So we're really seeing correlations in Canada of vaccination affecting mortality. We've analyzed this in more detail, but it's just to give you an idea of what we're doing.

This is an enlargement of what we've just seen: the correlation between mortality and vaccine deployment. The peak I've marked as *C* is a very strong peak in Ontario, especially

for people aged between 50 and 65, and it's exactly when vaccines were deployed in this age group. The peak referred to as *D* is a very thin peak due to a heat wave that took place in British Columbia at exactly that time. It's well known that heat waves cause very thin peaks that last little more than a week. So we can analyze each of these mortality peaks. But the peak I'd like to illustrate in greater detail now, and you'll be really struck by the result, is the peak I call Peak *A*: because the arrow pointing upwards, that's the date on which the pandemic was announced, and immediately afterwards, there was this huge rise in mortality. So I want to analyze it and show you what this peak looks like. And I'm going to show you that there was such a peak, which was very, very strong in certain states of the United States, especially in New York.

[00:30:00]

So here we see this very, very strong peak. Here I have all-cause mortality per week for the states of Connecticut, Maryland, Massachusetts, New Jersey, and New York all combined. And you can see that seasonal mortality, when normalized by population, is always about the same, but this peak is very different from state to state. There were 30 states in the United States that didn't have this peak. So it's a virus that was attacking just some states, and very strongly.

The same peak occurred at the same time on the other side of the world, in Europe. And so here we see the same peak taking place in Lombardy in Italy, similar places in Spain, and so on. There's also one in France. There are hotspots like this, where very thin peaks in mortality occur immediately after the pandemic is announced. And so when I wrote my first article about this peak, in June 2020, I said: "This is not a viral respiratory disease pandemic. It's not possible for something like this to be caused by a virus. It must be caused by what you're doing in the big hospitals in those jurisdictions." And so, we're going to look at what's happening on maps, what's happened in Europe with this peak, and you're going to be amazed.

So I've got a map here, just to remind you where the European countries are. I've also marked in blue certain borders that I want you to look at—because these are borders that the virus has absolutely refused to cross. So from Portugal to Spain, it was impossible for the virus to cross; from Spain to the south of France, it was impossible; Germany was protected in its entirety and the virus didn't penetrate Germany at all; the north of Italy was hit hard but it didn't spread further north, and so on. Just like that, there were hot spots. In Sweden, there was a hot spot in Stockholm that never spread. So they killed a lot of people during the first two months of the declared pandemic, which didn't spread. So that's to show you where to look on the maps I'm going to show you.

So here it is. This is the first map: excess mortality in Europe for January 2020. And you see, the map is white because there's virtually no excess mortality, everything's normal. Everything is normal this January 2020 compared to all other Januarys in the past. If we extrapolate the historical trend, it's the same mortality we've always seen. And now I'm going to February: same thing, no excess mortality for February 2020 in Europe. And here's the mortality for March, the month in which the pandemic was announced. As you can see, the boundaries I pointed out have been respected. The mortality supposedly due to the virus has not crossed into Germany. Germany is a jurisdiction with a very low mortality rate, and you can see that the borders have not been crossed. And if I go another month, to April, we're still in that early mortality peak and it's still pretty much the same places; and the borders are respected, the virus isn't crossing. And then, in May, it's over. It's a very thin peak that ends in May and in June, there's none.

So this famous peak in the first few months of the pandemic did occur in Quebec, the province with the strongest early peak, and it occurred in hot spots. We were able to go to the regional level in France and identified counties where there were large hospitals where people died. So this mortality cannot be due to a virus. We think it's due to what was done in the hospitals. Mechanical respirators in hospitals were very important because in Lombardy, Italy, they invented a way of putting two patients on one respirator machine. They were very proud of this: "We're going to save everyone; we're putting them all on respirators." This partly explains the very high mortality rate in Italy at the time.

[00:35:00]

I'm going to shock some people in the audience a little. But hydroxychloroquine, HCQ, is a very interesting molecule with beneficial effects but with a therapeutic window that is very well defined and relatively narrow. And when you go beyond a certain dose, it becomes lethal. And at the start of the pandemic—because a lot of researchers like Didier Raoult said, "Look, it's useful"—well, people who didn't know how to use it in hospitals in the territories used it a lot, but in a less supervised way, I think, than what happened in Marseille. There is a correlation between a peak in the use of hydroxychloroquine and this high mortality. And this peak can be seen in European countries where there are these mortality hotspots.

Chantale Collard
The places related to hydroxychloroquine are where the protocol had not been followed.

Dr. Denis Rancourt
Exactly, it happened where a protocol had been invented which was way too high by dosage and it certainly poisoned a lot of people. So there's this correlation. A German researcher, Dr. Claus Köhnlein, was one of the first to suggest that: "Look, in Germany, we didn't do that and there were no deaths. Wherever two grams or more has been used, there have been many deaths." He had suggested this, and so we went into the statistics to see if there were any peaks in the prescription of these molecules. In fact, we're in the process of identifying many molecules used in aggressive treatments at the start—because everyone was in a panic and so on—which are correlated with this high mortality.

And the final theme of my presentation is the high toxicity of vaccines in terms of actual mortality. So I'm going to talk about that. I'll start by saying that there can be no doubt that vaccines are killers. Vaccines can kill people, can cause death. There are many lines of evidence. There are very detailed autopsy studies that demonstrate this and I quote from those studies. There are adverse event monitoring systems that show spikes in adverse events, including death, at the very beginning immediately after vaccination, and then up to two months later. The statistics show this very clearly and we've written an article on the subject. There is a study that was done in the United States by Mark Skidmore which showed that, on the basis of scientific survey questions in the United States, he had calculated 300,000 deaths due to the vaccine in the United States. We quantified the figure using our own methods and came up with the same figure. So that would mean that in the United States, there were 1.3 million excess deaths; and in that figure, there are more than 300,000 people whose deaths were caused by vaccines.

So that is one line of evidence. There are plenty of articles on pathologies that are induced by vaccines and there are more than 1,250 articles in scientific journals that speak about the damage that can be caused by vaccines. So I think, when you look at all of this, you have

to conclude that it's possible that the vaccine could kill people. Our task is to quantify that. How often does it kill people? And so that's the autopsy studies. Now, we're going to see if we can use mortality to quantify the risk of dying from the vaccine.

So the first article we wrote was on India because in India, it's very difficult to get good data on all-cause mortality. Some researchers had published data but hadn't noticed that there was a peak—but a huge one!—of mortality in India which, coincidentally, was exactly when they deployed the vaccine in India. All right? So in India, we were able to quantify that the vaccine definitely killed 3.7 million people. There was no excess mortality in India until they deployed the vaccine. There was no COVID in India; the data are clear, there was no excess mortality. And in India, they had what they called a "vaccine festival".

[00:40:00]

The Prime Minister said, "Go vaccinate the most vulnerable people." They made a list of 12 comorbidities and said, "Go get these people and vaccinate them." Essentially, they encouraged people to vaccinate the oldest, most vulnerable people; and in a very short space of time, they killed 3.7 million people in India with their vaccine. We wrote a whole article about it.

Here, the graph shows Australia. We chose to study Australia because it's another country where nothing happened in terms of excess mortality until the vaccine was deployed. They don't say that in the media. There is no excess mortality in Australia except when the vaccine is deployed. And so, we enlarge this for Australia and you see the seasonal mortality and you see the deployment of the vaccine: you see that we're entering a higher degree of mortality. You can see that there's a peak. You'll notice that in Australia, because they're in the southern hemisphere, seasonal peaks in mortality occur during our summer, which is their winter. So it's reversed. And then, during their summer, which is our winter, there's a peak in mortality right in the middle, which you see here, which is very large, coinciding with the third dose of the vaccine, deployed very rapidly at that time. Without any doubt. Here, I have a graph showing the deployment of the vaccine, the number of doses administered per week, in black, compared with the peak in mortality at a place which holds the historical record for mortality in Australia, but where there has never been an excess of mortality or a peak in mortality—never in history.

And in Australia, people don't die from a heat wave; it's not due to a heat wave. I've traced all the heat waves in Australia and I've found that the most intense one caused a very small peak because in Australia, they're used to being hot. So this spike is definitely due to the vaccine and it's happening in every state in Australia. We can go through the states here: Victoria, New South Wales, Queensland, et cetera. So we have very clear data where we have mortality. There was no excess mortality until we deployed. When we deploy, we have a new scale of high mortality; and when we bring in yet another dose, we have a spike on top of that. So we can use this data to quantify how many people died per dose of vaccine administered. That's what we're going to do.

And so this is to show that it's not just in Australia. This is Mississippi in the United States. You'll notice that in Mississippi, there's a huge peak in mortality—again in the middle of summer, that is, our summer, when there shouldn't be any mortality in the seasonal cycle. Well, there is a huge peak, and it coincides with an acceleration in vaccination. But it's not just any acceleration: it's what was called in the United States "the vaccine equity campaign." So "vaccine equity" was a vaccination campaign paid for by very influential financiers who spent tens and tens of thousands to hire lots of people to go and vaccinate vulnerable people who hadn't yet been vaccinated. They caused this spike in mortality, but

only in the poor states of the USA. People died in this vaccine equity campaign in states where there was a lot of fragility and a lot of poverty. So we spotted this peak, which coincided with an acceleration in vaccination due to the vaccine equity campaign in all the poor states of the United States. And that's a phenomenon that has to be attributed to the vaccine.

And here again, we can quantify what this represents in terms of mortality. The mortality that took place in the poor states of the United States at that time has an equivalent risk to the mortality that took place in India, which killed 3.7 million people. This is the same risk of mortality in the poor states of the USA as in India. Here we see Michigan, a state in the north of the United States. In Michigan, there is an excess peak that occurs at the beginning, when the first doses of vaccine are deployed—a completely abnormal peak that is very similar to the same peak that occurred in Ontario.

[00:45:00]

So this is to show another example where the deployment caused sudden large mortality in an unexpected place.

So to sum up the question of vaccines, we—and we were the first to do so—wanted to quantify the risk of mortality due to the vaccine by age of the person receiving the vaccine. But to do this, we need to find data in the jurisdiction in question where they give us mortality by age group as a function of time, and also, vaccination for that same age group as a function of time. And when we find jurisdictions where we can find these data, we can make the calculation shown here.

So Israel and Australia have very good data, and that enabled us to make this graph. So this graph represents the risk of mortality per injection. It's what we call the "vaccine dose fatality rate" as a percentage, as a function of a person's age. We can see that there's an exponential rise for older people, and we can see that the mortality risk reaches almost one per cent on this graph. This means that one dose in a hundred will kill a person of that age when injected—one dose in a hundred! That's enormous. So we were able to prove this for the first time. We're the first to have done this quantification.

Here, I'm showing on an enlarged scale what's happening to young people. We can see that young people have also been killed by vaccines, the younger age groups, and that this mortality risk is higher than the exponential curve deduced for other ages. So young people have a mortality rate that is independent of age and higher than the exponential trend found for other ages. For those who are more used to looking at this type of graph, I've put the same data in semi-log and you can really see the exponential trend, the straight line. We can see, for young people, that we're deviating significantly and that we're remaining constant in the mortality risk. So there they are, the young people affected by the vaccine: that's where we see them.

Finally, this is just to show what the data in Israel typically looks like. In black is the deployment of any given vaccine dose and in purple is all-cause mortality. We can see that when the vaccine is initiated, there is a mortality peak that is larger than the vaccination peak. When another vaccine is introduced, there's another mortality peak and so on. But as the doses progress, mortality per injection is higher. And so there are a lot of curves like this for different age groups in Israel. That is the 80-year-olds and over, 70- to 79-year-olds. It's just to show the shape of the type of data we're analyzing. In the end, this enabled us to produce a summary graph showing the risk of death by injection as a function of age, but for the different doses received. So we can see that the first doses are not as lethal as the

next ones and those after. Doses three and four are particularly lethal; and we can see that for the elderly, the higher the dose, the greater the risk.

Chantale Collard
And here, you have effectively stopped at four doses but there are others who have gone up to six or seven.

Dr. Denis Rancourt
At the time we wrote this article, that's the data we had.

Chantale Collard
It can be inferred that—

Dr. Denis Rancourt
Ah yes, our studies continue in all directions. Many countries are now being studied. I will conclude with this last slide. To date, India, Australia, Canada, Chile, Germany, Israel, New Zealand, and the United States have been studied in detail. Many of these results have not yet been published but we are just about to publish them. The average risk of death following vaccination in Western countries, all ages combined, ranges from 0.05 per cent to—in the case of advanced doses—as much as three per cent for the most elderly.

[00:50:00]

That's the kind of mortality risk you find. And when you use average values for all ages, you can calculate how many people would have died from the vaccine. So on a global scale, it's 13 million people. In India, as we've demonstrated in detail, it's 3.7 million people. In the United States, we've calculated—and we're quite confident of this calculation—that 330,000 people would have died as a result of the vaccine. In Canada, we're currently estimating and we're in the process of refining our error calculation, et cetera. It's more difficult in Canada because there's less mortality, but we think that around 30,000 people have died from the vaccine. These are mostly very old people. We have the excuse of not thinking about the vaccine because we expect them to be frail and elderly. So it's easy, perhaps, not to talk about it. These are deaths that are less visible, but which are nonetheless due to the fact that these people were vaccinated. And so vaccine-induced mortality is much higher than governments are prepared to admit.

Well, that concludes my presentation.

Chantale Collard
Professor Rancourt, I may have one last question. In fact, you have autopsy results. But on the other hand, we can see that the capacity to have autopsies conducted was rather hindered; people weren't able to go that far. So what can we infer from the autopsy results?

Dr. Denis Rancourt
I'm not a pathologist; I'm not the person who does autopsies. I'm in contact with the researchers who do the autopsies. I talk to them and I look at their results and I ask for their help in interpreting what they see under the microscope and the tests they do, et

cetera. But I know that, yes, we didn't do as many autopsies as we should have; we should have done a lot more. But there are dozens and dozens of papers reporting very detailed autopsies which conclude that death was due to the vaccine—and more and more are coming out. So it's typically family members looking for someone to do the autopsy. There's a great German doctor who's done several for family members and these data are starting to come in. Every month, there are new articles reporting autopsies.

Chantale Collard
They'll keep coming out. And at the very beginning you answered the question we're asking here for the benefit of the National Citizens Inquiry: So what could have been done differently? You answered, "We shouldn't have done anything."

Dr. Denis Rancourt
Exactly. What we had to do differently was to do nothing. If we hadn't invented this pandemic— I mean, sure, there are always pathogens present; sure, there's a whole ecology of pathogens; sure, people get sick and get better all the time, that's not the question. The question is: Has there been excess mortality due to a particularly virulent pathogen? And my answer is: absolutely not.

And one thing I haven't said is that in the United States, where there have been so many deaths, the CDC admits that, of the deaths they attribute to COVID, more than half of these people also had bacterial pneumonia, which is noted on the death certificate, in a country where they stopped prescribing antibiotics, okay? You need to know that in Western countries, antibiotic prescriptions dropped by 50 per cent during the COVID period and it's stayed that way. I would argue that this is certainly not an accident. There have been suggestions from agencies to stop prescribing antibiotics; and so the poor people who have died in the United States are also the same populations who are normally prescribed a lot of antibiotics because they have a high susceptibility to suffering from bacterial lung infections. And so this same population that— Normally, when you look at a map of the antibiotic prescriptions in the United States, it's red in the poor southern states. Well, we stopped prescribing antibiotics to these same people. They had bacterial pneumonia, and it's largely this population in the United States that has died.

[00:55:00]

So in terms of mechanisms, we've been able to identify this in our articles.

Chantale Collard
Professor Rancourt, I will let the commissioners ask you questions, if they have any.

Commissioner Massie
Thank you very much, Professor Rancourt, for your brilliant presentation, which is rather frighteningly dense. Fortunately, I had read a little of it beforehand, which helps, but I still have several questions. I'll start with the last one so as not to forget it. When you extrapolate the deaths due to vaccination in Canada, you're estimating, on the basis of averages that have yet to be refined, around 30,000. I note that in the United States, you estimated around 330,000?

Dr. Denis Rancourt
Yes, our estimate for the United States is more refined and better. So from one country to another, the error in this estimate may be greater or lesser. For India, we're absolutely certain of 3.7 million. In Australia and Israel, we know in such detail that we can talk as a function of age and of dose. So there's a great deal of certainty there. But what's astonishing is that, when you go from one country to another—and now we've done a lot of countries, I'd say over 50—you always find the same risk per injection, more or less; we're always in the same range. And when you take particular peaks, if you don't just take the vaccination period, but if you take peaks and associate that with doses given at the time, you still get the same mortality risk. Do you see what I mean?

Commissioner Massie
Yes.

Dr. Denis Rancourt
So we're very confident that's a robust number.

Commissioner Massie
My question was that you had presented earlier that the excess mortality, all causes combined before vaccination— Well, when we looked at the measures that had been deployed before vaccination, what we observed in the United States compared to Canada was that the difference was not proportional to the population. And here, you put forward the idea that, in fact, the population or the proportion of poor and vulnerable people in the United States being much greater, it's probably these target populations that have suffered more. And I thought I understood from your presentation that the more vulnerable people are also going to be the same people who are going to suffer more from vaccine injuries in any case—are likely to die from vaccination. And here, the ratio seems in any case to be within the margin of about one in ten, which corresponds to the proportion.

Dr. Denis Rancourt
Yes. I'd say, at this stage, looking at the data and all that: I gave 30,000 to give an idea for Canada. But in our final analysis, there's going to be a margin of error, and it's going to fall, I'd say, between 10,000 and 35,000. It's going to be in that range. So there's a lot of uncertainty about the estimate for Canada because we're still in the early stages of analyzing the data, but it was to give an idea for the Canadian audience.

But, you see, when we went looking for the vulnerable in the United States with the vaccine equity campaign, the injection mortality rate was as high as in India. So we were in the one per cent range in those age groups, which aren't even the oldest. But when we look at Australia and Israel for all ages, we find exactly the same figure—0.05 per cent—and our first estimate for Canada is still in the same ballpark. So I tend to use that figure to make this calculation, and that's the figure I used for the United States, so I used the same proportion.

Commissioner Massie
My other question is that an all-cause analysis requires fairly precise figures on fairly large populations if we want to arrive at estimates. For example, in the case of vaccine-related deaths, there was at one point an episode in Quebec when the government wanted to

launch vaccination campaigns in senior citizens' residences in a rather, I'd say, sustained manner. And there were even articles about it in *La Presse*.

[01:00:00]

I saw a scientific article published almost a year later that recounted this episode and mentioned that they had slowed the pace a little because they found it was particularly aggressive. Can we do any studies on this, given the population and the event or incidence that happened?

Dr. Denis Rancourt
With the methods I use, all-cause mortality, I can't quantify these things, but these are cases of specific institutions and we can get precise figures. And there are European countries that have noticed the same thing and have issued warnings not to vaccinate the elderly without a thorough clinical analysis. So they went too far at first in several countries, but we can see from what they said publicly that they then made adjustments. Some countries have noticed that the risk increases exponentially with age. They've noticed it; they've seen the consequences of vaccination in the elderly, there's no doubt about it; we can see it in these governments' communications.

Commissioner Massie
Finally, my other question concerns certain environmental factors. I'm sure that your studies have tried to make other correlations apart from those you've shown—and in particular, when we look at the period in which we deploy, for example, the second or third or fourth dose. Given that we know from studies carried out by people involved in vaccination that it is contraindicated to administer a vaccine to a person who is infected or who has just been infected, so as not to cause overstimulation, when we see the increases in toxicity as a function of dose, isn't there a part of this that could be explained by the fact that we know that the Omicron wave was particularly abundant, according to the studies we've seen? Wouldn't vaccinating a third or fourth dose at that point increase the problem?

Dr. Denis Rancourt
Here, we cross into the realm of immunology theory. So I've made a conscious effort to avoid venturing into that territory. I've always adhered to all-cause mortality data, to the mathematical correlations I can establish, and to a calculation of error in making this statistical analysis. And I've refused to go into that territory, to talk about the mechanisms, what could cause it. But, for example, when I find that more advanced doses are more lethal, we have to be careful because often, it's in jurisdictions where advanced doses have been more directed at the elderly. So when we don't distinguish by age group, we can, in the all-ages data, be wrong in a certain sense. It may appear that the dose is more lethal, but in fact, this is because more vulnerable people have been vaccinated.

And so when the data allow it, I can discern things. When I can't, I have to admit that it's a possibility. But I understand your question and to answer it, I'd need to have data on the level of infection of people who are injected, and I'd have to believe that these data are reliable. And so, as I'm not ready to have data by age groups at the level of the jurisdictions I'm interested in, and as I have absolutely no confidence in the assessments as to whether the person is infected or not, because we're in the dark—are we talking about symptoms, which symptom, et cetera? Are we talking about PCR tests? That doesn't mean anything. So my approach was: "I don't want to know anything about all that."

I mean, when they announced the pandemic, you'd see people lying dead in China, then you'd see people falling down, and they'd say the same thing: "The hospitals are full." But personally, the first thing I did was to go outside, then I looked to see if there were any dead people in the street and I didn't see any. Okay? And in other words, what I did was I immediately went and looked for all-cause mortality data to see if there was any increased mortality. And there wasn't!

[01:05:00]

There were just hot spots with peaks, like in Quebec, New York, London, Paris, and northern Italy. That's what there was, but there was nothing elsewhere. In a study we did with John Johnson of Harvard, we compared states in the U.S. that were next to each other, that shared a border, that were very similar. One state did a lockdown and the other didn't, and we found 12 pairs of states that we could compare directly like that. And we systematically found that the state that imposed a lockdown had a much higher all-cause mortality than the other.

And so all this to say that there was no excess mortality where we didn't attack people and we didn't kill people in hospital at the beginning and we didn't do the lockdowns later. There weren't any. That was the response I got to the suggestion that people were going to die everywhere, et cetera.

All-cause mortality is very powerful. I can look at mortality in Chile and tell you what day there was an earthquake. I can tell you what day there was a heat wave in northern latitude countries. I can tell you about the aging of the population, I can tell you about the wars that have happened. Do you know, I studied all-cause mortality in detail, and I looked for the pandemics that were announced by the CDC to see if I could find the number of deaths they said had occurred: Will I see them in all-cause mortality? I couldn't find them.

None of the modern pandemics since World War II has produced a signal that can be detected in all-cause mortality. I'm not talking about COVID; I'm talking about the pandemics that have been announced since the Second World War. There haven't been any. As far as I'm concerned, there's no excess mortality. So what are we talking about? Why are we making such a fuss and showing people how to blow their noses and telling them to wear masks and do tests, when on the scale of a country like the United States and in all the countries we can study, these pandemics have not caused excess mortality. What are we talking about? While on the other hand there are real phenomena that cause mortality: war in particular. You can see the Dust Bowl in the United States in the 1930s, economic crashes: you immediately see the mortality. There are major social phenomena and structural changes that cause mortality. And I say that what happened during COVID was exactly this kind of attack on the population, as if there had been a meltdown in the economy. The population was affected in the same way; and in the United States, that's what caused the deaths.

Commissioner Massie
I'd like to ask you, given the power of this approach: How many people are there who have the capacity to carry out analyses like you do and like Pierre Chaillot does, who recognize that it should be a practice that should be widespread in all governments so that we can precisely understand the phenomena we face? Is there a desire to move towards this kind of analysis or do we prefer, for the time being, not to practise it?

Dr. Denis Rancourt
Statistics Canada does analyses of mortality, birth rates and all that sort of thing. There are many experts who do this. There is no lack of technical knowledge to do so. What's lacking is the motivation to really be honest and report what we see, what the data want to tell us. Mortality is very simple to understand. Once you get used to it and you can spot the kind of things that can cause mortality, you get used to it very quickly.

But you know, since I started working in all-cause mortality, my biggest job and my biggest frustration has been trying to get my scientific colleagues to understand that we have to look at all-cause mortality and stop talking in circles about all kinds of things and start by seeing if people are dying. Who's dying, where are they dying, and why are they dying? And let's leave aside all the theories and all that.

Personally, I get frustrated with my colleagues because I'm in several discussion groups with researchers and I've had all the trouble in the world getting them to understand. It took me three years, and now they're starting to understand. They say, "Okay, so we're going to analyze all-cause mortality; Denis, could you do it?"

[01:10:00]

Well, that's where we're at. But, you know, the education system is very faulty. We train very specialized people and we don't place any importance on clear, robust, direct thinking.

So the scientific researcher wants to apply his theories and his way of seeing things to his field but doesn't ask himself the question: What would be the best way to tackle this problem? Which expert should be called in? What do I need to learn to understand this phenomenon? They don't ask themselves that question. Instead, they ask themselves: How am I going to apply the theory I've learned to say something about this phenomenon? And that's a big problem in our society. There's a shortage of thinkers.

Commissioner Massie
I will ask my colleagues: Ken, you have any questions you want to ask? Anyone else? Okay. I have more, but we will move on.

Chantale Collard
Professor Denis Rancourt, thank you. Your testimony is truly invaluable. You're talking about major issues; you're talking about all-cause mortality as much as post-vaccination mortality. And let's hope that your research will be widely disseminated. Thank you.

Dr. Denis Rancourt
Thank you.

[01:11:37]

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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

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 10: Christian Leray
Full Day 1 Timestamp: 11:11:33–12:00:55
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Jean Dury
So good evening, Monsieur Leray.

Christian Leray
Good evening.

Jean Dury
We'll start, if you don't mind, by swearing you in. Do you solemnly swear to tell the truth, the whole truth, and nothing but the truth. Say, "I swear."

Christian Leray
I swear.

Jean Dury
Thank you. So without further ado, for the benefit of this commission, could you tell us a little about your curriculum vitae?

Christian Leray
Yes, I'm a graduate of a business school in France. The accent gives me away, I'm of French origin. I arrived in Canada and Quebec in 2000. I was an exchange student finishing with a Master's degree in Communications at UQAM [Université du Québec à Montréal]. So there you have it: I'm a double graduate, in fact, in management and communications.

To sum up quickly, I could say that I wrote a book on content analysis—so media analysis so to speak, in 2008, which was published by PUQ, the Presses de l'Université du Québec. Because I was also working at the Laboratoire d'analyse de presse de l'UQAM [l'Université

du Québec a Montréal] at the same time, which I directed for a few years. This makes me a media analysis specialist in a way.

And I also contributed to the book, *Crise Sanitaire et régime sanitariste,* which was published in 2022, I believe, and was a bit of an assessment of COVID in Quebec; what had happened. I wrote a chapter on the vaccine passport. And since 2009, I've been self-employed, which allows me to be independent. I'd like to make it clear right away that I have no conflicts of interest and that I can speak freely.

Jean Dury
So without further ado, let's address the three parts that are going to be interesting this evening. We'll start with the authorities' lack of transparency. What do you have to say on this subject?

Christian Leray
So if you like, I've even got a PowerPoint I could share. Otherwise, I can get straight to it. First of all, there's definitely a huge transparency problem in Quebec. I'm really interested in Quebec.

By the way, I forgot to mention that I'm a member of Réinfo Covid Québec, which has now become Réinfo Québec. It's a collective that was created in July 2021; and for this collective, I did a lot of work on data in Quebec. In fact, I was behind the dashboard we published every week, which included data published by health authorities.

As a first assessment, we can mention that there is an incredible lack of transparency on the part of the authorities. We can take several examples: the first, for example, is data as a function of comorbidities. So what are comorbidities? They are the serious illnesses that people can have, for example: cancers, heart problems, diabetes, and so on.

So the INSPQ [Institut national de santé publique du Québec] put together a very interesting table up to May 2022, I believe, showing deaths according to comorbidity and also age. What this table showed was that people with at least two comorbidities accounted for 92 per cent of COVID deaths. It also showed that if we added people with just one comorbidity, the figure rose to over 97 per cent. So in fact, we could see that COVID was not a dangerous disease for the vast majority of the population. Only those at risk—that is, those with comorbidities—were really at risk of death.

There was another factor we knew about and that was age. We could really see that the people at risk were those over 70, not to mention 80 and 90. So in fact, this was a very specific category of the population, one that could have been protected. This completely contradicted the idea that the virus was a new plague and that, in the end, everyone had to be confined.

[00:05:00]

So this data was really disturbing. And the INSPQ stopped publishing it as of May 2022 because it was becoming untenable.

Other data were also gradually withdrawn: I'm thinking, for example, of data on cases and hospitalizations according to vaccination status. So in fact, from July 2021, Santé Québec [Quebec Health] wanted to show that vaccination was working. To do this, they started

publishing data on people who had a positive PCR test and were hospitalized for COVID according to vaccination status. So on the one hand, we had the people who were vaccinated—and we could see the number of people who had a positive PCR test or who were hospitalized—versus the unvaccinated, about whom we saw the same information. As I'll show in the next section, this data became disturbing and was simply withdrawn as of July 2022.

Even more important than cases and hospitalizations, of course, are deaths by vaccination status. And this is even worse because it has simply never been shared. This data has never been made public by the authorities. Why? We have to ask ourselves why—because if the vaccine is effective, why not put up a comparison showing people's deaths according to whether they've had one dose, two doses, or no dose at all? So there's no way of knowing; it's hidden from the public.

And finally, the last and perhaps most important point is the data on all-cause mortality according to vaccination status. These data should obviously be made available, as we discussed earlier. Monsieur Rancourt and Monsieur Chaillot talked about it. I made an Access to Information request to obtain these data and Santé Québec replied that it didn't exist. I'll quote you pretty much what they told me, in fact. It's quite extraordinary. They told us that, "The Ministry of Health and Social Services cannot provide you with data on deaths from all causes, because to do so would require the production of a document as well as work such as data extraction, compilation, and comparison." So if the Ministry has to carry out extraction, compilation, and so on to answer this question, that means they're saying they don't have the data. It seems absolutely unimaginable, in fact; because right now, even the Institut de la statistique du Québec acknowledges that there is an unexplained 10 per cent rise in mortality. And this data should be watched as carefully as milk on a stove, it's obvious.

So it seems pretty obvious to me that it does exist. It exists in other countries, as Monsieur Chaillot said, notably in England, it exists in Scotland, and so it certainly exists here. So I've come to the conclusion that the truth is being hidden from us and that there's a very clear desire on the part of the authorities to hide the data. We have to ask why. How come they're hiding all this from us? The explanation—we'll get to that later—I imagine is that it has to be hidden because the vaccines aren't producing the expected results.

Jean Dury
So let's move on to the second part: you talk about data manipulation.

Christian Leray
Exactly. So first of all, we've seen that the authorities are hiding as much as possible. That is already an admission that there's a very big problem. But what's more, for everything that's actually been made public, we realize that there have been manipulations to the data. So we can make a list of many examples.

[00:10:00]

We can start with PCR tests, for example. As we learned from Monsieur Chaillot, who spoke at length about this subject, PCR tests can, after all, almost create a pandemic if they're adjusted too tightly. So how does a PCR test work? It's based on a number of cycles, and I'll make it very short: the higher the number of cycles, the more acute the test. The problem is that if you do too many cycles, you'll end up with a test that's so intense that it may declare

people as being positive when they aren't necessarily so. In fact, this was the title of an article in *The New York Times* as early as, I think, August 2020, which said, "Your PCR test is positive; maybe you're not." And the reason would be that the number of cycles is too high. And this number of cycles should be known, in fact. Yet it's not known; it seems to be hidden.

I made an Access to Information request to obtain this information. I finally got it after two or three tries because when you make an Access to Information request, you have to be very specific. They do everything they can to skirt around the issue, to avoid answering the question; and then every time you make a request, it's going to take you at least 20 days before you get an answer. So you make the request, 20–30 days go by, and then they tell you it's not a good question, it's not clear enough. It can take up to three months to get an answer. So I sense a clear willingness to conceal information.

Finally, I learned that in Quebec, these PCR tests are set at between 40 and 45 cycles. So you need to know that, generally speaking, we estimate that a normal rate of cycles for the PCR test is roughly between 28 and 32 cycles. If we exceed 32 cycles, we run the risk of having a test that's too acute, which will declare people with bits of dead virus as being positive. In any case, this can create a feeling of panic because more people will be declared positive than is actually the case. And this may also partly explain why so many people are asymptomatic: quite simply because our tests are far too sensitive. So already we can see here that there's a huge problem of transparency and obvious manipulation because: Why test between 40 and 45 cycles when the scientific literature talks about 28 to 32? It's quite problematic.

There's also everything to do with COVID hospitalizations. So we heard a lot, especially during the first wave, about hospitals being overwhelmed. But here too, I think there was some manipulation. Why? In France, the ATIH [Technical Agency for Information on Hospital Care], a public institute, published a figure that made a big impact: namely, that the hospital occupancy rate for people suffering from COVID was two per cent. So it caused quite a stir. We thought, "What's going on, how can this be?" And I wanted to verify what was going on in Quebec.

So I searched for the data. It wasn't easy but I finally found the hospitalization data. On the INSPQ site, you can find data on people hospitalized with COVID. So on the Santé Québec site, we have the overall hospitalization rates; and by doing the ratio, I came up with a total of 2.1 per cent, meaning that in 2020, the percentage of people hospitalized for COVID was 2.1 per cent of total hospitalizations. This means that 97.9 per cent of hospitalizations were for other causes. So in fact, people hospitalized for COVID never really jeopardized the healthcare system, especially when we consider that hospitals were transformed at the same time: special units were set up for COVID and many operations were postponed. In fact, hospital activity plummeted in 2020.

If I could share my screen, I could show you all the data. It speaks for itself.

[00:15:00]

And we can see that, in the end, maybe there were a few hospitals that were indeed overwhelmed at certain times. But you have to realize that the heaviest traffic, let's call it, in hospitals because of COVID was I think on April 16, 2020, and we reached five per cent. So in fact, there hasn't really been a hospital crisis. The data show that there weren't really any overcrowded emergencies or departments and, by 2021, it was 2.3 per cent. So here again, we see that there was some fabrication; there was a narrative to make us panic, to

tell us that this was a catastrophe and to encourage us to isolate ourselves and then to accept the health measures we were ordered to follow. There were other manipulations too and one that particularly strikes me as extremely serious.

Commissioner Massie
Christian, can you share your presentation? It would be easier to follow your numbers. Is that possible?

Christian Leray
Yes. No problem. Can you see that?

Commissioner Massie
Yes, that's good.

Christian Leray
If I can show you here, it was the INSPQ table on comorbidities. So we found that 92 per cent of people who died from COVID had, in fact, at least two comorbidities; the INSPQ talks about pre-existing conditions. And if we add the people who had one pre-existing condition, we arrive at 97.3 per cent. So this table showed that the general population had virtually nothing to fear from COVID, despite what we were led to believe.

If I go a little further, here, this was my Access to Information request, which showed that in Quebec, PCR test cycles were between 40 and 45. Here is the famous graph showing the drop in hospital activity in 2020, when hospitals were supposedly overwhelmed. This is due to the fact that hospitals actually delayed operations and transformed the units into COVID units, which were probably not as full as we were led to believe. These are the raw figures. Here we see the total number of operations in 2020 and 2021. In fact, we see that the COVID proportion is very low and cannot have had seriously jeopardized hospital activity. But that's what we were led to believe.

This brings me to my next point, which seems to me to be a very important one, which is that there is some doubt as to how vaccinated people were classified for the 14 days following their vaccination. Because during the 14 days following vaccination—especially the first dose, because for subsequent doses, it was 7 days—during the 14 days following the first dose, they were considered not yet protected. So in fact, they were considered unvaccinated. However, what the data show, and this is a table taken from Ontario Public Health, is that people who receive a dose of vaccine—here it's the first dose, I believe—tend to manifest the symptoms of COVID during the 14 days that follow, essentially. We can see that here, up to 12 days, we still have a lot of cases and then it drops off quickly. So vaccines tend to create COVID cases.

Incidentally, in one of her recent lectures, Naomi Wolf said that this was the third-most common side effect of vaccination. This is absolutely incredible. She based this statement on data from the Pfizer files. So what it looks like, in fact, is that people develop COVID within 14 days of being vaccinated. The question is knowing how they're classified because if they're classified as unvaccinated because they're still considered unprotected, then the weight of those numbers falls into the unvaccinated category. And we've made requests for Access to Information and haven't had a clear answer.

[00:20:00]

So there's a major uncertainty hanging over whether people who have been vaccinated for less than 14 days, and who tend to develop COVID, have been classified with the unvaccinated, which could explain the famous epidemic of unvaccinated people. As you'll recall, the epidemic of the unvaccinated in 2021 may in fact have been an epidemic of the vaccinated. In fact, Patrick Provost and I talked about this, and we wrote an article about it that was published in *Libre Média*. So if this turns out to be true, it would be an absolutely gigantic manipulation because it would really mean that the unvaccinated were blamed for the contaminations and the hospital occupancy, whereas it was, in fact, the vaccination that caused it— So a way of hiding the data that is absolutely—I do not think this can even be put into words.

There were also other methods of manipulation. I've written articles about this on the Réinfo Québec website. So a fairly classic method was to present the raw data of the day. For instance, every day on Santé Québec's dashboard, they presented the data: the numbers of cases and people hospitalized. But it's important to know that this data was polished over the following days, even weeks or months. When you look at the data, Santé Québec very quickly modifies it all.

And what's important to know is that, generally speaking, this is to the advantage of the vaccinated. Let's take an example: at the beginning the dashboard showed 100 vaccinated in hospital versus 120 unvaccinated in hospital. But if we revisit the site a week later, we'll perhaps see 90 unvaccinated versus 110 vaccinated, and the more time passes, the more it increases, in fact.

Sometimes it's the other way around. Sometimes, it's the [un]vaccinated who are increasing, but overall, and in a fairly major way as we refine the data, I'd say it's more the vaccinated. It depends on your point of view, of course, but let's just say that they look much better on the day it's posted—on the day itself—rather than in reality, in the actual facts. Yet we only see the actual facts a week or a month later and that's too late because we've moved on to another day and it's been forgotten; it's been erased.

And so this too is an absolutely unacceptable way of presenting things, and that's why, in our dashboard—we'll come to that later—we did what the English did: we presented an overview that didn't take into account that day's data. We let ten days go by, and once the ten days had passed, we went back over the previous four weeks. So that gave us a more dependable idea of things because if you look at the current day's data, it's raw and it favours the vaccinated, and so it gives the impression that we actually have an epidemic of unvaccinated people.

Then there were other manipulations. I'll be brief about these. For example, we had an absolutely incredible testimonial from the field: a person told us that his 95-year-old father had died. He was in a CHSLD, a retirement home, and the doctor classified him as a "COVID death" and unvaccinated. So why COVID? Primarily, because he had had a positive PCR test two days before. So we pretty much know the value of the PCR tests today but that was reason enough to classify him as COVID. And he was 95 years old; he was at the end of his life and his son who testified told us that it was probably his time, unfortunately; he was at the end of his life. And if he had COVID, he actually didn't die of COVID: he died with COVID. But he was classified as a COVID death.

Beyond all that, he had been vaccinated. In fact, he'd received two doses. Yet the doctor classified him as unvaccinated. Why? According to our witness, it was because he had received his two doses more than six months earlier. Now that's extraordinary.

[00:25:00]

This means that six months after having multiple doses, the authorities may— Is it the whole of Santé Québec, or just individual doctors? We don't know. But in any case, after six months—and we know that in France, it's like that. In France, there actually was a directive that said that after six months, you were considered unvaccinated. Your vaccination health pass no longer worked. So that's what this doctor applied. He considered that after six months, you were no longer vaccinated, and so the effect fell into the unvaccinated category. And how many cases were there like that? I believe there have been many and a thorough investigation could reveal this.

Then there was survivor bias. I think it's also been touched on by other speakers before me, so I don't want to go over it again, but it's a way of calculating statistics that ultimately overexposes the unvaccinated, giving the impression that they're more affected than the vaccinated, when that's not the case. Fenton spoke of survivor bias using a placebo as an example. Both groups had received a placebo, in fact. The victim or survivor group was over-represented, even though it was a placebo, so you're at 50/50.

I also wanted to come back to transmission, which was quite interesting. So this employed a slightly different manipulation: it's about the establishment of the vaccine passport, which was based on the idea that it would protect us from the transmission of viruses, given the understanding that the vaccinated were no longer transmitting the virus while the unvaccinated were. This justified the vaccine passport, so that the unvaccinated could no longer go spread the virus in restaurants, bars, and so on.

Except that what Madame Small from Pfizer informed us—in fact, we already knew about this earlier, but she made it official, so to speak—was that Pfizer's initial trial never demonstrated that the vaccines prevented transmission. All it could show was that they prevented infection. But then again, as Pierre Chaillot has shown, it involved 170 people: 162 unvaccinated people infected, 8 vaccinated people infected, out of a total of 40,000 people. And based on these 170 people, they were able to say that they had 95 per cent efficacy against infection. This is absolutely incredible, but in any case, the trial could not demonstrate that it prevented transmission. That's what Madame Small belatedly said at the end of 2022.

So the question is, what did the authorities know about transmission before the introduction of the vaccine passport? Well in fact, as it turns out, they knew virtually nothing because there were two, quote-unquote, "studies" that came out. I did some research on this. There's a study that was done in Israel. As you know, Israel was the "Pfizer nation." That's where there was an agreement between Israel and Pfizer for Israel to get more vaccines more quickly. In exchange, they would transmit all their data to the company. So they were able to do an initial study on transmission, but it was Pfizer's study, so there was already a conflict of interest from the beginning. Then there were other problems that I've listed in other articles as well. So it wasn't very solid, let's say.

And the second study—on which Monsieur Macron particularly relied—claiming that vaccines reduce the risk of transmission by a factor of 12, is in fact a model from the Pasteur Institute. The two studies, Pasteur and Israeli, came out in June, and they are modelling studies. There are many limitations to this, because everything depends on what

you input into the model. For example, if the model uses a 90 per cent vaccine effectiveness, well, you're bound to get a model that tells you that it will reduce transmission, that's certain. And in fact, that's pretty much all the authorities had.

But what do we realize, in fact, as early as July? It's that there are outbreaks in places where there were only vaccinated people.

[00:30:00]

The British aircraft carrier, *Queen Elizabeth*, for example: all were vaccinated and there was an outbreak. There were other cases in hospitals where virtually all the patients were vaccinated, and then studies started coming out. At the end of July, I think it was *The Washington Post* that published a study quoting the CDC to the effect that vaccines no longer prevent transmission—well, we've never really known that they did. On July 31 or 30, 2021, *Le Monde* published an article citing an Israeli study already showing that vaccines were only 39 per cent effective. At that point, the mandates hadn't yet been put in place; and all the studies that would follow would only reinforce this, showing that vaccine efficacy declines over time and so on.

And despite all this, they would succeed in imposing a mandate as discriminatory and undemocratic as the vaccine passport. It succeeded despite the obvious evidence; the manipulations are gigantic. That's what I wanted to show you: we realize that the authorities manipulate the data to their advantage and that we can't trust the data, but it was enough to make us panic and to succeed in applying the lockdown measures, the masking, the vaccine passport, et cetera.

Jean Dury
And finally, you talk about the negative effects of the mandates.

Christian Leray
That's right. So after presenting my many situations—in other words, showing that the authorities hide what bothers them, and of the little that they do reveal, they manipulate the data—what's quite extraordinary is that, in spite of all this, their own data shows a negative efficacy.

I've been very interested in vaccination, of course. Now, we already know that lockdowns are probably negatively effective. There was the "Mr. Vaccine" from Israel, Monsieur Cohen, who admitted this on the French TV channel CNEWS. We now know that masks are ineffective, and even that they have negative effects when we consider the psychological damage to children as well as the chemicals in the masks. But I'm really going to come back to the vaccines.

So the first thing that's interesting to see is that in Quebec in 2022, despite an 85 per cent vaccination uptake, we had more deaths than in 2021. This is absolutely incredible. I'll show you right now. This is data taken from the INSPQ website: you can really see that hospitalizations are higher in 2022; they're exploding.

And for deaths, at the bottom, it's the same thing; and in fact, it is certainly higher than in 2020. That's because in 2020, as Monsieur Chaillot said and as previous speakers have said, there was particularly—excuse me, but the way they counted in 2020 was absolutely absurd— In particular, there was the Arruda directive in Quebec, which stated that people

who had COVID in a building—so it could be, for example, someone without a test who had a runny nose or a sore throat or whatever—and if there was one person in a building who had such a symptom, it was said to be COVID. Then, all the people in that building who died were classified as COVID.

So as a result, the number of COVID deaths exploded. And Monsieur Arruda, who was Director of Public Health at the time, admitted on several occasions that many people who were classified as COVID had never actually been tested. They were classified, no doubt hastily, as COVID. Not to mention the problems that arose with the abandonment of the elderly. There were doctors who testified that many elderly people had died of thirst or starvation.

[00:35:00]

Anyhow, in short, all this is to say: that when it comes to COVID deaths in 2020, there's most certainly been a lot of exaggeration; and that we're seeing an astonishing rise in 2022 compared to 2021, even though we have a population that's 85 per cent vaccinated. So it's quite astonishing, let's put it that way.

So the next important point to note is that we used Santé Québec data. As I said earlier, to prove that vaccination was effective, Santé Québec shared data on cases and hospitalizations, and we used these data. So what was it actually? It was an Excel table showing, for each day, how many hospitalized people were unvaccinated, vaccinated "one dose," vaccinated "two doses," "three doses." So for example, on May 3, 2022, we could have five unvaccinated, three "one-dose," four "two-dose," and so on.

And ultimately, with some very simple Excel calculations, we arrived at the following table which, in fact, showed that people who had received three doses were largely over-represented in hospitals, since at the time they actually represented around 50 per cent of the population—51.2 per cent—but accounted for 70 per cent of COVID hospitalizations. So there was a negative differential of minus 18.8 per cent, which is absolutely absurd. If vaccines work, we absolutely shouldn't have that. When you see that, you're just speechless.

I'd like to remind you that this is Santé Québec data; nothing was made up. It was published every week on our site because we did what we called a counter-dashboard. And the fact checkers, the media, were perfectly aware of it, and I can tell you that they followed us closely. We had a few instances where they, quote-unquote, "came down hard on us." We were "debunked" by Radio-Canada. At one point, they did a 20-minute report on "The Multiple Faces of Réinfo Covid." Thus, they claimed to be tracking us closely, and I can tell you that if we had been wrong, we'd have known about it straight away. I don't think it would have taken long, a few hours at most, before we'd have had articles saying that we were talking nonsense. So I think these data are very reliable and, in fact, show the ineffectiveness, at least of the third dose, which has very deleterious effects.

So that was for the mandates. It was so bad here in July 2022 that the authorities had no choice but to withdraw them. At first, it was very good for them because I think, since there was this way of actually classifying the vaccinated during the first 14 days as -unvaccinated, it created an epidemic of the unvaccinated, so it was fantastic. They could show the data. It was magnificent. It was wonderful for them. But as time went on, there were in fact fewer and fewer people receiving a first dose. Therefore, fewer and fewer unvaccinated people developed COVID symptoms, and so, little by little, the reservoir dried up and the reality

became more and more obvious. And that's what led to this result. And there was no other choice: they had to be withdrawn.

So we've seen hospitalizations, but now we know that there was also a piece of data that was never shared: deaths. Why aren't we sharing data on deaths? We tell ourselves that the explanation is no doubt because we shouldn't show them because the results aren't very favorable. And that's effectively what we got, since we applied for Access to Information. It was complicated; we had to do three of them because each time, they gave incomplete data, so we had to specify exactly what we wanted.

[00:40:00]

And we obtained a document showing the number of people who had died from COVID according to vaccination status. And what did it show? It showed that 95 per cent of people who die of COVID are, in fact, vaccinated.

It's absolutely outrageous. We mustn't forget that nearly 85 per cent of the population is vaccinated, so this is gigantic. In fact, it is a ten-point difference. This is rather extraordinary for a vaccine that is supposed to protect against disease. This is based on Santé Québec's own data, which is known to be manipulated. The data is not very good. It's understandable why they hide it. It's even quite catastrophic. So that's the current situation in Quebec. And then what do we notice? We notice that there is an unexplained increase in the number of deaths. The ISQ, the Institut de la statistique du Québec, recognized that there has been an unexplained 18 per cent rise in mortality among young people.

You can see it here, in fact: so, this is taken from the ISQ website. We can see that from mid-2022, there's actually an upward trend towards midsummer. And this trend of increasing mortality continues on, which is not normal if we look at the summers of 2021 and 2020, when there was no excess mortality. Here, we can see that there is excess mortality; it's well explained. But when we see this table here, we get a rough idea; and in fact, at least we have a hypothesis, so to speak. And the way to verify this hypothesis would be to have deaths from all causes according to vaccination status but, as I told you, Santé Québec tells us it doesn't have this data, so we can't verify it.

That's more or less the situation in Quebec today. So we can see that based on public health's own data, vaccines seem to have negative effectiveness. There is an unexplained rise in mortality. Could the vaccines be part of the explanation for this unexplained rise? In any case, the authorities are making no connection whatsoever. They're certain that the vaccines are safe and effective, and that's where we're at today.

Jean Dury
Thank you very much, Monsieur Leray. Do we have any questions for you?

Commissioner Massie
I understand it's getting late now. We've all had a very long day. I'll limit myself to just one question for Monsieur Leray. You've done a colossal job compiling all these data and I would be interested to have you comment on the evolution of your mindset regarding data collection and the questions you had when seeing those discrepancies from your observations that seemed to materialize every time you did a study. Has this led you personally to take a firmer stance regarding what seems to be a fabricated narrative that, in any case, does not seem to want to be dismantled by government authorities? So what is

the evolution of your approach and where are you now after all the analysis you've been doing for at least the past two years?

Christian Leray
Clearly, this can only reinforce the idea that there's a problem with vaccines. Moreover, that was the idea behind one of my articles for *Libre Média,* where I said the vaccines are not the solution.

[00:45:00]

All this happened step by step: first we had the INSPQ table on comorbidities, then we had the data on hospitalizations, then we had the data on deaths according to vaccination status. It's clear that at each stage, the idea that vaccination has a negative effect is only reinforced. What's shocking is that this is something we're even questioning. As I say, everything we do is public, it's detailed on our website. In our articles, I do explain the methodology; and we know perfectly well that all the media and fact-checkers are watching us and they have nothing to say. So it's an admission that what we're saying is true, that we're not too far off the mark, and that they're extremely embarrassed. We find ourselves asking, if the public knew all this, what would they think and how would they react? It's unbelievable.

So in fact, in the end, the authorities and the media—I call them subsidized media because they receive subsidies, which obviously doesn't make them free; they're not independent—but they're stuck in their discourse of safe and effective vaccines and they can't go back. I mean, it would be extraordinary; they're capable of anything, but it would nevertheless be quite extraordinary to suddenly be able to tell us, "Oh, you told us that vaccines were ineffective and that we shouldn't be vaccinated." So they're forced to continue with this discourse that vaccines are safe and effective. And that's worrisome for the future because the future is more or less what other speakers before me have been talking about. What has happened, in fact, is social engineering. We succeeded in scaring people, making them conform, locking them up, and injecting them with a product that was still being tested. It was a great success, and this success has been analyzed by the people who organized it all, and it's still going on.

So now we're going to have the sequel, perhaps with global warming. They're talking about "15-minute cities," where we'll have to accept cameras in the streets for these "15-minute cities," where we'll be filmed all the time because we won't be able to take our cars anymore because they pollute and because they heat up the planet. We're approaching a world of Chinese-style control; that's what I fear. And the media, who have committed themselves, are somehow trapped in the chain of events. Occasionally, they'll publish a few articles by a few researchers warning, "Hey, you know what, we've gone too far with artificial intelligence, and we need to reflect." But maybe that should have been done earlier. Now, we're well on the way, and it's high time to reach out to the public and make them aware of what has happened, what is happening, and where we are going. It's very, very important.

Commissioner Massie
Thank you. I'll ask my colleagues. Do you have any questions to ask Monsieur Leray? Okay then, thank you very much. I'll let you and the host finish here.

Jean Dury
So we'd like to thank you very much, Monsieur Leray, for steering us on in this matter.

Christian Leray
Thank you very much.

Jean Dury
Thank you. Good evening.

Christian Leray
Good evening.

[00:49:22]

Final Review and Approval: *Erin Thiessen, November 1, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 1**

May 11, 2023

EVIDENCE

(Translated from the French)

Closing Statement: Philippe Meloni
Full Day 1 Timestamp: 12:00:55–12:01:24
Source URL: https://rumble.com/v2sjzn2-quebec-jour-1-commission-denqute-nationale-citoyenne-franais.html

[00:00:00]

Philippe Meloni
Thank you, everyone, for surviving all this information and emotion for so long. It's been a long day, and tomorrow is likely to be just as long. Rest up, and we'll be back in the morning.

Thank you all very much and have a good evening.

[00:01:29]

Final Review and Approval: *Erin Thiessen, November 7, 2023.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
QUEBEC HEARINGS

Quebec City, Quebec, Canada
May 11 to 13, 2023

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). 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 July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

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.

TRANSLATION TEAM
(French to English)

Managing Editor
Erin Thiessen

Translation
Susan Burns, Jeanne Chabot, Lucy Narbaitz, Val Sprott,
Erin Thiessen, Elizabeth van Dreunen

Copyediting and Formatting
Jodi Bruhn

Final Review
Erin Thiessen

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Opening Statement: Philippe Meloni
Full Day 2 Timestamp: 00:00:00–00:04:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Philippe Meloni
Good morning, everyone. We're back for the second day of the National Citizens Inquiry. For those of you who were here yesterday, you know it's going to be a long day. I hope you had your cereal this morning because it's going to be intense. For those of you who weren't attending yesterday, you will see and hear some science, figures, and data, but you will also experience some very, very strong emotions. Many of you ended up with wet handkerchiefs yesterday and I'm guessing it'll be the same today.

I'm not going to talk for too long this morning. The first thing I'd like to say is that we are here at something that was undertaken by citizens—and so, it has been accomplished through the efforts of citizens at every level, from funding it to the actual work of putting it together.

So we have a first request: We need bilingual people. And I don't just mean the people in the room: I mean the people who are listening to us live and the people who are listening to the recorded version. We need people who are good at social media and who are bilingual. If that's you and you'd like to be part of this great adventure, please go to the Inquiry's website—nationalcitizensinquiry.ca—and sign up as a volunteer, specifying your skills: media and bilingual.

There is also the financial aspect. Those who are here can see the amount of equipment we have here and the quality of the place we're in. It's not free, and not a cent of it comes from the government or from taxes: it is all from citizens who help out, each in their own way. To put it into perspective, we estimate that these three days will cost around $35,000. You might say, "Compared to the same thing done by the government, that's almost [like the amount given for] a tip," but it's still a lot of money.

So if you have the means, there are various ways to donate. On the website, when you register on Eventbrite, you'll also be given the opportunity to donate some money according to your own means. For all three days, we've also had paintings donated for a silent auction. And we have clothing you can purchase in the next room. So at the end of the

three days, we will take those who have donated the most. Anyway, we also take cash and cheques. Unfortunately, money is the lifeblood of the battle and we need it to carry on. So if you are able, please give a little.

I won't talk much longer. I'll hand it over to Samuel Bachand, who will begin Carole Avoine's testimony. This first testimony will show you that not everyone has emerged unscathed from this pandemic. And as I said yesterday, I've heard a lot of people say, "It's over. Get over it. Move on." I don't think those who have paid a high price in this pandemic will ever be able to think like that. Those who were here yesterday heard from people who will pay for the rest of their lives. We could give them all the money in the world. We have a young woman who can no longer hold her child in her arms, who can no longer touch her husband because she's in so much pain. I can't imagine any amount of money that could compensate for that. When we talk in law about irreparable damage, I think there's a lot of that. Today we're going to talk about it again. So I'll let you hear what people have really experienced.

Good day to you all.

[00:04:45]

Final Review and Approval: *Erin Thiessen, November 14, 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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 1: Carole Avoine
Full Day 2 Timestamp: 00:04:52–00:22:00
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html?mref=1sktjm&mc=2l88w

[00:00:00]

Samuel Bachand
Hello, Samuel Bachand. I am acting as counsel for the Commission. Madame Avoine, if you could just say your name and spell it for us first, please.

Carole Avoine
My name is Carole Avoine, C-A-R-O-L-E A-V-O-I-N-E.

Samuel Bachand
I will swear you in. Do you take an oath to tell this Commission only the truth?

Carole Avoine
Yes.

Samuel Bachand
So you're here to tell us about your experience with the AstraZeneca vaccination.

Carole Avoine
Yes.

Samuel Bachand
And its consequences with respect to your diagnosis of Bell's palsy. So I would ask you to relate all of this to us in chronological order, quite calmly; and then, if necessary, I will stop you to ask for clarification.

Carole Avoine
Perfect. On April 22, 2021, I received a dose of AstraZeneca. On the twentieth day after my vaccine, I started feeling a pull in my ear. I felt it start to tug in my mouth. In any case, I went to bed since it was late at night. I went to bed thinking it was stress because I had just started a new job. I wasn't sure: "I'm going to go to sleep, maybe it will pass." The next morning when I woke up, half of my face was paralyzed. I went to the hospital. I saw an emergency doctor who confirmed that I had Bell's palsy. She pointed out to me that I had the same paralysis as Jean Chrétien and that, basically, I could cope. I could nevertheless have a good life because he had had a good career despite his condition. When I asked her for a note for my work because I had just started a new job, she told me she couldn't do anything for me because it was a possibility that I would stay like this my whole life. And then, that was that. And she told me that she was referring me to an ENT [ear, nose, and throat physician] and that I was to wait for news from the ENT.

Samuel Bachand
When was the intensity of the paralysis described or diagnosed, under what circumstances?

Carole Avoine
At that time, my paralysis was not yet at its "top" level. It was when I went to see the ENT a few days later, she was the one who told me that I had a grade six.

Samuel Bachand
What does that mean?

Carole Avoine
Well, with Bell's palsy, you've got seven grades, I was a grade six. Grade seven is when your face sags. Fortunately, I didn't have a sagging face. That's the only criteria I didn't get for Bell's palsy. To confirm my grade six paralysis, I had to have an electromyogram, for which the doctor puts little needles in your face and administers electric shocks to see if a current runs through your face, through your nerves. And I had nothing going on. Nothing was moving. It was then that they told me my recovery would be long and that I would be left with sequelae.

Samuel Bachand
I want to come back to your first consultation with the emergency doctor. Can you just elaborate a bit on what she told you about the permanence or impermanence of the problem?

Carole Avoine
She basically didn't tell me anything about it. I asked her if there was a link to the vaccine that I had received. I took out my paper to show her that I had received a dose of vaccine.

Samuel Bachand
Which vaccine?

Carole Avoine
AstraZeneca.

Samuel Bachand
Against?

Carole Avoine
COVID. All she did was wave her hand, "No, that's not it, there's no connection to that." And she never took my paper, she never wrote in my medical file. And she sent me home.

Samuel Bachand
Did you ask her, or did she otherwise tell you why she felt there was no connection between your paralysis and the vaccine you received? We're looking at you receiving it approximately two weeks prior?

Carole Avoine
Twenty days. No, no. No reason. When I met the ENT again, I again asked if there was a link, a possible link. She replied that all flu shots can cause Bell's palsy but that wasn't the case for me, for no other reason than that.

[00:05:00]

Samuel Bachand
Did you check with the ENT to find out why she felt there was no link between your AstraZeneca COVID vaccine and your paralysis?

Carole Avoine
Yes, I asked her but I never got an answer, other than her saying that in my case, it wasn't that. So basically, the only answer she gave me was that I was better off with this than with COVID.

Samuel Bachand
Can you describe any other symptoms that you have endured or experienced as a result of your COVID vaccination?

Carole Avoine
I lost hearing in my left ear. It took seven months before I managed to close my left eye. Of course everything else, with my mouth and all that. When you have paralysis, you have no more strength in the corner of your mouth. That was definitely part of my symptoms.

Samuel Bachand
From the preliminary documents that I received from you, it seems there were also apparent impacts, or in any case, somewhat unexpected endocrinal or hormonal phenomena, if you could tell us about them?

Carole Avoine
Yes. I had my dose in April—on April 22. Then in June, I had my period for two weeks despite the fact that I had been postmenopausal for seven years. I had no periods for seven years, then I had two weeks with heavy bleeding.

Samuel Bachand
Where there any medication changes, related to your hormonal status at that time?

Carole Avoine
The only medicine I took was hormones for the hot flashes, so that's the only medicine I took. I didn't take any other medicine.

Samuel Bachand
Okay, so how long have you been taking it?

Carole Avoine
Since 2015.

Samuel Bachand
Okay, in April, May, June, what modification did you make to your intake of this medication?

Carole Avoine
I had no changes. The only change I had in my medication intake was the AstraZeneca vaccine.

Samuel Bachand
Have you expressed the desire—and if so, how—to file a claim with the compensation plan for vaccinated persons in Quebec, the public plan?

Carole Avoine
I tried to file a claim myself.

Samuel Bachand
How?

Carole Avoine
By the internet. But it was impossible to do so because it took a signature from a doctor who linked the vaccine to my paralysis.

Samuel Bachand
When you saw that, did you go back to see a doctor to ask for such a document or such a declaration?

Carole Avoine
I met another ENT. He also told me that he wouldn't fill in the forms, that he didn't make declarations, that, basically, there was no connection.

Samuel Bachand
Did he give you a reason other than that for not filing a return?

Carole Avoine
No.

Samuel Bachand
Okay.

Carole Avoine
After my first appointment with the ENT, when I saw that no one wanted to report my side effect, I went online and filled in a statement myself, submitting directly to AstraZeneca. They sent a form to my ENT but I don't know if she filled out the form and then returned it because it needs my vaccine batch. But I had nothing in my file that said I had had a vaccine, which meant that she didn't have the information for it.

Samuel Bachand
Give us a bit more background on this voluntary statement you made to AstraZeneca. How was it done in practice?

Carole Avoine
Well, I went online and said I had Bell's palsy after I got a shot. And then they sent the form directly on the internet.

Samuel Bachand
On the internet, where was it on the internet? The internet is vast.

Carole Avoine
Well, it was on the AstraZeneca site.

Samuel Bachand
So what did it look like, in terms of the form, other than what you told us?

Carole Avoine
I couldn't tell you; I haven't seen the form. The only thing I know is that my doctor received the form.

Samuel Bachand
How do you know?

Carole Avoine
She was the one who told me about it because she had an obligation to fill it out since it came from AstraZeneca. Then she told me that she had received the form because it needed my vaccine batch. Since it wasn't in my file, she didn't know anything about my vaccine. So she wanted to have my sheet which described my vaccine.

Samuel Bachand
Are we talking about the first ENT in the timeline?

Carole Avoine
Yes. Basically, I saw just one. I saw the other ENT only once because I needed a follow-up for a neurologist, since today with my sequelae, I have lots of spasms that cause speech problems. So basically, the only treatment I can receive is Botox injections that I may have to receive until the end of my days.

[00:10:00]

Samuel Bachand
What kind of access to your medical records have you requested from the various specialists mentioned?

Carole Avoine
Currently, I have not yet requested my medical records. This is my next step because I want to have my side effects acknowledged.

Samuel Bachand
If the commissioners have any other questions, I invite them to ask.

Commissioner Massie
Good morning, Madame Avoine.

Carole Avoine
Hello.

Commissioner Massie
I have a question concerning the difficulties you encountered in having your adverse effects recognized. What do you think the possibility is of meeting enough doctors until you find one who might be more receptive? Is it difficult to get these appointments?

Carole Avoine
It's super difficult. To date, I have one doctor who offered me his help, and this just happened very recently. I've been looking for a doctor who is willing to help me for two years.

Commissioner Massie
And for the escalation of your adverse effects, you absolutely need to have a doctor's signature. And here, you have indeed succeeded in taking this step.

Carole Avoine
Yes.

Commissioner Massie
What follow-up are you expecting? Are you waiting for recognition by the health authorities or is it not necessarily automatic?

Carole Avoine
I would appreciate recognition because I am one of those who have succeeded, according to Mr. Dubé. When it happened, the lottery of the 400-some thousand who were entitled to a dose of AstraZeneca, which was available in April—there were 400-some thousand doses. According to the government, I won the lottery because I managed to get an appointment for that dose.

Commissioner Massie
Following this unfortunate incident, did you immediately make the decision that there's no question of you taking other doses?

Carole Avoine
Well, at the time, I was asking myself that question. I asked my ENT if it was safe to take the second dose. What she told me was that basically the second dose would be safer because I wouldn't be getting the same vaccine. I would get Pfizer which, according to her, would be safer. Following my first appointment with the emergency doctor, I filed a complaint with the CIUSSS [Centre intégré universitaire de santé et de services sociaux/integrated university health and social services centre] of the hospital that I went to, because I didn't exactly understand the service that I had gotten. And then I received a Letter of Finding about my complaint from the CIUSSS, and the person who wrote to me referred me to public health for my second dose.

So from there, I was like, "As for my second dose, Public Health doesn't have any of my medical records." As I had no answers to my questions, I made the decision that I wanted

no more doses. I was done. I didn't wait for the doctor's approval. I told myself, no, I was not taking the next dose.

Commissioner Massie
Do you know of other people around you who have had the same type of side effects as yours?

Carole Avoine
No. Yes, I know one, excuse me. I know one at my work who had it, but she recovered. She wasn't left with sequelae.

Commissioner Massie
And so, what is the current prognosis for your recovery from your sequelae?

[00:15:00]

Carole Avoine
Today, I received confirmation that I would have to live with a grade three, that I had no possibility of it improving. It's been two years today that I've been paralyzed. Yeah, it's been confirmed that I would have to live with a grade three. A grade three means that I have to tape my eye shut to sleep every night—because when I close my eye, I get so many cramps that it becomes difficult the next day. The only way I'm able to drink is from a bottle. A glass is also very difficult. Often, I will have to drink with a straw. When I go outside, if it is sunny, my eye waters all the time. Every time I eat, my eye waters all the time. It's all part of my sequellae, which I have to learn to live with. Eating at a restaurant is over. I can no longer go to a restaurant because, when I eat—since I have no more strength on that side—I either drool or my food can come out of my mouth. So that's it.

Commissioner Massie
I'm also curious to know, did the dysregulation of your cycle finally recover?

Carole Avoine
Yes.

Commissioner Massie
So it was a relatively short episode?

Carole Avoine
Two weeks, yes.

Commissioner Massie
Very well. You have any questions?

Commissioner Massie
Thank you very much.

Carole Avoine
Thank you.

[00:21:48]

Final Review and Approval: *Erin Thiessen, November 6, 2023.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 2: Hélène Banoun
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[00:00:00]

Konstantinos Merakos
So hello again. We've solved the little technical problem with the PowerPoint and now we'll continue with our next witness, Madame Hélène Banoun. Madame Hélène Banoun, can you hear us?

Hélène Banoun
Yes.

Konstantinos Merakos
Perfect. We have the PowerPoint here on the screen for people to see. I'm going to be the one manually changing the pages, so just let me know when; we're going to be working as a team on your PowerPoint.

I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say "yes" or "I do."

Hélène Banoun
Yes, I swear, with the comment that when it comes to science, there's no such thing as truth. I can give the state of science that seems correct to me today. All this can change.

Konstantinos Merakos
Fine, but the answer is yes?

Hélène Banoun
Yes, of course.

Konstantinos Merakos
Excellent. So I'm going to ask you for your full name and to spell your last name, please.

Hélène Banoun
My family name is Banoun, B-A-N-O-U-N.

Konstantinos Merakos
And your complete name is. . .

Hélène Banoun
My first name is Hélène, H-É-L-È-N-E.

Konstantinos Merakos
Perfect. And where are you currently located?

Hélène Banoun
I'm in Marseille, in the south of France.

Konstantinos Merakos
Perfect, and are you alone in the room or with someone else?

Hélène Banoun
No, I'm alone in the room.

Konstantinos Merakos
Excellent. So Madame Banoun, I have your CV in front of me. I'd like to start by talking a little about your expertise. We'll start with this. Tell us a little about yourself.

Hélène Banoun
I'm a pharmacist-biologist. I was a researcher at Inserm, the French National Institute for Health and Medical Research, a very long time ago. I worked in anti-cancer molecular pharmacology and I started working intensively in virology a few years ago, and particularly since the pandemic. I've published bibliographical reviews in international journals, in particular a review on the evolution of the virus, and various scientific articles in international peer-reviewed journals. So I think I have some expertise as an independent scientist. That's what I can say.

Konstantinos Merakos
Excellent.

Hélène Banoun
I should add that I have been a member of the French Independent Scientific Council since its creation in April 2021.

Konstantinos Merakos
Excellent. So where do you currently work?

Hélène Banoun
I work from home since I'm retired. I'm an independent researcher, a volunteer.

Konstantinos Merakos
And in your CV, could we talk about at least one or two themes, namely the work in progress, an independent analysis in English?

Hélène Banoun
I work with Dr. Maria Gutschi, who presented her work to the National Citizens Inquiry in English a few days ago. There's also Dr. David Wiseman, David Asher. So we're working on the analysis of the European Medicines Agency's report on vaccines and on pre-clinical trials of RNA vaccines, among other things. I work in collaboration with these people. By the way, I'd like to thank Dr Maria Gutschi and David Wiseman for some of the things I'm going to say in my presentation.

Konstantinos Merakos
Excellent.

Hélène Banoun
I've also worked with Professor Patrick Provost at Laval University, and together we published an article on the necessary observation period for adverse effects of RNA vaccines.

Konstantinos Merakos
Perfect. Thank you very much. So without further ado, let's start with your PowerPoint. Is that okay with you?

Hélène Banoun
I'm not going to repeat what I've said about myself, so we'll move on to the second slide. I'm going to talk about the problem of regulating these RNA vaccines. Are they gene therapies or are they vaccines—or both, if possible? I'm just going to give a quick introduction to help you understand the problem, that is, the way these vaccines work. So on the first slide, I'll quickly remind you what a virus is. So it's a complete parasite made up of nucleic acid. You can see in the center of the diagram: everything in orange is nucleic acid. In this case, for coronaviruses, it's RNA. Then, in green, you have an envelope to which surface proteins are attached, including the famous spike protein, which is an antigen of the virus and which is very abundant, and which will therefore be recognized by the attacked organism, by the person who is ill, as an antigen.

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This person will produce antibodies against these antigens and some of these antibodies are capable of neutralizing the virus. That's why vaccine manufacturers have chosen the spike as the antigen for the vaccine.

On the next slide, I'm going to say a few words about the immune system. The immune system is divided into several branches. There is innate immunity, which is non-specific and has no memory of pathogens, and adaptive immunity, which is pathogen-specific and retains a memory via cells. This adaptive immunity is divided into two branches: cellular immunity, whose effectors are cells, in particular T-lymphocytes; and humoral immunity, whose effectors are antibody molecules produced by B-lymphocytes.

So I've got a little diagram here, where, on the bottom right, you can see the virus with these little spikes on the surface in red and the antibodies in pink-white that bind to them. But what needs to be explained is that all these systems cooperate with each other and cannot act alone. For example, the macrophages you see at the top right, the kind of purple cell, play a role in innate immunity, but also in adaptive immunity through cooperation with lymphocytes. In fact, we'll see that with conventional vaccines, and especially with RNA vaccines, we focus solely on antibodies and one virus antigen. That's a pretty limited mode of action.

On the next slide, we can see the different types of classic and new vaccines that we're accustomed to using. So historically, we've gone from live attenuated vaccines to RNA vaccines. In other words, the first vaccines were made with live attenuated viruses—in other words, empirically, as was the case for smallpox. They were attenuated using very empirical, very crude methods. Then we developed more refined methods. These were the first viruses.

We've also tried to make chemically inactivated viruses. We've tried to make particles that look like viruses. We've used virus vectors, such as DNA vaccines from AstraZeneca and Janssen. Historically, we have also used antigens. We chose an antigen, a part of the virus, and we made recombinant proteins, meaning that we synthesized, either chemically or by biological recombination, proteins that serve as antigens.

And then more recently of course we have DNA vaccines, in which the vaccinated individual synthesizes the antigen, and then, finally, the famous mRNA vaccines, in which the vaccinated individual is injected with part of the virus's genetic code and is expected to produce the antigen himself. And so we focus on a specific antigen and antibodies.

Regarding the next slide, I'd just like to make a brief comment about this WHO [World Health Organization] diagram, which tells us that only antibodies are represented: since the beginning of the history of vaccinology and immunology, only antibodies have been taken into account in the immune response. We see on this diagram that viruses are depicted and then these small kind of Y-shaped molecules are the antibodies that are supposed to bind to the virus and neutralize it. And particularly for coronaviruses, which are respiratory viruses with a nasal entry point, innate immunity is essential: the innate immunity found in the nose has little to do with antibodies, in fact. And so with this idea of focusing on the antibody response, we forget about the T-cell response, cellular immunity, and innate immunity. And that's a problem for vaccines.

So on the next slide, let me remind you of the same thing. In actuality, we've forgotten that the organism reacts to a living, whole pathogen, introduced via a natural pathway: in this

case, the upper respiratory tract in the case of a coronavirus. And here, with mRNA vaccines, we're going to inject only a genetic code into the muscle. So it has very little to do with the attack of a real, natural, living pathogen.

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For the next slide, I'd like to say a few words about the phenomenon of the facilitation of viral infections by antibodies, known in English as "antibody-dependent enhancement." This phenomenon contradicts the protective role of antibodies asserted by classical immunology, since immunology tells us that antibodies are there to protect us. But in fact, this phenomenon of facilitating viral infections has again recently been discussed in relation to the clinical aspect of COVID-19. Actually, in some cases, antibodies are harmful and, in fact, antibody levels are correlated with disease severity. So it's not necessarily a causal relationship, but it can't be easily ruled out.

Incidentally, I published a theoretical article on this subject in relation to the theory of evolution. You'll find the reference at the top of the slide. So antibody-dependent reinforcement of infection is the accepted mechanism to explain severe reinfections due to dengue virus—among others, because it happens with other viruses—and also the higher occurrence of severe dengue in vaccinated people. Vaccine antibodies are capable of aggravating an infection that subsequently occurs with a dengue virus similar to the one with which we vaccinated. And so this antibody effect seems to contradict the immunological theory. This is another criticism that can be levelled at these vaccines, which focus on the production of antibodies: more and more antibodies to fight the disease, when in fact they can sometimes work against a patient.

On the next slide, I'm going to quickly remind you of the principle behind the design and synthesis of these messenger RNA vaccines. So they comprise synthetic messenger RNA molecules which direct the production of the antigen that will provoke an immune response. You're injected with part of the genetic code of an antigen that you'll manufacture, and against which you'll produce an immune response in the form of antibodies. Now, I'm not going to go into detail about how this is done because it's very complicated. RNA is transcribed in vitro from a DNA matrix. This may explain the recent discovery that there is contaminating DNA in vaccine vials that shouldn't be there. There are also a number of stages in the manufacture of these messenger RNAs that are poorly handled because they are completely new; and above all, there have been many subcontractors in the manufacturing process to produce billions of doses, so we can expect problems with this manufacturing process. All this was detailed by Maria Gutschi in a previous presentation to the National Citizens Inquiry.

For the next slide, I've put together a diagram showing the theoretical mode of action of messenger RNA vaccines. Now, I'm not going to go into detail because it's very complicated, but I will remind you that the designers of these vaccines are only interested in the fate of these products in specialized immune cells, which are known as antigen-presenting cells, APC cells. But we now know that RNA circulates throughout the body and can be translated into this famous spike protein by numerous cell types. And we also know that this spike is toxic, not to mention the toxicity of nanoparticles, because messenger RNA is wrapped in nanoparticles that serve to protect it and act as vectors to deliver it to the site of action. So there you have it. The official site of action is immune cells but in reality, this RNA goes everywhere and is possibly translated into spike by different cell types in virtually every organ.

So on the next slide I've just taken a screenshot from Professor Frajese, who spoke at the International COVID Summit in Brussels last week, where he reminds us that these vaccines are, in fact, prodrugs; in other words, they are pharmacologically inactive in themselves. This is important to understand from a legal and scientific point of view, and even for politicians. They are pharmacologically inactive and must undergo metabolic transformation by the body to achieve their supposed activity. And so if you like, it's difficult to subject them to the regulation of conventional vaccines or conventional drugs; it's something completely new.

On the next slide, the same Professor Frajese reminded us that we don't know how this product works. We don't know where it is biodistributed or how it is excreted. And he also reminded us that we don't know on what scientific research the authorization of these RNA vaccines for pregnant women is based.

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So how are they supposed to work officially? On the next slide, I've taken a diagram from the Finnish Health Institute because I thought it was very educational, where they show the official mode of action of RNA vaccines, according to the official narrative. So the messenger RNA contains the genetic instruction to make the spike; it penetrates the muscle; the muscle cell produces this spike, which is recognized as foreign by the body, which protects itself against it by making antibodies. That's the official mode of action, but it's not so simple because on the next slide you'll see that, in fact, this messenger RNA contains the modified code of the virus' spike protein, which is itself modified.

So all this is not natural RNA and it's not the spike of the virus which circulated around the world. And let me remind you that almost all the pathogenic effects of the COVID-19 virus, SARS-CoV-2, are due to this toxicity of the spike, the surface protein. And moreover, the vaccine spike is apparently more toxic than the viral spike, precisely because it has been modified to be more stable.

On the next slide, we see that lipid nanoparticles, or LNPs, which act as vectors and protection for messenger RNA, penetrate the whole body and many cell types. And these nanoparticles are also toxic. This seems to be becoming clearer now. So we now know that the modified RNA of the vaccine and the modified spike of the vaccine produced by the vaccinated individual can persist for months in the body. I've also published—you'll find the reference on the bottom left—a summary of the bibliography on what was known before and since the anti-COVID RNA vaccines were marketed regarding the biodistribution and, possibly, excretion. But that's another matter, and we won't go into it here.

On the next slide, we see that transfected cells—meaning those in which the RNA has penetrated and been translated into spike proteins—well, these cells will express the protein on their surface. They will induce the synthesis of anti-spike protein antibodies. But they can also be destroyed because they will be recognized as foreign by the immune system, since they carry a foreign protein on their surface. This can explain the undesirable side effects as cells necessary to the proper functioning of the human body are destroyed.

And so on the next slide, we come to the heart of the matter. According to this principle of action, RNA vaccines are gene therapy products. In fact, according to the FDA [Food and Drug Administration]: "Gene therapy products are any products whose effects are mediated by," here I summarize, "the translation of genetic material," which happens—a

transfer—"and which are administered in the form of nucleic acids," which happens. So this corresponds exactly to the mode of action of gene therapy products.

The next slide shows the European Medicines Agency's definition of gene therapy products. A gene therapy product "contains an active substance consisting of a nucleic acid, with a view," in particular here, "to adding a genetic sequence," which is exactly the case. "Its effect, whether therapeutic or prophylactic," which is the case here, "is directly linked to the sequence of this nucleic acid" that is injected. This is exactly the case here. But what you need to know is that the European Medicines Agency was already telling us in 2009 that gene therapy medicinal products do not include vaccines against infectious diseases. So through a simple regulation, we decided that these products, which were objectively gene therapy products, would be excluded from the regulation of vaccines against infectious diseases. We'll look at the chronology of this exclusion in a moment.

I'll perhaps move on quickly over the next slides on vaccine clinical trials, because I don't want to take up too much time, so as to allow questions to be asked. It was just to remind you, chronologically speaking, that the sequence of the first official SARS-CoV-2 virus was officially published in January 2020 and that the complete genome was officially published on January 11, 2020. Despite this, it's worth noting that the first vaccine candidate entered human clinical trials with unprecedented speed on March 16.

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On the next slide, we'll look specifically at the Pfizer clinical trial. Development began on January 10, 2020, the day before the virus genome was fully published. And from what I've been able to understand by researching official documents, phase I on humans began before the phase on animals. Since the rat studies were approved on December 17, 2020, they would have started in June 2020, and they would have started after phase I on humans. So all these stories coincided, which explains why these products couldn't undergo the usual testing. In particular—again, from what I understand because maybe I'm wrong; it's not very clear in the documents—it seems that phases I, II and III were conducted simultaneously. And I will remind you that phase I is used to decide the optimal dose. In phase I, there were three dose levels, but if phase I is carried out at the same time as phase II and phase III, they won't be able to choose the optimal dose for phase III, which is the pre-commercialization phase. And this seems to have been what happened.

The next slide on the continuation of the Pfizer trial, is just to point out that a whistle-blower, Brook Jackson, had published an article in *The British Medical Journal* which reported integrity problems in the clinical trial data. So we need to look at this clinical trial with circumspection. There may have been problems. I wouldn't say fraud, but integrity problems.

Concerning the Moderna trial and again the chronology of this trial: Moderna officially began work on the vaccine on January 13, 2020. I remind you that the genome was published on January 11. But in fact, we later learned from a journal—you have the reference below—that Moderna had started trials as early as 2019, so before the official start of the pandemic. And in fact, these data were so encouraging that the CEO had announced in 2019 that the company would double its vaccine development program in 2020.

The next slide shows the continuation of the Moderna trial. Likewise, here we can say that the preclinical studies on non-human primates were conducted in collaboration with the American Institute of Health, and they published about monkeys in July 2020, while the

phase III on humans began on July 27, 2020. In other words, phases I and II—if they took place because I haven't found a reference to phase II—well, they began at the same time as, or perhaps even before, the animal studies. So there really is a problem with the clinical trials.

So for the next slide, I'm going to talk about the history of gene therapy regulation in relation to vaccine regulation. In 2005, the WHO granted nucleic acid-based vaccines—which, I remind you, is the case for RNA vaccines—the status of vaccines. They are vaccines. In 2007, the European Medicines Agency defined nucleic acids for prophylactic use—and vaccines fall within this framework—as GTPs, in other words, gene therapy products. Similarly, in 2007, the FDA defined DNA plasmid-based vaccines as gene therapy products. So at that time, there was no talk of RNA vaccines because they weren't yet a reality. We hadn't even imagined making them yet. And in 2008, the European Medicines Agency confirmed that DNA vaccines were subject to the regulations governing gene therapy products.

On the next slide: What happens in September 2009? Well, the European Medicines Agency decides that vaccines against infectious diseases cannot be classified as gene therapy products. Suddenly, they're no longer subject to regulations, and the same thing was decided by the FDA in 2013. The regulation of gene therapy products does not apply to infectious disease vaccines.

And we'll see on the next slide: what happened between 2008 and 2009? Since up until 2008, nucleic acid-based vaccines, including RNA vaccines, had to comply with these regulations? Well, in 2009-2010, we had the H1N1 flu pandemic and Dr. Anthony Fauci was looking for solutions for a universal flu vaccine.

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And in November 2010, talk began of a DNA vaccine, but not yet of an RNA vaccine. And in 2011, two European companies, CureVac and Sanofi, began collaborating with DARPA, the U.S. Army Research Agency, to develop RNA vaccines. And in 2013, DARPA awarded Moderna a grant of up to $25 million to develop a messenger RNA vaccine-based therapy against infectious diseases. So there seems to be a temporal concordance between this regulatory change and the decision by U.S. medical authorities to focus everything on RNA vaccine research against infectious diseases, but most specifically against influenza.

So just to let you know that all the references for everything I'm telling you here are in a preprint that I've uploaded to Qeios [since published and available as Exhibit QU-11 in the French and QU-11a in English]. It's really a preprint because I've modified it a lot. I'm going to modify it again in order to resubmit it to other journals because it's been rejected due to it being a very sensitive subject. I've been told that the regulation of RNAs is an important subject. All the people who criticized me told me it's very delicate. So in this preprint, I remind you of something very important: that RNA vaccines should follow the regulations for gene therapy products because objectively, they are gene therapy products. But what's important to note is that an RNA molecule, virtually the same molecule that targets tumors—that is, one used to combat cancer—is considered a gene therapy product. But as a vaccine against an infectious disease, it is no longer considered a gene therapy. And this exclusion is scientifically unjustified.

So on the next slide, I confirm the bizarre nature of this exclusion by the fact that Moderna and Pfizer expected their product to be subject to the regulation of gene therapy products. This came out in a press release from 2020, you have the references here for Moderna, and

from 2014 for Pfizer. So according to the CEO of BioNTech, who worked with Pfizer, they really expected messenger RNAs against infectious diseases to be considered gene therapy products. So even the manufacturers expected it. That's why they've produced trials that correspond in part to those for gene therapy products.

On the next slide, we see that whether RNA vaccines are considered vaccines or gene therapy products, they must in either case comply with the rules applicable to human medicinal products according to the European Medicines Agency. And so, as I said, if it's a cancer therapy or a vaccine, they won't undergo the same controls.

Now, it's worth noting that the European Medicines Agency requires additional studies for vaccines that use new formulations—and we'll see that not all these studies have been carried out. Vaccines in general have long been exempted from pharmacokinetic controls without any real scientific justification. Why exempt products that are administered to the entire human population, as opposed to drugs that are only administered to a few patients? But it should be noted that, as RNA vaccines represent a new class of drugs, they should rightly be subject to more controls than conventional vaccines because they are based on new technologies.

In fact, the European Medicines Agency wrote, before the arrival of RNA vaccines of course: "Vaccines are in most cases administered to a large number of healthy individuals. A robust non-clinical safety evaluation is required." So there you have it. It's a real problem, as the European Medicines Agency itself acknowledges.

On the next slide, we can see which regulations apply to these RNA vaccines. They are obviously subject to the control of new vaccines by regulatory agencies. So like all vaccines, like all human products, we have to demonstrate the purity and quality of the raw material. For this, I must refer you to the presentation by Maria Gutschi, who is currently analyzing the European Medicines Agency's report on product purity and quality. In the case of a new formulation, which is the case here, with both a new excipient and a new product, pharmacokinetic studies—meaning biodistribution in the body—are normally required for new vaccines.

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We can see that they've only been partially done. Toxicological study of the new additive must also be carried out. These studies have been very incomplete. And so above all, I'm going to emphasize pharmacokinetics. In other words, this concerns vaccine absorption, distribution and biotransformation in the body, and possible excretion. And this must be studied for new vaccines.

On the next slide regarding product quality, please refer to Maria Gutschi's presentation. In fact, as I told you, when RNA vaccines came onto the market, there were no specific regulations for RNA vaccines because it was a new product. So in fact, what we can gather from the pre-clinical trial reports is that the regulatory agencies, particularly those of the European Union, adapted the regulations. They asked for specific controls—which were inspired, in fact, by the controls for gene therapy products—to be applied to these RNA products.

And so one control for gene therapy products requires genetic identity: that is, the exact nucleotide sequence of the product. This has not been provided. There is a requirement to study the interaction of the nucleic acid with the vector. This was not provided. In fact, stability studies were underway when the vaccine was approved. There is a very technical

condition that must be demonstrated: the presence or absence of CpG dinucleotides. This has not been provided. This is always the requirement for gene therapy products, I remind you—to which RNA vaccines are not officially subject, even though they are, in fact, gene therapy products. For these gene therapy products, research and quantification of product-related impurities is required. So it's very technical: sequences that have been deleted, rearranged, hybridized, oxidized, or depolymerized. This was not provided in the preclinical trials. The presence of antibiotic resistance genes found on the RNA vaccines must also be justified. This hasn't been done either.

For the next slide, I'd like to talk about another point that has come to our attention very recently. Independent researchers, several independent teams, have found the promoter of the SV40 oncogenic virus in the DNA matrix used to synthesize RNA. And this promoter is known to amplify translation into proteins and to facilitate integration into the genome. This is a worrying problem, since DNA contaminants have also been found in vaccine vials. So these vials contain this promoter, which could facilitate the integration of DNA and/or RNA into the genome.

On the next slide, I'd like to remind you of the controls that were thus avoided for these RNA vaccines, as they were not subject to the same controls as gene therapy products. So for example, the route of administration. We have to study the route of administration, study the worst-case scenario. For example, we know that for these vaccines, there was no requirement to aspirate once the needle was inserted into the muscle. Aspiration before injection ensures that the needle is not in a capillary, a blood vessel. If you don't do this, it's possible that you're injecting into a blood vessel. And for gene therapy products, study is required to verify what happens when the most unfavourable route is used, and this has not been done.

What hasn't been done either is biodistribution [study]. We'll talk about that on the next slide. Biodistribution in the human body is very important, as you'll see. The characterization of the presumed mode of action has not been given. In fact, the European Medicines Agency has pointed this out: The mode of action has not been described. As I said earlier, it was difficult to determine the optimal dose, since phase I was conducted at the same time as phase II and III. In terms of potential toxicity targets, it was not specifically determined as to where it could be toxic in the body. Research was not conducted regarding integration in the genome. The European Medicines Agency requires that this be looked into for gene therapy products, even when such integration is unlikely, which is the case for RNA vaccines, but it must still be investigated. Transmission in the germ line has not been researched either, even though there are signals in the gonads, both the ovaries and the testes. It is known that the vaccine goes there, but it has not been investigated.

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There is also a need to carry out sperm fractionation studies and integration analyses. This has not been done. There is also a need to investigate the toxicity of structurally modified proteins; that is, it is possible that the vaccine may cause a vaccinated individual to synthesize proteins other than those investigated. This has not been researched. For gene therapy products, it is also required to study toxicity on embryo-fetal reproduction and therefore go as far as human trials. There should also be study into repeated toxicity, since vaccine manufacturers initially thought there would only be two doses, but in the end, they went as far as five/six successive doses for certain populations, and the toxicity of five or six doses has not been studied.

On the next slide, I focus on the biodistribution and excretion of messenger RNA and the RNA product, in other words, the spike. As I showed you earlier, I have published a review of the literature. We now know that RNA and the spike are found throughout the body, in all organs, and persist for at least several weeks. For gene therapy products, regulatory agencies require study of this biodistribution, especially if the synthesized protein, the spike, is excreted into the bloodstream, which is indeed the case here. I've provided two references here, but there are others that show that spike is indeed found in the blood.

Regulatory agencies also demand that the duration and expression of the spike be determined by PCR. This has not been done. They also require identification of the target organ and confirmation that the product actually reaches the target organ or tissue. This hasn't been done either. They also ask for the study of excretion into the environment in animal models, and also, eventually, for excretion studies for humans. This has not been done. For gene therapy products, they also ask for excretion via semen. This has not been studied.

The next slide presents the continuation of biodistribution problems: the FDA specifically requests that aberrant localization in non-target tissues and cells be studied for gene therapy products. They ask for a determination of exactly how many copies of the vector are present in the cells. This has not been done. They ask for study into the potential horizontal transmission from the patient to family members. This request is made exclusively for viral vectors, but as we are dealing with RNA—which is not a viral vector—and spikes which are known to be distributed throughout the body, these excretion studies should also have been carried out. The FDA also asks for a study of transplacental passage and in breast milk, as well as toxicological study based on the duration of persistence of the product in the animal model. This has not been done.

So just a word— I think I'll speed things up a little because, on the next slide, I'm going to take too much time. Recently, there was an article published on the problem of nanoparticle regulations as well. They are asking for toxicity and biodistribution studies on the complete particle injected: in other words, the lipid nanoparticle with the vaccine RNA inside. This has not been done. It's been done with related products or separate ingredients but it hasn't been done on animals. The actual biodistribution of the vaccine as injected into humans has not been studied.

Next slide: so if messenger RNAs had been classified as gene therapy products, they would have had to undergo all these controls, and then the ambiguity would have been removed. The biodistribution study should have been carried out on the actual particle injected, and not on products of that particle or similar products.

On the next slide, I'd like to emphasize two points. Since we now know from preclinical studies carried out before these RNA vaccines that when lipid nanoparticles equivalent to those in RNA vaccines reach the liver—which is the case and has been verified for COVID RNA vaccines—well, they are able to pass the placental barrier and be delivered to the fetus, and express the gene encoded by the RNA.

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If a woman is vaccinated while she is pregnant, it is possible that the vaccine passes the transplacental barrier. This should have been studied if the vaccine had been classified as a gene therapy product. Moreover, in a declassified FDA document on adverse reactions, it talks about exposure of babies through breastfeeding and of fetuses through the transplacental route. The FDA does not deny this but confirms that it is possible.

In the next slide, we're going to talk specifically about the passage of RNA vaccine into breast milk, which should have been studied if these vaccines had been classified as gene therapy products, which was not done. There are now four independent studies showing that it is possible that the vaccine RNA in a woman injected while breast-feeding her baby can pass into breast milk for at least the first week following injection. This has been proven.

And in fact, on the next slide, in the adverse reactions reported in the first two months after the vaccines were marketed, adverse reactions were noted in breast-fed babies within seven days of vaccination, which corresponds exactly to what was found in the passage of the vaccine into the milk. Moreover, in a response to a citizen's petition, the FDA does not question the detection of RNA in milk. It acknowledges the absence of functional studies demonstrating whether the vaccine RNA detected is translationally active, which should have been studied. And so it would have been very prudent to require RNA excretion studies in milk before commercial release and, above all, before approval was given to inject it into breast-feeding women.

On the next slide, I'd like to remind you that genotoxicity and immune suppression studies are necessary for gene therapy products. But either they haven't been carried out for immune suppression, immunotolerance, or they have been only partially carried out for genotoxicity since they were only done in vitro—that is, on cultured cells. And, in fact, they were carried out with messenger RNAs coding for proteins other than the spike, meaning not actually with the vaccine products. There are no studies of carcinogenicity, mutational insertion, or tumorigenicity in vivo, which are required for gene therapy products. And there are no studies on immunotolerance and immunosuppression, which have now been proven, as I've put here, by two publications that appeared after commercial release.

And on the next slide, I show you that the FDA requires long-term follow-up for gene therapy products, long-term follow-up of adverse effects over five to fifteen years, and this long-term follow-up does not apply to vaccines. So RNA vaccines escape this long-term monitoring because they are not considered gene therapy products. For gene therapy products in particular, they require long-term monitoring of cancers, new neurological diseases, autoimmune diseases, new hematological diseases, and infections. It should be noted that all these diseases are reported after RNA vaccines in peer-reviewed scientific publications. So this should have been studied before commercial release.

And finally, the next slide: RNA vaccines have escaped all these checks on gene therapy products, which are, however, essential for a new formulation and a new principle of action. So why did the European Medicines Agency give emergency approval when specific obligations in the requirements were not met? Why didn't the FDA actually evaluate these vaccines, unlike the European Medicines Agency? We know that in 2021, senior FDA officials resigned because they felt excluded from key vaccine decisions. All the references for this are in the preprint I pointed out. And according to documents leaked from the European Medicines Agency, it was learned that in late 2020, U.S. and E.U. government officials pressured European authorities to quickly approve the vaccine, despite safety concerns.

And so in conclusion, on the next slide, I'd like to ask that in future, we consider whether or not all messenger RNA products should be subject to the same regulations and controls, whether or not they are considered vaccines against infectious diseases.

[00:45:00]

There is no justification for subjecting therapeutic RNAs to strict controls when they are intended for patients who ultimately represent a small proportion of the world's population—because people with genetic defects or cancers are numerous, obviously too numerous, but they represent a small proportion of the population—whereas RNA vaccines are intended for the vast majority of the world's population, and a healthy one at that. Why exclude them from such regulation? That's the question I'm asking; and I think everyone should understand that it's very important, even though it's a rather onerous subject.

That's it, I'm done. Thank you for your attention. I hope I haven't taken too long.

Konstantinos Merakos
Yes, excellent. Thank you, Madame Banoun; thank you very much. We'll now go to our commissioners for questions. Please, go ahead.

Commissioner Massie
Hello, Madame Banoun, and thank you very much for this very exhaustive overview of the historical development of these products, which were made available to the public very quickly. My first question concerns your analysis, which to me looks like a literature review or a review of available government documents. And you have the expertise as a researcher that enables you to do this kind of reading and ask the related questions, and then try to find the documents that will make it possible to document the whole narrative you've presented to us.

My question for you is this: You know the research community—you have other colleagues in France and abroad. How many researchers would have this kind of expertise and could have done an analysis somewhat similar to the one you've presented to us? Does what you've done require such unique expertise that only a few people in the field can do it?

Hélène Banoun
No, I don't think so because I haven't been an expert in vaccines or regulations for very long. I looked into the problem because I thought it was important. In fact, I've already submitted my preprint twice to international journals. It was probably rejected because there were some inaccuracies as I'm not an expert. So what I'm giving you here is the result of the corrections I made following the comments of the experts who judged me. They're anonymous experts, but I'm guessing they must be part of official regulatory bodies. So I've been working on it; it just takes a lot of time and precision, but it's not that complicated. You need to attend to it, but I think this problem can't elude scientists, especially those who are regulatory experts. Besides, all those who criticized my preprint said that I was right to pose this problem, that it was a real problem: this problem of contradictory regulation between vaccines and gene therapy products. So I think it's within the grasp of a lot of people.

Commissioner Massie
My next question concerns the quality of these products. We've had other experts come and testify before the Commission, and they've raised a whole series of problems similar to those you mentioned in terms of product quality. Maria Gutschi was here and other experts also made presentations. And when we analyze all the questions raised about product

quality—and above all, the fact that when we go into clinical trials, certainly in phase II, we should have products of absolutely impeccable quality, so that the conclusions we draw about product efficacy, and eventually safety, cannot be called into question given the heterogeneity of product quality. This poses a problem for the conclusions of clinical trials.

And here's the question: Given that we've rushed through a lot of stages—in both evaluation and production, in manufacturing—based on the analyses you've carried out, do you think that we currently have technologies that are sufficiently robust to ensure the large-scale commercial production of these products to the right manufacturing standards? To ensure that the product, once marketed, will really have all the attributes we're looking for from the regulatory bodies?

[00:50:00]

Hélène Banoun
So there are two ways of answering. There's the way Maria Gutschi answered your question, by analyzing the reports of the European Medicines Agency, which itself specifies that there is product heterogeneity. And then there's the clinical result we've been observing, since a study recently appeared—I believe from Denmark—which points out something we've been noticing for a long time but which hadn't been officially published in a peer-reviewed journal: that is, there's great heterogeneity in batch toxicity. Since some batches are highly toxic, they have led to many reports of adverse events; and for some other batches, there are very few. So in fact, what was noted in the analysis of product quality, namely product heterogeneity, is found in the clinical effects. In other words, we find heterogeneity in batch toxicity. Therefore, it seems that the manufacturing process is poorly controlled.

Commissioner Massie
And from your experience examining other biological products—for example, therapeutic antibodies that are widely used in cancer therapy—do the technologies that lead to the production of these commercial products have the same kind of problems—in terms of the heterogeneity or quality—as the products that are available on the market?

Hélène Banoun
Well, I can't answer that because I haven't studied these products. I don't know if Maria Gutschi has. Well, I'm sorry, but I can't give you an answer.

Commissioner Massie
Okay, thank you. Do my colleagues have any questions for Madame Banoun? Do you have any questions? No?

Konstantinos Merakos
Madame Banoun, the National Citizens Inquiry would like to thank you most sincerely for your valuable information, and for your very educational PowerPoint. So we thank you very much and wish you, since you're in France, a good afternoon or good evening.

Hélène Banoun
Well, thank you for inviting me. And I'd just like to add a few words. I think it's very important to tackle this problem of regulation and to try to make it understood to lawyers and politicians because it's the politicians who ultimately decide on official regulations. I think it's very important to make everyone—scientists, lawyers, and politicians—understand that messenger RNAs are gene therapy products and must undergo all the controls required for gene therapy products. This is important for the future because there is now talk of generalizing this technology to other vaccines. This is already underway, with plans to build factories.

So where are we going with this technology? This is very important and we must quickly address the problem. The time to do it is now. Thank you very much.

Konstantinos Merakos
Excellent. Thank you once again.

[00:53:18]

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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, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 3: Christine Cotton
Full Day 2 Timestamp: 01:26:04–02:12:40
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Yes, so hello. I'm going to lower the microphone a little. So, Chantale Collard. I'm acting as a lawyer for the National Citizens Inquiry today. I'm going to look at the camera. So good morning, Madame Cotton. Can you hear me?

Christine Cotton
Hello Chantal.

Chantale Collard
Yes, hello. So first of all, on behalf of the Inquiry, I'd like to thank you for agreeing to testify today. It is very important to us.

Christine Cotton
Thank you.

Chantale Collard
So let's proceed with the identification, if you don't mind. Simply give us your first and last name.

Christine Cotton
Christine Cotton.

Chantale Collard
Perfect. I'll also swear you in for formality's sake. Do you solemnly declare to tell the truth, just the truth? Say "I do."

Christine Cotton
I do.

Chantale Collard
That's perfect. So, Christine Cotton, I'm going to introduce you very briefly—but of course you'll then be able to add to it everything you've done as well as your work. So you're a biostatistician with 23 years' experience in the pharmaceutical industry. You were CEO of your own company for 22 years in a clinical research organization [CRO]: a subcontractor in charge of monitoring, data management, statistics. Your customers have included AstraZeneca, Pfizer, Sanofi, App Science, Bayer, Aventis, and many others, as well as various hospitals, to name but a few.

And you have experience with all types of trials in a variety of therapeutic fields: oncology, central nervous system, gastrointestinal system, autoimmune diseases, osteoarticular system, odontology, pneumology, ophthalmology, nutrition. You have a really wide range of skills. Notably you've also done phase I, II, III, and IV clinical trials and observational studies. Is that a good summary? But I can see that you really have a very specialized field.

Christine Cotton
Yes, I've worked in a huge number of pathologies, including viral diseases, hepatitis C. I worked in tuberculosis, in renal transplantation—well, when you're a subcontractor, you have a lot of clients—so in diabetes. So I've effectively participated in nearly 500 clinical trials.

And what you need to know is that it's not at all a doctor's job to carry out a statistical analysis of a clinical trial; it's a biostatistician's job. And I've been doing it for a very long time.

Chantale Collard
So Christine Cotton, we're very curious to hear the results of your research and clinical trials, particularly the poor efficacy assessment. I don't know if you have a PowerPoint with you.

Christine Cotton
Maybe I can share my screen.

Chantale Collard
Yes, please do.

Christine Cotton
So here we are. I don't know if you can see it clearly?

Chantale Collard
Yes.

Christine Cotton
So I examined all the documents from the Pfizer clinical trial. A clinical trial involves dozens, if not hundreds of people. I've drawn up a small document. In summary, there are those who recruit the participants. Then of course there's the sponsor: the one who launches the study. We have the data management team, which creates the system for recording the data. There's the statistics team. We have the monitoring team, which views the sites that recruit patients in order to verify their documents. There's the pharmacovigilance team of course. We may have laboratory services to analyze a whole range of parameters. We have the quality assurance team, which makes sure that all these people are working correctly.

So the statistician comes in at the beginning, since he writes the methodology for a clinical trial.

[00:05:00]

He guarantees the validity of a clinical trial. And he intervenes at the end when we have all the data, and sometimes during intermediate analyses, since he's the one who plans and validates the trial—there is often a group of us, depending on the importance of the trial—and ensures that accurate results are delivered. Because in this business we can't afford to make mistakes.

So he delivers the results and a medical writer writes up the clinical reports. So obviously, as a biostatistician, I know how to read all the clinical reports, since I was the one who wrote them—or at least half of each report—in collaboration with the doctor who wrote them.

So what we know about COVID clinical trials—that's COVID clinical trials in general: we know that it usually takes around 15 years from molecule discovery and so on to obtaining marketing authorization. These trials benefited from what is known as accelerated development, meaning that each phase began before the previous one was completed. So obviously we didn't have all the results each time. A phase would begin without having the results [from the previous phase].

So the Pfizer clinical trial—since that's the one I've been looking at in great detail—basically should have lasted about two years. A certain number of visits were planned at which the participants—those who had been recruited, who had volunteered, and who signed an informed consent form—would go to the site that recruited them to undergo a series of tests. Obviously, if they had COVID before visiting the site, they would come forward to say they have such-and-such symptoms. In that case, they would be given an appointment for a PCR test.

What we've known since December 2020 is that pregnant or breast-feeding women are never included in clinical trials, as they are part of the protected population. We also know that immunocompromised patients were not included; patients with comorbidities—diabetes, pulmonary pathologies, et cetera—were not included; and patients with autoimmune diseases or inflammatory problems were not included. In other words, the most fragile patients.

We also know that interaction with other vaccines has not been studied. Neither has transmission been studied. While there's been a lot of fuss about this uninvestigated transmission, it is quite usual. The main problem with the Pfizer clinical trial is not at all

that transmission wasn't studied— that was playing to the crowd. Symptomatic cases were not studied.

So what did they do? Since the study lasted two years, they proceeded with interim analyses in order to provide results before the end of the trial. So at each interim analysis, each time they provided results on a population—whether adults over 16, teenagers 12-15, the 5–11-year-olds, babies, and so on—we systematically had a maximum of three months' follow-up for the participants. So in other words, we count COVID cases over these three months; and therefore we also examine tolerance over these three months. So it's a short period of time and obviously we can't draw any conclusions about medium- or long-term tolerance when our hindsight each time is of three months max, or even less than two months 50 per cent [of the time].

Chantale Collard
That's very quick.

Christine Cotton
Yes. On this basis, we can't say that it's safe. I mean, when we say "It's safe," yes, it's safe according to the results over the examined period. So, as you can see, it changes quite a few things.

So what is very, very important? This famous efficacy criterion. We've been told, "We have 95 per cent efficacy. That's fantastic," and so on. So in fact, when we look at this efficacy criterion, the famous 95 per cent is an efficacy calculated on mild or moderate COVID cases confirmed by PCR. And how you eventually know if you're a COVID case is whether you have a certain number of symptoms: fever, aches and pains, diarrhea, vomiting, and so on. Yet the vaccine induces these symptoms. So there are a certain number of symptoms that the patient will eventually have; and instead of going for a COVID test because it may potentially be COVID, we record it as a reaction to the vaccine.

[00:10:00]

So what we know from the documents made public by court decisions. Thanks to Aaron Siri in the United States, we can retrieve the database—that is, the tables, what's called SAS, that is, the software on which the statistical analyses are carried out and which was used to analyze this trial— We know, in fact, that there were fewer PCR tests done for the vaccine [group] than for the placebo. So we realize that if we don't do PCR tests, there's no risk of being a PCR-confirmed COVID case, since we didn't do the test. And we also know— If you don't understand, if you have any questions, please interrupt me because I'm running on!

Chantale Collard
In fact, you are comparing what is typically done in clinical trials with what has happened since 2020. We can really see that there's a difference with the protocol.

Christine Cotton
Exactly. In other words, clinical trials involve methods, regulations, and a heap of rules to be followed, which have been in place for years and are known as good clinical practice. And if my trial doesn't respect good clinical practice in the choice of its efficacy criteria, in the analyses carried out—it's worthless.

Chantale Collard
There we have it.

Christine Cotton
There you are. So that's why you have to understand what clinical trials usually look like in order to know whether this one is valid or not. You have to know all these good practices, for which there are hundreds of documents governing all the tasks of all the people that I mentioned earlier. And if the tasks are poorly performed, then I have deviations from good clinical practice. So I have some that are very serious and others that are less serious.

What we also know from this trial is that participants were allowed to take antipyretics. That's for fever. It's going to suppress certain symptoms. And we see that many more participants took these antipyretics in the vaccine group. So if I suppress symptoms, I'm not likely to do PCR tests, so that's called a methodological bias: a statistical bias that prevents me from correctly assessing my efficacy.

So in fact, what we know for sure is that this choice of efficacy criterion only measures part of the disease. To really measure the disease in its entirety, there they should have used a criterion which they did in fact measure, that is, the antinucleocapsid serology. This tells us who and how many had COVID during the trial. And when we calculate efficacy on this basis, we no longer have 95 per cent; we have around 55 per cent.

Chantale Collard
There was no measure of antibodies if I understand correctly, Madame Cotton?

Christine Cotton
Well, that's another matter. We'll get around to antibodies. This is really about who's had COVID and who hasn't. And we're no longer talking about mild to moderate COVID confirmed by PCR test. Now it's: Who has had COVID?

So the goal is really to prevent you from catching COVID! It's not to prevent catching mild or moderate COVID confirmed by a PCR test. So the choice of efficacy criterion is clearly wrong. Do you understand the problem? So this 95 per cent efficacy measures an efficacy that doesn't exist in reality, and which never existed!

Chantale Collard
Based on erroneous results and based on an erroneous method.

Christine Cotton
Precisely.

Chantale Collard
But later, it was said that 95 per cent had dropped to 85, then 70, and then more frequent downgrades.

Christine Cotton
Yes. Because we've seen that in real life, people catch COVID. In real life, it's not just mild or moderate. What was also very important at each interim analysis was that they never demonstrated an effect on severe cases. There was never any statistically demonstrated efficacy on severe cases in any of the reports that led to authorization: none. In adults, there is no efficacy on severe cases. For example, you see this table. We're told, "Oh well, there had been one severe case for the vaccine and three for the placebo, so efficacy is 66 per cent." But statistics is more than that. Statistics means looking at the validity of my results. And as it turns out, I've found no difference between the vaccine and the placebo groups in terms of efficacy on severe cases. Therefore, there was no proven efficacy, neither in 12-15-year-olds—since there were zero severe cases—nor in 5-11-year-olds, nor in babies aged 6 months to 4 years.

[00:15:00]

There has never been any proven efficacy in severe cases.

Chantale Collard
Incredible.

Christine Cotton
Then we have an imbalance in recruitment among centres. We have five centres that have recruited almost 10,000 patients among them. So when we have that, what do we normally do? We do a centre-by-centre analysis. So why wasn't this done? Anti-nucleocapsid serology with its 55 per cent efficacy rate was never included in the report. Why? It was never submitted. In other words, it's a criterion for which we've never had the results.

So when they did the analysis at six months, we had a little more hindsight on the tolerance. And now we had a table. So this is a publication they released, not after three months' follow-up, but after six months. And after six months, we had the deaths from COVID, for example. And there was one COVID death for the vaccine and two in the placebo. So we have no proven efficacy on COVID mortality.

Chantale Collard
None.

Christine Cotton
In addition, more people died in the vaccine group than with the placebo. So where is my actual effectiveness for mortality? It hasn't been proven in the studies.

Chantale Collard
There's a negative efficacy, you could say.

Christine Cotton
Not really.

Chantale Collard
There are more deaths following the vaccines.

Christine Cotton
Yes, that's it. There is no proven efficacy for mortality.

Now the real scam, so to speak, of the Pfizer clinical trial are levels of this famous neutralizing antibody. Here, on the left, are the results on monkeys. And here, at the bottom, you can see the time showing the antibodies being measured on day 21, day 28—so after the doses [were administered]—and day 56, that is, at two months. And here, you can see that the antibodies start to drop.

Now, this graph on the right is the result in the 18-55 age group. And there, we see that on day 28—so one month after the second dose—it's a little higher than at two months after the second dose. And yet, it's pretty convenient that we don't have a measurement of the levels. And why don't we have this measurement? Because we did an intermediate analysis at three months. Can you see the trick? And who authorized an interim analysis at three months? The FDA [Food and Drug Administration], in writing specific guidelines for COVID vaccines, authorized an analysis at three months. That's why there was no six-month measurement. And when they released the report regarding boosters, here are the six-month level measurements! Can you see them? It's the red arrow.

Chantale Collard
Absolutely. There's a big difference.

Christine Cotton
So if we'd had this first analysis at six months, would a health agency have given an authorization based on this drop in antibodies? I don't think so.

Chantale Collard
And why did they?

Christine Cotton
They gave it because at the time, this red arrow showing the neutralizing antibodies, which are supposed to represent immunity against the disease: well, we didn't have this result because we did an analysis after three months, not six! And the laboratory didn't schedule any visits between two months after the second dose and six months after the second dose. Why didn't they schedule any visits? In other words, you don't measure what you don't want to show.

Chantale Collard
There you are.

Christine Cotton
So how did they know it was going to drop? They knew it from the publication on the monkeys because we could already see it there. And they knew it because in the documents

submitted by the agencies in France—the ANSM [National Agency for the Safety of Medicines and Health Products], et cetera, or the HAS, Haute Autorité de Santé [National Authority for Health]—they already told us in December 2020 that a booster was being investigated. Ah, how convenient!

Therefore, not measuring the antibodies is how they hid the fact that they were decreasing. That way they received an authorization with a completely bogus efficacy since it doesn't measure the disease in its entirety. So they didn't measure the antibodies but they knew very well that they were going to decrease, so they prepared a booster. Then six months later—on December 22, 2021—they said, "Aw, that's too bad, we just noticed that the antibodies are decreasing. It's annoying, but we're going to need a booster."

Chantale Collard
Another booster.

Christine Cotton
So we needed a booster. After that, we needed a fourth dose, then a fifth— But this is inevitable since it only lasts three months. But we've known from the beginning that it lasts three months.

[00:20:00]

So let me summarize. Efficacy being 95 per cent: false. No proven efficacy in severe cases with each authorization. Antibody levels: they didn't measure them because they knew they were decreasing and that's why they were studying a booster. So protection and efficacy are zero! In terms of methodology: zero. So it's worthless.

If I move on to tolerance— When I read the reports, I don't have any major problems regarding tolerance. However, in the adult clinical trials, I know about the well-known Augusto German Roux, who contacted me from Argentina. He took part in the clinical trial and almost died. So he sent me all the letters he'd sent to all the health agencies to point out that he'd almost died and that it wasn't in the clinical report; that it wasn't reported as a serious life-threatening adverse event. It's not there. So that means that the tolerance is incorrect. As for teenagers: I'm thinking of the well-known Maddie de Garay case in the United States where the mother moved heaven and earth to have her daughter treated, but to no avail. So if these serious effects had been reported, it would have been much less safe than it was made out to be. So obviously, the tolerance is incorrect.

And then there are the risks. So what are the risks? Well obviously, it's having adverse reactions, but it's also all the unknowns. So as we saw at the start— Use in pregnant women since December 2020: unknown; it was not measured in clinical trials. Immunocompromised patients: unknown. For fragile patients with diabetes, chronic illnesses or cardiovascular problems: unknown. Use in people with autoimmune diseases with inflammatory problems: unknown. Interactions with other vaccines: unknown. How could we offer a flu vaccine on the same day if we didn't have any studies at the time of authorization? And we say, "Oh sure, we can do that." We don't have any studies that say it's safe! So obviously, long-term tolerance is indeed: unknown.

Chantale Collard
But pregnant women, Madame Cotton, I don't understand. I'm sure you'll tell me. Usually, they can't take any medication at all. It's always pregnant women who are prevented from taking even a simple aspirin or Tylenol, sometimes even food. How did we get pregnant women to take this injection when we know the risks?

Christine Cotton
Pregnant women have been classified as an at-risk population.

Chantale Collard
At risk of contracting the virus, and not at risk of vaccine side effects.

Christine Cotton
Exactly. So they classified them as at-risk and proceeded to vaccinate them without any clinical trial results. There was one clinical trial on pregnant women but it was stopped. Three hundred or so women were recruited out of the four thousand planned, and we never saw the results.

What's more, the laboratory isn't hiding anything from us—or nothing much—since in the results for the 12- to 15-year-olds, there's even a chapter written in plain English with links and everything you need. I retrieved everything. It's available; anyone could retrieve them. Every time there's an authorization, it's put online. It's not hidden. And in this report, there's a chapter called "Unknown Benefits and Risks." And in it they tell us point-blank that the unknowns for teenagers are the same as for people over 16: duration of protection, unknown; efficacy in certain populations at high risk of COVID, unknown; efficacy in those who have already had COVID, unknown—since in the clinical trial, these are people who have never had the disease; effect of illness on future vaccine efficacy, unknown; efficacy on asymptomatic infections, unknown; efficacy on the long-term effects of COVID, unknown; efficacy on mortality, unknown; efficacy on transmission, unknown.

They're not hiding anything; it's all there in black and white! So when health agencies see this, they should normally be alerted to exercise a little caution. So no, obviously it doesn't bother anyone that there are all these unknowns at the moment when authorizations are given. Then of course, because there are so many unknowns, they say, "Oh well, we'll study the occurrence of myocarditis and pericarditis. We'll study pregnant women. We'll do real-world studies or more clinical trials."

[00:25:00]

There you go. But in the meantime, authorizations are granted. So there was indeed a trial on immunocompromised patients and one on pregnant women. There you go.

And what has been known since October 2020— Since we had a presentation by Steve Anderson, who's not just anyone, as he's one of the people in charge of biostatistics [at the FDA] and also in charge of adverse reactions in this situation—what was known? Well, that possible events following vaccination had to be monitored. These could include Guillain-Barré, disseminated encephalomyelitis, transverse myelitis, convulsions, cardiac arrest, anaphylaxis, myocarditis and pericarditis, autoimmune diseases, death, pregnancy and birth problems, thrombocytopenia, et cetera. And something very important that we've known all along: what they call "vaccine enhanced disease." So instead of preventing us

from catching the disease, the antibodies we create aggravate it or cause us to catch it. This has been known since October 2020. It's online! If you click, there it is: it's not hidden.

In fact, the real problem is that with a file like this, the health agencies should theoretically have countered with: "You must add three months of follow-up; the data is insufficient," and then not rushed to give authorization. So why did the health agencies rush to give this authorization?

And then the last point concerns the quality of the data, following these notably good clinical practices. And we know from Brook Jackson in the United States that there have been problems at certain sites, that patients were not properly monitored. We know this with Augusto Roux in Argentina because that was tragic. So we have doubts about the data's quality. When you have doubts about the quality of the data, how can you not have doubts about the quality of the results? So clearly, this clinical trial is the worst I've seen in my career. Therefore, the efficacy is false.

Immunogenicity and antibodies [measurements] are incomplete. The tolerance is false, so the benefit-risk ratio is obviously false. And the FDA tells us that they audited the centres, but due to complications during the pandemic, they say they didn't in fact check the integrity of the data. So this clinical trial is a sham in every aspect.

Chantale Collard
A monumental fraud.

Christine Cotton
You bet! Frankly, at this stage, it's unprecedented. And it was done with the agencies' blessing.

Chantale Collard
There you are.

Christine Cotton
So the question is: Why? I can't answer that question.

Chantale Collard
I think people will draw their own conclusions from your presentation—which is crystal clear—and from your support[ing information]. It leaves me speechless to see that it was all false. We suspected it, but now you've proven it.

Christine Cotton
That is, it's all there in writing. But in order to reveal it, you need to know something about clinical trial methodology.

Chantale Collard
And you know what you're talking about, so there may be questions from the commissioners to complete your testimony.

Christine Cotton
Of course.

Commissioner Massie
Thank you, Madame Cotton, for that very enlightening presentation. You mentioned that in order to recognize the shortcomings that may have been present in this case, we need to have knowledge—among other things—of good clinical practices to understand whether we are really in a position to generate data on which we can draw reliable conclusions. Unless I'm mistaken, I assume that people who work in regulatory agencies—whether it's the EMA [European Medicines Agency], the FDA or Health Canada—in principle should have this kind of knowledge of good clinical practice.

Christine Cotton
Absolutely. So I've been involved in several FDA filings for laboratory projects of varying sizes and in those cases, we have [to answer] questions.

[00:30:00]

They ask us to explain why, and how we were able to prove this. So obviously, they [ask] about good clinical practice. I'm all the more familiar with it as I used to be my company's quality assurance manager. So we have standard operating procedures that we have to follow; we have standardized methods. So obviously all these people are perfectly familiar with them.

So have these files been reviewed by biostatisticians? Because when I talk to you about statistical bias, you have to know a little bit about statistics. But even so, I think an experienced examiner has to see that there are biases. If I don't dose and I do fewer [PCR tests] for the vaccinated [group] than for the placebo [group], obviously that's a bias because if people weren't tested, I can't know whether on not they have COVID. So I mean, you don't even have to be a biostatistician to figure that out. So it's incomprehensible. I mean, when I read all that, it's incomprehensible that the health agencies have accepted this file as it stands.

Commissioner Massie
My next question is a little technical: it's about PCR tests—because this was one of the key elements in the so-called claim for vaccine efficacy. Do we have any details in these files on the number of cycles used for the PCR tests?

Christine Cotton
I didn't find anything. So personally, it doesn't bother me too much because there's no reason in biostatistics for it to create a bias since there's no reason for me to have, for example, more false positives for the placebo [group] than for the vaccine [group]. So that's why I don't really bother mentioning the PCR test result in this analysis in terms of methodological bias since there's no reason to. If, for example, I have 10 per cent false positives or false negatives depending on the test or the number of cycles used, there's no reason for the methods to be different, or for there to be a difference between my groups. So it's not a bias for me. Do you understand?

Commissioner Massie
Yes, I understand. My next question concerns the evaluation of the populations: where we measured the number of weak symptoms in the placebo group and in the vaccine group. When I do the rough calculations, I think the challenge we're facing is: Will we have a chance of having enough events to be statistically significant? Roughly speaking, out of 40,000, with the number we have here, that's about one case of infection in four hundred. The first question is: Is one case of infection in four hundred —in a population in the midst of a pandemic—a good indication that we're in an important phase in terms of infecting people?

Christine Cotton
I was thinking about this when I looked at the calculation of the number of subjects. They had predicted that 1.3 per cent of people on placebo would contract COVID, which—in the middle of a global pandemic with lockdowns everywhere—is very few. I said to myself, "Well, for something so infectious, in the midst of a pandemic, if we calculate the number of subjects and see that only 1.3 percent of those receiving placebos—that is, salt water injections—will [contract COVID], in the end, this COVID isn't so infectious after all." Well then.

Commissioner Massie
And so the next question is: With the numbers we had available to assess this relative effectiveness, is it actually statistically convincing, let's say?

Christine Cotton
Yes—because it's a calculation. In any clinical trial, there is an assumption of efficacy, or in this case, percentages of sick people in each group. That's how we calculated that 44,000 subjects were needed for the trial. So that's not the problem. But this is calculated on mild or moderate, PCR-confirmed COVID cases. However, if we had said, "We want to use severe cases as an efficacy criterion," we would have needed many more patients in the trial, since they are rare. As you can see, I have zero teenagers [in the placebo group] and zero [in the vaccine group]. So I'm not likely to show a difference between the placebo [group] and the vaccine [group] because I don't have any cases.

[00:35:00]

So this is an unproven efficacy due to a lack of cases. I believe the choice was discussed well beforehand at meetings—WHO [World Health Organization], agencies, et cetera. And so they said that for severe cases, which would have been much more relevant—since it's the severe cases that lead to hospitalizations and deaths, and that's what we wanted to avoid—well, we would have needed far too many patients. So that's why they chose this one, which is totally unrepresentative of reality. They could have chosen to use antinucleocapsid serology, but that wouldn't have suited them because 55 per cent efficacy—as opposed to 95 per cent efficacy—is harder to sell.

Commissioner Massie
My next question concerns the deployment of the vaccine. In the early months that followed, there was a certain amount of data to which we didn't have immediate access, but to which we ended up gaining access a little later through requests for Access to Information. And initially and for a very long time, the idea was hammered home that

vaccination was actually significantly reducing the number of cases. It was even better than what was observed in clinical trials. So everyone had to be vaccinated if we were to emerge from this pandemic. Then suddenly, the Delta variant arrived and the vaccine no longer seemed to have the capacity to reduce infection and transmission.

Is there anything fundamentally different between the Delta variant and the other variants on which the vaccine had been tested? Or is it simply because the greater number of cases made it more difficult to demonstrate this in the figures we were accumulating as we went along?

Christine Cotton
So I don't agree that we didn't have access to the documents. I retrieved the documents as early as December 2020. In April 2021, I gave my first broadcast on the results of the four vaccines that had been released up to that point: Janssen, AstraZeneca, Moderna, and Pfizer. We had access to the clinical reports. I retrieved them all.

Commissioner Massie
What I mean is the documents that followed the rollout of the vaccines that Pfizer and the FDA didn't want to be made public for 75 years.

Christine Cotton
Yes, that is, they didn't want to make internal documents public. But the clinical reports were available. All the deliberations were available on the FDA's YouTube channel. You could have eight hours of deliberations with all the presentations from the CDC and Pfizer staff in particular. So we had everything. It's just that people don't know it exists and obviously, very few know how to read clinical trial reports. But I had already collected everything, so I already knew that there was no known efficacy for severe cases and that there were lots of populations that hadn't been analyzed. As early as April 2021, I did a broadcast to warn people that if they were immunocompromised, there were no results proving that it was effective.

So the second point is about the results we were getting, which kept being released: the efficacy of this and of that, and so many percentages, Well, these are real-world studies based on retrospective databases. In other words, we take databases and analyze cases on the basis of that. In my 23 years in the pharmaceutical industry, I've never carried out analyses on retrospective databases. Because in terms of the validity of the conclusions and the proof of the conclusions, it's at the lowest level. In other words, the conclusions drawn from them should be taken with great caution because, in terms of method, they're not worth much. So they could always bring up whatever they wanted because it was worthless, really.

Commissioner Massie
But when the health authorities tell us, for example, that this vaccine can no longer prevent transmission, it is implicitly suggesting that it did at the beginning.

Christine Cotton
They had drawn conclusions from a real-world study which tended to prove that it slowed down transmission. But then, we don't give marketing authorizations on the basis of real-world studies. We give authorizations on the basis of clinical trials.

[00:40:00]

That shows the point. In other words, that in terms of methodology, I can't give authorization based on a real-world study method. Why? Because it's not valid, or it's much less valid. And my conclusions are to be taken with much more caution than a clinical trial, which is randomized, where we've selected people who meet inclusion criteria, et cetera, who are followed in a certain way, all in the same manner. So otherwise, if real-world studies were all that it took to bring a product to market, we'd have stopped doing clinical trials a long time ago. See what I mean? I'll prove whatever you want with a real-world study. You choose your database well; you choose the methods that suit you; and then you prove whatever you want. Some people have managed to prove that Nutella reduces hypertension or the like. So from here on—

Commissioner Massie
Isn't one of the problems with the clinical trial that the inspections we should normally have had from the regulatory bodies were insufficient to ensure good clinical practices? Is this unusual? Or is this how it's usually done, or did we do less than usual?

Christine Cotton
So if you look at the number of audits carried out by the FDA, it has actually dropped. But it was a rather special period. So the real problem is, when they tell us they're going to audit: What does auditing mean? It means checking all the patients' source files. So I take out the medical file and I check what had been reported in the database— via a system called eCRF, "e" for "electronic", CRF, "case report form." I check that the data that is in there is indeed what is in my source file. It's the integrity, the validity of the data. Has it been entered correctly? Does it match? That is, I have to take data at random; I have to validate all the circuits and PCR tests and how soon they are sent out. All this is recorded in a centre that recruits patients. It's all part of good clinical practice. Did the people who called in saying, "I'm ill, I have such-and-such a symptom" get a call back from the centre staff? There are logs, tracking systems. Everything is recorded.

So that's why, when I wrote a report on this trial in January 2022, I asked for a full audit of all the centres' documents. So now we know who wasn't called back when they should have been tested on account of being ill. From this we know everything. And the FDA tells us, "Oh yes, but the integrity of the data has not been verified." If the integrity of the data hasn't been verified, then I don't know if my data is reliable and therefore, all the more so, my results.

Commissioner Massie
We had another witness who mentioned that during the clinical trial, a certain number of people had been excluded from the compilation and that this number of people was much higher in the vaccine side than in the placebo side. Have you seen any data to that effect, and how would you explain it?

Christine Cotton
So I think it's a question of defining the populations. That is, when we define the analysis populations, when we write the protocol—which was my job—we define the analysis populations and we exclude a certain number of people that we've defined as unable to fit into these populations. But that's a complicated subject to talk about because the reasons for exclusion are defined beforehand. And when we exclude patients, we're supposed to do so blindly; this is known as blind review. So to say there are more exclusions in the vaccine group, okay. But I don't have this blind review document, so I don't know how it was done. So I didn't talk about it because I don't think it's the main issue. There are so many other problems. So when we say, "We're excluding so-and-so, so-and-so, so-and-so," we're not supposed to know who got the vaccine or who got the placebo. And we do that before we do the analysis.

[00:45:00]

It's a document that's drawn up beforehand and then, when we do the analysis, we know what the product is because it's blinded. And we mustn't forget that in the Pfizer clinical trial, the only one who knows what the patient has received is the one who prepares the product and injects it. He's the only one who knows; the others don't. So, *a priori*, when we hold this data review meeting where we say, "So-and-so, so-and-so, so-and-so, and such-and-such number have deviations, and so we will exclude them from the analysis population," we're not supposed to know whether they had taken the vaccine or the placebo.

Commissioner Massie
Okay, thank you. You have any questions? Are you okay?

Chantale Collard
Madame Christine Cotton, listen: thank you for your truly enlightening testimony, in terms of both methodology and analysis of clinical trials. In any case, I've personally learned a great deal, even if I already knew a bit about it. So listen, thank you and I invite you to spread your message far and wide.

Christine Cotton
Oh well, I made quite a bit of noise with it, didn't I? I did go to the Parliamentary Office.

Chantale Collard
Keep making noise.

Christine Cotton
I'm not finished.

Chantale Collard
Thank you very much.

Christine Cotton
Thank you.

[00:46:36]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further *translated from the original French.*

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 4: Lynette Tremblay
Full Day 2 Timestamp: 02:13:05–02:34:34
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Good day. Samuel Bachand. I will be acting as the attorney for the Commission for the purpose of your testimony. Madame Lynette Tremblay, could you please spell your name in full?

Lynette Tremblay
My first name, L-Y-N-E-T-T-E, Tremblay, T-R-E-M-B-L-A-Y.

Samuel Bachand
I'll swear you in. Madame Tremblay, do you swear to tell the Commission nothing but the truth?

Lynette Tremblay
I vow to tell only the truth. Moreover, I can add right from the start that I've already been part of two documentaries in Quebec, *COVIDENCES* and *CHSLD: je me souviens*, in which I talk about the same subject: the death of my father, then my reaction toward the way governments treat seniors, which I find absolutely, unbelievably awful.

Samuel Bachand
So the skeptics will be able to compare testimonials.

Lynette Tremblay
They'll even be able to see photos because I could have brought photos, but they're already available in the two documentaries.

Samuel Bachand
Very well. So I don't need to tell you to speak slowly to help the translation.

Lynette Tremblay
Yes.

Samuel Bachand
You're here to tell us about the circumstances surrounding your father's last days in CHSLD [a nursing home or long-term care home]. So what I suggest you do, as we did on the phone in preparation, is tell us all about it: date by date or period by period, chronologically, very calmly. And then where I need further clarification, I'll interrupt you.

Lynette Tremblay
Excellent. So listen, it was at the beginning of the pandemic in 2020 and my father was in a CHSLD. In this CHSLD in Montreal, there were no cases of COVID. It had even been mentioned in the media. And then overnight, I think it was in March, the COVID alert was triggered. And then I was informed by the director of the centre—

Samuel Bachand
Who triggered the COVID alert?

Lynette Tremblay
The government.

Samuel Bachand
What COVID alert?

Lynette Tremblay
They were saying, "We can't see our elderly anymore, it's dangerous." I didn't see my father for two months.

Samuel Bachand
Just a moment. When you say, "The government says 'you can't see them,'" how were you given this message? What form did it take? Did you receive a written document? Did you watch a press briefing, et cetera?

Lynette Tremblay
For me, it was because I used to visit my father regularly and then I was denied access. There was an employee I paid to accompany my father, to take him out. He was no longer allowed entrance. And then, from one day to the next, I was told that "from now on, starting Monday, Public Health is going to be in charge. They're going to go into the CHSLDs," and they were going to test people.

Samuel Bachand
To the best of your recollection, approximately what date is this?

Lynette Tremblay
March 2020.

Samuel Bachand
Okay. When you say: "I was denied access," who was denying you access? On what terms? In what way?

Lynette Tremblay
Well, on the phone, because I called often. I remember coming back from vacation and wanting to go see my father, but it was on the exact day I got back that the measures were implemented and access was denied. They were doing Zoom, WhatsApp, so we could see our parents and talk to them, and then we were forbidden access.

Samuel Bachand
Who were you talking to on the phone when you got the message that you were barred from the CHSLD?

Lynette Tremblay
Well as I said, it was in March, maybe the end of March. The director of the centre herself said to me, "Listen, Public Health will be coming tomorrow." But I said, "There are no cases; why are they going there?" Then she said, "Well, that's it; they're coming to check." And then she said, "Tonight, I'm doing rounds." I thought it was weird that she was working on a Sunday night. She said to me, "I think your father has a fever." I said, "Oh really!" Then she said, "I'm going to test him for COVID." But I said, "No one had anything last week." It was a centre that had apparently been completely free of infection.

[00:05:00]

So she said to me, "Well, I'm going to test him; he has a fever." I didn't say much, but the next day, she told me, "Ah, your father's been tested, and he's got COVID but he's asymptomatic." I thought, "That's impossible!" Look, this is a virus that's supposed to kill, that suffocates you, that knocks you off your feet, that makes you contagious. How can you be asymptomatic?

Samuel Bachand
Okay. Was it the director who told you, in the first conversation you mentioned, not the second, that you couldn't access the facility, or was it someone else?

Lynette Tremblay
Well it was the centre's rules. I can't say exactly.

Samuel Bachand
Who told you? I'm trying to find out who told you that you couldn't go. You told me approximately when.

Lynette Tremblay
There was a ban that applied to all CHSLDs in Quebec starting on a set date.

Samuel Bachand
Who at your father's CHSLD told you about the ban? Who told you, "You can't come to visit"?

Lynette Tremblay
It could have been the administration or the person who answered the phone. It could have been reception because everyone had the same message.

Samuel Bachand
So it wasn't the director in the first conversation. It was another employee you can't identify.

Lynette Tremblay
I can't say exactly. Except that, when we got there, there was a policeman. And I'm telling you, even if we had tried to get through, it would have been impossible.

Samuel Bachand
I understand.

Lynette Tremblay
So that was my experience. She told me, "We've done COVID tests, and your father is positive but asymptomatic." And then I called every day, and I realized that every day, there was a different doctor on my father's floor and on every floor. Every day, they changed doctors with the result that none of them knew the patients.

Samuel Bachand
How exactly do you know that?

Lynette Tremblay
Because I phoned every day and asked, "It's a new doctor! Why isn't the regular doctor answering?"

Samuel Bachand
When you called every day to find out who the doctor was, did you talk to a nurse? To an attendant? Who were you talking to?

Lynette Tremblay
No, I talked to the doctor! Because I demanded to speak to the doctor.

Samuel Bachand
All right.

Lynette Tremblay
And then, I didn't believe it. I even asked the doctor, "Are you going to give me the proof of the positive test; I want to see it." He never gave it to me but he said, "Ask the nurse, ask someone else," and then that person over there— It was like something out of *Asterix*.

Samuel Bachand
The house that drives you mad in *Asterix*.

Lynette Tremblay
Yes, *The Twelve Tasks [of Asterix]*. So everyone passed the buck. I never got the test. And then they told me that patients who are COVID positive are going to be put in the cafeteria. I found that absolutely absurd.

Samuel Bachand
Was it still a doctor who was telling you that?

Lynette Tremblay
Yes, was the doctor. He said to me, "Public Health is in charge of all that." Then I was told, "The patients will go to the cafeteria for two weeks and then we'll check on their condition." I called every day. I'd say, "Is my dad okay?" He'd say, "Yes, he's fine, he's eating well, he's asymptomatic." And I'd say to myself, "So he's not . . ." Then what I realized was that because it was new—there was no vaccine yet and the tests were new—they were practising on the seniors. Because he told me that he kept testing them until the test was positive.

Samuel Bachand
A doctor told you he was testing patients.

Lynette Tremblay
Yes, he said, "We tested several times." Also I was friends with people there, we knew each other, and the daughter of another patient told me, "My father had some kind of pneumonia and then they tested him three times until the test came back positive."

Samuel Bachand
Over what period did they test it three times?

Lynette Tremblay
Oh, they were testing either the same day or within a few days—very, very quickly.

Samuel Bachand
Okay. Have you heard from other people, for example medical staff, that it's common practice to test as often as necessary over a short period of time until a positive test is obtained?

Lynette Tremblay
I know that some people have been tested three times before testing positive. I've been told that. But listen, it's been a while.

Samuel Bachand
I know, I'm trying to . . .

Lynette Tremblay
I can't say who or when.

Samuel Bachand
You're sure.

Lynette Tremblay
That's what was needed. When a patient tested COVID positive, all treatments were halted. In my father's case, he had a large bed sore and needed to sleep on an elderly care air mattress. The sore had been caused by neglect because they left him lying down too long.

[00:10:00]

So when treatments were halted, they said they didn't have that bed. The patients weren't even given vitamins C or D. When I demanded they at least give my dad vitamins C and D, the doctor said, "Oh, that doesn't work, it's not necessary." I said, "Well, I want you to give him some and I'm going to come and check. If you don't, I'm going to take it to him. Then I want you to give it to him." And that's what I did. I brought in a little box of vitamins which they never gave him. They put the box aside and gave it back to me after my father died. The box was intact.

In the end, the patients apparently didn't stay down there for two weeks. I think it was because the system did not work. I was told, "We're moving them back up to the bedrooms; your father is okay." And then, I wanted to see him, I wanted to see him. He said to me, "He's fine, he's fine."

I'll just take a look at my notes, in case I've missed anything.

And then, at some point, a new doctor phoned me. He said, "Ah, your father's a bit weak, maybe you could come and see him." So I rushed off to see my father and went to his room. There was a woman lying in his room and it was all converted and identified by the lady's name. We paid for this room; it was ours; it was like his home. And I arrived and saw a

woman lying in the bed. Then I said, "It's not an air bed, it's all decorated, it has photos." It was clear that this woman had been there for a while. Then she said, "No, your father's not here; he's in that room." Then I went to see him but I said, "What kind of room is this? It's a hard bed, it's empty, there's no name with his picture! Where are his clothes, his TV, his personal belongings? Where are his things?"

They didn't answer me. When I went in, I can't even tell you the protocols I had to go through! We had to enter through new access corridors and dress up in face shields and a mask. I thought, "Is this theater, vaudeville, or what?" It was incredible to me. I thought, "They can't be serious, they're trying to scare everyone!" I was outraged by the circus. What's more, they'd brought the military into the centres. I said, "What on earth are you doing, bringing in the military? People are already scared! They're going to see the military come in. What you're doing is appalling!"

Samuel Bachand
Who summoned the military—or the possible presence of the military?

Lynette Tremblay
Ah, it wasn't just possible, it was credible: the military was there. The military was there apparently because the employees were so scared of COVID. They [the employees] were paid—I think they got the CSP [Canadian Emergency Benefit] which paid more than their salary—and they all left.

Samuel Bachand
Okay. Did you see the military with your own eyes?

Lynette Tremblay
Yes, I saw them. Fortunately, they weren't dressed in military garb. Then I realized they were there to help.

Samuel Bachand
How did you determine that they were military personnel?

Lynette Tremblay
I asked them.

Samuel Bachand
Okay, then what kind of response did you get to the best of your recollection?

Lynette Tremblay
They were all nice.

Samuel Bachand
What words did they use? Did they say, "I'm Sergeant what's-his-name"?

Lynette Tremblay
No, I didn't go into detail about that. All I cared about was seeing my father. I didn't ask any questions.

Samuel Bachand
But you're certain that these people told you they were members of the Canadian Armed Forces.

Lynette Tremblay
Yes.

Samuel Bachand
On what date did your father die?

Lynette Tremblay
May 5, 2020.

Samuel Bachand
What was the cause of death?

Lynette Tremblay
Well, that's just it! Because, when I went in on May 4, 2020—the day I realized they had changed his room—I realized he was being given some kind of solution; apparently, they were giving additional medications to patients who tested positive for COVID. And so I took some photos, then I said to my dad, "Dad," and it seemed that he heard me. I thought, "He's completely drugged." I still didn't know what was wrong with him.

So that's how it all happened from my perspective: the room; how he was treated; how he looked; his hair was all dirty! It was as if they'd abandoned him. When I saw the director I said, "How can people be treated this way? My father's hair is all greasy and dirty! I don't even know whether you are changing his—" It's unbelievable!

[00:15:00]

When I returned the next day, they told me, "You can't stay longer than five minutes." I replied, "Listen, I haven't seen my father in two months; I'm going to spend as much time as I want with him." Then one of the nurses freaked out at the doctor when she saw I was taking photos. She shouted, "She's taking photos! She's taking photos!" And I'm thinking, "What on earth is this charade?" So what? I was taking photos. Next he said, "You have to leave right now." So I left.

The next morning, I came back and the director took me into her office with some employees I didn't know. She said to me, "You know, you had no right to go in there yesterday. Your father's not in mortal danger." I said, "Why did you move my father to another room? Why did you do this, and what's wrong with his arm? What did you do to him?" No answer. She said, "Oh, he's not dying, he's not in danger of dying. You have to leave." And then in the evening, at four o'clock, he died.

Samuel Bachand
During the period you've described, about how many doctors in total had you spoken to regarding your father's case?

Lynette Tremblay
For two weeks, let's say, there was a doctor every day.

Samuel Bachand
Okay. Before this COVID situation, what was the physician turnover like?

Lynette Tremblay
It was the same doctor every week. And he would visit patients who needed to see him and treat those who needed it.

Samuel Bachand
Before COVID, how frequently would you call and talk to the doctor? Once a week?

Lynette Tremblay
My father had no issues. He didn't suffer from anything. I used to go in person because it wasn't far from my house. I preferred meeting face-to-face.

Samuel Bachand
I understand. At this point, I'll leave it to the commissioners to complete this interview, if needed.

Commissioner Massie
Thank you very much for your testimony. I have a question about your father's health. How long had your father been in the CHSLD?

Lynette Tremblay
I think it had been two or three years.

Commissioner Massie
And you mentioned earlier in your testimony that he had bed sores, perhaps because he had difficulty getting around.

Lynette Tremblay
A person who's been lying in bed for a long time will develop bed sores. And they hadn't healed properly. When he went to the hospital because of this, she said, "Ah, he's going to die from that bed sore." I said, "What do you mean, a bed sore? You don't die from that!" She said, "Yes, you can die." But I said, "Bed sores are caused by mistreatment." At the hospital they agreed with me. It is necessary to use special dressings. After that was done, all went well. They put in drains but my father wasn't supposed to have any pressure on

the sore, so they prescribed an air bed. It's like water; it doesn't put pressure on the wound. And it healed very, very, very well.

Commissioner Massie
Was your father mobile? Could he get up, move around, or was he always bedridden?

Lynette Tremblay
At first he could. When he went in there, he was moving just fine. And then—you know, I don't wish to make an issue of it—they had given him a tranquilizer that I had cancelled. I ordered them to stop giving it to him because he didn't need it. But it caused him to lose mobility: his legs had gone limp. It was a very powerful drug that put him in hospital. The doctor thought he was going to die from it.

Commissioner Massie
Concerning your first visit in two months [of being denied entry], when you noticed that your father wasn't in his old room: Did you ever get any satisfactory explanation?

Lynette Tremblay
None at all. When I asked, "What is he doing there? Why did they change it?" None! It seems to me that my father was chosen, selected. In any case, I'll let you draw your own conclusions. Apparently, they put him there because they thought they'd only call me when he died. In my opinion, I wasn't supposed to see him like that, in another room and all that.

[00:20:00]

Commissioner Massie
And I'm curious: When you mentioned the day you went to the CHSLD to see your father and the director told you that your father was doing quite well, that it wasn't necessary for him to stay in that room for very long—what was it in her judgment, based on the doctors' examinations, that would allow her to tell you that?

Lynette Tremblay
When I went there, it was because the doctor for that day had said to me: "Ah, I think you should come see your father," except that I don't think the management had been informed.

Commissioner Massie
Okay.

Lynette Tremblay
And the next day, when I wanted to go back, it was the management who took me to their office to tell me, "You shouldn't have gone there; you shouldn't have seen your father; your father is in good health." Then the next day, when I saw him dead, well, I saw that they had rushed to wash his hair; it was clean. I know they declared him a COVID death. I'm sure my father didn't have COVID. We did not have the right to request an autopsy because when

someone died of COVID, autopsies weren't allowed. And that's that. It's unfortunate but he died in an atrocious way.

Commissioner Massie
Thank you.

Samuel Bachand
Thank you for your testimony.

Lynette Tremblay
Thank you.

Samuel Bachand
You are free to go.

[00:21:29]

Final Review and Approval: *Erin Thiessen, November 7, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 5: Marylaine Bélair
Full Day 2 Timestamp: 02:35:19–02:54:19
Source URL: https://rumble.com/v2v90b6-quebecIII-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So hello again everyone. It's my turn to share another difficult testimony. Up until now, I know that the lawyers have had some very, very difficult testimonies on their plates during preparation period. When we talk about preparation, we mean calming the witnesses down, reassuring them, and helping them to organize their ideas a little. But what you will see here is all of their own free will; it's their own emotions. And sometimes we too have our own emotions and we need to remain strong during this process. So I'd like to thank our team here and all the witnesses of yesterday, today and tomorrow.

So without further ado, we'll continue with another difficult testimony—with Madame Marylaine Bélair. Hello Madame Marylaine.

Marylaine Bélair
Hello.

Konstantinos Merakos
So I'll start with your oath. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say: "Yes, I solemnly affirm" or "I swear."

Marylaine Bélair
Yes, I swear.

Konstantinos Merakos
Excellent. Can you say your full name and spell your surname?

Marylaine Bélair
Marylaine Bélair, B-É-L-A-I-R.

Konstantinos Merakos
Excellent, thank you. So for our viewers, Madame Bélair is here with us in person in front of me. So Madame Bélair, take your time with your testimony. We're going to start from the date when the chaos started for you: March 2020. Does it make sense to start with that date?

Marylaine Bélair
Yes.

Konstantinos Merakos
Excellent. Go ahead.

Marylaine Bélair
Actually, I want to testify on the impact of government measures on my life. In March 2020, more and more measures were being introduced every day. On March 13, schools were closed. At the time, my husband had been studying with the APCHQ [Association provinciale des constructeurs d'habitation du Québec] to get his RBQ [Régie du bâtiment du Québec - for construction management] licences. So his studies were stopped. He had the choice of taking the CERB [Canada Emergency Response Benefit] because at that time, the government was offering students the choice of being paid or of finding a job and going to work.

My husband thought, "We're in a crisis in Quebec; I can't just stay home and get paid for doing nothing." So there was a call from the government for security guards to enforce the measures in public places. My husband got a job on March 29, 2020, as a security guard at Walmart. At that time, one of the measures in place at Walmart was to let in only one person per family; you couldn't bring in more than one person. It was his job to enforce those measures.

Konstantinos Merakos
Perfect. So because of lockdown, measures, and mandates, your husband was forced to find this type of work.

Marylaine Bélair
Yes.

Konstantinos Merakos
So the next date that's important to your story is April 4, 2020: What happened on April 4, 2020?

Marylaine Bélair
Well, my husband was on duty as a security guard at the Walmart in Fleurimont. While my husband was making the rounds inside the Walmart, a customer arrived with his girlfriend and wanted to get in and, well, he was prevented from doing so by the other security guard on site—it was a woman—so he got into an altercation with her. Finally, he withdrew with his girlfriend to the parking lot. My husband rejoined his colleague outside the store and she explained the situation to him. Then the customer returned in his car to the front of the Walmart. My husband was there and, being a man, he didn't want the woman to be annoyed by this customer again. So he got into an altercation with the customer. They ended it a little further down the Walmart parking lot. And the customer got into his car—he was still in his car, in fact—and drove straight into my husband. My husband got onto the car to protect himself. After that, the customer maneuvered to get him off, so my husband fell directly on his head. He was taken away in an ambulance with a skull fracture and internal bleeding.

I was called and I went to the hospital. As soon as I entered the hospital, they looked at me and said, "Madame, you need to leave. You have no business here." I said, "My husband just arrived by ambulance." She said, "Yes, but that doesn't matter. You must leave." A nurse who heard me, and knew what had just happened, took me to the sixth floor. And I didn't understand because my husband worked in a parking lot.

[00:05:00]

I was like, "Okay, it can't be that bad an accident. He must have been in his car." Then the nurse started explaining to me what really happened, and that my husband was in emergency surgery at that point. And then she looked at me and said, "But you can't stay in the hospital." I said, "What do I do?" She says, "You can wait in the parking lot; we'll call you with an update on the surgery." So I spent six hours in the parking lot with my parents-in-law waiting for a call that came around eleven o'clock in the evening.

Konstantinos Merakos
In the hospital parking lot, excuse me.

Marylaine Bélair
In the hospital parking lot, yes, waiting for a call. The surgeon told me that the operation had gone well. He was still in critical condition but I wouldn't be able to see him unless he died.

Konstantinos Merakos
Before we talk about the hospital, I just want to make it clear to the viewers and to the audience that the situation that happened at Walmart was because of—what? Explain a little about what was going on at Walmart that evoked such emotional reactions from customers towards your husband, who was there as a security guard.

Marylaine Bélair
Well, it was dissatisfaction and misunderstanding of the measures that the government had put in place. In the early days of COVID, no one understood what was going on and the measures made no sense. Everyone was in a state of panic. So it wasn't easy to keep people calm and enforce the rules.

Konstantinos Merakos
Perfect. So we can say that the person went haywire in this situation because of the measures, because of his anger. He potentially unleashed it on your spouse.

Marylaine Bélair
On my spouse, yes.

Konstantinos Merakos
So coming back to the hospital, were you allowed to be next to his bed or not?

Marylaine Bélair
The next morning, I called to ask for an update and I then spoke to someone else who gave me permission to go and see him that day. He apologized for the call I'd had the day before, and told me: "You can come and see him, but only with your spouse's father." So my mother-in-law wasn't allowed to see her son for a month and a half.

My husband was in a coma for four-and-a-half months. I was often in and out: at times I could go to the hospital at times I wasn't allowed to go there for two weeks. I had to take it day by day. My own children and my spouse's siblings—there are six of them—were only able to see their brother and father once in the hospital. It was very restricted. I wasn't even able to see my parents who lived in another district for the first two months because they were afraid to cross a district, because fines were being imposed.

Also, there was a regime of fear everywhere—even in the hospital. They were still understanding but it quickly became other patients saying, "Why does he have the right to have his family?" It quickly turned into chaos. It wasn't easy.

Konstantinos Merakos
And can you just mention, because you talked about your children, how many children you have, without necessarily mentioning their ages? We'll keep this a little confidential for you. Are they teenagers or are they in elementary school?

Marylaine Bélair
I have five children, and at the time of the accident they were all elementary school age.

Konstantinos Merakos
Excellent. Okay, and these five children weren't allowed to see their father during treatment.

Marylaine Bélair
They were only allowed once.

Konstantinos Merakos
Once. Okay. After the operation, after the treatment, there was palliative care.

Marylaine Bélair
Yes. After four-and-a-half months in a coma it became clear that my husband was dying, so he was transferred to palliative care. Again, once in palliative care, I was told that there was a maximum of two visitors a day. We're talking about someone who's at the end of his life. Two visitors a day, I said, "That's all? I have five children. He's got six brothers and sisters, there's his parents, there's my parents." As I said, the hospital was a little understanding, but it didn't take long for things to get out of hand on the floor. In the end, we had to manage who was allowed to come and see Philippe and who wasn't.

Konstantinos Merakos
Your situation has been publicized. Anyone can do a Google search to see what happened. Did the media have a positive or negative impact on your situation? Tell us a little about the effect of the media, about the pressure in your private life.

Marylaine Bélair
There was a positive effect in the sense that—among other things—that's why the hospital gave us a little more leeway. Because having heard the story, knowing that there were five children behind it who were perhaps about to lose their father, it had a positive effect all the same. I had a lot of help; there was a donation platform.

[00:10:00]

As far as I'm concerned, it's not easy having your story on TV! We agree that it's not something you want in your life, but still something positive came out of it.

Konstantinos Merakos
Like it or not, in spite of the pressure—the fear, as you said earlier—the media in this case created the pressure to act. Do you think that if the media hadn't been there, the situation would have been different?

Marylaine Bélair
Probably, yes.

Konstantinos Merakos
For the worse? Can you say?

Marylaine Bélair
Yes.

Konstantinos Merakos
Okay. So what happened after palliative care?

Marylaine Bélair
After my husband passed away it was time for the funeral. I never thought I'd have to choose who could attend a funeral. Again, you had to make a list of who could and couldn't

attend. Within the funeral complex, we again weren't allowed to hug, weren't allowed to shake hands; we had to wear masks.

Then even during the ceremony, there was the two-meter distance between family bubbles. I was all alone, sitting at the end of the row, really far from the other people around me. At one point, my best friend took my chair and said, "This doesn't make any sense; you come sit next to the rest of us." But it was very cold; it was dehumanizing to live like that! That's the word that comes to mind. It just didn't make sense.

Konstantinos Merakos
Did you, the parents, and the children have a last hug, a last goodbye to their father? Were they able to touch him to say a final goodbye?

Marylaine Bélair
I made arrangements with the hospital. Given the measures and all that, I said, "I'll just take fifteen minutes, I'll bring my five kids all at once."

Konstantinos Merakos
Take your time, no problem.

Marylaine Bélair
So they allowed it. Yes, they were able to say goodbye to their father.

Konstantinos Merakos
Take a minute, there's no problem. Take a Kleenex. We're here for you.

So following this unfortunate death, I imagine it was also financially difficult because now you find yourself a single mother with five children. And I salute the courage of the rest of the family, which I imagine helped you through this difficult situation. Have you received any suggestions—whether from doctors, the government, or whoever—related to bereavement support? What resources are available to you following such a tragedy?

Marylaine Bélair
Well, I really didn't get any help. There wasn't anyone to help me. I had to do the research myself because you're not born with the resources to say, "I'm going to mourn the death of my spouse and the father of my children at 35." So I did a bit of research. Then ironically, I came across the Quebec government's website, which gives a few guidelines for when you're going through a bereavement. And one of the first things is to avoid isolation. Okay, that was pretty ironic.

Konstantinos Merakos
So just a quick note, what were their suggestions—according to the government—in order to recover from a bereavement?

Marylaine Bélair
Firstly, to avoid isolation.

Konstantinos Merakos
Okay.

Marylaine Bélair
Secondly, to meet people who have been through the same thing as you. But you realize that you're in a lockdown and nothing was happening at the time: sports activities, meeting new people. That was the sort of thing I was reading. I was like, "Okay, I'm not entitled to any of that right now." Another was to find professional help—but then realizing that psychologists and other counsellors were already overloaded with all that was going on. So I found my own ways to help myself.

Konstantinos Merakos
Okay. So you tried to get resources and not only were they unavailable, they were contradictory based on the environment you found yourself in.

Marylaine Bélair
Yes.

Konstantinos Merakos
Perfect. I don't want to take more of your time. I know it's a difficult situation to replay because I imagine there's been a lot of media coverage, plus a criminal court case.

Marylaine Bélair
Yes.

Konstantinos Merakos
So I'd like to bring this to a close. In your opinion, as a human being, what could have been done better? What are your recommendations for humanizing what happened? Please give us your suggestions.

Marylaine Bélair
In my opinion, a prime minister's role—whether federal or even provincial—is to serve the people. He's not there to enslave people.

[00:15:00]

As for the vaccine— I didn't take it, but I didn't mind them making it available. But you can't impose a vaccination. Then if you make it available, at the very least you should say: it's experimental. Then when there are side effects, you should mention them, so that people can make the best decision for themselves because it comes down to your personal decision whether you choose to risk taking the vaccine versus risking the virus. That's the first recommendation.

The second concerns the other measures. I think isolating people who were at risk was a good thing to do, but again, with free choice. Some grandparents would rather see their grandchildren and die of the virus than be locked up in a nursing home. So they should recommend these things but let others live their lives. I mean, I could go out; I was ready to live with catching it. If someone was afraid, then it was up to them to isolate themselves. Don't bully others on behalf of someone who's scared or in danger.

Then, my last recommendation is this: I'm a mother of five, I'm a company director. A person experiences crisis situations on many levels. When faced with a crisis situation, you have to weigh the pros and cons in order to see the positive effects of the decision you're about to make, of course, but also to consider the negative effects—and there are always negative effects whether you like it or not. Then when you know what they are, you work with the people who are going to have to live with them.

The government has completely ignored us as a people. And the way I see it, the National Citizens Inquiry is doing is what our authorities should have done. They should have asked themselves more questions, then seen the impact it was having. Even François Legault, when it happened to my husband, said at the press conference, "Oh, it's unfortunate, it shouldn't happen." No alarms were set off—not a single one—about what he was doing to our society.

Konstantinos Merakos
Okay, excellent. And I also want to remind you that—you already disclosed it, but—vaccination status or any other medical procedure is personal, it's confidential. So just a reminder—and to other people too—that you mentioned it here, but you didn't have to.

Marylaine Bélair
No, but I don't mind.

Konstantinos Merakos
Yes, it's your choice. Excellent. So thank you very much. I'll now open the floor to questions from the commissioners.

Commissioner Massie
Thank you, Madame Bélair, for your touching testimony. We appreciate you sharing it with us so that we can understand the reality of this pain. My question is this: Looking back, where are you now? Despite the obstacles, have you managed to find a way to grieve? And if so, was it really that much harder to get through those stages given the circumstances you were in?

Marylaine Bélair
It was extremely complicated. That's when I learned how important mental health management is. Then—as I was saying earlier—I had to find my own ways to keep my mental health as strong as possible, while also supporting my five children. Today, I'm still able to see the positive despite everything. I mean, that's when you discover the strength that's inside you.

Commissioner Massie
Thank you.

Konstantinos Merakos
Will there be any other questions? No? Madame Bélair thank you very much. You're very brave. We thank you. You're a role model for your children. We congratulate you. Thank you for being here today and for your testimony. Thank you very much.

Marylaine Bélair
Thank you.

[00:19:00]

Final Review and Approval: *Erin Thiessen, November 15, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 7: Amélie Paul
Full Day 2 Timestamp: 03:57:00–04:38:35
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
I welcome you all. My name is Louis Olivier Fontaine. I'm a lawyer and I'm acting today as prosecutor for the National Citizens Inquiry. And we are resuming after the lunch break with the testimony of Madame Amélie Paul.

Good day, Madame Amélie Paul.

Amélie Paul
Good day.

Louis Olivier Fontaine
We'll start with your formal identification. So I'll just ask you to state your first and last name, please.

Amélie Paul
Amélie Paul.

Louis Olivier Fontaine
Now I'm going to ask you to take an oath. So I'm going to ask you to solemnly swear that you are going to tell the truth, the whole truth, and nothing but the truth. Say: "I swear."

Amélie Paul
I swear.

Louis Olivier Fontaine
Madame Paul, let me introduce you in a few words. You can tell me if my presentation is adequate. So Madame Paul, you are a singer, actress, producer, content creator—an example of which are the comedy news bulletins, *La vérité brutale*—and you are also co-host of the podcast, *En toute franchise*.

Amélie Paul
That's right.

Louis Olivier Fontaine
Is that right? Thank you. So today, Madame Paul, you've been invited by the Commission to testify about the consequences you personally suffered during the COVID crisis. From reading your file we understand that there are questions that will be addressed in terms of the consequences you've had, and the censorship to which you've been subjected. So that will be the subject of your testimony this afternoon.

I suggest we simply go in chronological order. So I'd like to know: What were you doing before the start of the declared pandemic?

Amélie Paul
I had started a booking company to book cover bands for festivals and corporate events and such. I had spent most of the winter working on that, notably to book my own two bands. So I had a good summer ahead of me just before the lockdown was announced—on March 13, I think. So that's what I was doing.

Louis Olivier Fontaine
Okay. So when this pandemic was declared, what happened to you personally and professionally? In your own words, how did it go?

Amélie Paul
Well at the time I was scared—not about what was declared, not about the virus—but about all my shows. I was afraid. And indeed, everything was cancelled. So of course, it was very insecure as an artist. You find yourself without a contract before you.

But it didn't last long compared to what I saw unfolding before me. I thought the press conferences and all that were like theatre.

In my opinion, I've never bought into it. And that's why—very quickly—I wanted to highlight the absurdity of it all through video clips. It simply came to me. I like editing a lot; I studied communications so it is of course my area of expertise.

Louis Olivier Fontaine
Okay. Yes, let's talk about those video clips. Why did you do that? What did you do?

Amélie Paul
I found what they were telling us in the press conferences interesting: what we had to do to avoid catching COVID. And I had just finished my studies in naturopathy. So I thought it was really odd that it was practically the opposite of stimulating an immune system. So for me, that's when I came up with the idea of doing a video called *Les onze façons d'affaiblir son système immunitaire* [Eleven Ways to Weaken your Immune System], to approach it in a humorous and sarcastic way, pointing out that practically everything they told us to do actually weakened an immune system.

It turned out that I'd done it quite naively—for my own amusement, in fact—but then it went viral and was very successful. So after that, I decided to continue with that view of pointing out the inconsistencies and absurdities that I saw.

[00:05:00]

Louis Olivier Fontaine
Can you give a few more specific examples of what these videos are about?

Amélie Paul
For example, I could talk about masks: how it was good for our health to constantly breathe in the waste we expel, like our CO_2 and so on. I had made a video that asked 80 questions, I think. They were just questions, but it was to get people thinking and to show what was going on. Not just in relation to COVID, but I felt that there were a lot of things going on in society that didn't make sense any more. So I wanted to make people think, but in a humorous way because if you talk about it seriously, people often don't agree.

In Quebec, I think humour really reaches people: it's part of our culture. I'm not a comedian at all but I didn't need to be a great comedian to point out society's inconsistencies. It was just funny!

Louis Olivier Fontaine
All right, thank you. And what happened after that? Did you keep doing that for a while? What happened next?

Amélie Paul
I continued with the comedic videos. At one point I interviewed a biologist and she said, "You're good at this. You should keep doing it." So I continued to interview people who inspired me and those who I found had an important message to bring because I wasn't a specialist in anything in particular. So I wanted to get interesting people to share their message. That's it. So I continued to do comedy, conducting interviews, discovering such little gems on social networks: people I found inspiring and that I wanted to put forward.

Louis Olivier Fontaine
Perfect. So if I'm hearing you correctly, things had been going relatively well for you up to this point. What's the time frame here if you remember?

Amélie Paul
It went well. Right from the start, with the first video I made. Of course I was getting attacks on social networks but it was things like "conspiracy theorist" or "you're a public menace" or things like that, but it didn't get to me any more than that. So as with everyone else who was called a conspiracy theorist, it went on like that for about a year. Of course, I had comedic videos that were regularly censored. I thought it was strange when it got to the point where you couldn't even do comedy anymore. But nothing terrible happened to me, I think, until a CBC article was published on June 2.

Louis Olivier Fontaine
If you don't mind Madame Paul, before moving on to this other subject, I'd like you to elaborate a little. You say, if I've understood correctly, just online attacks by "trolls." Could you go into a little more detail on that part?

You also mentioned the censorship aspect: that is, videos that have been censored if I've understood correctly. I'd like you to go into a little more detail on these two aspects. So firstly, the attacks you mentioned and, secondly, the video takedowns or censorship you mentioned.

Amélie Paul
The videos where I made fun of masks were definitely censored. Some of the interviews I've done—I did one with Guylaine Lanctôt so of course that was very controversial—it was censored too. Usually anything that talked about naturopathy or attacked health measures would be an area that shouldn't be touched. Otherwise, the attacks I received were on social networks. The media hadn't started talking about me. As long as it stayed on social networks, it didn't bother me much.

But it was stuff like— I remember I made a video as a joke telling people, "Wear a mask and make a hole in it, then paint your face on it, so it doesn't show." A doctor actually attacked me, saying I was a danger for suggesting people do that. But people aren't so stupid as to do that. Sometimes I couldn't believe the attacks I was getting. At the same time, I had a naive side in all of this because it was total absurdity to me. It seems that I didn't realize that for some people it was very serious and they were afraid.

[00:10:00]

In a way, I was ridiculing their fear. I don't think I was aware of that.

Louis Olivier Fontaine
When you say, "I was attacked by a doctor," you have to be very specific: How does that actually happen?

Amélie Paul
I think it was on Facebook. It's been a long time because it's been three years, but I used to get a lot of comments, especially on Facebook. You don't see that as much now. But at the time, it was new and people were still afraid; and it wasn't popular to criticize the measures so I got a lot of criticism. At one point, a woman on Facebook said, "I'm a doctor at such-and-such a place. You're a public menace telling people to put holes in their masks." And attacks like that.

Louis Olivier Fontaine
Okay, I understand. And again, when you say, "The videos were censored," I understand what you're saying, but in practical terms, who does that?

Amélie Paul
It was mostly YouTube shutting down a video and then saying, "You're not respecting the community guidelines." And that's it. They often don't really explain. At that point, they'd say, "You're criticizing the health measures." It was a little more specific but you were able to assume the reason. But I say "were able" because the more it went on, the more obscure the reasons became for censoring the videos.

Louis Olivier Fontaine
Okay. And when that happened? Did you do anything to appeal that decision?

Amélie Paul
Yes. There's always a way to appeal but it rarely worked. It worked sometimes. I did appeal and videos came back. You just have to say, "Yes, I'm being funny and I would never criticize health measures!" Then you faked sympathy, and sometimes it worked.

Louis Olivier Fontaine
Okay. Thank you very much, Madame Paul, for those clarifications. So if you don't mind, we'll move on. You mentioned an article if I understood correctly. Perhaps I could ask you to elaborate and continue on this subject.

Amélie Paul
Yes. In fact, my first official experience with the media was in January 2021. A journalist from Québecor contacted me that time. I spoke to him, quite naively, and we talked for a long time, like in a kind of pre-interview or whatever. Then finally, he said, "Listen, I'm not putting you in the article I want to publish tomorrow. I'll get back to you in three days."

He actually published an article in the *Journal de Montréal*. The next day, I saw: "Des complotistes qui menacent nos"—I don't remember the title: *"Les complotistes menacent nos structures"* ["Conspiracy theorists menacing our structures"] or something. And three days later he got in touch with me and then he rather implied that if I pushed the health measures on my platforms— Saying, "If you say: 'We had a good laugh but we still have to respect the health measures, avoid clogging up the hospitals, it's important.' If you include this, you'll have your moment of glory and I will promote your career." And I went, "Well, that's because you don't understand how it works. Firstly, I can't do that, and secondly, even if I did, nobody would believe me. It's ridiculous! And even if I did, they wouldn't listen to Amélie Paul. They don't care, I'm not a guru. You know, people use their brains."

In short, I refused and then I got scared. I said, "When's this article going to be published?" It was either I accept [his demand] or he was going to write the unflattering article he wanted to publish in the first place. He told me it was going to come out on Monday. But in the end, nothing came out.

So there I was, at peace, and then I said to myself, "My God, I'm never going to deal with the media again. I don't want anything to do with journalists." Until, it had to be May 2021, Brigitte Noël, after the death of my friend Bernard Lachance—

Louis Olivier Fontaine
Sorry to interrupt you again, Madame Paul. Could you please tell us which media outlet contacted you?

Amélie Paul
At first it was a guy from Québecor.

Louis Olivier Fontaine
Okay, from Québecor. And it's your decision, but would you like to mention this person's name?

Amélie Paul
I'd rather not mention it. I don't know; I'm a little afraid of the potential consequences it might cause.

[00:15:00]

Louis Olivier Fontaine
Yes, you're ahead of me. So why do you want to avoid it?

Amélie Paul
Yes, that's right, it's due to fear. That's why—although I did talk a little about it—I never took any further action. The media scare me. I'm traumatized, you might say. It's just my opinion but I know they can go to great lengths to write things that can harm someone.

So there you go.

Louis Olivier Fontaine
Could you give us some examples of things that have been written about you? I know we've been going chronologically here. We can either continue chronologically or if there are examples that you'd like to mention now.

Amélie Paul
Well, my friend Bernard Lachance passed away on May 11, 2021. That was exactly two years ago yesterday. Of course, the media made a big deal out of it—because he's a conspiracy theorist who died of AIDS—to show that he was in the wrong. So it was wonderful for them.

And then a few weeks later, Brigitte Noël from CBC contacted me for an interview and I didn't even reply. I didn't even reply to decline because I also know that she has a

reputation of destroying people. Her work isn't very constructive. So out of fear, I just ignored it, very naively thinking, "Maybe she won't talk about it if I don't respond."

And finally, she wrote to me again a few days later and said, "You know, Madame Paul, I'm going to do my story no matter what, even if you don't write me back. But I'll give you another chance. So here are the points I'm going to cover." Then she made a list. And she mentioned private conversations I'd had with my friend in the bullet points. I thought to myself, "It can't be legal to do that, to publish conversations between two friends. She'll never publish that!"

Well, no! Finally, on June 2 an article was published on the CBC website. Then on the CBC news at six o'clock, there was also a little report talking about me in particular. It implied that I was his naturopath. Because I had studied naturopathy, they sort of made the association that I was his naturopath, which wasn't true. He was my friend and he never paid me for consultations or anything. I've hardly done any consulting since I got my diploma. I wasn't really interested in one-on-one consultations. It was more for myself, to cure a health problem I had.

So there you have it. I was in no way Bernard's naturopath. They also implied that I was selling him natural products to cure his AIDS. But Bernard—whether you agree with him or not—was campaigning to say that HIV didn't give you AIDS. And as far as he was concerned, he didn't have HIV. So it makes no sense to say that he was taking natural products to cure HIV.

And he took natural products like me. We took the same thing for daily maintenance because he was a bit like me. We liked to talk about health, naturopathy, and all that. And we had a mutual friend who sold us these products.

Louis Olivier Fontaine
Okay. Once again, let me interrupt you. So you're talking about an article that was written by Madame Noël in June but on a completely different subject. So why do you think they suddenly decided to write about Amélie Paul and one of her friends? Do you have a hypothesis? Why do you think this article was written?

Amélie Paul
Well, as with all the other so-called "conspiracy theorists," to demolish their public reputation. So that we don't have any credibility. So that people don't come and listen to us in our videos, on our platforms, I imagine. I can only assume that's the case.

Louis Olivier Fontaine
And how did it make you feel? How did the publication of this article and this report affect you?

Amélie Paul
I was definitely devastated. Not only was I ashamed because I said to myself, "I'm a disgrace to my whole family, to those around me. I'm hurting my mother," who was fighting cancer and it was very difficult for her at the time.

[00:20:00]

People boycotted my boyfriend's restaurant. So it caused a lot of problems in my circle of friends. But on a personal level, I had become bad company. I felt like I had leprosy. No one could associate with me. It was like a social death sentence if you like. I was blamed for Bernard Lachance's death and even today—two years later—I still get attacks from people who say, "You've got blood on your hands, you're responsible for his death, you belong in prison." It's never really stopped.

Beyond that, from a professional point of view, a few days after this article appeared, my two YouTube channels were shut down. They were my bread-and-butter. Then my music shows— because in the summer of 2021 shows were starting up again. I had a few shows booked. It was starting up again, I was happy; and then in the end, they were cancelled.

From a naturopathic point of view as well, I was really too scared. I was already hardly doing any consulting. At that point, I didn't want to do any more at all. It wasn't worth doing consultations for the small amount money I was making, and then potentially saying the wrong thing and getting sued by the College of Physicians. Because after Bernard's death—this is just me guessing, maybe they were real people, but I found it very suspicious—I received maybe three requests from people who said to me, "I'm HIV-positive. Could you recommend some natural products to stop my tritherapy?" In any case, I thought it wasn't very subtle. I said to myself, "Well, I quit." And I know that many naturopaths and holistic health practitioners have stopped practising because of this witch-hunt.

Louis Olivier Fontaine
So if we're talking about your professional income: For example, we're talking about YouTube channels that were closed that were a source of income for you. We've talked about the shows. We've talked about the naturopathic practice which has been greatly reduced.

Amélie Paul
Stopped outright.

Louis Olivier Fontaine
Stopped, all right. Did your band continue? How did it go?

Amélie Paul
At some point, I'm not sure—two months after this saga, maybe a little before—I was starting to feel better— Because I had disappeared for maybe a month or two. And then I had a show coming up with my band in Repentigny. I was happy. I said, "Here, I'll post this on my social networks. It will be a nice change of scenery and I can't be attacked for having a show."

Louis Olivier Fontaine
Sorry. When was this, if you remember?

Amélie Paul
I think it was maybe the end of July if I remember correctly. Because the other thing had happened on June 2 and then I left it for a while. It was, I'd say, at the end of July that I announced on social networks that I had this show.

And then there are the little soldiers of the celebrity pages, the haters who are on our backs all the time. I don't know if you want examples: Xavier Camus, *Les Illuminés du Québec*, that whole gang. They called the sponsors of the event where I was going to play to scare them, to tell them, "You're hiring a conspiracy theorist." So they had to issue a statement saying, "Calm down. We don't endorse Amélie Paul's comments. She won't be coming here."

So that show was cancelled, and immediately afterwards there was an article about it in *Le Soleil*. And then I guess these people did some research because I hadn't announced it anywhere, but I had a show in Gaspésie opening for Éric Lapointe, which is all the more ironic. Éric Lapointe is no choirboy! But anyway.

[00:25:00]

So there, same thing: the event organizer received calls to say, well, probably the same thing. I can't say exactly what they said. But at least he called me to say, "Amélie, I'm obliged to cancel you. My board of directors is on my back; they're getting calls." So they cancelled that show. And from then on my musicians said, "Listen, we won't play with you anymore because we're risking our careers." So they booted me out of my own band that I had launched: my own company. And after that, well obviously, the other shows planned for that summer were cancelled.

Louis Olivier Fontaine
And—feel free to answer or not to answer—but I understand that many sources of income had disappeared. How are you doing today?

Amélie Paul
Well, people give me donations. I get a bit of advertising revenue from YouTube because I've opened another channel, but it's not the same as before because now there's a lot of shadow banning. I don't have any proof but that's what I think.

Louis Olivier Fontaine
Can you explain to the Commission what this is?

Amélie Paul
Yes. The shadow ban—on Facebook especially, and on YouTube—is when they allow you to exist, if you will, but they're going to promote you to a lesser degree in people's news feeds. You'll have a little less visibility. So I have a bit of income from YouTube and Facebook, but it's mainly public donations that keep me alive. So when I make videos, I ask for donations and people encourage me. So this shows that you have to stay honest and true when your income depends on the people who listen to you.

Louis Olivier Fontaine
So in the chronology, we talked about Madame Noël's article. We've talked about a number of subjects. Are there any other topics further down the chronology that you'd like to mention to the Commission? And in a few minutes, we'll have to give the floor to the commissioners, who may also have some questions for you.

Amélie Paul
Well, I think that about covers it. There's also the music. I don't have concrete proof of this but at the time, when my manager was trying to track my music on the radio—that is, to contact radio stations to try to get them to play my songs. Let's say, of the two big radio stations in Montreal, one said, "We don't play Amélie Paul." For the other, the musical director had agreed to play my song but then he said, "My hands are tied, I'm not allowed to play it." So you could argue: "But it wasn't a good song." But it had reached number one on iTunes Canada, so it must have been not bad.

So basically, it was thanks to people on social networks because I didn't get any support, obviously, from the radio or the mainstream. Of course, nobody wants to play me and nobody's going to talk about me.

Louis Olivier Fontaine
A question we often ask at the end of interviews is: How could things have been done differently to make things go better for you? I know it was difficult for you, but is there a thought or reflection that comes to mind? How could things have been done better?

Amélie Paul
After the Radio-Canada [CBC] article, I tried to contact journalists. And my manager at that time had also tried to reach someone with his contacts who would allow me to give my version because Bernard and I spoke every day. So I knew the truth. I would have told it and there would have been no problem. But nobody ever wanted to interview me or get my side of the story, whereas Bernard's sisters were in the media with Paul Arcand, with Denis Lévesque, but Bernard hadn't spoken to them for six years, I think. So that's where it was suspicious. I mean, they should have given me the right to speak in my own defence, but I was never able to defend myself in that story.

Louis Olivier Fontaine
If you could have had the right to reply, the right to speak, things would have gone better.

Amélie Paul
Well, I think for all the subjects that we deal with, what is missing is the debate in the media. I think that's the key. Both sides should be represented in the media but they are not. Even if someone comes across as a conspiracy nut and has outlandish theories, let him express himself. He'll discredit himself. Lies discredit themselves.

[00:30:00]

Louis Olivier Fontaine
I think that's a very good conclusion to your testimony, Madame Paul. I'll turn the floor over to the commissioners if they have any questions for you.

Commissioner Massie
Thank you very much, Madame Paul, for your testimony. It's touching and disturbing. In a society, we would expect our artists to explore new avenues, be creative, and lead us away from political correctness, let's say. At least, when I was young, that's what was most popular. Well, I admit I haven't kept up with it all that much lately—I've been a bit out of touch—but I did notice that, whether in music or theater or other forms of artistic expression, it seemed pretty restricted.

In your artistic milieu, are there many other artists like you who have taken this risk or had this naiveté — I don't know, you mentioned naiveté — to express themselves because they found this situation absurd?

Amélie Paul
There are very few. At the very beginning of the pandemic, Lucie Laurier spoke out against it. She talked about it but it wasn't far-fetched—what she was saying was very logical—and then she was cancelled immediately. But she was already established and well known so she had a lot to lose. Perhaps she served as an example because after that, very few people spoke out.

Guillaume Lemay Thivierge just said, "No, I'm not vaccinated yet; I'm waiting for a Quebec vaccine." I think it was Medicago at the time. Just because he wanted to wait, he was also mistreated by the media. He lost a big sponsorship.

So I think that all these people served as an example to say, "Don't say anything if you don't want to lose your career and your gains." And artists who were known for speaking out against the government, for being rebels and non-conformists, suddenly became the ultimate conformists. It was pretty special.

Commissioner Massie
Does this suggest, finally, that the artistic community is somewhat limited in its ability to express itself, given the forms of remuneration to which it has access, which perhaps go through government channels or firms that may somewhat control the messages?

Amélie Paul
Well, given that Quebec is a small market, whether in film or music—I'm not certain of what I'm saying—but I think it also works largely through subsidies, even for artists. So yes, it's difficult. I imagine they'd rather keep quiet and not risk losing everything. Or even if it wasn't subsidies, if you no longer have the support of radio stations and the media, it's the end of your career or, at any rate it's more difficult. It's not the end, but it's a lot harder.

Commissioner Massie
To pick up on Mr. Meloni's opening comment this morning, a lot of people are now saying, "Well, it's over, we're moving on." Do you now feel the freedom to express yourself quite well within different art forms? Is it all over?

Amélie Paul
Absolutely not. In any case, from an artistic point of view, there may be an opening. So the organizers, maybe they have an opening and they don't mind, but it's a risk taken at the corporate level. Event sponsors run the risk of being attacked. Nobody wants to take the risk. So I have the impression that it's the code of silence. Everyone knows that everyone else knows, but we just pretend. That's just my impression.

Commissioner Massie
And how long do you think it will last? Will we get out of it soon?

Amélie Paul
I have no idea. Naively, I hope so. I hope the truth will come out, and we'll get through this, and justice will be done, but I have no idea.

Commissioner Massie
And what do you think it would take for the voice of this artistic community to be liberated? What would have to happen in our society?

[00:35:00]

Amélie Paul
Well, since you can't do anything about the media—which is obviously controlled by the government—all the artists would have to get together. But it's like in any milieu—I'm talking about artists here—but in any milieu, if everyone had stuck together, all these stories would have fallen. But there was a division into two camps. So as long as we're not all together, I think that's the problem.

Commissioner Massie
Now the question is: You mentioned that at the beginning, when you observed what was happening with the launch of measures to counter the pandemic, that from your point of view, it didn't seem credible. And you commented that, perhaps, you were a little naive at the time. After three years, have you come out of the age of innocence?

Amélie Paul
I've had some wonderful evolving gifts in three years. Yes. I'm just as naive but deep down, my naivety at the time was that I didn't think what I was doing was serious. I wasn't aware that it wouldn't go down well with society.

Commissioner Massie
Thank you very much.

[Addressing the other commissioners in English] You have any questions? Okay.

Commissioner Drysdale
[In English] Good afternoon. Given the treatment that you got from the social media and the media, have you got any kind of an opinion as to what the recent amendments to the Broadcasting Act through Bill C-11 might have on your future?

Amélie Paul
My opinion on Bill C [11], the consequences it may have for my future as an artist, right? As a content creator on social networks—I think that's it, if I've understood correctly?

I think it's a law that is a bit disguised, and will eventually have even more control over the content of social networks, and then control "disinformation." So when what you say is not in line with the government—that is, not in line with the accepted narrative—I assume it's disinformation. So is this going to open the door to more censorship? That's what I think, but I could be wrong. I don't think it's necessarily for the good of Canadian content creators. Only my naive side would believe that.

Commissioner Drysdale
[In English] The second part to that question might be with regard to new music in Canada. Most of the new music coming out by emerging artists is funded by the government through grants and assistance, and most of the festivals have government funding in them. Can you comment on what kind of an effect that has on artists like yourself, and making a decision whether or not they're going to have protest music? You know, they used to have protest music when I was about your age, and there isn't any of that anymore.

Amélie Paul
So the question was: Given that most artists are funded by government subsidies, what impact will this have on protesting artists? Is that it, if I understood correctly?

Personally, I have no hope of getting a grant anyway, and I wouldn't want one so it doesn't affect me. There are those who make their way on social networks, and you can still denounce things through music. I think that the best way is in fact to denounce through song lyrics. I think it gets across a lot better.

I was going to say, the mistake I made—it's not a mistake—but to denounce through comedic videos or by speaking directly, saying "It's a fraud," doesn't make it through. But on a canvas or through a song, I think it can still make it through. But the idea is to use new media, social networks, and travel your path by yourself. I also think that is the future. We can't go on forever. I don't think subsidies are going to continue. People are awakening and detaching themselves from this falsehood.

[00:40:00]

Artists who didn't do anything during all that time, who didn't even raise maybe a few questions, who didn't denounce anything? I don't know. I can't say. But personally, I don't want subsidies. I'm not in this. I don't want government help. I'd just like, maybe, to have permission to play on the radio or to do shows. At least to be able to play in places where sponsors are not called and harassed. So that's that. That's my situation. As for the others, they just have to be docile and they'll be fine.

Commissioner Drysdale
Thank you.

Louis Olivier Fontaine
So in closing, Madame Paul, it only remains for me to thank you on behalf of the National Citizens Inquiry for your testimony.

Amélie Paul
Thank you.

Louis Olivier Fontaine
I'm aware that coming to talk about your personal experience can generate a lot of stress and anxiety. So I congratulate you on your courage and integrity.

Amélie Paul
Thank you so much for giving me this opportunity.

[00:41:35]

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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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 8: Stéphane Hamel
Full Day 2 Timestamp: 04:39:16–05:21:27
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
So good morning. For those just joining us, my name is Chantale Collard. I'm a lawyer and I'm acting as prosecutor for the National Citizens Inquiry here in Quebec City.

So Monsieur Hamel.

Stéphane Hamel
Hello.

Chantale Collard
Hello. First of all, thank you very much for agreeing to testify here at the Inquiry.

Stéphane Hamel
Thank you for participating in this exercise: it is overdue.

Chantale Collard
First, we'll proceed with your identification. So simply state your full name.

Stéphane Hamel
My name is Stéphane Hamel.

Chantale Collard
And I'll swear you in. So do you solemnly declare to tell the truth, only the truth? Say: "I do" or "I swear."

Stéphane Hamel
Yes, I swear.

Chantale Collard
Perfect. So Monsieur Stéphane Hamel, I'll let you introduce yourself. But first, I should mention that you've had major political involvement, including being a founding member of the CAQ [Coalition Avenir Québec].

Stéphane Hamel
Yes.

Chantale Collard
So you've had a close relationship with Monsieur Legault and you can tell us all about that. And so the question today is, first of all, your motivation for coming here to testify before the Commission, your primary motivation. And to begin, I'll let you talk briefly about your occupation because you're not just in politics. You also have another career path: you're in business, you've also studied computer science, and so on. So you can tell us about your professional career.

Stéphane Hamel
Yes, but not anymore because it's extremely difficult for me to find work. Usually, I work in very large companies. And since I had my episode with the CAQ—which became very public—I no longer have any possibility of getting contracts because I'm a contract worker and large companies and the government seem to have flagged me. So it's been very, very difficult for me over the last three years.

As for my career path, at heart, I'm mostly a computer scientist. I got my first computer when I was twelve and I was making my own games at the time. I enjoyed making them, not playing with them. So I also trained in computer science and accounting at UQAM [Université du Québec à Montréal].

At the start of my career, I was Operations Manager for a small company in Montreal, and that's where I practised my accounting. I also had my first attempt in business management and all the processes they can have for companies.

Then I designed a computer system for the major oil companies in Canada. So with my father, I started a company called Les logiciels Infosys. And I was the architect and coder, more or less, of this system which is used for the global management of major companies such as Ultramar, Petro Canada, Shell, and many others with whom I worked in the United States, Canada, and many other countries.

I had a few partners when I bought the company and I was defrauded by my co-shareholders. So I spent about seven years fighting with the justice system and I know the justice system from that experience; in my opinion, it is a disaster for ordinary citizens.

Chantale Collard
Monsieur Hamel, thank you for giving us a brief overview of your background; we will yet see a link. Maybe we can't see the link between IT, politics, the pandemic—what we call a

pandemic. So one of the first questions is, of course, your political involvement. So we're talking within the party, so as not to confuse the two: the government and the party are two different entities.

[00:05:00]

Stéphane Hamel
Yes. I was an activist with the CAQ from the very beginning; there weren't many of us.

Chantale Collard
What year?

Stéphane Hamel
It was the end of 2011–2012.

Chantale Collard
More than 10 years.

Stéphane Hamel
So really at the very beginning of the CAQ. I'm a founding member of the CAQ. I took part in the first campaign in Terrebonne with Monsieur Gaétan Barrette, who was my MNA [Member of the (Quebec) National Assembly] at the time, my candidate in the riding of Terrebonne. It was a campaign full of developments. Monsieur Barrette is very talkative.

From then on, I took part in all the CAQ conventions. I've really cut my teeth in politics; and I'm particularly interested in the philosophy of politics, sociology, and all that.

So I did my homework; and my goal was to enter parliament in Quebec one day because in computer systems or government ways of doing things, they spend billions and billions of dollars on systems and nothing ever works. And even today, there's nothing that works, especially in the healthcare system. And we saw the disasters with the Société de l'assurance automobile du Québec [Quebec Automobile Insurance Company]. They don't seem to be able to come up with a system that works, whereas in all my years in the private sector, I've never seen such disasters. Of course, we're no angels: sometimes there may be things that don't work, but I've never seen projects cancelled and restarted *ad vitam æternam* [to life everlasting].

Chantale Collard
All right. So Monsieur Hamel, we're going to start in 2020. There's a link between the pandemic and politics. I'd like you to tell us about that link and how it affected you.

Stéphane Hamel
Starting in 2018, I participated in two campaigns: in Vimont and in Laval-des-Rapides. And at that time, I became president of the Laval-des-Rapides riding [association] for the CAQ. When the pandemic started, we had a lot of Zoom meetings. And what kept bugging me was

that no one was talking about the elephant in the room. In all the meetings, I tried to bring the subject to the table, and it was as if I had eyes looking at me with—!

Chantale Collard
How did you bring up the subject?

Stéphane Hamel
I brought up the subject as: What's the point of all this? What did the CAQ, as a party, do to try and smooth things over? Because what I was seeing at the time was that the government was doing everything it could to stir up fear. I expect politics to bring people together, not try to scare them in ways that I've never seen. So that's what it was all about at the beginning because at the beginning we hadn't even had any discussions yet.

Chantale Collard
Of what point in time are we speaking?

Stéphane Hamel
Really early in the pandemic.

Chantale Collard
So April 2020, around then?

Stéphane Hamel
Late March, early April 2020 when everyone was like deer on the highway facing the high beams. Everyone was wondering what was going on. My first observation was that nobody was talking about it.

Chantale Collard
Very true. By the way, when you broached the subject, what was their reaction? How did they respond? Were the words clear? Or was it something hinted at when you talked to the party?

[00:10:00]

Stéphane Hamel
People on the party executive, in particular, were saying, "We mustn't ask questions because it's absolutely essential that the whole population be on the same wavelength—because it could be dangerous to have people leading others elsewhere." And I could understand at some level saying, "We've got a pandemic, an extremely dangerous virus, so don't disseminate information that could lead people to disregard health measures."

Chantale Collard
Which, at the time, had just been imposed.

Stéphane Hamel
Which had just been imposed. We remember, at the very beginning it was, "Stay at home." Then there was a crescendo in the measures. That was at the beginning. As time went on—over the next few months—it became increasingly clear that it was people who were already at the end of their lives who were succumbing to COVID. So I asked these questions at meetings. And we were just speaking among ourselves; we were not in the public eye.

Chantale Collard
Yes, that's right.

Stéphane Hamel
We were speaking among ourselves, the executives and all that. "Aren't you being a little too alarmist?" And it wasn't—

Chantale Collard
That was the wrong question.

Stéphane Hamel
These were not questions to ask, even between us. We were not to talk about such things, absolutely not. It was an *omertà* [a code of silence], already at the start.

Chantale Collard
Already at the start? Within the party itself?

Stéphane Hamel
Within the party itself. So for me—someone interested in politics for a long time—I said: "But that's not democracy. We should debate this." On the other hand, I can understand that in the beginning, we wanted to be reassuring. But we weren't reassuring people, we were leading them into fear—increasingly so!

Chantale Collard
At the time, you were wondering about the narrative that the people were led to believe. So it was very well orchestrated. That's what I understand.

Stéphane Hamel
It was made clear that we were not to discuss government decisions.

Chantale Collard
So it was very clear.

Stéphane Hamel
That's right. At the time, I was president of Laval-des-Rapides, and Monsieur Legault came up with an initiative which he called: "Je contribue" ["I contribute"].

Chantale Collard
So "Je contribue" was an initiative to get people to donate their time in CHSLDs, RPAs and so on [long-term care and seniors' residences].

Stéphane Hamel
Yes. And I wanted to give a bit of my professional background at the outset—precisely to put into context the fact that I'm someone who asks a lot of questions due to my work. It's part of my job to ask questions in order to find solutions and computerize processes. So you need to ask a lot of questions to understand.

At the time, I was also very naive, as Amélie [Paul] would say: I was naive too. I decided to go and work in a CHSLD to lend a hand.

Chantale Collard
What was your main occupation in the CHSLDs?

Stéphane Hamel
I was a service assistant, so a bit of a jack-of-all-trades. We fed the residents, helped them get dressed, emptied the garbage cans: it was really a little bit of everything.

Chantale Collard
But you were in direct contact with the residents?

Stéphane Hamel
I was in direct contact with the residents, yes.

Chantale Collard
So you were able to observe things?

Stéphane Hamel
Yes.

Chantale Collard
Can you tell us about it?

Stéphane Hamel
Yes, absolutely.

[00:15:00]

At the very start, I was greeted with suspicion by the establishment's management because I was president of the CAQ, the party in power. But that had nothing to do with it. I could see what was going on; we heard, "the lack of staff." I was naive enough to say, "I'll go and help."

Chantale Collard
You wanted to do a good deed?

Stéphane Hamel
Well, not just a good deed.

Chantale Collard
But for the community?

Stéphane Hamel
It was really: "I can't stand seeing people left to fend for themselves like that!"

Chantale Collard
Absolutely.

Stéphane Hamel
I think there are a lot of people who were there, like me, who worked for "Je contribue" for the same reason. They can't stand to see people die like that.

Chantale Collard
Absolutely.

Stéphane Hamel
All alone in their excrement, not being fed. And I was hired at CHSLD St. Jude in Laval.

Chantale Collard
What exactly did you observe at this CHSLD?

Stéphane Hamel
I have a few anecdotes. There's a big corridor on the first floor. There was a lady who was constantly going out because the lady smoked. So the door was right next to her room. Then there was a gentleman in a room just across from her, and the door was right next to him. He wanted to go outside. The gentleman was no longer capable but he was a gentleman with all his faculties. He was a very fine gentleman. I even had conversations with him. He said, "Can you help me? Let's go for a stroll." On top of this, it was a beautiful spring day in May; the first really beautiful, sunny day of 23-24 degrees. The gentleman said to me, "I can't take it anymore, I want to go outside."

Chantale Collard
Ah yes.

Stéphane Hamel
So I went out of my way. I went to see the management. I said, "The gentleman wants to go out, so I'll go with him." This was just as I'd done with the lady going out for a smoke. "I can take them both out at the same time. It's outside: there's no danger. I'll keep them away from each other." I got an answer like, "Yes, maybe" from a nurse. Then he passed it on to management and suddenly they said, "No, we can't do that." I said, "But the lady can already go out!"

Chantale Collard
So you were denied.

Stéphane Hamel
And it stayed that way. When I arrived at the CHSLD the next morning, they'd put bars on the gentleman's door!

Chantale Collard
No.

Stéphane Hamel
To make sure he didn't go outside. His bedroom door! And I found that absolutely terrible.

Another anecdote which took place a few weeks later: there was a gentleman I had become very attached to. He was Monsieur Labbé. We'd had several conversations and he was in his right mind. Then at a certain point, I heard some confusion: a problem had come up, but I was so busy taking care of a number of residents that I didn't see it. It happened around 7:30 in the morning.

Then I let it go. At half past one or one in the afternoon, I went to see the gentleman. I didn't know what had happened. Since the very beginning of the day, the gentleman had needed his diaper changed. And supposedly he had been aggressive in his request, but I know the gentleman and he's not an aggressive man. And at one o'clock, he exploded. And they'd been putting off changing him since early in the morning because they said he was aggressive.

So I talked about it with some of my colleagues who were there as helpers like me. Because I didn't have the skills or the strength to do that job—to change a diaper—one of the others took it upon himself to do it.

[00:20:00]

So all the employees were supposedly forbidden to do so. At that point, I escalated the situation up to management and told them that the gentleman wanted to lodge a complaint. I was immediately, forcibly thrown out.

Chantale Collard
Okay. So basically, you were there as a helper. You wanted to help this person.

Stéphane Hamel
Yes.

Chantale Collard
The complaint process is something to which we are entitled.

Stéphane Hamel
Yes.

Chantale Collard
Was there a link—and you'll get to this—between your ouster from the CAQ and what happened?

Stéphane Hamel
That was my first strike. I've had three strikes with the CAQ.

Chantale Collard
Okay.

Stéphane Hamel
When it happened, I asked for the phone number or e-mail address of the director of the CISSS [Integrated health and social services centres] in Laval and I wrote a complaint for Monsieur Labbé. I sent the complaint directly to him. And then the director of the CISSS called a minister—I don't remember which—and complained that I had made a complaint for the gentleman.

Chantale Collard
So he complained that you had made a complaint.

Stéphane Hamel
So the minister called the CAQ leadership and I then received calls telling me that I had no right to file a complaint on behalf of this gentleman.

Chantale Collard
Did they elaborate on the reasons? Did they send you a letter? What happened next?

Stéphane Hamel
No. Once again, there was no debate.

Chantale Collard
Okay.

Stéphane Hamel
And I was told that I was going too far and that I wasn't in solidarity with the CAQ and the CAQ executive. And I was told very, very clearly that I had to keep quiet.

Chantale Collard
It was clear.

Stéphane Hamel
It was clear.

Chantale Collard
But it wasn't in writing, if I understand correctly?

Stéphane Hamel
No, it was all verbal. I got a lot of phone calls, and the word went around: "What are you doing?" Well, I was naive. I complained, which is the man's right. The gentleman didn't have the capacity to do that. So there you have it.

Chantale Collard
You say this was your first strike. There have been two. Now we'll come to the second strike.

Stéphane Hamel
The second strike was the CAQ blitz in every riding to call its citizens because everyone was still in shock. So they said, "We'll call citizens to see how they're doing," which seemed fine until the directive was to call them, but also to offer them a free membership card for a year. So I said, "No, I won't do that." But it looks like everyone cooperated and did it. And there were even lists of who performed the best and sold the most membership cards.

Chantale Collard
Sold, given.

Stéphane Hamel
So if it would have been a matter of calling citizens to encourage them, "Are you doing well?" and all that. But to be judged by the number of membership cards we sell! Because that's automatically renewable.

Chantale Collard
Absolutely.

Stéphane Hamel
I thought it was utterly unscrupulous. And I said so.

Chantale Collard
You've made it known.

Stéphane Hamel
That was my second strike. They made it clear that they weren't happy with me.

Chantale Collard
Still verbally?

Stéphane Hamel
Verbally, yes.

Chantale Collard
And your third strike?

Stéphane Hamel
The third strike was, I think, at the beginning of July 2021. A lot of water had passed under the bridge by then.

[00:25:00]

So I stayed pretty quiet and observed. I still attended all the meetings and they never ever had any discussions about the pandemic.

Chantale Collard
A taboo subject.

Stéphane Hamel
An absolutely taboo subject until the government began to set its sights on a health passport.

Chantale Collard
We are now in 2021?

Stéphane Hamel
I think these discussions started in April 2021 and intensified until it became almost official in July 2021.

Chantale Collard
Yes, just before the passport.

Stéphane Hamel
And then I made a post on my Facebook, which is private. On which I have, of course, friends who are in the CAQ—I have MNAs; people on the executive committee; all sorts of people—but above all, it's private.

Chantale Collard
It's not accessible to the general public.

Stéphane Hamel
It's not accessible to the general public. So I wrote a note. I can't remember the wording. I think I gave it to you yesterday.

Chantale Collard
You had the letter. I have the letter.

Stéphane Hamel
No, the Facebook post?

Chantale Collard
No, I don't have it. Tell us about it.

Stéphane Hamel
I'll try to paraphrase. I said, "I don't agree with a health passport, and if the government decides to go ahead with it, I'm going to oppose it." It was as simple as that. So it wasn't public; I didn't make a public statement.

Chantale Collard
But you did say it was clear that you were going to oppose it?

Stéphane Hamel
Yes.

Chantale Collard
It was always private, but it became known.

Stéphane Hamel
Yes, because I had a lot of CAQ people on my Facebook, so they all saw it. So that was the third strike and that was the final one. And then I received a letter from the party executive telling me that I didn't support the constitution of the CAQ party and that I wasn't in solidarity with the party. And that for that reason—I'm paraphrasing because I don't have the letter with me—

Chantale Collard
Yes, I have it right in front of me.

Stéphane Hamel
They immediately removed me from my position as president. And the executive voted for that unanimously.

Chantale Collard
By the way, I can [read] this part for everyone's benefit: "However, we have become aware of the publications and comments you have shared on numerous platforms or social networks—" You mentioned Facebook.

Stéphane Hamel
Only on one.

Chantale Collard
"—and we are of the unanimous opinion that you are openly opposed to the principle of the constitution and are in breach of the requirements described above." So as a result, your mandate came to an end, et cetera, et cetera.

Stéphane Hamel
Well, there's a problem with this letter, which is: I opposed the government—I opposed a government decision—

Chantale Collard
Not a party decision.

Stéphane Hamel
—which is not the party. The party and the government are two separate entities. So I wasn't opposing the constitution of the party. I was opposing a directive or decree from the government, which was then formed mainly by CAQ MNAs. But as soon as the government is formed, the notion of party no longer exists: the MNAs are there to represent the public. So they're no longer members of political parties. In all the training we've had as party members, we've always been told to be extremely careful to distinguish between government functions and partisan party functions.

[00:30:00]

And they ignored that, simply because I was criticizing a government directive.

Chantale Collard
Monsieur Hamel, we're running out of time, but first I'd like to know if you'd like us to submit this letter signed by Céline Tessier?

Stéphane Hamel
Yes. It is already very public.

Chantale Collard
Okay, but to the Inquiry?

Stéphane Hamel
Yes, absolutely [no exhibit number available].

Chantale Collard
So listen, I know we could have talked about—you mentioned it briefly—computers and all that, but time's running out.

What I'd really like to ask you is this: Basically, what conclusions can we draw from this, and what could have been done differently in relation to your own situation?

Stéphane Hamel
Well, what could have been done differently is to have what is supposed to happen in any democracy: debate. But obviously, there was no debate; and debate was shunned like the plague. So the obvious conclusion to draw is that we are no longer in a democracy. There is no more democracy. The basis of democracy is freedom of expression and the exchange of ideas. As a group we will find solutions.

What I saw was that it had now become a single party. Even the opposition was no longer opposed. So what else could we do? Calling people conspiracy theorists— If there are people who don't see a conspiracy, I think they're asleep. At first, I thought, "Okay, they want us all to speak with one voice so that people will respect the health measures." But as we eventually realized that it wasn't such a dangerous virus, that the vaccine didn't work—Because even Dr. Fauci in the United States said—just before I opposed it, and this is one of the reasons why I opposed the health passport—that the viral load of an unvaccinated person and a vaccinated person is the same, which makes a health passport obsolete.

So what could we have done differently? I say: nothing, because it was a conspiracy, a plan. But the word conspiracy has been distorted. It's clear now that there was an agenda. What was the agenda? Speculating, well that's where you may become a conspiracy theorist. But those who don't see a conspiracy or an agenda, well—

Chantale Collard
Based on verifiable data.

Stéphane Hamel
Wow! I also see that there's no media here.

Chantale Collard
Mainstream media, you might say.

Stéphane Hamel
Mainstream. And I haven't heard any media coverage of this Inquiry. And we're in Quebec City, where Radio X is supposedly trash radio. Even they didn't talk about it, even in Quebec City!

Chantale Collard
That's right.

Stéphane Hamel
They didn't mention the Inquiry. So what's going on? Why is everyone so quiet? You asked Amélie [Paul] earlier, "Is it going to stop?" No. It's still going on, as you can see. There's no openness on the part of the media or the government to have a debate. We've had three years of extraordinary drama and all of a sudden, nobody's talking about it anymore. The drama is over, the pandemic is over.

Chantale Collard
As if it was nothing; as if nothing had happened.

Stéphane Hamel
And what they want: "Don't talk about it anymore; move on."

Chantale Collard
No. We're going to keep talking about it.

Stéphane Hamel
That's it. What else can we do? In fact, it is what you are doing.

[00:35:00]

Then perhaps, continue to hammer home the message that, "Hang on, we've got things to say!"

Chantale Collard
To pass on the message. Thank you. I'll leave you with the commissioners, who probably have a few questions.

Commissioner Massie
Thank you, Monsieur Hamel, for your testimony. So if I may summarize the core of your testimony, it's that: In your experience with the CAQ, at the beginning you were relatively motivated to participate, to debate, to propose new ways of doing things so that we could improve. You were mainly motivated to improve, for example, the government's IT processes, which is no small task. But to make any kind of change or reform, there has to be discussion. And here, I think you were disappointed—that's what I understood from your message—that there wasn't that kind of openness.

What is surprising, however, is that a party takes power and then falls into a certain unanimity that is perhaps partly dictated by our British parliamentary system where—Well, it's very tight around the Premier and ministers, and even the MNAs don't seem to have much say, if anything. What's surprising though, is that during the pandemic, there wasn't much of an outcry from the opposition, who seemed to be in the same unanimous frame of mind.

What do you think is at the root of this state of affairs among the political and ruling classes? During this pandemic, I'd say there's been a kind of crystallization of a position that we can't seem to get out of. We're still caught up in it. And so from your political experience, how do you try to understand what's going on right now in the political institutions we have in Quebec?

Stéphane Hamel
It's certainly the same thing that happened among MNAs in caucus that I experienced with the executive. I think the watchword was, "We all have to get the same message across." And I think they did the same thing within the other parties. So the government had to be unified and that's what we saw. They were a single party. There no longer was any difference between the parties. They were all saying the same thing. And the Parti Québécois, the Québec solidaire party, and especially the Liberal Party: their opposition consisted of asking for more than the government was doing. So they weren't criticizing the government's decisions but were notably asking for even more restrictions.

So the MNAs and all the party executives saw what happened to me when I opposed. So I was the naive one of the bunch and I served as an example. Just as they did with Amélie [Paul], it was the same thing. So when the artists saw Amélie being treated like that: zip, they shut up. And the same goes for the political class: when they saw my treatment: zip. So they don't need to make many examples. Just a few, and everyone shuts up.

Commissioner Massie
No, but my question, to try and open up a few other avenues: Do you think there's any possibility of a renewal in this mentality that is closed to debate, at least at the level of the political class?

Stéphane Hamel
What's astonishing today—now that the pandemic is over—is that there's no such openness to debate. So yes, we're going to have to make a complete change in the political culture because it has been like this now for quite a few years.

[00:40:00]

And how can we do that when we don't have a voice in the media because the media censors us? Every time we try to talk about those three years, the media won't let us. So how do we get our message across? Because people are also getting a single message from the media: "Everything's fine now; let's stop talking about it and move on."

So that's a good question. I think we need to have a collective debate on the following: Our democracy no longer exists, how can we reinvigorate it? And that's what Amélie Paul and I have been doing for the past eight months. The aim of the podcast we've started—we stream it every week—is to launch this debate. And all the invitations we've sent out to

people have been turned down outright. Nobody wants to come and talk to us—apart from people who are already well known, and who have already spoken out publicly against all this, and tried to find solutions. But we're still under that *omertà* [culture of silence]. So I'd like us to find some solutions but it seems that the agenda isn't finished yet.

Commissioner Massie
Thank you, sir.

Chantale Collard
Stéphane Hamel, thank you so much for your honesty and authenticity. We often don't know what goes on behind the scenes. As the Premier himself said, "It's not health, it's politics," and I think your testimony bears this out.

So thank you very much, and I hope that all this will be widely disseminated.

Stéphane Hamel
Thank you.

Chantale Collard
Thank you.

[00:42:11]

Final Review and Approval: *Erin Thiessen, November 8, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)*

Witness 8: Dr. Barry Breger
Full Day 2 Timestamp: 05:21:54–06:24:56
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So good afternoon. This is Konstantinos Merakos, with the law firm of Bergman and Associates, and I will proceed with the next testimony. Today we have Monsieur Barry Breger on Zoom. Monsieur Breger, can you hear us?

Dr. Barry Breger
Yes, I can hear you.

Konstantinos Merakos
Excellent. So Monsieur Breger, or Breger [pronounced with a French accent], do you have a preference?

Dr. Barry Breger
My name is Breger, but in French we often say Breger [pronounced with a French accent]. But I answer to anything.

Konstantinos Merakos
Perfect, excellent. Then whether you prefer French or English, it's up to you. We are comfortable with either. We have fabulous translators backing us up, so don't hesitate.

Dr. Barry Breger
Very good.

* This witness spoke predominantly in English; the NCI lawyer spoke in French. French passages were translated to produce a document that reads seamlessly in the English – editor.

Konstantinos Merakos
I will begin by swearing you in. So Monsieur Breger, do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say yes, I solemnly affirm it or I swear it.

Dr. Barry Breger
I swear it.

Konstantinos Merakos
Excellent. Can you please state your full name?

Dr. Barry Breger
Barry Breger.

Konstantinos Merakos
And where are you located right now?

Dr. Barry Breger
I am currently in Morin Heights, in the Laurentians, north of Montreal.

Konstantinos Merakos
Perfect. And are you alone in the room?

Dr. Barry Breger
I am alone in the room.

Konstantinos Merakos
Perfect. So we're going to spend the next 15 minutes together. I would like to start, Monsieur Breger, by talking a little about you. So based on your CV, can you please briefly tell us about your expertise and who you are?

Dr. Barry Breger
Yes. I am a doctor by training and I have worked as a general practitioner for 42 years. I was born in Montreal, raised in English, but appreciating the French-speaking reality in Quebec. I studied at McGill for science and at the l'Université médicale de Grenoble [Université Grenoble Alpes] for medicine. So I live in both languages: in the office and with individual patients, we speak English and French; and at home too we move from one language to another freely. So I prefer to do most of my testimony in English because it is my mother tongue. I feel more comfortable in English, and when I speak to four commissioners, all four understand English well, whereas I don't think that is the case for French.

So I was born in Montreal, as I said, and studied medicine in France, at the Université médicale de Grenoble, after doing an undergraduate degree at McGill University. My

experience: I spent six years in France, came back to do my family practice in Newfoundland and became a certificant to the College of Family [Physicians of Canada]; I did three years of internship and residency in Newfoundland. Subsequently, I worked doing emergency room shifts in locums, replacing other doctors in remote areas in Newfoundland. In the middle of all that, I worked in the Far North, both in northern Manitoba and in northern Ontario, working in nursing stations as a GP obstetrician. In one of the nursing stations, I was the only doctor; there were three-four hours flights from any help, so I was quite isolated.

[00:05:00]

In between, I did a long trip trekking in Nepal and across Asia for six months, and it was a big part of my learning experience, especially for high-altitude medicine. The trekking to Everest Base Camp, which interested me as well—high-altitude medicine. I've been doing complementary medicine since the beginning. I've been interested in nutritional medicine since I was a teenager actually, and continued in that line as I became a doctor.

I did integrative medicine; it's now called nutritional medicine, integrative medicine, functional medicine, or, according to Linus Pauling, two-time Nobel Prize winner, for chemistry and peace: orthomolecular medicine. "Orthomolecular" means, "ortho" is the right molecule, so it is trying to use the right molecule to address whatever the underlying metabolic problem is that leads to the symptoms of a disease. So if you are dehydrated, the right molecule is water, H_2O. It's not beer, it's not wine, and it's not a fizzy drink: it's water. That's a simple example. So orthomolecular medicine treats all diseases that way: we try to use the right molecule to deal with the problem. Of course, you know, if you need to treat the symptoms or you need an antibiotic for a severe infection, you use modern medicine, but otherwise you try to use natural molecules.

My particular interest over the years had become chronic diseases. Modern medicine is actually quite excellent at treating acute diseases, sometimes miraculously so. For chronic diseases, it's not so good. Modern medicine tends to treat chronic diseases symptomatically, with medication. My goal is to treat the underlying problem, using medication only when absolutely necessary. So I became interested because people who came into my office had these problems; they couldn't find another doctor quite often to take care of it, so I did: chronic fatigue syndrome, fibromyalgia, environmental hypersensitivity, both chemical and electromagnetic. Both of those are not, by the way, recognized in my province of Quebec: electromagnetic hypersensitivity and chemical hypersensitivity.

Hypersensitivity is when people develop various debilitating reactions when they are exposed to whatever they are hypersensitive to. So somebody who is chemically hypersensitive will get really sick when they are exposed to perfume, or aftershave, or the smell of soaps, or renovation products, or all sorts of common things that we smell all the time; the smell of a new car, that will make them very sick. And the ones who are really hypersensitive are isolated and lead lives that are very difficult: oftentimes, they can't go outside easily; they have to be careful; people can't come over wearing anything that can have the smell of soap on them. So it's a fragile population, which is the relevance to what we're talking about. My population that I saw was fragile.

Konstantinos Merakos
Right, thank you.

So I will continue the questions in French to help the translators a little. So you have spent 42 years as a doctor. You have experience in emergency, intensive care, hospital care, in several regions in Quebec.

I'll proceed with my second question, Monsieur Breger. As a doctor in the field, what would you say were your experiences and observations as a doctor both at the beginning and during the pandemic?

[00:10:00]

Dr. Barry Breger
Well, at the beginning, I was in a multidisciplinary office working as part of a team. But at the start of the pandemic, I was in a private office, meaning people had to pay to see me. In Quebec, we have the right to do this. In other provinces, to my knowledge, it is not allowed. So people were motivated. I had patients who were—as we called ourselves—awake. They knew what was happening; they saw exactly what was happening.

What struck me the most were things that the two previous witnesses—and I'm sure there have been others—talked about. It was the fear factor—

Ah, I am switching from French to English, I am not even realizing.

Konstantinos Merakos
No problem. Don't worry. It's not a problem.

Dr. Barry Breger
The fear factor. It seemed that everything that was done at the beginning was to increase the fear of the population.

Konstantinos Merakos
To create an overarching fear. I'm just translating. In other words, to frighten the world.

Dr. Barry Breger
Yes, yes. To create fear; the fear factor.

Konstantinos Merakos
Yes. Please continue.

Dr. Barry Breger
And it seemed to be a goal, and it was done by everybody. I had read a book called *La pandémie du mensonge et de la peur* [The Pandemic of Lies and Fear], by Dr. Jean Stevens. And he actually quoted—I think it was the assistant director of the WHO—that their protocol for pandemics is to "keep calm and keep the population calm" because oftentimes fear could cause more collateral damage than the infection, as we're seeing now actually.

So how did it start? Well, the first thing we were told was that it was a novel virus: it wasn't known; this was the first time; and that we didn't have immune function that was adequate to fight this novel virus. First of all, it wasn't a novel virus. It was a coronavirus that we all know and love, and our immune function— Well, I don't think in any of our lifetimes, anything invented by man will get better than our immune function. Our immune function is superb, but we have to support it. So that was the first— Without being insulting, but to me, they were lies.

And then we learned that in 2009, the definition of a pandemic was subtly changed, without any fanfare. Instead of being many, many deaths and disease, we started to define a pandemic according to cases. So cases were put into the definition. Now disease is pretty easy to define: people are sick, they have symptoms. Death is really easy to define: we can recognize death immediately. Cases are more complicated. So then we have to define what a case is. They decided with this so-called novel virus, which it seems more and more likely was a man-made gain of function virus— Well, I'm pretty sure that's what it was. The virus was produced, according to Luc Montagnier, who observed that there were more than a thousand peptides in the proper order that come from the HIV virus; Luc Montagnier won the Nobel Prize for discovering HIV, so he's a pretty credible witness. When interviewed, he said: "Look, I have nothing to lose. I'm an old man." He was well into his 80s. "I have my Nobel Prize. I have no reason to not speak about what I find." And in his laboratory, he discovered that this novel virus had many peptides: a thousand—those were his words—in the same order they were in HIV and also malaria. So in other words, man had altered the structure.

So we had this new virus, and the pandemic definition was changed. And how do you define cases? Well, you define it with the PCR test. The PCR test was invented by Kary Mullis, who won the Nobel Prize for it. And he repeatedly said before his death, during the pandemic—as Luc Montagnier died during the pandemic—that this was not a diagnostic test. It was not developed to be a diagnostic test and it was not a good diagnostic test. But we started to use it as a diagnostic test to such an extent that even one of my patients coming back from outside the country with a positive antibody test—which is a blood test, which is much more reliable—was told that no, she had to get a PCR test. So she had to get the inferior test in order to prove that she was actually resistant to the virus.

[00:15:00]

In any case, so we were using the PCR test, which should not be a diagnostic test. The PCR test multiplies the amount of viral particles so that they become visible. I use the word visible to cover lab tests detection: probably a better word. During the pandemic, I learned that 25 cycles— Because you have to do cycles to get enough of the expansion of the viral particles in order for us to detect it. Usually it's 25 cycles, approximately. Once you get over 35 to 40 cycles, you get a lot of false positives. And in one estimate that I read, there was as much as 90 plus per cent of false positives. So if you did 35 to 40 cycles, you would get many more cases; and there would be more of an argument to declare a pandemic because cases are now part of the declaration of a pandemic.

To what end? One might ask: To what end is this happening? Also, we were using a modelling from out of Oxford University in England to show how serious this pandemic was. They use models now to predict what will happen. And this was from a serially false modeller; the modelling that this person, this university, had used, had been wrong on multiple occasions. But for some reason, the World Health Organization and all the public health bodies signed on for this model. To what end? So here we had a virus that we could not defend ourselves from; we had modelling that was inaccurate; we had a PCR test that

was not accurate also; and we were able to declare a pandemic by this simplified version of a pandemic. So suddenly, it was a big pandemic and tens of millions, if not hundreds of millions, of people would die according to the models.

Along comes the next step. Now, this caused a lot of fear in everybody. And that fear was on the news, on the mainstream media, in social media, repeatedly: how we should be afraid. At the beginning, when we didn't know what was going on, fair enough: we had to be safe. But then we started seeing and people started reporting and the fear factor continued.

Subsequently, or at about the same time, there was a lot of censorship going on and suppression of information. I'm part of a whole network of people, an informal army of people that share information. I'm now part of more formal organizations that share information, but at the time, it was informal. So somebody would come across a video or a blog from Professor Didier Raoult in France—who was the foremost infectious disease person at the time—or other epidemiologists or immunologists or virologists. And we started seeing what was going on and we shared information. Well, we knew that within 24 to 72 hours, it would be removed from the internet, with oftentimes a warning—that Amélie Paul talked about—that said we were going against community standards, whatever that means. I don't know who decided what the community standards were and who enforced. It was called misinformation or disinformation.

Eventually, the people that were spreading the word—renowned doctors and scientists and professors and all sorts of people who I knew before who were credible—were called the Dirty [sic] [Disinformation] Dozen. So that was a nice little catchy phrase: "Don't believe anything the Dirty Dozen says." For me, the Dirty Dozen were the people to listen to. So we were all waiting for the vaccine because we were told that our own immunity would not be adequate, and we needed the vaccine that would protect us. It was going to be safe; it was going to be effective; and it was going to end the pandemic like that. And it was being developed at "warp speed" according to President Trump. A little Trekkie Star Trek term, another Dirty Dozen Star Trek catchy phrase, so we know that it's coming along fast.

[00:20:00]

And then the vaccine came along: the so-called vaccine. Of course it's not a vaccine, it's gene therapy. It's an experimental technology that had never been used for what it was being used. It had failed all the animal tests; the tests that the companies did were being kept secret. We didn't know what was in the product. At least one of the companies declared that they would keep it secret for 55 years. Now if it was so wonderful and it was so miraculous, why keep it secret? Anybody who starts keeping secrets, I get very suspicious.

Eventually, they had to release the data—and I'm sure there were other people who testified who are much more confident at interpreting the data than I am—that showed that it was not miraculous. We learned that the vaccine was neither safe nor effective; it did not prevent carriage; it did not prevent transmission. It was so safe and effective that after the first two doses, we had to have a third, then we had to have a fourth, then we had to have a fifth, and I think they're up to the sixth dose now. So effective that we need six doses. And we still don't know what's inside of it. On top of it all, in order to release the vaccine in the limited time with the inadequate testing, it had to be given emergency use authorization by the FDA, and everybody followed suit. To get emergency use authorization, one of the criteria is that there's no safe and effective treatment.

Which brings me to the most important point of this particular part of my testimony. There are many safe and effective treatments. There are many protocols that work—and worked

for COVID—that we found out early on. Paul Marik, Pierre Kory, and the [Front Line COVID-19] Critical Care Alliance were publishing them. These are renowned American doctors, published doctors. Paul Marik is probably the top intensive care doctor in the world, and his team. Kory went in front of the Senate Committee and begged them. He said, "The evidence is overwhelming that ivermectin works. Please recognize it as a treatment." He literally was begging. And it was publicized; I saw it on the internet. Ignored. Not only was it ignored, but anybody who put forth an alternative treatment suffered the same fate as the two previous witnesses. That is, they were shamed, they lost whatever they could lose. So they lose their licence, they lose their hospital privileges, they lose their professorship, they lost their *gagne-pain* [livelihood], their way of making money. And this went on and on and on.

Eventually, it was also greatly encouraged—I wrote down "pushed"—for pregnant women and children; and there were no adequate studies at all for pregnant women. You've got to realize that for pregnant women the fetuses are particularly sensitive, especially during the first trimester. There was one study that I tried to find—and I could find it if the inquest requires—that was done on pregnant women and found a 17 per cent miscarriage rate in those who were vaccinated. And that's bad enough. However, what was not said in the conclusion, when you look at the data, was that of the women who were in the first trimester—the first three months when the fetus is developing into a human being and all the organs are developing—those women had an 80 per cent miscarriage rate. In other words, of the 17 per cent that all the women had of miscarriages, the first trimester represented the great majority. And you'd think that in a proper society—a free and democratic society—they would tell women this; this is their babies. But no, they left it out of even the publication: you had to go searching for it. And then subsequently, we found out that— We now know that it's dangerous. Children: they were in no danger from the virus; no child died from the virus. And if they did, they were dying from cancer or some other terrible disease; they weren't dying from the virus. They had very, very mild symptoms.

[00:25:00]

We learned that in Quebec, 70 per cent to 75 per cent of those who died from the virus in the first wave were in CHSLD, which are the long-term care centres for the elderly and infirm in Quebec. The average age of those who died was over 80 years old, somewhere around 85 years old, and they had at least two comorbidities. Comorbidities are two other diseases: diabetes, hypertension, cancer, renal failure, whatever. So these were not healthy people that were dying. We also learned that of those who were dying, in one study, they checked their vitamin D status and the vitamin D levels were really low: alarmingly low. Yet we weren't told; the word wasn't given out that everybody should be on a supplement of vitamin D. There were those who treated with vitamin C—IV and orally— successfully, adding zinc, quercetin, and a whole bunch of other things. There were many, many protocols but all those protocols were suppressed. Towards what end? Is it a coincidence that emergency use authorization could not be declared if there was a viable treatment?

That's it for this section.

Konstantinos Merakos
So thank you Dr. Breger. The translators have informed me that they have to play with several buttons to do the translation. So for the next question— I understand that your mother tongue is English, but would you be comfortable trying to do it in French for the sake of the translators?

Dr. Barry Breger
Do I speak to the translators or do I speak to the commissioners and the population?

Konstantinos Merakos
To everyone, myself as well. But I want you to be comfortable. I understand that the information is important to you but I want you to tell me what makes you comfortable. If you want to stay in English because there are medical terms, I will communicate with the translators and they will do a "one-way" translation.

Dr. Barry Breger
Yes, but when it is broadcast across Canada, to the United States, will there be subtitles? Will there be? You see, what I want is for people—as many people as possible and especially the commissioners—to understand exactly what I mean. I know exactly what I mean. I can easily say it in French but I'm not here to please the translators; I'm here to disseminate information to the general population.

Konstantinos Merakos
Yes, it's whatever you want; I want you to be comfortable.

Dr. Barry Breger
English.

Konstantinos Merakos
Okay, no problem. It's just a request that they made to me because I know that they are doing a very, very strong and very, very good job. So I want you to be comfortable because we appreciate your efforts and your information.

Dr. Barry Breger,
Oh, I appreciate them; I'm not mocking them. No, no, I'm very respectful.

Konstantinos Merakos
Perfect, absolutely. So I will continue with my question. The third section relates to your experience in your office. So here I would like you—while respecting your professional secrecy, client confidentiality—to tell us about stories that you have personally dealt with or experienced in the medical field as a doctor, especially during the pandemic. Can you tell us a little about this?

Dr. Barry Breger
Okay, I'm going to speak in generalities. Of course, I'm going to respect people's confidentiality—that goes without saying of course—but thank you for reminding everybody that that's what I am doing.

This brings me— What I didn't discuss was the masks and the mandates. Because people were forced to wear masks when they went out in public. This was apparently for public

health reasons but there were no studies that showed that masks would help prevent transmission of respiratory infections among a healthy population. None. It was quite the opposite. And as time went on, there were other studies that came out; and there were meta-analyses done recently by the Cochrane collaborative, a very well-respected group. Their conclusion was that there is little or no benefit. But we knew that before.

[00:30:00]

Actually, they had even done studies in masking surgeons and unmasking surgeons. And there was no increase in infection in the patients that were operated on by unmasked surgeons. And plus, the masks were not adequate: the holes in the masks were 100 times greater than the size of a virus for the regular paper masks that we were using. People touched their masks; people adjusted their masks. The masks, in my view and my reading, were virtually useless. But people had to wear masks. Now I dealt with a vulnerable population, so I was having patients coming to me saying: "I can't breathe when I have the mask on" and "I started to get pimples all over and then my eyes water." "My daughter put on her mask and two minutes later her eyes started to water." There are chemicals in the masks, there are microplastics in the paper masks; and plus, they don't work. So I would have to issue mask exemptions, which were generally respected actually.

However, you had to be very brave to use a mask exemption to go out without a mask. I personally put on my mask whenever I went anywhere when I was being observed because I didn't want to get into a confrontation. You know, there is some person loading the shelves, working in a store, telling me that I had to wear my mask. Am I going to get into a discussion with them and start to say, "I'm a doctor and I read the studies"? No. I just wanted to be able to buy my stuff and get out of there. But some people couldn't wear their mask: it was really difficult for them. So I issued mask exemptions. Theoretically we did not have to show, in Quebec, the mask exemption; all we had to do was say that we had a mask exemption. But people were talking about how difficult it was to go shopping, to circulate in public without a mask just because of the social separation, of the disapprobation that they had. People frowning, metaphorically, at them or criticizing them or aggressing them.

The other thing was the vaccines of course: the so-called vaccines. Of course we knew the vaccines were experimental and that they had nothing to do with a regular vaccine; the mechanism of action is completely different. We were told that the material would stay in the arm like a regular vaccine and, in fact, when it was examined in the animal model, it was in every tissue that they examined. The messenger RNA got into every tissue in the body that was examined. So it hijacked our own cells to produce the spike protein, which was the toxin—which actually is a toxin. So our own cells were hijacked to produce the toxin. The logic being that our immune system would recognize this toxin, produce antibodies to attack the toxins that our own cells were producing. And where would that end? What was going to happen? Were our own cells going to stop producing it? I never quite understood the logic behind it but we were told by the experts that this was perfect despite the fact that the animal models failed terribly.

In one study all the animals died after getting a messenger RNA vaccine and in other studies they just failed. And of course in the human trials that were eventually released because of freedom of information, it didn't do very well either. So people were forced to take the vaccine. I say forced, well, they weren't forced: they could stay home. Of course they'd lose their job; they'd lose their business; they'd lose their status. So they were forced; they were coerced, which went against the Nuremberg Code. The Nuremberg Code, I think it's the first paragraph—I haven't read the Nuremberg Code but I know this about it—it said that we could not force anybody to undergo an experimental therapy without

free and informed consent. Of course this was a reaction to the Nazis and Dr. Mengele, and every country in the world signed onto the Nuremberg Code. And yet we were now forcing people—coercing people, without free and informed consent—to take an experimental vaccine. Because it was "safe and effective," we were told.

Konstantinos Merakos
Yes. So I know that, for example in Canada and Quebec, we have Charters of Rights and Freedoms. Because you have just broached the subject of human rights, can you—in your experience, whether in the hospital or in your office—talk a little, give examples of these violations that you have observed in terms of human rights here in Quebec?

Dr. Barry Breger
Yes. In Quebec and everywhere, doctors are supposed to get free and informed consent for any treatment. "Free" means that the person is giving their consent without any force, without any coercion. So they do it freely, not because we're going to shoot their family members if they don't follow along or put them in prison; or lose their jobs. It has to be free. "Informed" means they get all the information, otherwise it's not informed. And I'm sure the inquest has heard countless testimonies of where we were not being informed. There was censorship going on: whenever any information came out that was not following the mainstream narrative, it was censored. So there was no informed consent.

It went against our Constitution, it went against the Quebec Constitution, it went against the American Constitution, and people went along with it. It was absolutely mind-boggling! And the reason they went along with it was because it was "for their own good." So children were vaccinated by parents because it was a safe and effective vaccine: as young as 12 months. And they were going to protect their grandparents because those kids: if they got sick, they would be asymptomatic because they didn't get sick very much from COVID; and then they would pass it on to their grandparents, who were fragile; and the kid would be responsible for the death of his grandma or grandpa.

That doesn't sound informed to me. That was also the myth of asymptomatic transmission, which I haven't mentioned as well. It was the other thing to put fear. Even if you didn't have symptoms, you were going to potentially pass on the virus to somebody else. Well, that means we're all walking time bombs; we're all a danger to everybody else. I suppose it could happen, you know it does happen, but it's relatively rare, very rare, just like it is all the time. So yes, I think that *en français, on dit que les droits constitutionnels ont été bafoués* [in French, we say that the constitutional rights were violated].

And on top of it all, our own Collège des Médecins [College of Physicians] told us doctors that it was an ethical obligation to take the jab—to be injected with this experimental vaccine—in order to protect our patients. So we were being unethical if we didn't take the jab. As a matter of fact, healthcare practitioners would not be able to work if they weren't jabbed. The deadline was October 15th: we had to all be injected. I was not going to do it; there was no way that I was going to put my life in danger because the Collège des médecins said it was my ethical obligation. They sort of made it up. I mean, there's no ethical obligation to be treated with an experimental vaccine. I mean, it goes against the Nuremberg Code! So there's certainly no ethical obligation. And if that's what's in the Code of Ethics then they better change the Code of Ethics.

[00:40:00]

In any case, I decided I was going to just stop working for the time that it took for all this to blow over. So what I had to do was cancel three months of appointments. These are people who are waiting to see me: people I'm following; people who are waiting for follow-ups; people who are having their yearly exam, et cetera, et cetera. So I just had to cancel everything. A lot of work for the staff to cancel three months of appointments, to renew all the medications—because who knew how long it was going to take? And for somebody who was making an appointment to get a medication that they needed and their appointment was in two months and I might be off work for a year or two years: I had to write a prescription. So we had to go through all the charts and renew all the medications.

Come along to October 15th, I can't remember whether it was 2021 or 2022—I'm not very good with dates—we were then told: "We're getting a two-week extension; we have another two weeks to vaccinate ourselves." So we get back to the patients, tell them, "Listen, I'm working for two weeks. We can fill up the schedule. I could work extra days, but I'm going to be stopping on November 1st." I remember it was October 15th and November 1st, probably 2021. And then—we'd already cancelled everything. I think 24 hours before November 1st, we were told that, no, that was cancelled. We could continue working even if we were not jabbed. However, there were restrictions: we had to put a plastic barrier between us and the patients; we had to stay six feet apart; and we had to wear masks. All of which were useless in a viral infection. You know there are billions of viruses in the room; they're all over the place. And there was no information given about how to do—except for doctors like me, who gave our patients information.

Now we couldn't get ivermectin. As a matter of fact, I was told that the Order of Pharmacists in Quebec forbade pharmacists from serving ivermectin to patients who had a proper prescription unless that patient said it was for parasites. And it was dissed, everybody was criticized: "It's a horse parasite medication!" No, it's an anti-COVID medication as well. But we couldn't get it. It was impossible to get: stocks were low, they wouldn't release it. So the safe and effective treatment, which did exist, was not released. Hydroxychloroquine: there must have been over a billion doses given over time. It's sold over the counter in all of Africa, India, Indonesia. But it's no good. And even though Dr. Didier Raoult in France showed in the statistics in his hospital that his patients were doing a lot better than the rest of France and than the rest of the Western world, we were told not to give hydroxychloroquine as well. And of course, in Quebec, it's not allowed to give IV vitamin C. Because that is not done in Quebec—that's the reason that we're not allowed to give IV vitamin C. It's given in Ontario, for example, in Alberta, in BC, and in most states in the United States—certainly, many states in the United States. For the last 30, 40 years. It's very safe and very effective for all infectious diseases. But in Quebec, it's not done.

Konstantinos Merakos
So Dr. Breger, I apologize for interrupting you but time is running out. I would like to ask you two questions and after that, we will move on to the conclusion. The first: In your experience, and with your patients, have you understood that—or have people testified to you that—they were forced either indirectly or directly to proceed with this medical procedure?

Dr. Barry Breger
Absolutely, people were forced. There were many ways to force people. First, people were socially isolated because there was so much fear, everyone was afraid that people—

I had a patient who lived in the countryside with her husband, who was vaccinated. There was no way she was going to take the injection. There was a neighbour who called this woman's house after a snowstorm to ask her husband to come help her free her car from the snow. So she said, "Okay I'll tell him and I'll come and help too." She said, "No, no, no, no. You're not coming. You are not vaccinated." So she couldn't even meet other people outside. It was not a question of masking; it was that she wasn't vaccinated. She shouldn't be around anyone. That was the level of fear.

People were losing their jobs even if they worked remotely. I had a patient who worked for the federal government, on Zoom, with her colleagues and with the public, and she was going to lose her job if she didn't get vaccinated.

[00:45:00]

Konstantinos Merakos
Yes. Excellent.

Dr. Barry Breger
Wait. There's just one more thing if I'm not losing track.

Konstantinos Merakos
Yes, go ahead. No problem.

Dr. Barry Breger
No, it will come back to me; I've lost track.

Konstantinos Merakos
Okay, but my second question is related to that because you're talking about employees. So essentially, it's clear that for work there are requirements: for people in the construction field, you need a helmet, you need a coat, et cetera. For your part, can you confirm that this medical product—that is vaccination—was a permanent medical procedure that could not be reversed one it had been carried out? In other words, once it's done, it's not like a coat that, once the job is completed, you can take off and come back home without having gone through this medical procedure.

Dr. Barry Breger
Okay, so you're asking if it's irreversible.

Konstantinos Merakos
Exactly.

Dr. Barry Breger
It is irreversible or it's not irreversible: Who knows? It's experimental. It's experimental. We are guinea pigs, we are rats; they're experimenting on us. We don't know, it's never been studied. So is it irreversible? I certainly hope not. So far it is. People are still getting

sick; there's an excess of deaths around the world. That's measurable. And people can't get it out of their body. But that's probably formally true. But I believe that the default of the body is to heal. So I think that virtually anything is reversible, in my mind, with my type of approach. However, we really don't know.

Konstantinos Merakos
Okay. You confirm that because of the permanence of the medical procedure, in your opinion, there should have been a little more transparency regarding all the questions and all the subjects that you spoke to today?

Dr. Barry Breger
Oh absolutely. People need information and we were hiding the information. It wasn't as if the information wasn't there: we were hiding it. The company wanted to keep its secrets for 55 years; the mainstream media were not talking about it. I've lost complete faith in mainstream media so for the last three years I've not watched television news, I've not bought newspapers. Over the last three weeks, with the National Citizens Inquiry, I've started buying newspapers—the *Journal de Montréal*, a local Quebec "journal" that is read all across the province, the most sold newspaper in the province; and also the *National Post* which I can get in my village—and no mention of the National Citizens Inquiry. It's omertà, just like the previous witness mentioned.

Konstantinos Merakos
So Dr. Breger, thank you. Can you conclude everything for us in one sentence and after that I will pass you on to the commissioners for their questions? In one sentence please, or in two.

Dr. Barry Breger
Okay, I'll do my best.

Konstantinos Merakos
Please go ahead.

Dr. Barry Breger
For me, COVID was the great reveal. So in fact, COVID has brought front and centre the fact that we are not living in a free democracy. Our information is being censored; the information is being suppressed. The people who try to get out there and have a discussion and talk, and put forward another narrative, are being punished. And we are seeing the corruption that exists. We have to start asking ourselves why different levels—whether it be public health, international, national and provincial public health, politicians, the mainstream media—why they are doing what they're doing. There is a reason. It is organized.

Konstantinos Merakos
Excellent. Thank you very much. So now we'll go to the commissioners for their questions. Go ahead.

[00:50:00]

Commissioner Drysdale
Good afternoon doctor. Thank you for your testimony. You know, when we've been going across the country, I keep hearing time and time again about a principle in medicine that's supposed to be sacrosanct, and that is informed consent. How could the public give informed consent for a vaccine which they don't know is experimental, which they've been told it's safe and effective? And they haven't been told that it wasn't tested on pregnant women; it wasn't tested on children; it wasn't all kinds of things. How can you achieve informed consent as a medical practitioner if you're not providing information?

Dr. Barry Breger
Well, it's an interesting question. The answer simply is: you can't, it's impossible. The mystery is how doctors bought into this. Now there is a series of videos on the Children's Health Defense [website], five one-hour videos directed by Vera Sharav, who is a Holocaust survivor. She makes the argument that it's the Nazi playbook from the '30s. Now, this might sound extreme; watch the videos, you'll see it's the same thing. It's being done for our own good. So people do things, they obey because it's for the good, the greater good. And the people who are telling us that are supposedly respected and credible people. But no, there was no way that there could be informed consent. There was no information so it couldn't be informed consent.

And we went against the Hippocratic Oath— which I hadn't mentioned as well. The Hippocratic Oath, which could be summarized, for me, in two major— It's a bit more complicated but these are the two biggest things. Above all, first, do no harm. And number two, the patient comes first. So public health doesn't come first. Our medical boards, which have way too much power, they're now telling doctors how to— It felt to me as if, metaphorically, these institutions have come and sat down between me and my patient and are now directing me. Me—with my 40 years of experience, my curiosity, always reading stuff—they're now telling me; these nebulous figures are now telling me what's the best thing to do. When in fact, that is a sacred place between doctor and patient. It's so sacred that it has to be kept secret. So no, they couldn't get informed consent, impossible.

Commissioner Drysdale
Well, I want to stick to informed consent just a little while. We had a witness—he or she was a doctor, I think a professor and policy analyst—and they said that even if the medical practitioner informs the patient of what the risks are, if the medical practitioner is aware of a third party influencing that decision then they're obligated not to provide the procedure. In other words, if they know there's coercion or they know there's some kind of blackmail that's forcing the patient to do this then that's not informed consent either. Is that concept also familiar to you, sir?

Dr. Barry Breger
In other words, if that person has been threatened by whomever that if they don't do this treatment— No, that's not free. It's free and informed consent; that's not free. It's the "free" part that they're going against there.

Commissioner Drysdale
The other thing that you said in your testimony, you talked about fear. And you said that in the beginning, it seemed that they were creating fear in the population. And we also had testimony from a lady—I believe it was in Red Deer or in Saskatoon. And I thought this was incredible and that maybe you want to comment on this: this lady told the story about how her mother, I think she did it in secret, went to the corner drug store to get the vaccine. And she stood in a long line to get her vaccine, and she sat down and she got the vaccine, and she dropped dead on the spot. And not a single soul in the line moved; they just stood there. Is that something you've seen before? Is that something that might be out of fear? Is there any comment you can make on that?

[00:55:00]

Dr. Barry Breger
Mattias Desmet, a psychologist, talked about this notion of mass hypnosis. We've been [under] some sort of mass hypnosis. You probably have not seen it but there are videos that show the number of sports figures, on the field, who have dropped dead; people giving lectures who have dropped dead; there's "sudden death" pilots who have dropped dead. There is one Canadian doctor, I don't know if he testified, but he has documented 150, or whatever, Canadian doctors who died post-vaccine.

Now the argument is that we don't know it's from the vaccine. So this is a very important point; it's interesting that you bring this up.

We have been as doctors discouraged from reporting—generally speaking, with any vaccine—what we think is a vaccine side effect, whether it be death or disease, but especially in this case, death. So what we should be doing—and what it was initially designed for, the reporting systems—is that we should be reporting any suspicion and we should be encouraged to report any suspicion.

So if this woman dropped dead within ten minutes of receiving the vaccine, it should be reported. Now if she's the only woman out of 1,000,000 that dropped dead immediately after the vaccine, well statistically, probably not due to the vaccine or she had a particular reaction to the vaccine and other people don't have to fear it. But if there are 20 others, and maybe there's 500 who dropped dead within a week, and another 2,000 who dropped dead within two months, then you statistically look at it and say, "Well, the statistics are such that you can calculate there's a 90 per cent chance it's because of the vaccine." But if you discourage from the get-go people from reporting side effects, people from reporting death, then we'll never find out. And then we say, "Well, there's no reports." And that's been what's going on for decades and decades and decades.

And of course the great reveal: COVID. It so happens they overplayed their hand. And sooner or later—what's the expression?—they'll come home to roost because now we're seeing people dropping dead. So no, I've not heard of anybody dropping dead immediately. I've had reports. They're second-hand reports because of course very few of my patients were vaccinated: second-hand reports that they know of somebody. This woman that I was telling you about, one of her neighbours just dropped dead post-vaccine within weeks of the vaccine; and she was perfectly healthy. And of course, the sports figures that dropped dead: well, they were perfectly healthy, people on the soccer field dropping dead.

Commissioner Drysdale
Thank you, sir.

Commissioner Kaikkonen
Thank you, Dr. Breger, for your testimony. I'd like to just go back to censorship for a minute. Disinformation has been described as one of the most pressing and harmful forms of malicious behaviors online. And by their silence, the legacy media has condoned the government narrative. And sadly, this one-mind perspective is not just confined to Canada but it has encroached in all the other countries around the world.

So what recommendations would you make going forward that would encourage free discourse and dissenting voices within the public space? Or more pointedly, what can hardworking Canadians do in their circle of friends to reverse this trend?

Dr. Barry Breger
Woah. That second part of the question is really hard because people are— The hardest person to convince is an ignorant person who thinks they know. So once you're convinced you know, once you're convinced that you know the truth, very hard to change minds. You know, I've not succeeded in my family yet. Not my immediate family: my immediate family understood.

But what we could do? I think the first thing we could do is allow information to flow. We're all thinking human beings. Who has the right to say: "This is misinformation or disinformation—"? Nobody has that right. There are hate laws so if you say: "The Holocaust doesn't exist," that's taken care of by criminal law. If you say: "You should go around and kill everybody who's under five foot eight," there are rules [against] inciting criminality. But in terms of misinformation and disinformation, that was just, you know— That's a Donald Trump presidency: it was sort of made up.

[01:00:00]

So now everybody's taking advantage of it. Then anything you say that doesn't follow the narrative— This is *1984* you know, the book *1984*. This is group speak: you can't think differently; you can't speak differently; you can't have another opinion. Well, read Mattias Desmet, how that happens; it happens when people— I mean, it's way beyond what I have to say but this is something that has been planned for a long time. Doctor David Fleming, I think that's his name [sic] [Dr. David Martin]: he's an expert on patent law. He goes through the patent history that led up to this. The trial runs with H1N1 with declaring a pandemic. I mean, this has been planned for a long time. Judy Mikovits has written two books; one is called *The Plandemic*.

So this is long, long— Somebody was playing the long game. So what we have to do is we have to have our constitutional rights respected. And anybody who was complicit, any politician who was complicit in not allowing freedom of information— Robert F. Kennedy said that the first and most important part of all our freedoms is freedom of information; it's the First Amendment in the States. So if we don't have freedom of information, there's no way anybody is going to change their minds. So I guess the first job to do is go after mainstream media and find out why the heck the journalists are not being journalists. We know why of course: they're being bought. They're being bought. In the States they depend on ads. I saw one video where we saw CNN news, MSNBC news, CBS news, all sponsored by

Pfizer. So you know, that's where you have to follow the money. Age-old truth: follow the money.

Commissioner Kaikonnen
Thank you very much.

Dr. Barry Breger
I don't know if that helps.

Konstantinos Merakos
So Dr. Breger, the National Citizens Inquiry thanks you wholeheartedly for your testimony. We thank you sincerely for your testimony.

Dr. Barry Breger
You're very welcome. And I thank you all, the commissioners, and all of you who have volunteered to help with this Commission. All your hard work—and I'm very pleased to be part of it. I thank you for listening to me.

Konstantinos Merakos
Thank you.

Dr. Barry Breger
Goodbye.

[01:02:53]

Final Review and Approval: *Erin Thiessen, November 2, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 9: Évelyne Therrien
Full Day 2 Timestamp: 06:40:54–07:07:30
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Hello. Chantale Collard, lawyer and prosecutor at the National Citizens Inquiry. I see you on the screen, but I'm going to look towards the camera. So we have Madame Évelyne Therrien. Hello, Madame Therrien.

Évelyne Therrien
Hello, Madame Collard.

Chantale Collard
Can you hear me well?

Évelyne Therrien
Yes, I hear you well. Do you hear me?

Chantale Collard
Yes, very well, Évelyne Therrien.

Évelyne Therrien
Do you see me well or am I cut off anywhere?

Chantale Collard
No, I see you very well and I think the audience can see you very well too.

Évelyne Therrien
Okay, good.

Chantale Collard
So first of all, we will proceed with your identification. Can you state your first and last names?

Évelyne Therrien
Évelyne Therrien.

Chantale Collard
We're going to take the oath, the solemn declaration. Do you solemnly declare that you are going to tell the truth, the whole truth, nothing but the truth? Say, "I affirm it."

Évelyne Therrien
I affirm it.

Chantale Collard
So Évelyne Therrien, first of all, thank you on behalf of the Commission for coming to testify. I know these are not things that are easy to say but by sharing them, other people will surely recognize themselves in your testimony and will feel less alone. So thank you, Évelyne Therrien.

First of all, can you tell us about your occupation? What are you doing right now?

Évelyne Therrien
As of now, I've been on long-term disability for six years. In March 2020, I was on disability and living in my dad's house. My mother was in intermediate residence because of her Alzheimer's. So that's both my current situation and my situation as it was in 2020.

Chantale Collard
So if I understand correctly, Madame Therrien, you were already on disability. And at that time, did you have a job? And for whom did you work at the time of your disability?

Évelyne Therrien
Before my disability?

Chantale Collard
Yes, we could say around 2020, I imagine that you were on disability from an employer? You worked before? Who was your employer?

Évelyne Therrien
It is TD Bank. And the TD Bank insurer that pays me the disability pension is Manulife.

Chantale Collard
All right. Can you tell us your primary motivation for coming to testify here, at the Citizens Inquiry?

Évelyne Therrien
I would like people who are searching to have access to information about what has really happened since 2020 and the real consequences of what governments have done, so that when people search for it the information is available.

Chantale Collard
Regarding this information, we will talk about your experience. We'll go in chronological order. You are vaccinated. How many doses of COVID vaccine do you have?

Évelyne Therrien
Two doses.

Chantale Collard
You have two doses. Can you tell us about your first injection? What state were you in? And were you open to that first dose? Tell us about the context of the first injection.

Évelyne Therrien
All right. I would like to say one thing first because it is important to me.

Chantale Collard
Yes, go ahead.

[00:05:00]

Évelyne Therrien
I found that in 2019, I was more spiritually and religiously empty. I felt that there was something wrong, that I was vulnerable to falling into fear, panic, manipulation in 2020. So I took the first dose voluntarily on May 4, 2021.

Chantale Collard
Okay.

Évelyne Therrien
For a very long time, I also had a very fragile immune system. So that played into my initial decision too. I had experienced a lot of infections, bronchitis, pneumonia.

Chantale Collard
What we call comorbidities, if you will. You had other previous problems.

Évelyne Therrien
Yes, that's it. The stroke was caused by celiac disease; and if it's not treated for a long time, if it's undiagnosed, well, it causes a great deal of damage to the immune system.

Chantale Collard
All right. There is a question. Before your first injection, at the time when you had said, "Okay, I'm going to do it," were you afraid of the virus?

Évelyne Therrien
I would say that at the beginning of 2020, I was scared. But by 2021, I wasn't as scared anymore. It was more blindness, overconfidence in the government. Because in 2021, little by little, I had started to do my own research. I hadn't done any research in 2020 but I started doing my own research in 2021.

Chantale Collard
When you say you did your own research, did you do your research before or after your first injection?

Évelyne Therrien
A little before my first injection.

Chantale Collard
A little before. You still went to get injected.

Évelyne Therrien
Yes. I hadn't done much research. It was little by little.

Chantale Collard
All right. But not enough to—

Évelyne Therrien
I was less fit and less healthy at that time. I didn't have much time to research either.

Chantale Collard
Did you have any side effects after your first injection?

Évelyne Therrien
No, I did not have any side effects.

Chantale Collard
Okay. And after that, you went on with your daily life. And you had your second injection. Can you tell us about your second injection? How did it go, what state were you in?

Évelyne Therrien
Well, I continued my research between the first and the second injection and I changed my mind. I didn't want to take the second injection anymore. I took it anyway out of desperation because I knew what my dad's reaction was going to be and how he was going to treat me if I didn't take it. Well, I suspected that it was going to be terrible and that probably I was going to be forced to move [out of my house].

Chantale Collard
At that time, were you living with your father, Madame Therrien?

Évelyne Therrien
Yes.

Chantale Collard
All right. So you didn't want to take it because you had learned some information, but you went to take it anyway. What was your main reason?

Évelyne Therrien
There are no good reasons. I think I could have fought it. I think it would have been very, very painful. It would have taken me a long time to move out of the house because I'm slow; I was slower then, I was in worse shape.

Chantale Collard
Can we say that you took it out of social pressure and not because, well, "I am immunosuppressed," or—

Évelyne Therrien
At that point, no. By the second injection, I was no longer worried about the virus or my health— Well, up to a point, but I understood that the injection was not a solution, but the opposite.

Chantale Collard
Okay, but you went anyway. On what date did you receive the second injection?

Évelyne Therrien
July 1, 2021.

Chantale Collard
So as of July 2021, you had received two doses. Following this second dose, did you have any side effects?

Évelyne Therrien
Yes. For three weeks following the first day of the injection, it was: diarrhea, a lot of muscle pain, headaches, very great fatigue, and a lot of sweating, chills, hot/cold.

[00:10:00]

I couldn't sleep much and I couldn't do all my daily activities and my father had to take over the cooking more during that period. I couldn't do my daily chores.

Chantale Collard
How long after the injection did these effects begin?

Évelyne Therrien
It started on the first day.

Chantale Collard
The first day.

Évelyne Therrien
Yes. Then it seemed to calm down; it was better. Then, perhaps one or two weeks later, I experienced an esophagitis—in any case, the doctor calls it esophagitis. It is pain in the throat and the top of the digestive system, which makes it difficult to eat and swallow. So after a few days of that, I went to consult my doctor.

Chantale Collard
Your family doctor?

Évelyne Therrien
It wasn't my family doctor but it was my family doctor's clinic. They gave me antacids for two months and I can't remember if they gave me an antibiotic or not. Anyway, I took the antacids for two months and after that I was able to stop them and never took them again.

Chantale Collard
What I am hearing is that you started having side effects the day after [the injection]; they continued; you went to the medical clinic. Did you ask the attending physician to report these side effects?

Évelyne Therrien
I only did six months later, in the winter of 2022. Because initially, in the summer of 2021, I was convinced that no doctor was going to give credence to it. I knew the context; and also, I have had a long and difficult medical journey. I know doctors. In my twenties and early thirties, it was very, very difficult. So I didn't expect any doctor to take me seriously. And I saw the context of the television news too: even at places like Radio-Canada [the CBC], it was announced that the second dose had more side or unpleasant effects. So I pretty much

thought that nobody cared about me or nobody would care about me. Six months later, I decided it was my duty to try. My family doctor reacted exactly as I expected.

Chantale Collard
What was her reaction?

Évelyne Therrien
That was in the winter of 2022; it was January 2022, I believe. She told me that it was not the doctor but the patient who had to fill out the form. So I looked for the form on the internet. I don't believe it was the correct form because it was just a form for general drug side effects. So I posted this to the Government of Canada, the CAEFISS [Canadian Adverse Event Following Immunization Surveillance System], I think it's called.

She also told me—because I had asked her for an exemption for the third dose—to go and take the third dose and that she had had no unpleasant effects aside from the first day. Then she also told me that there were several other patients of hers who had come to her asking for exemptions—because things had happened to family members due to the injections—but that, no, she wouldn't give an exemption and she couldn't give an exemption.

Chantale Collard
Basically, you wanted an exemption for the third dose.

Évelyne Therrien
Yes.

Chantale Collard
Now, what will also be important to know is— You spoke of your father.

[00:15:00]

At that time, you were at your father's house: between the second [dose] and your request for a waiver of the third dose. What happened? Explain that to us.

Évelyne Therrien
In December 2021, they started pushing the third dose really hard in TV media. I refused to take it. It caused huge conflicts. My father was extremely angry; he called me every name in the book. And he was really extremely angry on a daily basis, and extremely insulting and unpleasant. In December 2021, I considered moving out. But I changed my mind in the end because I saw that it was submitting to the government's strategy of divide and conquer, in order to cause the most possible destruction. But then, in January and February—

Chantale Collard
That was in January 2022.

Évelyne Therrien
Yes, that's it: January–February 2022. I started taking all sorts of actions and made a credit card donation to the Freedom Convoy because I wasn't able to get to the demonstrations. I can't drive such long distances since the stroke.

Chantale Collard
When you donated to the Freedom Convoy, you were still at your father's house?

Évelyne Therrien
Yes. When he found out, he was very angry and he told me to leave his house.

Chantale Collard
He kicked you out.

Évelyne Therrien
Yes, that's it, he kicked me out. So as I am slow because of the stroke, it took me four months in total to move. So I moved in July 2022. It was four months between when he told me to leave and when I was able to move. During that period, there were times when he was rather explosive, when he was quite hateful. I was relieved to finally move.

Chantale Collard
Has your relationship with your father ended since you moved, or have you reconnected?

Évelyne Therrien
It is at the bare minimum. I go to see my mother once a week in a CHSLD and, since he goes to see her every day, of course I see him when I go to see my mother. Apart from that, it is very rare to see him and I've decided that I will never invite him to my house again. In any case, at the very beginning, I had invited him once or twice and I really thought he was too— I don't know what adjective to use. But his personality didn't change with the onset of COVID, he was already like that and it got worse over the years. It causes a lot of problems in general, even outside of the COVID situation, and it continues to this day. I still had conflicts by telephone with him: twice in the winter of 2023. So I will distance myself even more, I will withdraw as mandatary and as executor because I will not be able to work with him—or with my brother. My brother is really similar to my father. Less aggressive but it doesn't work at all, so I'm going to distance myself more.

[00:20:00]

Chantale Collard
Madame Therrien, I see that time is running out. But there is an important message: If your father is listening—currently, your testimony is being broadcast across Canada, around the world—what would you say to him?

Évelyne Therrien
I don't think I would have anything to say to him because I've tried everything and I know he doesn't believe in doing research on the internet.

Chantale Collard
If you spoke to him directly? Talk to him directly.

Évelyne Therrien
[Long silence.]

Chantale Collard
It's not easy.

Évelyne Therrien
What I would say would be really nasty and they would sound like insults even though they are true. I would tell him that I find him cowardly for not even being able to care enough about the side effects of my second dose to realize that there is something wrong; that the reality does not match what the government says; that what happened to me is not what the government says and what the government does. So I find him cowardly, and I find him insensitive, and I find him cruel.

Chantale Collard
Madame Therrien, you talk about yourself, you feel hurt.

Évelyne Therrien
Yes, certainly.

Chantale Collard
You feel rejected.

Évelyne Therrien
However, he didn't behave that way only with me. I found that, during COVID in general, his behaviour has been abominable.

Chantale Collard
It has affected you immensely, that's what I can see from your testimony. It takes a lot of courage to speak here at the Commission today. And as a final word, do you feel that there is a lesson to be learned and whether things could have been done differently?

Évelyne Therrien
One must not sacrifice one's freedom and integrity for an illusion of security.

Chantale Collard
Very good final words: "You should not sacrifice your freedom for an illusion of security." We will remember these words, Évelyne Therrien. Thank you.

There may be questions from the commissioners, so stay online.

Commissioner Massie
Hello, Madame Therrien. Thank you for your testimony.

Évelyne Therrien
Hello. Thank you.

Commissioner Massie
My question is— I understand that it is a very tense situation, which is caused by your incapacity; you are something of a prisoner of your disability, which makes you less able to go out of your immediate family circle. Do you have people around you who can support you in this difficult tense situation, finding yourself perhaps without the support that you could have had from your father?

Évelyne Therrien
Since my move, I have been involved in support groups and in volunteering. So it allowed me to create some new links and new contacts. I'm in the Solaris groups. I volunteered for Réinfo COVID Québec. And then, what else was there? The Universal Exchange Garden. It allowed me to make a few new connections. I also have an unvaccinated sister who lives in Coaticook. She is very far away but it is at least moral support to know that she is aware. She also has a lot of difficulties.

[00:25:00]

She also has health issues. She has a job but is struggling. She's not someone I can see on a daily basis, but she supported me a lot in the process with my father before my move— cheered me up, encouraged me. I also have a friend who is one of the few friends I have kept over the years. She too was very understanding. She did not want to be vaccinated and she got vaccinated under the threat of losing her job from her employer. She helped me through it all too, and I still see her. My abilities continue to improve over time. This allows me to see more people a little more frequently than before. That helps me too. I managed to see a lot more people in the winter of 2023 than in the fall of 2022. In that respect, it continues to improve. It's not as bad as it could have been or could be.

Commissioner Massie
Thank you very much.

Chantale Collard
Thank you very much, Évelyne Therrien. I know that this testimony was not easy. You have a lot of courage. That's also freedom: it's having courage. Rest assured that your testimony will have echoes, hopefully, throughout the world. Thank you so much.

Évelyne Therrien
It was a pleasure. Thank you very much for the work you do. Thank you.

[00:26:36]

Final Review and Approval: *Erin Thiessen, November 8, 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, and further *translated from the original French.*

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 10: Dr. Sabine Hazan
Full Day 2 Timestamp: 07:08:08–07:50:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Louis Olivier Fontaine
Hello everyone. My name is Louis Olivier Fontaine. I'm a lawyer, and today I'm acting as prosecutor for the National Citizens Inquiry Commission, which is currently being held in Quebec City. So this afternoon, we're honoured to have with us Dr. Sabine Hazan, who joins us from California. So Madame Hazan, can you hear me?

Dr. Sabine Hazan
Yes. Yes, can you hear me?

Louis Olivier Fontaine
Yes, very well. Thank you.

Dr. Sabine Hazan
Okay, great.

Louis Olivier Fontaine
So to begin, just as a formality, I'm going to ask you, Dr. Hazan, to state your first and last name please.

Dr. Sabine Hazan
Sabine Hazan.

Louis Olivier Fontaine
Very well. Now I'm going to ask you to take an oath, so another small formality. So if you don't mind, I'm going to ask you to solemnly swear that you are going to tell the truth, the whole truth, and nothing but the truth. Say: "I do."

Dr. Sabine Hazan
I do.

Louis Olivier Fontaine
Good. Now Dr. Hazan, I'm going to make a brief presentation of your professional profile. So you'll let me know if everything is in order—and I apologize in advance if I leave out any details of your very comprehensive CV. So Dr. Hazan, you're a medical doctor specializing in gastroenterology. You're also an expert on the intestinal microbiome. You are president and founder of ProgenaBiome, a genetic sequencing research laboratory.

Dr. Sabine Hazan
Yes.

Louis Olivier Fontaine
You've been conducting clinical trials for pharmaceutical companies for around three decades. And you've also authored several scientific publications, notably in connection with COVID. Is all this true, Dr. Hazan?

Dr. Sabine Hazan
Yes, that's right. That is correct.

Louis Olivier Fontaine
Are there any other qualifications you'd like to add to your CV?

Dr. Sabine Hazan
I have numerous qualifications, but that's fine. It's enough I think.

Louis Olivier Fontaine
All right. So during the short briefing we had today in preparation for your testimony, you mentioned a subject that was important to you. And if I understood correctly, it was about the publication mechanism of scientific research and the difficulties you encounter in publishing these studies.

So if it's all right with you, we could start with that subject. And after that, if you have any other important subjects you'd like to cover— Obviously, you understand that in fact the subject is, let's say, the consequences and management of the COVID-19 crisis in Canada, but also world-wide. So that's it.

If you have any other topics you'd like to raise afterwards, we have about 45 minutes, including any questions our commissioners may have for you. So about 30 minutes to allow time for questions from the commissioners.

Dr. Sabine Hazan
I have to finish in 30 minutes because, unfortunately, I have a very important meeting afterwards. So you only have me for 30 minutes.

Louis Olivier Fontaine
Very well. Then we'll reserve a few minutes for questions from the commissioners, so maybe 20 to 25 minutes for you. Thank you. I'll leave you to elaborate.

Dr. Sabine Hazan
As I've done clinical trials for pharmaceutical companies, I'm in the field so I know how to do things: how to register patients for trials; how to write a protocol; how to submit a protocol to the FDA [Food and Drug Administration]. So when COVID started, I had already developed a laboratory that was starting to look at the microbiome.

In clinical terms, the microbiome means— What do Parkinson's patients have in their microbiome? And the microbiome is the bacteria and viruses in the intestines. So if someone has Parkinson's [disease], which microbes do they have in their intestines that could perhaps predict Parkinson's, and would it be possible to treat Parkinson's by changing the bacteria through knowledge of this bacteria? The same goes for Alzheimer's disease, autism, and so on. So I had written protocols to actually look at the microbiome in the clinical field.

[00:05:00]

When COVID came along, I was obviously involved in clinical trials. I've helped many pharmaceutical companies over the years bring products to market, and I've helped in the research of these pharmaceutical products. That's been my role as a doctor, especially in the last 15 to 16 years. I've done a lot of research for pharmaceutical companies.

There was a bacterium called *Clostridium difficile*, and I brought a lot of patients into this research because in the end, when the patient wasn't doing well, when the medication wasn't working, I did stool transplants. And it was really the stool transplants that somewhat awakened me, that led me to discover the world of the microbiome. And not only me, but a lot of doctors that were doing stool transplants.

When you see a patient with no hair, with the disease alopecia areata, as the cases of Dr. Colleen Kelly at Brown University where suddenly they grew hair, the hair grew— I apologize for my French, it's been a long time since I spoke French; I speak mostly in English— So when you see that the hair has grown, there's something going on when all you've done is manipulate the stool, wouldn't you agree?

And when you see a person with Alzheimer's—in fact I had a case of someone with Alzheimer's. I gave him his wife's stool. He had *C. diff*, and suddenly, he remembered his wife's name. Well.

As a doctor, as a scientist, as a researcher, this raises questions: What's going on in the microbiome? So when COVID arrived, the first thing I did was start looking at and reviewing all the documents, and I came across Dr. Raoult's document. Before COVID arrived in the U.S., I looked at his research—and I speak French—so I looked and said, "Well, this is research that's done quite well." Hydroxychloroquine makes sense; it changes the pH of the cell, so maybe when the virus gets into the cell, it gets killed by the change in pH. Azithromycin, the same thing: maybe the virus gets killed by the azithromycin. And zinc blocked the virus. So the idea started to grow in my head that maybe this was a pathway.

What really impressed me about Dr. Raoult was the fact that he treated all his patients and he survived. He never had COVID, he never went to hospital, yet he was exposed to all his patients. You could see the rows of patients who had COVID!

And you have to remember that in March 2020, we didn't yet have COVID. COVID had just started, so we were getting ready. I started writing the protocols to submit to the FDA in America. So we hadn't really received any patients. It's when the first patients arrived that the doctors became quite frightened. What really gave us the courage as doctors to treat was the efforts of the doctors before us. In Italy, as well as the doctors in France who started to treat, and they themselves survived.

So when I saw Dr. Raoult—who is quite an elderly gentleman—I said, "Well, if he survived, I'll be okay. I'm a little bit younger than him. So fine, I can go and start treating patients." Because when COVID arrived in America, there were no masks; we were hindered. We were told, "Well, you have to go to work and treat the patients." Fear took over. So if there hadn't been doctors before us who had treated patients and were okay, maybe we wouldn't have had the courage to go and see all those patients.

So the first thing I thought was: I'm sure that COVID must appear in the stool. So I said, "Well, I have a microbiome lab that analyzes the microbiome. I have a lab that does studies for pharmaceutical companies. I'm going to write a protocol, and I'm going to add Dr. Raoult's protocol. And I'll add vitamin C and vitamin D" because I'd seen that vitamin C and vitamin D increases the good bacteria in the microbiome.

So that was my protocol. I wrote it, I gave it to the FDA. The FDA said, "Dr. Hazan, you can start treating patients, there's no need for a clinical trial." That was the first letter we received. The second letter, the next day, we get a letter: "I'm sorry, you have to do a full phase I study."

[00:10:00]

So I said, "Well, since these drugs are safe, can we go from phase I to phase II?" Well, the FDA let us go to phase II. We started doing clinical trials. So then there were patients in the phase II clinical trials who were taking hydroxychloroquine, azithromycin, zinc, vitamin C, and vitamin D.

At the same time, I collected stool samples. And at the same time, I analyzed the stools of the first COVID patients I had in California. And I said to my scientist, "We have to find COVID. I'm sure that COVID is in the stool." And that's when we discovered that in the patients who actually had COVID, 100 per cent of the those who had the positive PCR nasal test were found to have the whole genome of the virus in their stool. And we didn't find one copy; we found thousands of copies of the virus in the stools. So when I saw that, I said, "What's the virus doing to the microbiome?"

And when I treated patients, I noticed that there were patients in the same family. And in fact, we published the document about finding COVID in the stool. And I was in communication with the government, the National Institute of Standards, and I told them from the start, "You have to look at the stools because I'm sure you're going to discover COVID." And then the government started looking in the sewers to see if the virus had mutated, et cetera.

While they were looking in the sewers, I was looking at the patients. I would say, "Well, what's the mutation? Is this mutation serious? Is the patient seriously ill?" So I started looking and saying, "Well, some people have COVID in their stools and they're severely ill. What's the difference? Does their microbiome protect them or not?"

So what I did was look at the families and I said, "Okay, I'm going to take the families where some have severe COVID and some don't get COVID. What's the difference between their stools?" And what I discovered was that some people have a microbiome with bacteria called "bifidobacteria." These are the bacteria that are in the realm of probiotics, right? We know that probiotics are good for us; it's a trillion dollar business.

So I said, "Well bifidobacteria must be important because people who are severely affected by COVID don't have bifidobacteria; and people who are exposed to COVID and haven't had COVID have a lot of bifidobacteria. So maybe that's what I should be looking at."

After that we discovered that vitamin C increases bifidobacteria. And we discovered, in fact, that even ivermectin—which has the same type of secretions [fermenation product] as a bacterium called *Streptomyces*—and with this bacteria being in the same group of bacteria, perhaps it feeds the bifidobacteria while the patients' oxygen levels are really low. Because one thing I had noticed was: when I was treating patients with hydroxychloroquine or the treatment protocols I was following—because I was blinded, I didn't know which—there were patients whose oxygen had gone down. So when their oxygen came down, I said: "Well, I'm going to change protocols because I don't know if they've had the hydroxychloroquine. I'm going to give them the ivermectin off-label."

And that's when I discovered that when I give them ivermectin while their oxygen is low, two hours later, the oxygen increases. So when I realized that maybe the oxygen was increasing, I said to myself, "Maybe the oxygen is increasing because we're decreasing the cytokines that are in the lungs with the circulation, and maybe the bifidobacteria are increasing, and taking those cytokines and releasing them into the sewer."

So that's how my research got into the microbiome. It was really looking at bifidobacteria.

What we've discovered about bifidobacteria is that people with Lyme disease don't have **bifidobacteria. People who have Crohn's disease and haven't been treated—they're naive, it's their first time having Crohn's disease—they don't have bifidobacteria.**

[00:15:00]

Even recently, we presented at Digestive Disease Week that people with advanced cancers have no bifidobacteria. Now is it the cancer that has destroyed the bifidobacteria or is it the missing bifidobacteria that causes the cancer? We don't know; it's the chicken or the egg. But in the end, when you look at the research, you really have to see all the evidence and look at the research properly.

So bifidobacteria was my domain for looking at the microbiome. And what I discovered was that when we looked at the before and after of patients who had been vaccinated—we had a baseline of microbiomes in the patients, and then we tested one month after vaccination—we found that bifidobacteria levels dropped by 50 per cent in these patients. Not all patients, but it was quite significant. And we continued to monitor four patients and we found that in all four patients, bifidobacteria continued to decline. So we asked ourselves: Is there something in the vaccine that kills bifidobacteria? And maybe if we go down this path of science, wouldn't it be a new opportunity, a new frontier? If we look at bifidobacteria, maybe that's why people who had the vaccine, and developed COVID after the vaccine, actually demolished the bacteria that protected them.

So obviously, it's all a hypothesis. It's my hypothesis; it is science. But that's how I treated everybody and I didn't lose anyone. Nobody that I treated died on my watch, even though they were in my FDA clinical trials. But I monitored them very closely to see if their oxygen went down; and if so, they were off protocol and I treated them off-label, so to speak.

So that's it. In my experience treating patients, I've learned a lot. I learned that a little girl who had been exposed to her parents who had COVID developed Tourette's disease. And we discovered COVID in her stools after six months of Tourette's disease. And when we gave her a little bit of hydroxychloroquine and we gave her ivermectin and vitamin C, her Tourette's symptoms disappeared and she felt better. So there's something there. There's something that I observe in the manipulation of the microbiome. It's evident; it's all research. But we achieved success in that I didn't lose anybody—nobody died from my treatment.

Louis Olivier Fontaine
You say you haven't lost any patients.

Dr. Sabine Hazan
My frustration— I want to say, my frustration is that there was interference in the research. I didn't even want to speak to this committee because nothing is being done! They don't listen to doctors anymore. There is no science anymore! When a hypothesis has been retracted from a journal, there's no more science, okay? We can't even treat patients. We can no longer ask a patient's consent. We can't even tell them, "You have to be careful, there may be problems with this vaccine." No, we can't even tell them that! So where's the science? Where are we with this?

The whole pandemic made me want to retire to Noah's Ark because all I discovered was that there was a lot of corruption. When you see politicians talking about hydroxychloroquine: they have no experience. Or actors talking about ivermectin: they have no experience. They interfered with the research I was doing because when patients came to my clinical trials, they didn't want to go into the clinical trials. So there was interference in the research that was being done.

Louis Olivier Fontaine
All right. I wanted to ask you, Dr. Hazan, how many patients have you treated with these protocols?

Dr. Sabine Hazan
That's difficult. Everyone asks me how many patients. In terms of protocols, I've treated roughly— With hydroxychloroquine, azithromycin—I was blinded—there were about 200 patients. As for prophylaxis, we had about 200 or 300 patients. With the ivermectin, doxycycline, we treated 30 patients. And there were another 1,000 patients that I treated off-label because I wasn't going to let them die. The patients who called me didn't want to enter the FDA protocol. So I said, "Okay, I'll treat them." And then on top of that, I shared my protocol and helped doctors; that's evident. Because we all wanted to help patients.

[00:20:00]

And then the patients saw for themselves. I have complete videos of the patient who couldn't breathe. And then, suddenly, the patient is breathing after we give him the ivermectin: the oxygen was low and the oxygen went up. So something happened, did it not? It's not magic, where suddenly the patient was going to die with an oxygen [saturation level] of 63 [per cent]and then all of a sudden, five days later, he's cured. It's not magic.

Louis Olivier Fontaine
So I am clearly hearing that you have the impression that you have not been heard as a doctor, as a scientist. I'd like to know: You obviously went against what might be called a certain consensus; did this lead to any consequences or reprisals? Could you elaborate on that? For example, how did the media react to your, shall we say, rather unorthodox approach?

Dr. Sabine Hazan
Well, I'm not really in the media. All I've really done in the media are two interviews that went quite viral. There's an interview I did in *The Epoch Times*, and it was on TikTok. And we actually got about 1.4 million views on this TikTok video that wasn't even posted by me; someone else posted it. And then, suddenly, it was completely removed.

I did an interview with a farmer because I discovered that people who work on farms have a pretty superior microbiome. So I made a YouTube video with the farmer. We didn't really talk about medicine or COVID. We just talked about the farm, the fertilizers, the fact that the microbiome is really like the farm, it's like the fertilizers. And this video was retracted. Why? Because in the video, the farmer was married to a woman who was a professor and the woman had had COVID. And he took . . . saliva . . . [inaudible] . . . and he never got COVID. And when we looked at his microbiome and his wife's microbiome, we discovered that he had a microbiome that was quite superior to that of his wife. And that's why he didn't get COVID. In my opinion anyway.

Again, it's science. Science isn't something that— It's not black and white; it's in colour. And there are a lot of interpretations in science, and a lot of bias in science. So it's clearly a vision. If someone else wants to prove something else to me, well, they have to— Science is everything. Prove me right and prove me wrong. That's it.

Louis Olivier Fontaine
And have you experienced any pressure or reprisals among your medical and scientific colleagues? How did it go with your colleagues?

Dr. Sabine Hazan
My colleagues know me. They know that, first of all, it's my money that I spent; it's my savings, okay? I didn't get a grant. So when I did the research to find COVID in the stools, it was my savings. Obviously, at the time, I wanted to develop a lab test to actually help doctors. And we couldn't. We really had a lot of problems developing this test to look at the stools.

Personally, I think that the biggest loss— There were two big losses; there were several big losses. First, the research interference, the interference of politicians, of the media, that destroyed the research. Secondly, we can't publish; it's very difficult to publish. We have a lot of problems with publication. And then thirdly, we had a lot of problems recruiting patients. There was a lot of interference with Facebook, Instagram and at the time, Twitter. When I published something on Twitter before Elon Musk, it was removed.

So a lot of things are removed, a lot of things are retracted. It's like we're following a narrative. And if people don't wake up and see that we're being manipulated— we are being manipulating through our thoughts, we're being manipulated with everything they give us. All the drugs are now all publicized. There's a publication—I should say, an advertisement. You can't turn on the radio without hearing about taking this drug or to taking that drug. There's no longer doctor-patient relationships. It's definitely in the news. There's definitely a direction in medicine that's removing the doctor and directing patients towards the narrative being marketed.

[00:25:00]

And that's what we're seeing. That's what we've seen with COVID and what we'll continue to see in medicine and research. There's no more room for innovation, in my opinion.

Louis Olivier Fontaine
Yes, that's very interesting. Before turning the floor over to the commissioners, who will perhaps have more in-depth questions—we have some commissioners with scientific backgrounds—I'd like to ask you: Is there anything else you'd like to talk about before we turn the floor over to our commissioners?

Dr. Sabine Hazan
I think I've touched on interference. I think I've touched on the fact that, ultimately, there are retractions. In fact, in my view, it's all about interference in medicine and research.

Louis Olivier Fontaine
Thank you very much, Dr. Hazan. I'll turn the floor over to our commissioners, if they have any questions for you.

Commissioner Massie
Good day, Dr. Hazan. Thank you very much for your presentation. I've been following quite a bit of your work. I'm a microbiologist by training and I've really appreciated all the work you've done in the field of microbiota. I had a question for you. You mentioned that, if we have a good microbiome composition, especially with bifidobacteria, we seem to have a much better ability to resist the effects of infection. Have you considered, or are you

currently using, a protocol that would replicate what's been done in the case of fecal transplants with *C. difficile* for the treatment of SARS-CoV-2 infections?

Dr. Sabine Hazan
Yes, that's been my interest. I've written a protocol for long-haulers that I think is going to help, and also for people who have had problems with vaccines. Because, what we discovered with the vaccine problem is that with people who have been vaccinated and have problems, it's as if their microbiome is naked/denuded. They have one phylum—you're a microbiologist, so you know what a phylum is—they have one phylum. How do you survive with a single phylum? How could a phylum of actinobacteria have been completely removed, and then the loss of bacteroides, or the loss of firmicutes?

So that's what I see: I see a lack of microbes. And I think that in medicine, we've always been in a way— I'm always a bit of a rebel because I'm always the kind of person that, if someone tells me to go right, I'll go left, just because that's the way I think as a scientist, don't you agree? A scientist is always someone who doesn't want to follow the given path and will seek a new direction.

The microbiome was a new direction for me because I think what I've seen in 30 years of solely pharmaceutical research is that we haven't cured anything. We've cured nothing! Maybe two diseases. But Crohn's disease isn't cured. Patients have to be given medication every month. Parkinson's disease is not cured. Autism. And Crohn's, Parkinson's, and Alzheimer's are increasing. In 30 years of autism— There was 1 in 2,000 patients with autism in 1982. Now, in 2030, they say there will be 1 child in 16. If we don't stop and look at what's happened, we'll lose medicine; we'll lose science!

What I think is happening is that we're losing our microbes. Now that COVID has opened the door, we're at the point of showing that the problem is a lack of microbes. It wasn't necessarily COVID that was the problem; maybe it was the lack of microbes. And I have a lot of documentation that I need to write up, for that matter. And I have proof for that, which will impress everyone. But the problem is that every time I try to advance my research, I'm stuck fighting, defending something. And I'm used to it. People have always tried to attack me because I go one way and the other. So I'm used to defending myself and going to war with these people. But the problem is that it doesn't help me advance my research.

If I discover something—that there's a lack of bacteria—we have to look at that. And it's evident that, yes, if there's a microbiome that's a super donor, a microbiome that I call the resilient microbiome, then we need to learn about that microbiome, don't we? We can't just say, "Well, let's put everyone in the same box; let's say all humans are the same." We're not the same! And that's that. I survived COVID. How did I survive? Why? What's in my microbiome? How did Dr. Raoult survive?

[00:30:00]

There are people who survived, and there are people who survive COVID. And there are people who survived the vaccine too: who didn't have any problems because it didn't affect them. We have to learn to look at the resilience of these people. We have to learn what this resilience is all about. So we're at the beginning of this science, but I think we need to start looking at the difference between a healthy person and an unhealthy person. And in my opinion, that starts with the microbiome.

Commissioner Massie
Thank you. My next question would be to know: What interaction can the microbiome actually have with the immune system to perhaps provide this resilience or resistance? Not just to COVID, but to many other ailments that basically involve a poorly balanced immune system?

Dr. Sabine Hazan
What we've noticed and what we call an imbalance in the microbiome, gut dysbiosis, is really an imbalance between microbes, correct? So if we look at the microbiome and say, "Well, there's a phylum of good bacteria and a phylum of bad bacteria, yes? And there's an imbalance between the bad and the good; maybe viruses get in because there's an imbalance."

So this is what we call "leaky gut." How does leaky gut happen? Perhaps because there's an imbalance in the microbiome. Maybe the stools themselves—this microbiome of actinobacteria, firmicutes, and all that, very diverse—maybe that's what protects us in the first place, especially when we eat a hamburger that has *E. coli*. Maybe the *E. coli* enters, goes into the colon and suddenly there's a war between the microbes to try to remove it. So the way you get diarrhea and vomiting is really the microbiome working to remove the bad bacteria, in my opinion. And the good bacteria hold out.

But when a person has lost all their good bacteria, it's obvious that they're going to get caught with germs that they can't shake off. Let me put it this way: It's like a city, there's a war going on, there's the enemy on the other side of the fence, and then there are the people on this side. If there's no one to defend the fence, the enemies will get inside. So I believe it's the same thing for the microbiome. The microbiome is really the balance between good bacteria and bad bacteria. According to me, if we alter this balance, the viruses will get in.

So that's the microbiome. That's microbiome-thinking. Except that we've always thought that it's always a single microbe that causes disease. We have strep pneumonia: it causes pneumonia. So we administer an antibiotic and it cures the pneumonia. Clearly, it helps against pneumonia. But now, what does this antibiotic do in the colon? Does this antibiotic kill other bacteria that perhaps help with other things, like digesting milk, digesting B vitamins, helping metabolism, helping immunity?

So we need to start understanding more about the loss of microbes, more than the increase of a microbe. Because it's never a single microbe. In the microbiome, there are trillions and trillions of bacteria and at the end of our lives, when we die, these bacteria take over the colon and decompose us in the soil. So it's clear that it's the bad bacteria that decompose the body. I can see this. Babies are born with a lot of bifidobacteria and elderly people die with no bifidobacteria at all. So maybe the loss of bifidobacteria is doing something, increasing the bad bacteria, and that's what's making people die. We just don't know. We need to start investigating and researching it. So that's it.

Commissioner Massie
Last question: To maintain a healthy microbiota, is a particular diet important? What kind of diet should we try to use? With vitamins and other kinds of fibre—for example, dietary fibre, that nourish the microbiome?

Dr. Sabine Hazan
There are a lot of studies on fibre. One hundred per cent, fibre. The problem with probiotics is that some probiotics aren't real. If you look at the studies, there's a study that showed that 16 of the 17 probiotics that were tested didn't have any bifidobacteria in them. They were actually bacteria, or dead bacteria, or no bacteria.

[00:35:00]

So firstly, there's very little control in the probiotic field, and secondly, if you look at foods like yoghurt— One of the things I did during the pandemic was kill my bifidobacteria as an experiment, just to see. And I discovered that if I drank kefir from California—because I live in Malibu, I bought kefir—I was just drinking kefir to try to increase my bifidobacteria, and in fact, it didn't go up. So when I tested the kefir, I discovered, "Ah, there's no bifidobacteria in this kefir." But it says bifidobacteria on the bottle. So that's what it's all about: doing the research.

You do your research, you think you're on the right track, that you're increasing your microbiome, that you're doing the right things. And then you find out, well, there's no bacteria in this kefir. It's evident that one thing we've proven is vitamin C and vitamin D: we've seen that they increase bifidobacteria. So in my opinion, immunity starts with vitamins.

The fact that people weren't told during the pandemic to make sure they were taking vitamin D was really a crime, in my opinion. Because people were quarantined for a month, two months, three months, and then they were told, "Okay, go outside." But it's obvious that they're deficient in vitamin D because they were in their homes, not exposed to microbes, not exposed to the sun. So there's a lack of vitamin D in these people. So we should have told them right from the start: "You have to take your vitamin D."

So vitamin D increases bifidobacteria, vitamin C increases bifidobacteria. Now, you have to be sure of the quality of these products. Precisely because I was involved in clinical trials and working with patients, when we tested products, I had to make sure that my vitamin D was rigorously made in a clean factory. I even had to know who the manufacturer was. I studied until I found out what the manufacturer was all about: What is their procedure for making vitamins? Even with probiotic companies, I had to investigate with the owner to find out: Did he do the research properly?

That's what research is all about. In the end, you're like a detective; as a scientist you become a detective who examines. So to answer your question: food, yes; if the vitamins are well made and good, yes, that should help; if the food is well made, there's no bacteria in your meat or yoghurt, or the yoghurt has been properly processed, that should help.

But I think the most important thing is to understand that research into the microbiome is really in its infancy. We're trying to understand it all. It's obvious that I did this research quickly because I wanted to see. So I saw the first 20, 30, 40, 50, 60 patients who had severe COVID and I noticed that there were no bifidobacteria. And then I saw the patients who were long-haulers and I saw the patients who had problems with the vaccines. So all this takes time to analyze, to write up. But it gave me a good outlook on the microbiome, the power of the microbiome.

Moreover, why did I see that my role during the "pandemic" was really to be in this research? Because I had a lab that did clinical trials for pharmaceutical companies. And I had a lab that was doing genetic stool analysis and we were starting the research. At the

outset, I had samples from patients before COVID. So it gave me a really good perspective on: What is the microbiome of a healthy child? What's the microbiome of a healthy young teenager? And why did the teenager who got COVID get COVID when he was expected to be like any other healthy person?

So we're at the beginning of this research and we really need to support it. But if we argue as scientists and if we argue as doctors to advance research, to treat our patients, there really is a problem. And I think that the Good Lord, in a way, put me here. Because I think that my whole life, my whole career, has been about arguing, about presenting my point of view.

[00:40:00]

So that's why I'm here today and that's why, even without make-up or anything, I said: "Well, I'm going to show up" because I think what I have to say is more important than what I look like, what's in it for me. I have no interest in this. I want peace, and if I'm told to take a drug, I want the research to be have been done properly. And what I've seen is that the research hasn't been done properly on vaccines. I saw that no microbiome analysis had been done. I saw that no one had done the analyses on the p53 gene to see if this vaccine was a danger to some people. No one has done the analyses. Even the animal research took one week. They gave the vaccine to six monkeys, killed them in a week and then said, "Okay, the vaccine works." But that's not research! Come on! It was necessary for the animal research to be done properly.

Why didn't we do research on animals for an extended time, at the same time as we did the analysis on humans? It was necessary to do all that. So what I saw was research that was poorly done. There was no consent from patients. Patients went to the pharmacy and were vaccinated without knowing whether or not there were risks, without knowing if they were part of a research study. It wasn't even approved for children, and children were already going to the pharmacy. So I believe there was even a certain movement that pushed all these children and pushed the whole world to get vaccinated and to follow like Panurge's sheep. That's it. And now, unfortunately, we're going to start seeing problems, and I hope that scientists and doctors will at least open their eyes to the possibility that there is a problem with this vaccine.

Commissioner Massie
Thank you very much, Dr. Hazan.

Louis Olivier Fontaine
So in closing, Dr. Hazan, it only remains for me, on behalf of the National Citizens Inquiry, to thank you very much for your testimony. You have shed a unique light on a field that is in full development, so your testimony was very much appreciated. Thank you very much and goodbye.

Dr. Sabine Hazan
Thank you. Thank you very much. Good bye.

[00:42:37]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 11: Stéphane Blais
Full Day 2 Timestamp: 07:51:36–08:18:20
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Samuel Bachand
Hello, my name is Samuel Bachand. I'm acting as prosecutor for the Inquiry in connection with your testimony, Monsieur Blais. So Monsieur Stéphane Blais, please spell your name in full.

Stéphane Blais
S-T-E-P-H-A-N-E-B-L-A-I-S.

Samuel Bachand
I'll swear you in. Do you swear to tell only the truth to the Inquiry?

Stéphane Blais
I do. I vow to tell the whole truth.

Samuel Bachand
First of all, Monsieur Blais: with your help, I have extracted from the public registers of Canadian jurisprudence on CanLII [Canadian Legal Information Institute] the disciplinary decisions concerning you, which you are about to discuss. I've given you a hard copy of these documents, which are listed jointly as Exhibits QU-3 through QU-3d. Do you have them in front of you?

Stéphane Blais
Yes.

Samuel Bachand
Do you recognize these documents?

Stéphane Blais
I recognize these documents.

Samuel Bachand
Can you tell us what they are?

Stéphane Blais
It's a decision: a disciplinary decision against me, revoking my [chartered accountant] licence for life plus 18 months—because they were afraid I could be reinstated—plus a $20,000 fine.

Samuel Bachand
Proceed document by document—because there isn't just one decision, is there?

Stéphane Blais
There are so many documents here: "Decision on the respondent's motion to obtain the information necessary to hold an impartial public hearing," as I felt that the committee was biased; then "Decision on guilt," which means expulsion; and then "Decision on sanction," which means that I was guilty. And the penalty was expulsion for life plus eighteen months, plus a $20,000 fine.

Samuel Bachand
Right. So with that established, you're here to testify about your personal experience with the disciplinary system of the Ordre des comptables [professionnels] agréés [CPA] du Québec [the Quebec CPA Order covering Chartered Professional Accountants], following public statements you had made about COVID governance. Is that correct?

Stéphane Blais
Of course.

Samuel Bachand
Take us to the beginning of all this. Then we'll go chronologically. Then, as you know, if you get lost or if I need clarification, I'll jump in.

Stéphane Blais
Yes, I understood that I wasn't permitted to promote la Fondation pour la défense des droits et libertés du peuple [Foundation for the defence of people's rights and freedoms]; that's what you told me. So here I am: President of the Foundation.

Samuel Bachand
That's not exactly what I told you, but that's okay. It's not about us. Just go ahead.

Stéphane Blais
So what I'm being accused of is having undermined the dignity of the profession of chartered professional accountants—despite the fact, Monsieur Bachand, that in my career and my life, I've never been to a civil, criminal, or disciplinary ethics court. So since this was a health crisis, I'll put it in context for you. I received an email on June 12, 2020: four days after I filed an appeal for judicial review seeking to have Bill 61 declared null and inoperable as well as the decrees that violated our fundamental rights and freedoms guaranteed by the Charter. So to put it in context, four days after filing this appeal for judicial review—which was a bit of a bombshell in legal and political circles, we talked about it—I . . .

Samuel Bachand
So we're saying June 12, 2020?

Stéphane Blais
On June 8, the appeal was filed. On June 12, I received an e-mail from the *syndic* [representative] of the Quebec CPA Order asking me 76 questions, many of which—most of which—related to the content of the appeal for judicial review. So I told him to get lost. I told him that they were a creation of the Quebec government, which was being sued, and that there was no question of them interfering in a public prosecution since they were in a conflict of interest.

Samuel Bachand
Allow me to take you back to the list of 76 questions.

Stéphane Blais
Yes.

Samuel Bachand
Can you tell us a little more about the type of questions that were there, because we don't have the benefit of reading the document here?

Stéphane Blais
Yes, well for example: "Why do you say that what's happening in terms of the health crisis is nothing more than an international coup d'état by a clique of powerful thugs against the peoples of the world?"

Samuel Bachand
That's what you had said, and that's the basis on which they eventually accused you?

[00:05:00]

Stéphane Blais
I've said it before and I stand by it today. And the more that time goes by, the more we are proven right.

Also: "Why do you promote civil disobedience?" Well, my friend, André Pitre, and I met Rocco Galati in Toronto—who's a constitutional expert by the way—and he explained to us the importance of defying unjust laws. And it was also based on the ideas taught at university, such as those of Henry David Thoreau and Martin Luther King, who is celebrated every third Monday in January.

Samuel Bachand
What other questions were you asked?

Stéphane Blais
Several other questions. Listen, they wanted to know if we were registered with the Registraire des entreprises [REQ –Business Register], who the directors were—the total inquisition.

Samuel Bachand
When you say: "If we were registered with the Registraire des entreprises du Québec," with the REQ, you say "we." "We" meaning the Foundation?

Stéphane Blais
The Foundation indeed.

Samuel Bachand
So you were already the head of this organization at the time?

Stéphane Blais
Yes. It was founded on May 7, 2020, and was duly registered.

Samuel Bachand
Okay. Do you remember any other questions you were asked in this list of 76 questions?

Stéphane Blais
No, I don't remember.

Samuel Bachand
Or any other topics that were brought up?

Stéphane Blais
These were scientific themes. Then during the inquisition that followed, we provided reports from international experts who became the Foundation's experts. So these were given to the Disciplinary Committee.

Samuel Bachand
Now, as for what you were asked to do in this 76-question letter of inquiry—

Stéphane Blais
I'm sorry?

Samuel Bachand
In the letter from the *syndic* [of the Quebec CPA Order].

Stéphane Blais
Yes.

Samuel Bachand
In the letter of inquiry, sorry— You mentioned scientific aspects that you had raised. Can you tell us which scientific elements were covered at that time? Not what came after; we'll get to that.

Stéphane Blais
Well we were asking questions about excess mortality. We had carried out analyses of what was happening in Sweden—where there were no mandates—versus Quebec: so the mortality rate. We already had statistics. So we brought up statistics; and then we justified the statistics with reports submitted in 2021 by our experts, including Laurent Toubiana, an expert at Inserm [Institut national de la santé et de la recherche médicale] in France, who corroborated our allegations.

Samuel Bachand
Now when you say, "We subsequently filed them," you didn't file them with the disciplinary authorities, did you?

Stéphane Blais
No, of course it was filed in the appeal for judicial review which is currently under deliberation. But it was also submitted to the disciplinary committee to demonstrate and corroborate our positions at the time.

Samuel Bachand
So ultimately it was also filed with the disciplinary tribunal, called the Disciplinary Board or the Disciplinary Committee?

Stéphane Blais
Yes.

Samuel Bachand
Before the ruling on whether or not you were guilty?

Stéphane Blais
Yes.

Samuel Bachand
All right. Now I'll come back to your response: You said you had sent the Order's representative packing.

Stéphane Blais
The *syndic*, yes.

Samuel Bachand
The *syndic*, yes, sorry. Is there anything else about your response you'd like to tell us?

Stéphane Blais
What I told them was that freedom of expression rights were guaranteed by the Charter of Rights and Freedoms. And that if we compare a prior decision—that of René Fortin, CPA, which I texted to you; the guy was banned for four months for watching children being raped on his cell phone— I felt that saying that what was happening with COVID 19 was nothing more than an international coup d'état by a clique of powerful thugs against the peoples of the world was far less offensive to the dignity of the profession than watching children being raped on a cell phone.

Samuel Bachand
Now are you referring to the Fortin decision?

Stéphane Blais
Yes.

Samuel Bachand
Okay. I believe you've taken the trouble to find the reference to this disciplinary decision?

Stéphane Blais
Yes. The decision was November 2019. I texted it to you.

Samuel Bachand
But you're the witness. Can you give me the reference for the benefit of the Inquiry?

Stéphane Blais
Of course. Would you like the decision number?

Samuel Bachand
Absolutely.

Stéphane Blais
My pleasure. So the decision number is 47-1900321. The decision was made on November 11, 2019. The *syndic* was the same one who investigated me: Claude Maurer.

Samuel Bachand
Now, following your reply to the *syndic's* letter, which included many items, what happened?

[00:10:00]

Stéphane Blais
The complaints were subsequently upheld by the Disciplinary Committee. I appeared before the Disciplinary Committee and told them that they were a creation of the Quebec government; and I asked the Chair of the Committee to tell me if she had sworn allegiance to protect the institutions. She refused to do so. I also demanded the immediate withdrawal of the *syndic*, Claude Maurer, because he was restricting my freedom of expression since I had never committed any professional misconduct as an accountant. So he was interfering with an appeal for judicial review, with legal proceedings, and also with my freedom of expression. At the time, I was the leader of a political party called Citoyens au pouvoir du Québec. So it was quite absurd not to be able to criticize the Legault government and then, additionally, to see them interfering in legal proceedings.

Samuel Bachand
You were the leader of a registered party? Provincial?

Stéphane Blais
Yes. Absolutely.

Samuel Bachand
For how long?

Stéphane Blais
I've been leader since January 2018. It is a party that already existed.

Samuel Bachand
What's it called?

Stéphane Blais
Citoyens au pouvoir du Québec.

Samuel Bachand
Very good. Continue your chronology.

Stéphane Blais
So I was brought before the Disciplinary Committee, and I asked the committee chairperson to tell me whether she had sworn allegiance, and she refused to do so. So I simply said that under the International Covenant on Civil and Political Rights, I had the right to be tried before an impartial committee; and I demand to appear before a panel where I would be able to have my say and they would have their say. They refused. So I told them this wasn't Communist China and to go fuck themselves. That sums it up. And after that, I never showed up for any hearings. I let them deliberate and then I got the result we're seeing today. And if I had to do it all over again, I'd do it a hundred times over.

Samuel Bachand
The result we're seeing today is what?

Stéphane Blais
It's a lifetime licence revocation.

Samuel Bachand
And you were the object of a decision *in absentia*.

Stéphane Blais
Yes, absolutely.

Samuel Bachand
Can you tell us about your experience of this process *in absentia*?

Stéphane Blais
Well, you wait for a bailiff to bring you the result of the decision. And after that, you put it in the archives. It's as simple as that. So I have no interest in being part of a professional order—especially accountants who are supposed to understand numbers, analyze the numbers— They were available at the INSPQ [Institut national de santé publique du Québec]: there were several expert reports coming out and yet everyone kept their mouth shut. In fact, I blame the experts in Quebec for not coming to the rescue of Quebecers in that crisis. We had to go abroad to find experts to defend Quebecers. So that says a lot about courage.

Samuel Bachand
Let me take you back to the subject of your testimony. I have reason to believe that in the Disciplinary Committee hearings, you raised constitutional and Charter arguments at the outset. What were they, roughly speaking? What is your understanding of your own arguments?

Stéphane Blais
Yes, it was simply that it infringed on my freedom of expression that is guaranteed by the Charter. And that the "dignity of the profession" was not an argument: it's an undefined

Trojan horse that's a catch-all. When you want to trap someone, you invoke dignity. But what is dignity?

Samuel Bachand
What you're telling me here are arguments that you, or your attorney, brought to the Committee's attention?

Stéphane Blais
That's right. But then I gave up. Because I have bigger fish to fry than a professional order that I no longer want to be part of. So I defended myself on my own and then I gave up. And then I appealed the decision but there were procedural issues and— Well, they weren't the correct procedures. So case closed. My licence was revoked for life plus 18 months.

Samuel Bachand
Let's come back to the decision on guilt before talking about the penalty. Obviously, the commissioners have access to the entire text, but the commissioners have access to a lot of texts. So I'd like you to offer them a summary of this decision and its conclusions. What offence were you charged with exactly? And of what were you found guilty?

Stéphane Blais
Yes, well in fact, it's: an affront to the dignity of the profession and an obstruction to the work of a *syndic*. I can read the conclusion.

[00:15:00]

Consequently, under the first count—Offence to Dignity—the Board: "finds the respondent guilty with regard to the offence based on section 5 of the Code of Ethics of Chartered Professional Accountants and section 59.2 of the Professional Code: "orders the conditional suspension of proceedings with regard to section 59.2 of the Professional Code." Under the second count—Obstruction of the *Syndic*'s Work—it "finds the respondent guilty of the offence based on Section 60 of the Code of Ethics of Chartered Professional Accountants and Section 114 of the Professional Code."

Samuel Bachand
What conduct was alleged to be obstructive? What had you done that was called obstructive?

Stéphane Blais
Well, I was criticized for not having cooperated in a timely fashion. In fact, the *syndic*'s questions were answered some 20 days after I had initially refused to do so—on the recommendation of Monsieur Bertrand, my lawyer at the time. At the committee meeting later, I upset the *syndic* a little by telling him it was a real disgrace to the profession and that he should resign on the spot, and then I gave him 15 minutes to think about resigning. They didn't like that.

Samuel Bachand
Is that why you've been accused—correct me if I'm wrong—of trying to intimidate the *syndic*?

Stéphane Blais
That time, yes, I did intimidate the *syndic*.

Samuel Bachand
All right, then. Now, the sanction decision.

Stéphane Blais
Yes, so it's a lifetime licence revocation plus 18 months. I had trouble understanding—

Samuel Bachand
There's a legal principle behind it.

Stéphane Blais
But, you never know; maybe it'll get reinstated, I don't know. And there's a $20,000 fine. And a bailiff comes every month or so to bring me my payment notice, which I haven't paid. I don't have any money left; I can't pay it. I won't pay it either.

Samuel Bachand
By way of comparison, in relation to the sanction you've suffered or are subjected to, I think you were speaking earlier about the Fortin affair— Fortin, was it?

Stéphane Blais
Yes.

Samuel Bachand
Right, in which the defendant was sentenced to a suspension of how long?

Stéphane Blais
Four months, for using a cell phone to watch children being raped.

Samuel Bachand
All right. For my part, that concludes your testimony. I'll leave the floor open for any further questions from the commissioners.

Commissioner Massie
Good day, Monsieur Blais.

Stéphane Blais
Hello.

Commissioner Massie
My first question is— Well, I understand from your testimony that your case is still being reviewed. Or is it completely over?

Stéphane Blais
It's over.

Commissioner Massie
And the representations you made concerning the challenge to the law on health measures—is that also settled?

Stéphane Blais
Actually, the judicial review appeals are still alive. We have a judicial review appeal regarding the curfew which is on stand-by; the same goes for the masks. And we have a general appeal covering all measures which is currently under deliberation: it's been four months. So we had the hearing on the government's request to dismiss for theoretical reasons. We had another hearing on March 13 because we found a document that had been hidden from us, by either the lawyers or the government.

Right now, they're still trying to figure out who hid the document from us. It was a directive from the Deputy Minister of Health to the effect that masks were mandatory in the health sector. So as for the argument that it was theoretical, until very recently everyone who went to the hospital had to wear a mask, otherwise they were removed by security guards or police officers. The judge is still deliberating on this point. The three appeals for judicial review are still alive. So there you have it.

Commissioner Massie
Obviously, as it's underway at the moment, we can't—

Stéphane Blais
We won't go into too much detail. I know that Lili Monier is coming to testify and she'll probably talk in a little more detail about the appeal for general judicial review, which is under deliberation.

Commissioner Massie
Are there any cases like this? In Quebec, I don't think there are any others—but in Canada or in other jurisdictions?

Stéphane Blais
I don't know of any appeals for judicial review that cover all of the measures and that are still pending, other than the ones we filed. Other appeals have been filed. For example, the Foundation helped Mr. Rocco Galati via Vaccine Choice Canada but the case was dismissed.

[00:20:00]

So as far as I can tell, only we remain to cover all aspects of the health crisis, both legally and scientifically.

Commissioner Massie
Thank you very much.

Stéphane Blais
It's my pleasure.

Commissioner Massie
Any questions?

Commissioner Kaikkonen
[In English] Thank you for your testimony. I did try to follow as much as I could, so if I missed something, I'm sorry. But you did mention at one point there about the barriers: that the procedures were what held you back as a barrier. Is there something that would help other people as well?

Stéphane Blais
I don't understand— The barrier . . . of what?

Samuel Bachand
The procedural hurdles that have been placed before you.

Stéphane Blais
Ah, the barriers. Okay, sorry. Sorry, okay. I don't understand the sense of your question. Could you repeat please?

Commissioner Kaikkonen
So you'd mentioned that the procedures were one of the barriers. You didn't actually use the word "barriers," but the procedures kind of stopped you because there's so many procedures in going into either a tribunal or the courts.

And I'm just wondering if you have any recommendations?

Stéphane Blais
Well, actually, it always comes to the same point. Okay. So yes, it always comes to the same point: that the narrative for the general public is given by the mainstream media. As long as the mainstream media continues to hammer home the narrative of those who own them, it's going to be very difficult for the people to move forward. So what's really needed is for people to realize that the media are, as Tucker Carlson used to say, the Praetorian Guard of—

Samuel Bachand
With the Commissioner's permission, sorry: I'd just like to refocus the witness and then maybe make sure he answers the question about procedural hurdles, not the question of media.

Stéphane Blais
Okay, well, the court is the court. So we followed the procedures, which are very, very long. If we're talking about my professional order— I hope that the professional orders will regain their power because I'd like to digress here to talk about the Quebec government's interference in the professional orders. This is very important because I forgot to mention that two days after Guy Bertrand's lawsuit was filed, Madame Marie-Josée Corriveau [a lawyer], who was already president of all the disciplinary committees, was made president; and then two days later, there was the *syndic*'s investigation. But you have to understand that from that moment on, there was a witch hunt in Quebec. Daniel Pilon, an accountant, was also disbarred for life. And well, we know what's going on with Gloriane Blais.

Samuel Bachand
So listen, since you mentioned Monsieur Pilon, can you just tell the court a little bit about the accusations against him?

Stéphane Blais
It's the same thing. Once again, it's the fact of being on social networks and speaking out against the government narrative that earned him the same sanction as me. He had his licence revoked for life plus a $10,000 fine.

Samuel Bachand
Now, to better answer Commissioner Kaikkonen's question, I have a suggestion to make to you: Tell us about the response deadlines imposed on you or given in the *syndic*'s letter asking you 76 questions.

Stéphane Blais
Yes, excellent. On Friday June 12, I received an e-mail at 2 p.m., which I didn't read. At 9 p.m., I opened my e-mails and saw that a second e-mail from the *syndic* had arrived. It was 8 p.m. on a Friday, and he said, "I require answers immediately." So he was in a hurry to get answers. And we knew very well that it had something to do with the lawsuits that had been filed against the Quebec government. So what I said was, "You're interfering, and this is a political request."

Samuel Bachand
Okay, just to make sure that your testimony is extremely clear on the subject: What was the deadline given to you in the letter of the 12th?

Stéphane Blais
It was immediate.

Samuel Bachand
It said immediately? In the letter?

Stéphane Blais
At 2 p.m., he demands an immediate response.

Samuel Bachand
And there are 76 questions.

Stéphane Blais
There are 76 questions. So it was completely ridiculous. I spoke to Monsieur Bertrand. He said, "Well, listen, answer the questions." At the time, I refused to answer the questions. Then, about 20 days later, he convinced me to write to the *syndic* to say that we were going to answer the questions.

[00:25:00]

Samuel Bachand
What happened after you answered?

Stéphane Blais
Well as you know, I replied; they put it in the archives; and following that, I had the Disciplinary Committee which accepted the *syndic*'s complaints; and we proceeded.

Samuel Bachand
To be precise, could we say that the Disciplinary Committee was occupied with a complaint from the *syndic*?

Stéphane Blais
Oh yes.

Samuel Bachand
At this stage?

Stéphane Blais
Yes, yes.

Samuel Bachand
Then between the time you first send them packing and the time you responded on the advice of your attorney, what happened during those 20 days?

Stéphane Blais
It depends. Are we talking about the global environment?

Samuel Bachand
No, no. In the disciplinary process?

Stéphane Blais
In the process, I didn't have—

Samuel Bachand
Didn't you get a reminder from the *syndic* or whatever?

Stéphane Blais
No. Not that I can remember. I simply replied with a little "get lost,"— If I recall, it was "go fuck yourself." So I think he got the message. And Guy Bertrand told me to be gentler and answer the questions, which is what I did later.

Samuel Bachand
Writing is always easier than speaking, isn't it?

Stéphane Blais
Yes, yes. But I'd still like to mention that Marie-Josée Corriveau—lawyer Marie Josée Corriveau—was the subject of a complaint for interference—

Samuel Bachand
Well, listen, I'm going to stop you there. It's off topic. So if the commissioners want even more—

Commissioner Kaikkonen
Thank you.

Stéphane Blais
It's a pleasure, always a pleasure.

Samuel Bachand
On behalf of the Inquiry, I'd like to thank you for your testimony. You are free to go.

Stéphane Blais
Thank you, Samuel. Thank you.

[00:26:44]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 12: Dr. René Lavigueur
Full Day 2 Timestamp: 08:19:13–09:10:07
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
Good evening. I am Konstantinos Merakos from Bergman & Associates. It's my pleasure to introduce a medical doctor, René Lavigueur, who is with us in person today. Good day, Monsieur Lavigueur. How are you?

Dr. René Lavigueur
Yes, I'm fine. A little nervous.

Konstantinos Merakos
That's normal. You'll be fine. We're here for you. Take your time, I'm not in a hurry and I don't think anyone else here is either. We're here to hear what you have to say. I'm going to start by swearing you in: Do you solemnly affirm or swear to tell the truth, the whole truth, and nothing but the truth? Say "I solemnly affirm" or "I swear."

Dr. René Lavigueur
I affirm.

Konstantinos Merakos
Perfect. Can you spell your full name, please?

Dr. René Lavigueur
René, R-E-N-É, Lavigueur, L-A-V-I-G-U-E-U-R.

Konstantinos Merakos
Thank you. And do you live in Quebec?

Dr. René Lavigueur
Yes.

Konstantinos Merakos
Very good. Thank you. We will start with you simply saying a few words about yourself, your expertise, and your CV. Go ahead.

Dr. René Lavigueur
Well, I've been a practising doctor for over 40 years. I've worked mainly in general practice. Over the last few years, I became interested in philanthropy. I founded a social pediatrics center. I should say, I'm in Gaspésie so I'm in a remote region. And I do general medicine, which involves a lot of office work, a lot of house calls. That's about it.

Konstantinos Merakos
Perfect. And today, are you still practising? Do you have your own office? What do you do for a living?

Dr. René Lavigueur
In fact, I'm part of an FMG—a family medicine group—so I work with several doctors. I should also mention that I have some administrative experience as I was a director of professional services.

Konstantinos Merakos
Okay, that's fine. We're going to proceed with the main topics I have in front of me. The first one is: as a practising physician, you see a lot of things in the field. Can you tell us a little about what you have observed as a family doctor?

Dr. René Lavigueur
Family doctors have certainly been at the heart of it because people consult us, so we really are at the center of the matter. Most people accepted the usual narrative and didn't question us about whether they should be vaccinated. But the few who did ask us, well, that's where we got caught. There is a conflict between our code of ethics . . . Pardon me . . .

Konstantinos Merakos
Take your time. Continue when you're comfortable.

Dr. René Lavigueur
I don't know why this affects me like this, but it does.

Konstantinos Merakos
No, that's okay. Just take your time.

Dr. René Lavigueur
The theme I want to address is the dilemma of a family doctor. On the one hand we have orders from Public Health, on the other we have a code of ethics and the Hippocratic oath. That's our duty to our patients. And the conflict is daily because if we tell our patient the truth about the vaccine in question, then we're in conflict with Public Health. So the doctor has to make a choice: Do I betray my code of ethics—my Hippocratic oath—or do I listen to what Public Health tells me to do? If I listen to my duty as a doctor, I often find myself in conflict with my colleagues. And that's what happened. Because the easiest thing to do is to do what you're told. It's simpler and doesn't lead to conflict.

So in my practice, one thing I do is go to a CHSLD [a nursing home or long-term care facility]. And, in fact, this ties in with some of the things that have been said today.

[00:05:00]

I remember a gentleman from . . . Excuse me . . .

Konstantinos Merakos
No, there's no problem. We can go into the examples when you're ready. That would be perfectly acceptable.

Dr. René Lavigueur
I remember an 84-year-old gentleman who had been a mine foreman. He was at home, he was confused, and a decision was made to send him to the CHSLD. The rule was that when someone arrived at the CHSLD, they were isolated. So a gentleman who had moved from his private home, where he had taken care of all his own affairs, was placed in a room where he was isolated for two weeks: locked in. Someone wearing a mask opened the door half-way to give him his food and then closed it again. The gentleman became very agitated, and I was asked—as his doctor—to give him a drug to calm him down. This is interesting because it shows the dilemma for the doctor: the demand made to give a medication that the patient should never have received! That's all I have to say about that.

Konstantinos Merakos
Okay. Do you have any other examples to share with us? Perhaps about nurses? I'll give you a second.

Dr. René Lavigueur
I have another example of an 82-year-old lady who was mourning the death of her husband, and who went into a private seniors' center and rediscovered her zest for life through contact with several people she knew. Two or three months later, COVID arrived—she had been in a deep depression and so it's clear that contact with others had revived her. She was confined and fell back into a deep depression, from which she has never recovered.

Well, I talked to my colleagues about it because I had spoken out publicly and said that it was a gene therapy. And right away there was a bit of a chill because the young doctors talked amongst themselves and they disagreed with me, stating that, "No, it's a vaccine like any other; it's not a gene therapy." I had also said that side effects had not been reported, and that offended several colleagues. So many doctors have lived with their colleagues—That's the law of clans or groups: you belong to a community, so it's very hard to walk in

the hallways and get— You know, ultimately when you believe in something, you go ahead anyway.

Also, as a doctor, I find it interesting that no one wants to fill out injury compensation reports. I filled out several of them. People knew about me because I spoke out publicly. So a patient from Ottawa came to Montreal and I met him there—I had to go to Montreal anyway—and I filled out an injury form. Then I . . . It will pass . . .

Konstantinos Merakos
Yes, yes. Yes, yes.

Dr. René Lavigueur
I'll get used to it.

Konstantinos Merakos
Yes.

Dr. René Lavigueur
So I filled out three injury compensation forms that nobody wanted to fill out. But it leaves me wondering: why would a doctor be afraid to fill out an injury compensation form? There's no risk there. Instead the fear is so great that they don't want to talk about it. They stay away from anything to do with it. A gentleman had a skin disease and it was clear that it had been caused by vaccines. I filled out the form even though I know the injury compensation program isn't very generous. Another gentleman had very severe strokes. Yes, well— Shall we move on to the second point?

Konstantinos Merakos
Yes, but I have a question about that. Speaking of filling out forms, I'd like to know a little about your observation regarding filling out exemption certificates for vaccination. What happened in that area?

Dr. René Lavigueur
Well, yes. In fact, people ask me for exemptions. Nobody wants to give them. Well, now I'm making a name for myself.

Konstantinos Merakos
Why do you think the others would refuse?

Dr. René Lavigueur
They don't want to touch anything. They know that there are three exemptions defined by the Ministry, by Public Health, and that almost no one fits into these criteria, so they don't want to touch that. That's interesting because it means that the doctor is betraying his profession—because his first duty is to his patient.

[00:10:00]

Konstantinos Merakos
Did you fill out exemption certificates?

Dr. René Lavigueur
Yes.

Konstantinos Merakos
And they were, of course, all justified and meeting the criteria?

Dr. René Lavigueur
Well it's easy to justify. I wrote: "This is an experimental vaccine. By definition, the patient has a choice; and there is no evidence of efficacy. Therefore, I recommend that this vaccine not be given to such-and-such a child or adult." I have never been blamed for exemption certificates.

Konstantinos Merakos
Because they were justified.

Dr. René Lavigueur
I would have liked to have been blamed because then we would at least have been discussing the real issues. I knew that this technology— It was known by the FDA [Food and Drug Administration] in February 2021, and then it was revealed in documents that Pfizer was forced to— But there was an advisory committee to the FDA that detailed that there were 28 classes of side effects that were all already apparent on VAERS: the American vaccine adverse effects reporting system.

So it's easy. Because when you know a person with an autoimmune disease, a chronic illness, someone who's already had cancer: all these people fit into categories where they were eligible for exemptions. It wasn't complicated. It was based on the principle that free and informed consent had to be given and that the person was free to choose the vaccine. So if someone says they don't want to have it and on top of that, they have a chronic illness, I don't see why the doctors would be afraid [to provide them with an exemption]. It was their duty to do so.

Konstantinos Merakos
Perfect. And could we hear you maybe provide an example of a young person or an older person that you treated as a result of a side effect or other problems. What happened after the medical procedure?

Dr. René Lavigueur
Yes. In fact, there are several. I was making house calls, and I arrived to find a person with Bell's palsy. Actually, it was at a foster home where I went to see the residents. However, I saw that the proprietor, who had just returned from hospitalization, had permanent facial paralysis. So I said, "Has this been reported?" "No." So I reported it. Then after that—

Konstantinos Merakos
I beg your pardon. Resulting from what? Had he had the medical procedure, that is to say, the vaccine?

Dr. René Lavigueur
Following a vaccine.

Konstantinos Merakos
Okay. So that's the cause according to you.

Dr. René Lavigueur
Yes, it was three weeks after a Pfizer vaccine. And even if I don't think that the vaccine was responsible, it doesn't matter. You have to understand that I asked my local public health department to investigate because I observed that a vaccine had been administered at a certain time, and then there was an event a few months later. It's not up to me to decide on a causal link, but I know that anything can happen, so I report it.

Konstantinos Merakos
Very good. So you want to do your duty as a doctor. You want to report the facts, to find the cause, to study, to get an answer. What happened? Because you live in a small town and you have statistics with you, can you tell us a little about what happened when you tried to report all the anomalies that occurred? Can you tell us briefly about your experience?

Dr. René Lavigueur
Well, I've done 16 reports. We need the MCI, *manifestations cliniques inhabituelles [la suite d'une immunisation*/adverse events following immunization]. It's a six-page report, but it doesn't take that long to fill out. So I'd get referrals. For example, a patient would say to me, "My brother had something like this and his doctor doesn't want to report it." I'd say, "Well, he can come and see me, I'll do it." Among the sixteen [reported cases], six died within three months of the vaccine. We're talking about a population of 12,000. Six deaths, all elderly people, including two or three—I think it was three—one month after the vaccine. So I reported all this to Public Health. Among the sixteen, there were other things: menstrual bleeding, that's very common; Bell's palsy.

[00:15:00]

So twice, I called Yv Bonnier-Viger, the director of Santé publique de la Gaspésie [Gaspésie-Iles-de-la-Madeleine Regional Public Health Department], and told him, "Listen, I see that there are deaths in long-term care hospitals." There weren't many in Gaspésie— four or five. "So you should go and see and then try to count the deaths; find out if there are more than before, if there's a difference." Another thing I said to him, "No one is filling in the reports despite the fact that they are obligatory, so Health Canada will receive very few." Then the second time I called him because a report I sent in had been returned to me with the following note: "Your claim is rejected because the event occurred more than 30 days following vaccination."

Consequently, I wrote a letter; and then I phoned my director of public health and told him, "The Dr. Leblanc who wrote this to me is not well informed. I think she considers the

COVID 19 vaccine to be like any other vaccine." And that's interesting because, in the grand scheme of things, the great success of this marketing was to say: "a vaccine like any other." But what's most astonishing is that this slogan was swallowed whole—believed and accepted—by doctors. But I can't believe that a doctor—taking even a cursory look at how messenger RNA works—would not say: "No. This is not a vaccine like the others." And yet even the doctor who analyzes the Public Health reports considers it to be a vaccine like any other and then fits it into her analysis grid. Her analysis grid for vaccines—for measles or anything else—is 30 days and after that the event is irrelevant. So no wonder the statistics we see from Health Canada are excellent regarding reports of side effects but are completely inconsistent with those we see from more credible reporting around the world, in England, the United States, or elsewhere.

Konstantinos Merakos
Perfect. So we've talked a little bit about some seniors who have had side effects, who have died from this. On the subject of young people, if I understood correctly during our preparation, you spoke about young people being locked up in a room for 40 days, or at school, having high pressure surrounding vaccination from non-medical people. Parents reported these facts to you, asking for help. Can you tell us a little about what happened with the young people?

Dr. René Lavigueur
Yes. A mother told me about her 14-year-old son who is depressed because he can't be in his ski club anymore. Other employees—nurses—are really torn because they don't want to be vaccinated. Another striking example, I think, is a mother who told me, "Well, my 9-year-old child at school had the teacher ask the students who were vaccinated to raise their hands." She was the only one not vaccinated. It's easy to imagine the trauma a child goes through.

Konstantinos Merakos
Perfect. I want to talk with you about one last subject. Earlier we discussed the forms and how some doctors were reluctant to fill them out. You've travelled all over Quebec to consult with people to see if they're victims of side effects or not. You said that no other doctor would do what you did. Why is that? Is there fear? Is there pressure? Are there reprisals? Why did you do what you did?

Dr. René Lavigueur
Well, I find it very interesting because it's a worldwide phenomenon. It sheds light on the psychology of people, the behaviour of colleagues, allegiances. And to what extent doctors believe or don't believe in their profession, that they are ready to act contrary to articles of their code of ethics without saying anything at all. Later, if I visit the Collège des médecins [College of Physicians], it's even worse— My explanation is all the pressure doctors have been under. I think a lot of doctors did what Public Health asked them to do, but it was gut-wrenching for them. They knew they were in trouble.

[00:20:00]

And if speech becomes free one day, we'll find out how many doctors were actually torn.

But most of them live their daily lives, rely on their income, and don't want to have to deal with the College. They're afraid of the College. There's a visceral fear of the College of Physicians of Quebec which is their professional organization. So all these factors lead people to resign: it is the simplest, easiest solution. The entire context certainly provides fertile ground for this, which is that medical practice is very difficult. Statistics show that 50 per cent of doctors are depressed or on the verge of depression. I see this among the young doctors around me. There's a work context of obligations and pressures that makes resignation an easy choice. When up against a conflict like this one—regarding orders—a doctor can decide, "Oh no, no, no. The simplest thing is to obey what Public Health tells me to do, so that's what I'll do."

Konstantinos Merakos
Okay. Thank you very much. The next topic is one that I think a lot of people will be familiar with. It's about your letter in *La Presse*. You published a letter in *La Presse* which was removed, censored the next day. And *La Presse* even issued an apology—excuse me—a clarification: not an apology to you for removing your medical letter, but an apology for daring to publish your professional medical opinion. So can you tell us a little bit about that?

Dr. René Lavigueur
It's a fantastic episode because it's a letter that I was really careful to ensure was accurate, precise, factual, and scientifically verifiable. But it's also a letter that involved some very sensitive issues. Among other things, in the letter I suggested wording that could be used when seeking free and informed consent. We could say to the person: "Madame, do you agree that your child should receive a vaccine? It's an experimental vaccine. We don't know the short- or long-term side effects. We don't know the risk-benefit ratio for your child. They say it's to protect the elderly. Do you agree to receive the vaccine?'' These are very basic, very verifiable things, but I think they were unacceptable in the context of Quebec at that the time. I don't know. So in less than 24 hours, it was removed, with apologies from the chief editor.

Konstantinos Merakos
Excuse me, just to clarify: apologies?

Dr. René Lavigueur
An apology to the public, to readers, from the editor-in-chief, for daring to publish this.

Then there was a letter from Nicholas De Rosa in *Le Soleil de Québec*, with the aim to really tear me down, which called on a Health Canada official as a witness who said: "It's not true that side effects aren't reported. There's a law requiring doctors to do so. There's even a penalty if the reports aren't submitted." Then a virologist was questioned; there were two university specialists—researchers—who said things that were really— I don't remember. I can't tell you exactly, but if I had them in front of me today, I'd debate them. I know I am right. And what's interesting is that these are people who had conflicts of interest.

Researchers in a university are under influence: 90 per cent of those doing medical research in Quebec are under the influence of pharmaceutical companies because 90 per cent of research is funded by the pharmaceutical industry. In fact, one of the ways of explaining what has happened—which is the primary concern—is the gradual control, year

over year, of medicine in general by the pharmaceutical industry in medical schools. What never ceases to amaze me is how uncritical the young doctors I know and work with are. They take recipes and they apply them. And because that's what they were taught to do at university, they feel good because they think they've done their job as doctors.

Konstantinos Merakos
Yes. What was the reaction of the media or the people around you? Has there been an online smear campaign?

[00:25:00]

How have people on the internet and other media reacted to you?

Dr. René Lavigueur
I confess I didn't even read them. I read them several months later; I didn't want to know anything. I was at a friend's house cutting up firewood when I heard Radio-Canada [CBC] calling me something, and then talking about me. It was pretty violent; it was hurtful. But there you go. I knew that the media were completely— That's it.

Konstantinos Merakos
Before we move on to the next topic, I'd like you to tell us how your professional organization reacted to this letter. Have there been any consequences? Yes, go ahead.

Dr. René Lavigueur
We're talking about the letter here but I've also spoken out in several media platforms. I've been asked to comment on the radio, on social media, and I've given my opinion. I've always agreed to do so. So there were several reports to the College of Physicians of Quebec: "Dr. Lavigueur is telling lies, he's saying things that are contrary to—" So they reported it; it's very easy. You can do it online or you can phone. A few months later, I received a letter from the College of Physicians of Quebec, which basically said: "Dr. Lavigueur, we've looked at all your public statements. We have carefully examined everything you have written and said, and we wish to emphasize that you must respect your code of ethics with regard to the expression of physicians in the media." Period. It was an intimidating letter but it said nothing. There was no mention of anything I had said that was contrary to science. It was simply an intimidating letter: a reminder of my code of ethics. So I continued to say what I had to say.

Konstantinos Merakos
Okay. Were there any threats of you being struck off, dismissed, or losing your qualification?

Dr. René Lavigueur
No. No. No.

Konstantinos Merakos
Anything at all? Do you know of any other doctors who have potentially been threatened with this, or who have lost their licence?

Dr. René Lavigueur
Personally, I don't know of any doctor in Quebec who has had their license revoked for speaking out about the pandemic. I do know of one doctor who was dragged through the mud—I don't know how that's going to be translated into English—in a really shameful way. He was forced to apologize publicly for a question regarding masking. And I think it was a simple matter of making examples of one or two doctors to intimidate the rest of the 20,000 doctors in Quebec.

Konstantinos Merakos
Warnings, basically. There were warnings for you and others but at least, according to you, there were no—

Dr. René Lavigueur
To my knowledge, no one has lost their certification.

Konstantinos Merakos
Okay, excellent. The last topic: I'd like to talk about your intervention with the College of Physicians, if you would talk a little about that.

Dr. René Lavigueur
So we wrote to the College of Physicians of Quebec on two or three occasions. In the last letter, we reminded the president of the College of Physicians of Quebec that every month he swears in doctors to the Hippocratic oath, and that he himself had to respect it. Then we asked for a meeting. There was a lot in the letter. We talked about the scientific side, but above all we talked about the ethical side. Our intervention with the College focused on medical ethics and deontology, and also on the vaccination of children and pregnant women.

We avoided thorny issues such as ivermectin and hydroxychloroquine, even though I think— I've got a lot to say about that right now. But we were diplomatic.

[00:30:00]

But we did mention in the letter that COVID-19 vaccination—with its virtual absence of animal testing—was akin to the thalidomide and diethylstilbestrol events of the 1960s with all the disasters they caused. That's what I wrote in my letter to the College. And I also wrote that there was evidence in animals of the presence of the spike protein in the gonads of rats, and that we should therefore be concerned about the fertility of the children we inject with the vaccine.

We also said that the proof—basically because everything is upside down—the proof of safety belongs to those who promoted the vaccine. It's not up to us to defend ourselves. So normally, we have the right to speak out publicly. But a lot of people were suppressed because they talked about the risk of infertility. I spoke about it publicly. A colleague talked

about it publicly and was severely reprimanded by the College. But in reality, the world is the opposite of common sense. You're entitled to ask all the questions about something experimental that is being given to an entire population, and then there's a duty of transparency.

Konstantinos Merakos
Perfect. So one last question. We've talked about your care and concern for seniors, young people and parents. We've talked about how the media treated you. One last question: Just from asking questions to finally get an answer—if I understand correctly, that's your job—what has been your quality of life after asking questions, after the media, after all this? How is it financially, at home, mental health-wise? Tell us a bit about you personally. What's been going on?

Dr. René Lavigueur
Well, let's just say that I'm a little emotional today, but I think that during this whole adventure, I said to myself: "It's an awakening," because what we're seeing today was present before the pandemic. The mechanisms were in place. The ability of human beings to make each other believe things, to take the easy way out, is human; it's been there since the dawn of time. So I prefer to be in the camp of those who are trying to understand, and then move on to the most difficult camp, which is that of trying to make it all make sense and repairing the broken links. The next step requires a lot of inner work. So all in all, to answer your question, to me it's all positive.

Konstantinos Merakos
Excellent. But you are very strong. So do you have any last words before I hand things over to the commissioners?

Dr. René Lavigueur
I'm fine.

Konstantinos Merakos
All's well? So ladies and gentlemen of the Commission, go ahead.

Commissioner Massie
Hello, Dr Lavigueur. Thank you for your testimony. I'd like to ask you a question. You mentioned—in a somewhat offhand way, I'd say—that all the epithets you've been called didn't affect you too much. But you were undoubtedly aware that they could still affect your willingness to continue to speak out in this way. So how did you cope with that part? Nobody likes to be denigrated and basically called a liar when you put forward facts, when you ask questions, and no one comes to you to start a dialogue, to answer you. How did you keep your motivation?

Dr. René Lavigueur
I don't really know, but I can give you some clues. It's all very interesting. There are two children I take care of, children of Africans who live in the community. I frequently take care of them—12 and 15 years old—and then they heard the criticism of me on television.

The kids, well, they had absorbed the standard narrative. You know, for a child, a teenager, everything that's said on television they get caught up in too; they can't distinguish.

[00:35:00]

Then they look at me, who's very close to them, and they understand— So the lesson I've learned is that, in bringing up children, perhaps the best thing to teach them is critical thinking. So in answer to your question, I think it's great because this adventure teaches us how to prepare for what's to come.

Commissioner Massie
I have another question about what impact you expect to see in the medium term—because in the short term, things remain at a standstill—as a result of all the actions you've taken? In particular, there was the meeting with the College of Physicians; there was a second letter that you submitted to it; ultimately, if I remember correctly, you received a relatively brief response. And after that, you continued to try to put in place actions to advance the cause.

What do you expect in the medium term, let's say, from all these initiatives?

Dr. René Lavigueur
Briefly, the College of Physicians of Quebec is deemed independent and non-political. Quebec's Director of Public Health is the Deputy Minister of Health, so he's politicized. We have institutions, the INESSS, the Institut d'[excellence en santé et services sociaux], that are politicized. So the College's approach is to say, "We are the last bastion of public protection.'' The College of Physicians boasts, and writes everywhere, and always says that they're there to protect the public. Here was an extraordinary opportunity to do just that. But they became completely obedient: they submitted to the Public Health Department. And that's a major weakness of our College of Physicians of Quebec. I hold them culpable for that. Then I think that the institution itself—I often say "the institution"; I believe in it because you need a college to protect the public—but the administrators of that institution failed in their task. That helped me identify these things.

And I think that the extraordinary and abusive power of the College of Physicians of Quebec is one of the problems identified in this adventure. And I think we can work in the future, in particular by getting the College of Physicians of Quebec to bend on alternative therapies. Abuse of power leads to situations like that. Does that answer your question?

Commissioner Massie
Yes, that answers my question. Thank you so much for your testimony.

Commissioner Drysdale
[In English] Good afternoon. Were you not able to talk to any of your colleagues, other doctors? I mean, it's hard to stand in the storm alone. But if you approached them with 30 other doctors, perhaps the outcome may have been different.

Commissioner Massie
I'll translate for the crowd. So the question my colleague asked was: Given that it's quite difficult to face this, would it be appropriate to join forces with other medical colleagues to give a little more cohesion to his approach?

Dr. René Lavigueur
At the approach of—?

Commissioner Massie
The process of taking on the whole of—

Dr. René Lavigueur
Ah yes, okay. I don't know if I'm going to answer correctly. It wasn't possible to join forces with any of my colleagues because none of them was critical enough about what was going on. I have two or three colleagues with whom I can exchange e-mails quite— Progress is possible, but it can't go too far because they're specialists— So it was impossible. There's a doctor who deals with childbirths and once I asked her, "Can you talk to me? What do you think about this vaccine for children?'' She said, "I don't want to hear about that," and afterwards it was really brutal. So I never mentioned it again. But that just goes to show how taboo these subjects can be between doctors.

[00:40:00]

Commissioner Drysdale
[In English] That's shocking. My next question is: the people who run the College of Physicians in Quebec, are they all practising doctors?

Commissioner Massie
So the question is: Are the leaders of the College of Physicians in Quebec still practising physicians, or are they administrators?

Dr. René Lavigueur
As far as I know, they are administrators. But they often have a background as practitioners. The president, Dr. Mauril Gaudreault, is a family doctor who has spent his entire career as a family doctor. It's interesting. At the meeting we had with them, the directors—there were four of them. The president was very uncomfortable and couldn't wait for the meeting to end. He didn't want to hear us. I was accompanied by specialists who know messenger RNA, qualified people. And the directors didn't answer any of our questions, even though we challenged them on the most sensitive subjects. We told them they were in breach of the code of ethics. And we got no comment except that afterwards we heard the president say, "The College of Physicians in Quebec is not a scholarly society." I don't know if that's going to be translated. Is it understood in English? I don't know how you say it: "Société savant." How's that? But it's interesting because it's a College of Physicians in Quebec that advocates for even more measures than the government is asking for, and yet is incapable of justifying these measures scientifically!

Commissioner Drysdale
[In English] My understanding is that the sole purpose of the College of Physicians is to regulate the safe practice of medicine in the province in which it acts. Is that correct?

Dr. René Lavigueur
[In English] Yes.

Commissioner Massie
The question is whether the *raison d'être* of the College of Physicians is really to regulate medical practice to ensure that it's done in the best possible manner.

Dr. René Lavigueur
—in its goal to protect the public. But when the College punishes a family doctor who has been doing his job for 30 years or a specialist who—one time—receives a report that isn't correct and then ignores it, he's going to be punished with a three-month suspension. So the College is like a police force that refuses to go beyond its mandate simply to punish. So if it is true that the College's proper role is to protect the public, it should get involved in public affairs. And here was a golden opportunity to say: "We have a code of ethics, we have an event, we can provide an opinion." What we were asking for was a moratorium on the vaccination of pregnant women and children. It was an extraordinary opportunity for a college to fulfill its function. I think perhaps we're the only ones in Canada to have challenged our College of Physicians; maybe there were others, I don't know. We challenged it on a deontological, scientific, and ethical level. And I wonder why it hasn't been done elsewhere in Canada.

Commissioner Drysdale
[In English] I'm waiting for the translation, sorry. I'm not totally familiar with the College of Physicians. I am with other professional organizations in Canada. So don't they also have a function to educate their membership? Don't they issue practice notes or warnings to the membership?

Commissioner Massie
The question is: besides controlling medical practice, doesn't the College of Physicians also have an important role to play in educating the profession's physicians and bringing them up to date on best practices?

Dr. René Lavigueur
I can't really answer that, I don't know. I think so, but not in an extensive way.

[00:45:00]

Rather, it's our federation of physicians, our professional unions, who ensure the quality of and then education: continuing professional development. The College will punish people who practise outside the norms or who make professional mistakes according to recognized and established standards, but they are not very involved in education as such, as far as I know.

Commissioner Drysdale
[In English] So the College of Physicians does not have an ongoing educational requirement for its membership?

Dr. René Lavigueur
Ah yes, oh yes. Are you translating the question?

Commissioner Massie
The question is whether there is an obligation to have continuing education for the training of doctors.

Dr. René Lavigueur
Yes. There are a certain number of hours per year of continuing medical education that are mandatory over a five-year period; and this is very closely monitored by the College on an annual basis, yes. At the age of 70, I've just received a whole questionnaire on my practice; and then they can go on to examine my practice. So yes, the College has a role to play in monitoring doctors' practice and methods according to standards.

Commissioner Drysdale
[In English] It would just seem to me that if they're taking a role in policing continuing education that— The media and the government presented the pandemic to the world as if it was the most threatening event that had ever happened. And so you would have thought that the College of Physicians would have educated their doctors about the Canadian influenza pandemic plan which they had prepared in advance of the pandemic. So were you made aware of the Canadian influenza pandemic plan by any of the professional organizations?

Dr. René Lavigueur
No.

Commissioner Massie
So the question that was asked was whether the College of Physicians has a function to update physicians' knowledge to ensure better practice. Since the pandemic represented an extraordinary public health event based on plans that existed before the start, which were pandemic preparedness plans, are physicians receiving ongoing training on these pandemic preparedness plans?

Dr. René Lavigueur
In fact, it's not the College that does this. It's the Public Health Department, to answer your question.

Commissioner Drysdale
[In English] Did Public Health do it? Did Public Health provide you with the influenza pandemic plan so you'd know what they wanted you to do?

Commissioner Massie
Did you receive the Public Health preparedness plan? Have physicians had access to this information?

Dr. René Lavigueur
They surely have access. I confess that I haven't seen or read it.

Commissioner Drysdale
[In English] Given the information that we now have around the world, has the College apologized to you yet?

Commissioner Massie
I have to repeat that one. Given all the information available now, has the College of Physicians acknowledged or updated its understanding of the pandemic, and apologized for the vision that was shared at the beginning of the pandemic?

Dr. René Lavigueur
I think that the College of Physicians of Quebec, and not only the College of Physicians, but also the health authorities—the Department of Public Health, the Minister of Health, the politicians, the specialists who influence, the influencers—are hardening their position at the moment and are far from apologizing because the consequences are too great. In fact, we can draw a parallel with the silence after the Second World War, when we weren't supposed to talk about anything that had happened because too many people were complicit. Too many people favoured the measures. Then when they learn that it's being contested—that there are scientific studies showing excess mortality—it bothers them too much.

[00:50:00]

When you've been involved in promoting the vaccination of women and then children, and you see the consequences everywhere, it's too big a step to take. There's going to be a hardening of positions and that's what we're seeing. I don't know if it's going to explode or how it's going to end.

Commissioner Drysdale
[In English] Thank you, sir. Thank you for your testimony and your courage.

Konstantinos Merakos
So Monsieur Lavigueur, thank you very much for your testimony. Yes, thank you, and that's all. Beautiful. They're getting ahead of us, but thank you very much. A nice round of applause. Thank you, Monsieur Lavigueur.

[00:50:54]

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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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE

(Translated from the French)

Witness 13: François Amalega
Full Day 2 Timestamp: 09:10:20–09:56:00
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Chantale Collard
Yes, hello. Chantale Collard, lawyer and prosecutor for today's National Citizens Inquiry. So today we have as a witness François Amalega. First of all, thank you, Monsieur Amalega, for coming to testify here at the National Citizens Inquiry. Your testimony is important. As a matter of formality, we're going to proceed with your identification, so simply state your first and last names.

François Amalega
My surname is Amalega Bitondo, and my first name is François.

Chantale Collard
All right. And now we'll proceed with the swearing-in. So Monsieur Amalega, do you affirm or swear to tell the whole truth, the whole truth, and nothing but the truth? Say "I do" or "I swear."

François Amalega
I do.

Chantale Collard
So Amalega François, maybe there are some of us here who know you, maybe others not so well. In any event, we'd like to know more about you. So perhaps first of all, a brief presentation of your main occupation, your professional career, and then from there, what brought you to where you are now. So regarding your professional career, what is your formal education?

François Amalega
First of all, I'd like to thank you for the honour of being here. It means a lot to me.

I immigrated to Quebec in 2012. Before that, I studied mathematics. I got the equivalent of a bachelor's degree in Mathematics in Cameroon in 2000, and also a secondary school teaching diploma. Then I also got a master's degree in teaching Mathematics in Cameroon, and I emigrated to Quebec after teaching mathematics in high school. So in Quebec, I studied for a master's degree in Mathematics at the Université de Montréal. I obtained a master's degree in Algebra. Then I went on to doctoral studies, where I studied arithmetic geometry. I didn't finish, I didn't submit my thesis, but I completed all the coursework. Then I started working at Collège Jean-de-Brébeuf as a mathematics professor. I taught for five years. After three years, I got tenure and became a permanent math professor at Collège Jean-de-Brébeuf. At the same time, I gave courses at UQAM [Université du Québec à Montréal], specifically at the École de technologie supérieure.

Chantale Collard
At the same time, you were teaching at UQAM, at the university.

François Amalega
Yes, and at HEC [HEC Montréal, the graduate business school of the Université de Montréal], but my permanent position, my job, was as a mathematics professor at Collège Jean-de-Brébeuf.

Chantale Collard
All right. So at Collège Jean-de-Brébeuf, you were there. We'll begin in 2019 or 2020.

François Amalega
Yes.

Chantale Collard
What happened? Basically, you were teaching, and what happened? Now, you're not teaching anymore, if I understand correctly?

François Amalega
Yes, on February 5, 2021, I submitted my resignation in the face of all the pressure I received at my school. What happened was that on March 13, we were in lockdown and were told that there was a very dangerous virus spreading around the world. I believed the story; I believed and trusted the Prime Minister. But since we were in lockdown—because we had been busy at work and suddenly we had nothing to do—I was at home. And they were talking about COVID, so I went all over the internet: YouTube, Google. I typed in "COVID-19" to find out what it was all about. That's how I came across Professor Raoult, who said that with hydroxychloroquine, it was all over. I said to myself, "Okay, that's it, we've panicked for nothing." But I was surprised to realize that he was challenged, insulted in France, and despised by many people. That's when I said to myself, "When I see his CV and I see that he's not being given any consideration, I understand that this is messed up."

And then I started to follow the press conferences with fresh eyes; and you could see that there were contradictions in mandates that changed at every turn. There was a strong contradiction between the certainties that were presented—because they said "we're building the plane in flight, and we don't really know what's happening"—and the simultaneous authority which accompanied the issue of these mandates. Now these are two contradictory attitudes. One cannot be in the process of learning something and at the same time be authoritative in the way one dictates things. So it showed that this uncertainty had a single objective: to create confusion. But the real agenda had been pushed through by the authorities.

But that didn't fit with my role as a professor. Because when I teach mathematics to students, we have activities before presenting a concept.

[00:05:00]

The aim of these activities is to lead the student to an impasse so that he or she understands the necessity of the new mathematical object about to be introduced. And to do that, students need to reflect and realize they're stuck. And then you can tell them, "Okay, I'm going to show you this theorem that will solve the problem." So to do that, you need him to critique you, to challenge you. And when they don't, you challenge them. So it creates a critical mind, but that's not what the government was proposing. The government was proposing that we believe, that we submit. And that didn't work, so I started going to demonstrations, posting photos on my Facebook account, and so on.

Chantale Collard
I don't mean to interrupt, but when are we?

François Amalega
We're in the summer of 2020.

Chantale Collard
Okay, it's not April. In April, you confirmed about the lockdown. It's a bit later. In other words, in April, you're in fact still technically working online for the school.

François Amalega
I worked for the school; until February 5, I still worked.

Chantale Collard
February 5, 2021.

François Amalega
In April, we restart the interrupted winter session online. And I already know that the government is talking nonsense, so I post about it. At this point, I'm not yet going to the demonstrations because my Facebook is a bit restricted, but I become more informed and my contacts keep growing. I still post about the virus and all the mandates. It's clear to me that it's all nonsense, and I publish along these lines. There are indeed a number of facts that show that everything we're being told makes no sense. Facts that are easily verifiable.

For example, Ferguson's article that predicted—and scared everyone—ends up being false because the data doesn't work. In midsummer there's, for example, "Lancet-gate," and then a lot of other things that are obvious. But what's happening now is that in the fall I take a photo of myself because it's becoming clear, very clear to me that the people who are supposed to be protecting us are out to destroy us. And for me, civil disobedience becomes evident. There's no possibility of negotiating at this stage. I take a photo of myself and I put it on my Facebook page.

Chantale Collard
And when are we exactly?

François Amalega
We're at the end of September 2020.

Chantale Collard
2020.

François Amalega
So I film myself without a mask in the subway and I write: "Civil disobedience is a duty." That photo gets me called in. I'm called in by the human resources department of Collège Jean-de-Brébeuf, and the director of human resources has a very stern look in her eye, but it's online. And she asks me to remove the photo, to comply, to submit, and I tell her right from the start that it's a waste of time.

Chantale Collard
Your photo was on social networks? Probably Facebook?

François Amalega
Well, at that time, the social network where I was most active was essentially Facebook because, before COVID-19, I really wasn't too much of a social networker. I used it but not very much. But with COVID-19, we were locked down. It was almost the only means of communication, so I became very much a social networker from then on. So I put the photo on Facebook and I called for civil disobedience. In any case, that's what I could do in my own small way. But this photo posed a problem. The school wanted me to remove the photo and I refused, so they backed down. In fact, they backed off and left me alone.

But things continued on because the mandates were absurd. For example, when we were doing exams— Because the studies were online, we had a problem with the way the children were assessed. So when you did a math homework assignment, each child was at home doing the exam. You had no way of monitoring them. So they would do the exam on the sheets, take a photo, and send that to us. So you had no way of knowing whether the photo sent to you by the strongest student might also have been sent to his classmates and girlfriends. There was no way of knowing. So as with all the other colleagues, the idea was to at least have in-person exams.

So we managed to have the exams in person, except that during the in-person exams, the main exam room was a large separate room, but the students had to wait in a small

adjoining room where they were crammed against one another. You'd go there and get them and bring them back to the big room, and it was in the big room that the students were spaced out—such ridiculous things. And then, even among the teaching staff, people would wonder, "Did the virus stop being active in the small room?" Things like that.

Chantale Collard
Okay, among your colleagues, you were all talking about the absurdity of it.

François Amalega
Well, some colleagues didn't have the courage to criticize the government directly, but with little measures like that, even they could see that there was a problem.

[00:10:00]

And I was very vocal among my colleagues, but for them, it was the school management that was confused. But it was François Legault that was the problem, at least at the Quebec level, and they didn't want to go there. There were so many things. I encountered problems. I was suspended for three days because I had my mask under my chin. I didn't want to put it under my nose. I was suspended for three days without pay. The final straw came on January 9: it was the first curfew in Quebec.

Chantale Collard
2020?

François Amalega
2021. So it was the first curfew in Quebec, and we went to defy the curfew at the Mont-Royal metro station. There were only about 20 of us and there were a lot of police and a lot of media. So since there weren't many of us, we were filmed by TV cameras and so on. And then a journalist asked me questions. He asked almost all the demonstrators questions because there weren't many of us. And there were a few seconds of footage of me, and that's when I got the impression that the school authorities had been rapped on the knuckles. This time they summoned me and suspended me for two weeks. They told me, "Now you're not just on Facebook, you're going to the media networks." Because I think it was LCN, TVA, and all that.

Chantale Collard
In the mainstream media.

François Amalega
In the mainstream media. They told me, "No, you've gone too far now." And then I told them that there was no way I was backing down. They realized that—for me—it was clear. I told them I was waiting for them to chase me out because no matter what, there was no way I would back down.

Chantale Collard
You are going to go all the way. You were ready.

François Amalega
At one point, they told me that Brébeuf has resources. Do I need some help?

Chantale Collard
Ah, okay, psychological help.

François Amalega
Yes. I said, "But that's just what I'm waiting for." So they decided to have me meet a biology teacher who's well-known at Brébeuf, who's a grandfather, in the sense that his students' students are CEGEP biology teachers. So he was a reference in the matter. When they said I was going to meet a biology teacher, I smiled because I said to myself, "My opposition to health measures doesn't come from the fact that I've mastered biology. That's not my argument. My argument is the inconsistency of everything we're saying."

Chantale Collard
The incoherence.

François Amalega
And what happened was that I had prepared my presentation: I had nine points. And in the first point, I started to talk about mathematics. I talked about the Ferguson paper, which had made predictions about the number of deaths. He had said that in Sweden there would be 100,000 deaths by the first of May if they didn't comply with health measures; however there weren't even 10,000 deaths after the first of May.

So when we met that day, there were three of us: the president of the union, who was supposed to be defending me, but who was there to tell me to back down; and the biology professor in question. And the union president asked the biology professor to explain COVID and everything to me so that I'd understand that I was going astray. But the biology teacher said he'd rather I did the talking, so that he could help me.

So I started talking. I had nine points—but when I started the first point, he wanted to stop me to say, "No, these are just little probability problems, François, you'll have to come back." I told him: "No, no, no, no, listen, you're a prof, I'm a prof." And among the three of us, the president of the union is also a biology prof. I said, "Of the three of us here, the one who knows the most math is me. So you can't just wave your hand at me and say, 'It's a question of probability.' If I made a mistake in what I said, you have to point it out." Voices began to rise and the union president calmed us down. Then, he told the biology professor to tell me what he says to his students. And so he presented Raoult; he presented me and everything; but in the end, the report was so— In fact, he had nothing to say.

Chantale Collard
There was nothing he could say.

François Amalega
He had nothing to say and he fled the meeting. He fled because he couldn't cope. At the end, he said that he told me such and such a thing, to which I replied, "You tell me that, but Didier Raoult tells me this. You're a CEGEP biology professor; Didier Raoult is a professor of

medicine, director of one of the largest centres in Europe, if not the world. If it's just a matter of faith, who do you want me to believe in?" He himself understood that it wasn't working. And then, well, it ended there; and he left, he disappeared.

But I remained for two weeks. I was surprised that at the end of two weeks, I received my salary because I was getting paid every two weeks. When I spoke to the human resources manager, I said, "But I'm getting my salary. That's rather interesting, because if you suspend me and pay me, I'll carry on." And then they took back the two-week suspension, they took back the salary and everything.

I'll perhaps come back to that in relation to the last question. So they said to me, "Okay, well, at this point, you're going to resume your classes and so on, but we're asking you just to make sure your Facebook is private. We're not prohibiting you from demonstrating and all."

[00:15:00]

Except that I was producing certain publications—videos that I was posting, articles and so on—where some of my Facebook friends were telling me, "François, we can't share," and so I made some of my posts public. This publication was visible. And afterwards, the human resources manager called me back and said, "You've got to make it private, there are things that can be seen." I told her, "No, no, I've made my Facebook private, but there are publications that are public. Those will stay that way." And then she scheduled another meeting. This time it was with the director of Brébeuf himself, asking me to close my account. If I didn't, there would be severe penalties and so on.

Chantale Collard
Did they tell you, Monsieur Amalega, about the penalties? Was it a veiled threat or was it clear?

François Amalega
No. He didn't say exactly what the penalty would be, but after taking a three-day suspension without pay, and a two-week suspension without pay, and a withdrawal from my classes, he said that a heavier penalty was on the way. So from that point on, I had the option of staying and waiting for him to penalize me. But that's a choice I made because I realized that they themselves knew they had no argument, since the first thing they said to me was, "You're entitled to your opinions, but we ask you to keep them to yourself." Opinions are expressed. Something that remains in the mind is not an opinion. You give your opinion.

Now as far as I'm concerned, it was unbelievable when I realized that they knew they were wrong, yet they wanted to keep me quiet. And that's because they wanted to preserve their social status. Because social death is more painful than biological death. When you die physically, you're gone: it's the people who love you who cry over you and you're no longer there. But to die socially is to see yourself and feel sorry for yourself—and that's even more painful. And that's why so many people do everything they can so as not to die socially.

My resignation was intended to send them a message and to tell them that, "I think you're the equivalent of prostitutes if you're genuinely prepared to go against your conscience to protect your gains." And that attitude was the reason for my resignation. I handed in my resignation on that same day. And I told them, "You're the ones who should be encouraging

me to think critically, but you're simply reciting what the government says." And I told them how disappointed I was. I submitted my resignation at that point.

Chantale Collard
Basically, you submitted your resignation but you continued to speak; you continued to demonstrate. What happened? After you resigned, was there no more teaching?

François Amalega
After resigning, there was no more teaching, and then all that remained for me was to demonstrate.

Chantale Collard
Your main occupation.

François Amalega
It was practically my main occupation.

Chantale Collard
Tell us about your main occupation after you resigned. There were demonstrations for a number of reasons, correct? I suppose it was the mandates?

François Amalega
My dream was to see 10,000 people out on the streets at curfew time. Personally, it was something I felt so strongly about defying. Because the problem is, there are people who fill themselves with anger. But when you fill yourself with anger and you show up in front of the police, it's nothing. And they're trained to inflict repression, so when you're violent, you prove them right; you give them the moral high ground. But if during curfew, 10,000 happy, gentle, calm people take to the streets and do no harm, the police have no moral ground; they are confronted. For example, mothers with walkers, people in wheelchairs, who do no violence, take to the streets. But the police are confronted because these gladiators don't have the moral backing to strike people who are acting peacefully. So that's why I, personally, have started going to police stations with other people.

Chantale Collard
For the benefit of the audience: you went to the police yourself. You were going to the police station yourself.

François Amalega
On February 14, 2021—I had chosen this day because it was the day of love—and I went to the nearest police station in my neighborhood. I went to tell the policemen that I was looking for my love who was freedom, who was locked up in the police station. And I told them I wasn't going home—I don't respect curfew—and I made it clear that it was out of the question. They fined me.

Chantale Collard
Okay, so you went deliberately to be fined.

François Amalega
Yes.

Chantale Collard
Have you accumulated many of these fines?

[00:20:00]

François Amalega
I have $98,329.87 in fines.

Chantale Collard
So close to $100,000.

François Amalega
My only regret is that I didn't reach the $100,000. So the objective was that the more people don't comply, the more they're unable to act. And that's what happened because there are examples in Quebec. For example, they imposed masks on us during demonstrations, but when people refused to wear them, the police stopped issuing tickets. Because when 20,000 people march without masks, who are they going to start with? And then the nurses also provided an example. The nurses brought Dubé and Legault to their knees because they refused en masse to be vaccinated, and they understood what a disaster it was going to be.

So with peaceful civil disobedience: as soon as you take away the peaceful character, you give the police the moral backing to act. That's just what they're waiting for. And that makes the others happy. But the problem is, when it's peaceful, they have no moral ground. In other words, they have none when an 80-year-old mother with a walker tells a policeman, "I'm not going home" with a smile on her face. What can this seven-foot man do? If he hits her, then he acts to destroy that, so he is himself defeated. In fact, that's the idea. So I continued to protest. I was issued several tickets for it. I'm currently being prosecuted for that.

Chantale Collard
Basically, Monsieur Amalega, you've participated in many demonstrations. Have they always been peaceful?

François Amalega
Absolutely.

Chantale Collard
And you've always continued your efforts in a peaceful way. On the other hand, you have been penalized and sent to prison. Would you like to tell us about that?

François Amalega
Yes, I've been imprisoned several times. In fact, I've been in prison four times. I can't count the number of times I've spent nights in a cell.

Chantale Collard
That's one single night?

François Amalega
Yes, a single night in a cell. I'm not sure how many; it's several times. I have to stop to figure it out. But prison itself: I've been to prison four times. And I'd like to point out that I did seven days in prison because I refused to wear a mask at the municipal court. That's the only reason. That is, I went to the municipal court for a trial I had and I refused to wear a mask. Since I was being tried for a mask-related offence, it was clear to me that, in order for there to be any chance of a fair trial, the judge had to at least allow me to proceed through my trial without a mask. If it was impossible for me to participate in my trial without a mask, then I was already convicted. And the judge made the mistake of holding me for seven days. And that's it, I was in prison for the seven days of my whole trial because I didn't wear a mask. I spent three months, three weeks in prison.

Chantale Collard
Can we say it was for this offence?

François Amalega
No, because I went to prison four times, the fourth time being three months, three weeks. And that time, it was because I'd been arrested: they'd given me a condition not to be within 300 metres of the Prime Minister.

Chantale Collard
Okay.

François Amalega
But on January 16, 2022, the Prime Minister was supposed to go on "*Tout le monde en parle*," [a Radio-Canada program] and we organized a demonstration around that appearance because he had to pass by that way. And the police arrested me, saying I hadn't respected my condition. They put me in prison and then wanted to release me a few days later with other conditions so that I would have to wait. At that point, I told them I wasn't a criminal. If they think I'm a criminal, they should keep me in prison but if not, release me unconditionally. So that's how I spent all that time in prison, by refusing the conditions. In the end, I was released unconditionally.

Chantale Collard
You were released?

François Amalega
May 9th.

Chantale Collard
May 9, 2022?

François Amalega
Yes, I was arrested on January 16, 2022 and released on May 9, 2022.

Chantale Collard
Released or acquitted?

François Amalega
I had four trials, of which two trials were in prison, both of which I won.

Chantale Collard
So won: we're talking acquittal.

François Amalega
Acquitted, yes. But the verdicts for my other two trials came after my release from prison.

Chantale Collard
What were the verdicts?

François Amalega
This is what demonstrates the political aspect. Because the first two trials, at which I was acquitted, were much more delicate than the other two, which were very easy to prove. Except that when I got out of prison, I had interviews with several influencers where I said that: "I won the trials, I was right." And I think that, to teach me a lesson, they had me lose the other two trials. Because in one of the trials I had four counts against me: I was acquitted for three and convicted for one. And with the other last trial, I was also convicted and sentenced to probation.

Chantale Collard
Okay. Were there any convictions other than probation?

François Amalega
So far, all I've had is probation.

Chantale Collard
Probation for what? Keeping the peace?

François Amalega
I was told: You have to keep the peace; you cannot disturb the public order.

[00:25:00]

Yes, generally, that's the probation they gave me for most of these trials. But I'd still like to say that, when I was in prison, those were times— I didn't always have access to all the privileges of other prisoners. For example, in prison, the quality of the food and all isn't good. For example, there's a canteen you can order from. And I was ordering from the canteen but my orders only started coming through towards the end of my time there. I had the same outfit for maybe 40 days. I had the same clothes on my body, meaning it was the same garment I had on my body, and the conditions were really humiliating.

Chantale Collard
Discriminatory, would you say?

François Amalega
Yes.

Chantale Collard
Compared to other inmates?

François Amalega
For example, one day— Because it happens that prisoners hide drugs, they hide weapons, they hide telephones; there's a lot of trafficking going on in prison. And to catch the prisoners, what they do is sometimes—since there are the cells and there is the common area—they make unannounced raids. So when we're in the communal area, they just turn up and pick out four or five cells and search them. And it's random searches like that, which allow them to find things. And there was a day when they went into the prison—that day, I was watching a chess match; and that's one of the positive things I've learned, my chess level has improved a lot— So that day, I was watching a chess match and they came. They went around and they entered a single cell: one single cell. And just when they were entering the cell, a prisoner there said, "But why are they in the cell of the conspiracy theorist?" Because he knew. So they went into my cell—just my cell—they turned everything upside down. And then they ransacked everything. Just my cell. They didn't ransack any other cell.

Chantale Collard
How did you get through that period? Because it's really difficult: you're in prison, you're already getting unfavorable treatment, but now, on top of that, they're only ransacking your— How did you get through that? It's undoubtedly a struggle.

François Amalega
It's a huge struggle, but the problem is that I knew I had exposed myself to all these attacks. And the problem is that we mustn't give them the chance to think they're winning because in reality, they're not; because in all they are doing, they're exposing themselves. And I'd like to take this opportunity to say that, for example, at the beginning of this month, I received a letter from a bailiff for the $98,000 I owe—because I've already been sentenced for $69,121.69—and for that they're proposing that I do 817 hours of community service. And if I don't, they're going to put me in prison.

Chantale Collard
What are you going to do?

François Amalega
As far as I'm concerned, I'm not going to help them sweep their crime under the rug. Because it's important to know that on May 12, 2023—today—the Quebec government is still prosecuting people for non-compliance with health measures, so it's not over yet. Because right now there's a possibility of arrest, and not only that: there are other people who have, for example, made agreements with the government. I'm not condemning them—people live in different situations—but the government is collecting money. In other words, there are people who have decided to pay $50 every month for this. So that means that COVID-19 isn't finished: because they haven't stepped back from it.

And I can't wait to see the judge who's going to sign my arrest warrant. Because the judge who's going to sign the arrest warrant is definitely condemning himself. I have fully forgiven all the people who, in their confusion, committed acts in 2020 and even in 2021. But the judge who, in 2023, signs my arrest warrant—of course, I will surrender peacefully—but that judge, Quebec should clearly remember that this man has written his name among the greatest criminals of all time. This is not a game, because when he signs my arrest warrant, it's not because I was driving 120 kilometers an hour and hit a pregnant woman. No, no, he's going to sign an arrest warrant because I didn't wear a mask in the demonstrations, because I didn't respect the curfew, and so on. So that means that, in 2023, this judge will be saying that the government was right to do what it did. So it's important to know, and even those who are collecting the $10 and $20: they're condemning themselves now because things can't stay the way they are.

[00:30:00]

So by refusing to take a step back and instead continuing to commit their crimes, they are definitely proving that they don't regret what they're doing. So I'm eagerly awaiting my arrest warrant and the first thing I'm going to get is the name of that judge. It's clear that Legault has been condemned, but that judge is also writing his name among the guilty, so it's very important that he knows that. And I think that before he picks up his pencil and signs, he should tremble and step back because it's not just Amalega François he is attacking.

I say this because there is, for example, the trial of Professor Patrick Provost which, for me, is not the trial of Patrick Provost: it's the professor against the science. In other words, someone doesn't even have to say things accurately, but the discussion must take place. Meaning that it's through the confrontation of ideas that the collective intelligence creates something that none of us would have achieved otherwise. That's why whoever signs my arrest warrant will be saying that he approves it.

But I think that if a judge is pressured to sign my arrest warrant—if he thinks there should be a debate on COVID, I'm not even saying if he thinks I'm right, no; if he thinks that, in 2023, we should take a step back and look at what's going on—if a judge is pressured, I think he should resign. So if a judge signs my arrest warrant, he should know that he has no excuse. We're going to forgive him in our hearts but we're going to make sure that he's judged to the full extent of the signature he's provided—because what he's about to do is very serious.

Chantale Collard
Absolutely. Listening to you, there aren't many people like that who follow through to the end. You're a man of principle and you've been called a lot of names, but today you have a chance to answer them, and you've largely answered. But there is one question: what do you say to all those who have called you a conspiracy theorist? What do you say to them today, on May 12, 2023?

François Amalega
I think that if a man refuses to let his wife look at his phone and his wife finds odd pictures of him, finds him acting strangely and such, and then he doesn't want to give his wife any explanation—he instead says she's crazy, he talks nonsense and so on, while his wife pieces together a puzzle, and it shows on her face that she knows something's wrong—I think this is just someone avoiding confrontation because he knows he's in the wrong. That's exactly the situation we're in right now and there are so many factors.

And I say this: COVID-19 is a medical issue, but then there is the "Lancet-gate." In other words, you see an article appearing in the world's biggest academic journal saying that hydroxychloroquine doesn't cure it, for the purpose of discrediting Raoult and all the people who are with him. But afterwards, we realize that the data are false and it is retracted; and we even realize that the director of human resources is a porn actress. And *The Lancet* writes afterwards that they made a mistake. Meaning: I don't need to be a doctor to see that it's a commissioned article.

I don't need a mistake to see that the article from someone like Ferguson—who encouraged compliance with health measures— was later found to be false. And you find that during the health measures, he committed adultery twice with a married woman, disregarding the health measures. I mean, when you see that, you think, "These people don't believe in it. They're talking nonsense."

So when we gather all this evidence to say, "Look, your mandates are contradictory, there's no truth, and all that," and then I'm told that I'm a conspiracy theorist— But as soon as you refuse to have a debate, a discussion, as soon as you create murkiness in a subject, it's clear you favour the other. So among us who contest the measures, some are moderate, others are a little less moderate, others go far. But all this happens because of the lack of transparency. So if someone believes even very serious things, that is much more excusable than the government making things deliberately opaque. So no, I think the word "conspiracy" is just a word created by weak people to discredit solid arguments against them.

Chantale Collard
The argument of the weak: labelling.

François Amalega
Absolutely. It is the argument of the weak. In fact, they're the weak ones. We're much stronger than they are because we're in the truth. Listen, if you do something bad, the look in a five-year-old's eyes will make you tremble because you're wondering, "Did he see what I did?" So that's the situation we're in right now.

[00:35:00]

They can have all the weapons they want but I don't think they have that many. They mostly operate through intimidation. And one of the lessons I've learned from this is that in the fight for justice, you can't be moderate. You can't be moderate because it's with the use of microaggressions that they just keep gaining ground.

Personally, I think that perhaps I ought to have been a lot more vocal from September 2020 onwards because I was only posting on my Facebook and chatting with friends and such. But the issue is that when you don't allow microaggressions and you stop things early on, these people will also have difficulty moving forward. They're nothing but people who work through intimidation, lies, that's all. They don't have any more power than that.

Chantale Collard
Thank you.

François Amalega
Thank you very much.

Chantale Collard
Thank you. Listen, maybe I'm like many others. I listen attentively and your words carry an air of truth and authenticity that we very rarely see in people. Perhaps our commissioners will have a few questions for you.

Commissioner Massie
Thank you, Monsieur Amalega, for your testimony. My question, in fact I only have one, is: Where does your inner strength come from? Does it come from your culture? Does it come from your personal journey? What gives you the courage to express your opinions with such firmness and kindness?

François Amalega
I think there are two main things: there's my faith in God, and there's also the fact that I've been exposed, in a way, to untruths. In fact, I've been convinced that certain things that are officially said are not true. That did predispose me. Personally, I followed things like the Kennedy assassination. When I was growing up, we were told that the ozone layer was going to disappear and that the world was going to burn and all, and September 11th and all that. There were a number of things that made it clear to me that what we were being told wasn't true.

And then, I remember when I was at Brébeuf, I asked a colleague—since I had had discussions with this colleague on a number of subjects—and one day I said to him, "'What is the unfinished pyramid doing with the little eye on top of it on the one-dollar bill?" One day, I asked him, "I want you to explain that to me." I don't have an explanation but I said to him, "How do you explain that?" So I mean, there is the fact that I'm exposed to these things that have no explanation.

And the biggest problem is telling people there are bad questions. When I go into a class as a prof, I tell my students that there are no bad questions because I hope that when the student leaves the class, he won't say Monsieur Amalega told him such and such. No. But rather, that he'll say, "This is true because I can prove it." So the fact is that I had been exposed and it was clear to me that there were a lot of things being said that weren't true.

And then, the second thing too: I believe in God. And for me, human authorities are very important: I believe they are appointed by God. They are very important and must be obeyed, but they themselves are answerable. So that means there's an authority above human authorities; and for me, that's a very important thing.

Commissioner Massie
Thank you very much.

Chantale Collard
Thank you again on behalf of the Commission. There is one question.

Commissioner DiGregorio
Pardon me, I'm going to ask my question in English; Doctor Massie will translate. You spoke about your time in jail and how you were treated differently from the other inmates. And I'm just wondering if you know what crimes those other inmates would have been in for, what types of crimes?

Commissioner Massie
So the question is, you spent time in prison and, according to your testimony, you were treated differently from the other prisoners who were there.

[00:40:00]

And the question is: What kind of crimes did the other prisoners who were in the same place commit compared to your crime?

François Amalega
So Bordeaux prison, one of the prisons that I was in for three months and three weeks, has two types of prisoners. There are prisoners who received sentences of two years less a day. Generally, it's theft, things like that, or someone who was perhaps violent towards his wife, arrested, and then sentenced. And there are those who are awaiting trial. So they've been deemed dangerous; they can't release them, they're waiting.

And there, I met people who had committed murders, who had killed several people. So there are people who have committed murders. I remember once talking to a guy who was

very big, very strong. He was there because he had hit a gentleman who ended up in a coma. So he had hit him; he was very violent and everything. Listen, it's really— There are several people who committed horrible crimes inside. They dealt drugs, they did things. And all these people are there, in prison, and you have to be there with them because you refused to submit to health measures.

I believe that the government and all these people have committed crimes. We all want to turn the page, including me, but the problem is that if the page is turned without having resolved the issue, that means more harm can be done in the future. So we mustn't turn the page without really— That's why I think a commission like this is so important. Crimes must be identified. Things have to be stated clearly.

Commissioner DiGregorio
Thank you. Merci.

Commissioner Kaikkonen
Thank you for your testimony. I'm just wondering if you think there's a spiritual climate change that needs to be addressed in this country?

Commissioner Massie
So the question is, should the spiritual crisis we're currently experiencing in our society be examined, or at any rate, should we try to find solutions to this spiritual crisis?

François Amalega
Honestly, I do. I believe that creating a purely material world in which people have no hope is brutal. And I think this is sustained. It's sustained because—at least when I arrived in Quebec—when I wanted to talk, people told me that we don't discuss politics and religion. But this is quite extreme because politics and religion are the most important subjects in society.

When we don't discuss politics and religion, we can talk about hockey, we can have fun, we can do anything and everything. Yet politics and religion are still the main subjects because, even when someone says that they don't believe in God and they're an atheist, that is a religious subject. I mean, when you exclude all that, it means you're excluding very important subjects: politics, religion. The rest are low-grade subjects. We're just having fun, laughing with each other and all that, but it separates people.

And what really happens is that the government takes God's place. As a result, some people have nothing else because there's nothing beyond the government. So without necessarily having one religion—because I think it would be a bad thing for one religion to dominate; it would be pointless—but I think that driving faith and religion out of the public square is a job that has been and continues to be carried out methodically. And I think it produces people who put all their hope in the material world and in their lives. And I think they'll do anything to keep that, because they've lost all hope. And I think it's something important.

Commissioner Kaikkonen
Thank you, merci.

Chantale Collard
François Amalega, thank you sincerely, from the bottom of my heart. Your testimony has touched many, including myself. We understand that it's a spiritual battle—I wouldn't say that you're fighting but that you are firmly rooted in your values, in your convictions—and the truth will most certainly come out.

[00:45:00]

I won't tell you: "Let's keep going." I'm going to tell you, "Carry on, carry on!" And by all means, you've given us hope today. Thank you.

François Amalega
Thank you very much.

[00:45:50]

Final Review and Approval: *Erin Thiessen, November 12, 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, and further translated from the original French.

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

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE*

Witness 14: Shawn Buckley
Full Day 2 Timestamp: 11:03:24–12:01:45
Source URL: https://rumble.com/embed/v2ktd8s/

[00:00:00]

[inaudible to 00:00:18]

Louis Olivier Fontaine
So tonight, we will have a testimony by Mr. Shawn Buckley. So good evening, Mr. Buckley.

Shawn Buckley
Good evening.

Louis Olivier Fontaine
First of all, I will ask you to identify yourself by stating your full name.

Shawn Buckley
Yes, my name is Shawn Patrick Buckley.

Louis Olivier Fontaine
Okay. Now, I will swear you in. So I will ask you to swear to say the truth, the whole truth, and nothing but the truth.

Shawn Buckley
I do.

Louis Olivier Fontaine
Tonight, the object of your testimony will be the changes to the drug approval test for COVID vaccines.

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* Because the testimony took place entirely in English, the transcript is drawn from the English language video, which can be heard without a French voice-over – editor.

Maybe first of all, I will ask you to explain how your background is relevant to this testimony, this presentation.

Shawn Buckley
Okay. Before I do that, can I just deal with a bias issue?

Louis Olivier Fontaine
Yes, of course.

Shawn Buckley
Yeah. The Commissioners and some people that will be watching will know that I've been counsel on these matters at some of the hearings, and also that I've been involved in some of the organization of the National Citizens Inquiry.

And so the bias issue is that when you know somebody, and especially if you might have positive feelings or work with them, you're more inclined to find them believable. So it's kind of like a positive bias that we need to guard against. I wanted to get that out in the open, both for the commissioners and anyone watching, to basically be aware that there is that bias. It kind of forces you to take the position where you're not going to find me credible, but you have to apply your critical thought before you accept my testimony.

Now, the one saving grace is that I'm really just talking about: What does the law say? So I'm going to throw some slides up saying, "Well, here's the drug approval test normally and here's the test that was substituted." And this is very easy for anyone to verify.

So my testimony is going to be very technical. And then also, we have entered—as Exhibits QU-2 and QU-2a—a French and English version of a discussion paper that I had written on this subject for a non-profit association called the Natural Health Products Protection Association. And at the end of that discussion paper, there are links that make it very easy for people to follow to the drug regulations, to this interim order that I'm going to discuss.

We wanted to have another lawyer who is a drug approval expert come and testify but they're far and few between, and none of them have actually looked into the interim order that we had contacted. So here I am as the only one I know of in Canada that's looked at this issue. But it's so pressing that we felt the need to put this evidence in front of the commissioners and the public, but have those caveats in place.

To my background: I was called to the bar of British Columbia in February of 1995 and I've **been a member in good standing ever since. Very early on, so probably starting about 1995, I started to have clients dealing with *Food and Drugs Act* matters. And probably 40 to 50 per cent of my entire career has involved dealing with the *Food and Drugs Act* and Regulations, largely defending companies and practitioners that practice alternative medicine and, specifically, manufacture or sell natural health products. I think there was about a seven-year period where I defended everyone that had charges in Canada that would fit into that description, so I've got extensive experience. I've been called as an expert in food and drug regulation on the Standing Committee of Health; I've been called as an expert in constitutional law in the Senate, so I've got a lot of experience in the area.**

Louis Olivier Fontaine
So how many lawyers would have that kind of experience in Canada, according to you?

Shawn Buckley
Well, as far as defending people, I probably stand alone.

[00:05:00]

With my level of expertise in the *Food and Drugs Act* and Regulations in the area of natural health, I'm probably number one. But generally, if we were to move more into the new drug approval process, I would guess about ten.

Louis Olivier Fontaine
Okay. So the first question I would be asking you would be: What are the normal regulatory requirements for the approval of drugs such as the COVID vaccines?

Shawn Buckley
Well, okay. So now, assuming that nothing happened— Because the approval of the COVID vaccines became a political issue, not a health issue. So if that hadn't happened, we have new drug approval regulations. For a condition like COVID, you would fall under the new drug approval process, and anyone wanting to look at the drug regs you'd look at C.08.001 and just go from there. As long as you're at C.08, you're in the zone.

And they're very simple. What you basically need to approve generally, to get market approval to introduce into the human population a new drug, is you have to prove it's safe. So you have to establish its risk profile. So how safe is this? You've got to completely satisfy the Minister that the drug is safe. And then you have to deal with its benefit profile. Is it effective? Does it work? Because there's no point introducing in the human population a drug that doesn't work for the purpose you're trying to use it for.

And then, although it's not written into the regulations, the third thing that happens—and it happens as a matter of common sense—is: now that we understand the risk profile, and now that we understand the benefits profile, do the benefits outweigh the risk? Because, again, there's no point allowing a drug onto the market if the benefits don't outweigh the risk. Now, one thing that people need to understand: you cannot get to the risk–benefit analysis unless you've established the safety profile and unless you've established whether it works. If you haven't gotten there, you can't do a risk–benefit analysis, and pretending that you can is a fraud. I just point that out because these three things are the minimal requirements for a health decision for drug approval.

So if the purpose is deciding, "Do we allow a drug onto the market or not?" the minimum requirements, if you're actually making a health decision, is establishing whether it's safe, establishing whether it's effective, and then doing that cost–benefit analysis where the benefits outweigh the risk. Anything shy of that and you can't call it a health decision. It's how we know that— it's one of the things we know that tells us this was a political decision to approve the vaccines.

And I'll just go on and explain. Here, I've just set out what the regular process is, but the Trudeau government made a political decision that they wanted all of Canadians to become vaccinated. And I say this with— And I'm going to use this interim order as an example but

I mean, we lived through mandates. So we had the federal government tell us that we couldn't fly or go on a train unless we had a vaccine. They told us that we could not be federal civil servants or contractors for the federal government unless we took the vaccine. They used fiscal and other means to encourage provinces to follow suit and to encourage private industry to follow suit. And we've had public health officers, both provincially and federally, say the mandates were in place to encourage people to get vaccinated. So we know there's a political decision to try and get every Canadian vaccinated. Well, we have a problem with our regular drug test, because if we're going to apply the regular drug tests to the COVID vaccines, they have to be able to pass that test. But if you're making a political decision, then you've got to come up with another test.

So on September 16th, 2021, an interim order was made. Now, our *Food and Drugs Act,* section 31.1 has a provision that allows the Minister of Health, in certain conditions, to exempt a drug or a class of drugs from the application of parts of the Act and Regulations. And so the Minister of Health made an interim order under section 31.1 of the *Food and Drugs Act*,

[00:10:00]

basically setting out that COVID-19 drugs, which includes the vaccines, don't have to go through the regular drug approval process. And it actually then created a different process— so a different set of laws— that applied only to COVID-19 drugs. Now, the Minister of Health can make the order, but it's only good for 30 days unless it's approved by the Governor General in Council. Now for those of us that aren't lawyers, when you read "Governor General in Council," you know that means the federal cabinet. So the Prime Minister and the other ministers: Minister of Health, Minister of Finance. That's for colloquial terms: the Governor General in Council. So the Trudeau government, the Cabinet, made a decision to approve this order and it was approved and it was published in the Gazette, so it's good for a year.

Now, basically, the order tells us that this is a political decision. Because what the test is— And I'm going to put it up on the screen and show you in detail, but it doesn't require proof of safety. In fact, the word "safety" isn't even mentioned in the test. It doesn't even mention safety in the test, which we'll all find interesting from our messaging, right? Because we've been told the vaccines have been proven to be safe and effective. I'll explain that that's political messaging. So there's not a requirement for the drug companies to prove that the vaccine works. In fact, the word "efficacy" or "works," that type of language, isn't in the interim order at all.

A couple of other interesting things happen that tell us this is a political decision to get Canadians vaccinated. The interim order exempts the application of certain parts of the drug regulations. Now, in Canada, you cannot import a drug unless it's been approved of by Health Canada. So if you're making the drug in Canada, you've got to get it approved before you can sell it, but you can't import finished drugs for human consumption unless they've already been granted market approval. Well, this interim order exempted the federal government from this so that the federal government could purchase, import these vaccines, and distribute these vaccines before they're approved.

Understand what happened is: the federal government imports COVID-19 vaccines; the Canadian government distributes them to the provinces; and they're not approved. And this is written into the interim order before anyone has filed a submission to have the vaccines approved. So the federal government, the Cabinet—when they're writing this, they have no idea whether these are safe. They have no idea whether they're effective. They

have no idea whether this is a good idea or a bad idea when they write this law, and they wrote themselves into a conflict of interest. It's a bit of a conflict of interest to import a whole bunch of drugs, distribute them through the provinces, and then wait for yourself to approve them. But if it's a political decision, then this makes perfect sense.

The one that really I find interesting is, in our regular drug approval world—and its regulation C.08.006—the Minister of Health has a really, really important power that should never, ever be taken away. And the problem we face is that the Minister can approve a drug for the market. But what if we learn after it enters the market that it's unsafe? I mean, Vioxx comes up as an example where we learned after the drug was approved that it was causing deaths and it was eventually withdrawn from the market. So this regulation C.08.006 allows the Minister to withdraw from the market a drug that's already approved for several reasons. So for example, let's say subsequent evidence shows it's not safe. What if subsequent evidence shows that it's not effective? What if it comes up that fraud was used to get the drug approval? The Minister can withdraw the market authorization. But curiously—and listen carefully, because you have to ask yourself how this is in the public interest—for COVID-19 vaccines, this interim order, this new way that they're going to be approved, took away from the Minister for a year the power to withdraw the vaccines from the market if subsequent safety concerns arose, or if evidence came to light that they didn't work,

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or if evidence came to light that the application was based on fraud. Now, that's not a health decision, to remove that power from the market. It tells us that the decision to approve the vaccines was a political decision, not a health decision. Now, if you don't mind, I'll just walk through and actually show people the law because it's quite shocking.

Louis Olivier Fontaine
Go ahead.

Shawn Buckley
David, now if you could throw the slides up [Exhibit QU-2b].

So the first slide, all this is, is every time Health Canada approves a vaccine, they create a webpage for it, where they put the information about the approval and other information. And I've just taken the French and English first page of the Pfizer vaccine to use as an example and I've highlighted the first sentence. Now, I can tell you— I mean, I took these screenshots maybe last week. The date will be on the bottom of there, so it's in this month. But if you had looked last month or a year ago or two years ago— As long as the Pfizer page has been up, it starts with the same sentence. And that sentence is: "All COVID-19 vaccines authorized in Canada are proven safe, effective, and of high quality." And that bold is Health Canada's bold. I put the highlighting on, but they've put this in bold.

Now, I've already told you that these vaccines are approved under a test where you don't prove safety and you don't prove efficacy. So you might wonder why that language is there, but that language is political messaging. And it's essential political messaging. Because if you made the political decision that you are going to try and get every Canadian possible vaccinated, you have to have political messaging that supports the decision. And this is the minimal political messaging that will support Canadians getting vaccinated.

Could you imagine if Health Canada communicated the truth that the vaccines are unsafe? Or what if they said, "We don't know if the vaccines are safe?" That is not messaging that is consistent with getting your population to take the vaccine. What if the messaging had been "Well, the vaccine isn't effective." Or "We don't know that the vaccine is effective." That's not messaging that is consistent with the political decision to have people vaccinated. A lot of us have been confused, within the drug approval world, with messaging like this. And it's just simply a failure to realize that this is political messaging that is absolutely necessary. It's essential for the political goal, which was to have us vaccinated. And I'm not second-guessing the political goal. I'm just pointing out that that's what this messaging supports.

Now, the next photo: I want you to pay close attention to that rabbit. Because when I'm done this presentation, that's going to be your expression. You're going to— Your mouth is going to be open. And if you had paws, they are going to be grabbing the ground in sheer terror.

So this I've already said, I've pulled this out of the discussion paper. But it's just where I point out and I've highlighted what I've already explained to you. But there's maybe a couple of other points I can make before we go on to the actual text of the legislation. So I've said, "Listen, you've got to prove something safe. You've got to prove it's effective and you have to prove the benefits outweigh the risks." But where I could strengthen this is I've put in here the word, "objective." So they've got to objectively be proven to be safe. And we will go into the legislation where this is very clear, and there's got to be objective evidence that they work. And I think I've already explained the cost–benefit. You cannot— You just simply can't do that analysis unless you've proved safety, unless the risk profile is known, unless the benefits profile is known.

So this is the test. We just have the French test— This is straight out of the drug regulations, the French test on the left and the English test on the right. So C.08.002(2): "A new drug submission shall contain sufficient information and material to enable the Minister"—and this is the important part— "to assess the safety and effectiveness of the new drug, including the following—" and then there is a long list. You know, right down to ingredients and brand name and things like this.

Now, I'm going to get to— I've reproduced g) and h), which are two parts.

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But that red part is really the important part. You have to understand that in the regular drug approval process, you've got to do all these things, but they are to help the Minister assess the safety and effectiveness of the drug. That's what the Minister's looking at: safety and effectiveness. Everything you do in the new drug approval process is to give the Minister sufficient information to enable the Minister to assess safety and efficacy. I put ellipses there because, like I say, there's a), b), c), and a whole list of things, but when we get to g), remember the word "detailed reports." So this is our regular process: "detailed reports of the tests made to establish the safety of the new drug."

So in the regular process, to enable the Minister to assess safety and efficacy, which is what it's all about, you've got to have detailed reports about safety and h) substantial evidence of the clinical effectiveness. So "substantial evidence," and this is, again, to help the Minister assess safety and efficacy. The point I'm trying to make is: in the regular test, it's all about safety, it's all about efficacy, and it's robust evidence. We're talking detailed reports, substantial evidence.

So I've told you, "Okay, but wait a second. This doesn't apply to COVID-19 vaccines. We have a new test." I'm just going to jump it. So back—remember we see this C.08.02? I'm jumping up two slides and I've just moved it to the bottom left, okay? So bottom left, that's what we just looked at. And if we move to the bottom right, we are now looking at the interim order and what it's supposed to focus on. And I put in red what's important here.

So on the left, our regular drug approval test, it's all about "sufficient evidence and information materials to enable the Minister to assess the safety and effectiveness of the new drug." Under the interim order, "contains sufficient information and material to enable the Minister to determine whether to issue an authorization." Do you see the word "safety" or "efficacy" there? So safety and efficacy is the focus under the regular test. But for COVID-19 drugs under this interim order, the focus is just: can we enable the Minister to issue the authorization?

Now remember, this is a political decision. And there's a long list of things to provide here. The only thing in that list concerning safety and efficacy is this o): "the known information in relation to the quality, safety, and effectiveness of the drug." Compare that over to the other side, g) detailed reports, substantial evidence. So instead of detailed reports on safety, instead of substantial evidence of effectiveness, the only requirement is to give the known information in relation to the quality, safety, and effectiveness of the drug.

It gets worse. Because you don't even have to provide the known information. Under the interim order, section 3(2): "If, at the time an application is initially submitted to the Minister, the applicant is unable to provide information or material referred to—" And then there's a list and I've highlighted (o). You basically don't have to. You just have to, in your application, explain to the Minister how you're going to get it to the Minister later on.

It's shocking.

Now, the next slide: this is the test. And I've highlighted the words "must issue," because this is really important. Remember, the focus isn't safety and efficacy, it's whether or not the Minister can grant an authorization. Now 5, it says: "The Minister must issue an authorization" basically, if these a), b), and c) are met. It's not "may." And the Minister's Health Canada. It's not like the Minister of Health sits down and does this, it's the Health Canada bureaucracy that does this.

So Health Canada must issue an authorization if this test is met. Now what's important about this is: Health Canada could believe it's not safe. Health Canada could believe the vaccine doesn't work. Health Canada could believe this is a bad idea, that the benefits do not outweigh the risk. And yet if this test is met, Health Canada has to, by law,

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issue a market authorization for a COVID-19 vaccine.

Now, the first one, a), just basically refers to—we've already looked at 3, you've got to do this submission. So that doesn't really concern us. The second one is, there's some sections where the Minister can ask for some more information. The real test is c). So c) at the bottom, I'm just going to bounce ahead two slides where that's bigger. But c) begins "the Minister has sufficient evidence to support the conclusion—" That's the test. This is the wording that the COVID-19 vaccines are approved under.

So I'm just going to skip ahead to where I have that bigger. We've got the French wording on the left and the English on the right. I should just say that the French wording in the interim order is different. And it's a little different than that, and if you look at the French discussion paper, it will become apparent. In Canadian law, if you're trying to figure out what the meaning of a law is you look at both the French and the English versions because they're of equal value. And you're supposed to use both to inform yourself of what the meaning is, and that's what courts do. I'm going to show you later on that Health Canada, for the purposes of approving COVID-19 drugs, have full stop used the English wording—so the test as it's set out in English. I'll show you a piece from an affidavit where that is crystal clear. But I just wanted, for the purpose of the presentation, how anyone pulling up the French version will see that it's a little different than the first point I make in English.

This test begins: "the Minister has sufficient evidence to support the conclusion—" And I'll just stop there because this is really clever language. And this is language meant to deceive us and this is language that tells us this is a political, not a health, test. Because if you were— and remember, the Minister is Health Canada— if you were supposed to prove something to the Minister, it would read, "The Minister has sufficient evidence to conclude." So do you understand this? Let's say Pfizer's making an application under this test. If Pfizer has to convince Health Canada of anything, it would read: "The Minister has sufficient evidence to conclude."

I put this on the next slide. You see on the indenting there, the English side is on the right. The wording in the test is, "The Minister has sufficient evidence to support the conclusion." That doesn't mean that Pfizer has to convince Health Canada of anything. If Health Canada had to conclude this, if it was an objective test, it would read where I have that indented below: "the Minister has sufficient evidence to conclude." And this is important. Because if Pfizer has to prove something to Health Canada, if it read, "the Minister has sufficient evidence to conclude," we may still be in an objective test. We may. But what does "sufficient evidence to support the conclusion" mean? I went to a dictionary; I went to a thesaurus. I mean, "conclusion" is synonymous with "argument." Like, I think we're in a pure subjective test here: the Minister has sufficient evidence to support the conclusion, not even their conclusion. So it means Pfizer just has to make the argument for what follows.

Let's go back to the test. So what follows then? "The Minister has sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks, having regard to the uncertainties relating to the benefits and risks and the necessity of addressing the urgent public health need related to COVID-19."

Whoa, that's clear, isn't it?

I'm just going to jump ahead. One thing that's really interesting to note there— And like I say, this is the test. Not only does it not require there to be proof that the vaccine is safe, the word "safety" doesn't even appear in the test. The text is there for you to read. The word "safety" doesn't appear at all.

Jump to the next slide. We can say the same with "efficacy." So not only does the test not require proof that the vaccine works,

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it doesn't even have language. It doesn't have the word "efficacy," or "works," or "effectiveness."

Now, I'll just stay at this slide. It uses risk–benefit language, which is again clever— whoever drafted this spent a lot of time. So it uses risk–benefit language without actually requiring there to be proof that the benefits outweigh the risks. And it's subtle, you have to look at it for a while. And remember I was pointing out, you actually can't do a risk-benefit analysis if you haven't established the risk profile, you haven't proven safety, and you haven't proven efficacy. You haven't set out the benefit profile. It's impossible to do a risk–benefit analysis without establishing the risk profile and the benefit profile, which is what you do in the regular test. But again, it's not that the Minister has to conclude; there just has to be an argument that the benefits outweigh the risk. Now, I'll stop.

In the regular drug approval world, if Health Canada's not sure: "Wait, I don't know if this is safe. I've got evidence suggesting it's safe, but I'm really unsure," it stops there. You're not going to get a drug approved if Health Canada isn't confident, reasonably confident, about what the safety profile is. And the same with efficacy. In the regular drug approval world, if Health Canada finds itself after reviewing an application: "Well wait, there's some evidence that shows it works, but it's really not clear, I'm not sure." If there's any doubt, it stops there. They're not going to let a drug into the human population when they're unsure. And yet here, because this is a political test— Remember I told you the bare minimum for a health test? Understanding safety, understanding efficacy, and then doing a risk–benefit analysis: that's the bare minimum. I mean, I could sit here for two or three hours and explain how that's really even insufficient for good health outcomes, but that's the bare minimum for a health decision.

But this test tells us this isn't about health. So after it tells us, "support the conclusion that the benefits associated with the drug outweigh the risks," listen to this next part: "having regard to the uncertainties relating to the benefits and risks." In the regular world, if there's any uncertainty about benefits and risks, there's no way there's approval. But here, Health Canada is being told. And if Pfizer meets this test, they have to approve. Remember, there's no discretion here—this is mandatory. There has to be an argument that benefits outweigh the risks and, by law, you have to take into account that you might not know the benefits and risks. It's, "having regard to the uncertainties." And then it's kind of like— It's almost an impetus to approve because, by law, they have to take into consideration "the necessity of addressing the urgent public health need related to COVID-19."

Now, how does that end up in a drug approval test? Basically, telling us we have an urgent need. So you mean: we don't look at safety, we don't look at efficacy, we don't actually have to have proof the benefits outweigh the risks, and you're telling us to approve anyway? This is a totally subjective test. It's not objective at all. It can in no way be described as a health test, a test that's supposed to help us health-wise.

And this slide just explains what I just said. It uses risk–benefit analysis without actually requiring proof of benefit and risk. And logically, you can't do that. I mean, I basically call it a fallacious test because it is. The test is logically inconsistent with itself, if you understand drug approval regulation at all. So any lawyer that's a drug approval expert looking at this will go, "Okay, this has nothing to do with health. This is a political test." And I've already told you that the Minister had to approve if unsure.

Now, this slide is important because remember I told you, the French version is a little different than the English version. There was a Federal— There actually were a number of Federal Court decisions. And the Health Canada employee, Celia Lourenco, who was the final approval on every COVID-19 vaccine in Canada, she swore an affidavit that ended up in the Federal Court and filed T-145-22.

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And in it, she discusses her approval of two of the vaccines. And this is her paragraph for the Pfizer vaccine. But her paragraph for the other vaccine is very similar. And I kind of cut out the first part, where she's given us the dates and stuff like that, and got to the juicy bit and put it in red—just to emphasize that she's clearly telling us she's using this test in the interim order.

"The evidence supports the conclusion"—oh, that's our wording, isn't it? —"that the benefits associated"—the test says, "with the drug," well, they've just thrown in the name of the drug. So "the evidence supports the conclusion that the benefits associated with the Pfizer BioNTech COVID-19 vaccine outweigh the risks, having regard to—" Remember, the test is "the uncertainties concerning the benefits and risks," which she tells us what the uncertainties are now: "having regard to a shorter term (median of 2 months) follow up of safety and efficacy at authorization." That is a shamelessly small period of time, a median of two months, to assess safety and efficacy. And she carries on, "and the necessity of addressing the urgent public health needs related to COVID-19."

So her affidavit is the smoking gun that tells the world clearly that Health Canada approved the COVID-19 vaccines using the interim order test. Because, make no mistake, Pfizer and the other companies could have applied under the regular test, but they didn't.

Now, there was a little bit of a shell game played. Remember in the United States, there was the Comirnaty kind of thing, where they applied under the regular test with a vaccine with that name but then they never made that vaccine available. So if you were getting the Pfizer vaccine in the States it was the one under the emergency order, but you might think that it was the one approved under the regular test.

We did it a little differently. We approved it under this interim order. But the way our law works is, if Cabinet approves an interim order within the 30 days and then it's gazetted, it only lasts for a year. So before the year ran out, what the Trudeau government did is they actually took the test in the interim order, they took most of the provisions—not all of them—and they moved them into our regular drug regulations. And they tweaked it a little bit, but the slight tweaking of wording really is of no consequence. So now, in our regular drug regulations—that's C.08.001 and onwards—we have the regular test that applies to every other drug. And then we have this test from this interim order that applies to COVID-19 drugs.

And once these were added into the regular drug regulations, Pfizer and the other companies reapplied for a regular DIN, a regular Drug Identification Number, and it was reported in the media, "Well, they've reapplied under the regular drug regulations." And so everyone thinks they've gone through the regular testing when they just basically relied on having passed the same test that they were applying under before. So our smoke and mirrors on the Canadian public was a little different.

This last slide is just again emphasizing the one point I made earlier. Because it truly is amazing to think that here the Minister—in our regular drug regulations—has the power, if a safety concern comes up or an efficacy concern comes up, to withdraw a drug from the market. But for a year that power was taken away from the Minister for the purposes of COVID-19 drugs. Now, that power's back now, that time period has expired. But if this was about health you'd go, "Well, that's not consistent with health, withdrawing that power." But if you understand, no, this was a political decision where we wanted Canadians to get the vaccine, and it wasn't a health decision, then it makes perfect sense.

So that's really all I wanted to say. I didn't need to be long or anything like that. And I think I stuck to what the law said.

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So people can verify and go and check out that this really is the wording and what I'm saying really is in there.

Louis Olivier Fontaine
So thank you, Mr. Buckley. Maybe the Commissioners have questions for you.

Okay, no questions, so— Oh, sorry.

Commissioner DiGregorio
Thank you, Mr. Buckley, for giving us that presentation.

As a lawyer and as a tax lawyer, I read legislation all the time and so I'm very familiar with the tricks that can be played with words and how important every single piece of word in a legislative test is. You mentioned having to prove something versus just having an argument for something. You discussed having a requirement for the Minister to approve something versus just giving the discretion to the Minister to approve something, and so what you've demonstrated to us here is really quite shocking to me. Sorry, that's not a question, that's just my first comment on what you've said to us.

So, if I can just take you back a little bit to the regular drug test and the three requirements that you talked about—which is, proving safety, proving efficacy, and then doing a risk versus benefits weighing—who is it that those things have to be proven to? I know you said Health Canada, but is there a board established that does that or what does that look like?

Shawn Buckley
I think it depends on the drug and kind of the severity and ranking. Health Canada has a number of drug-approval scientists. For a regular application, it would just go to one of those scientists. I mean, it might be a collaborative effort. The COVID-19 vaccines, my understanding from Cecilia Lourenco's affidavit was, I think there was a team of 23 people—it was 20-something, I think it was 23— that she said her team was. And then they also seem to rely on recommendations outside of Health Canada.

Now, the interesting thing is, it depends— Again, because drug approval has been political for a long time— I don't know if you're aware of a former Health Canada drug approval scientist Shiv Chopra. He and I became friends. He's deceased now, but he wrote a book called *Corrupt to the Core* about Health Canada and he had become a whistleblower and forced the Senate to call himself and three other drug approval scientists to the Senate about, basically, corruption at Health Canada. One of the drug approval scientists, Dr. Margaret Hayden, gave an interview to the CBC after testifying in the Senate. And she said something that should concern all Canadians. She basically said, "Look, after you've been at Health Canada long enough as a drug approval scientist, you basically learn how they're going to get around your decision not to approve a drug."

Understand, this is a drug approval scientist that's hired by Health Canada to basically apply this test about safety and efficacy. And that person concludes the benefits don't

outweigh the risks, this is a bad idea, we shouldn't do this. And then what happens is the management, who invariably are not doctors or scientists, will appoint an outside counsel—so outside of Health Canada—a panel of experts to reassess. And then that panel will approve the drug and you won't know who voted "yes," who voted "no," so there's no liability on this panel. There's no liability on the management, who doesn't make the decision, but based on the panel recommending that Health Canada will approve the drug. And she was saying, after you've been at Health Canada long enough, you know that's how they're going to get around their own people's decision that it's not a good idea to approve a drug. So we've been facing political decisions for a long time. This just went to a different level.

Commissioner DiGregorio
So perhaps that panel isn't necessary when you have an interim order.

I wanted to take you to the language on the website, the Health Canada webpage you showed us, and that particular bolded language about all COVID-19 vaccines are proven to be safe, effective, and of high quality.

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And how you've shown us that that is inconsistent with even the language under which they've been approved in Canada. Should the website say that they've all been— What is the language, "there's sufficient evidence to support a conclusion that the benefits outweigh the risks," yada yada yada? Would that be a better statement to have on those websites?

Shawn Buckley
It would depend on the purpose of the website. So, if the purpose on the website is to support the political decision to have Canadians vaccinated, I think the language they have there is the minimal political language. If the purpose on the website is to communicate truthfully—basically, what was and what was not proven—then yeah, I agree that they should follow the language in Ms. Lourenco's affidavit.

Commissioner DiGregorio
Yeah, I'm not sure that all of the "safe and effective" messaging that we heard across the country in 2021 would have flown quite as nicely over the tongue if you had to repeat that entire giant test.

Shawn Buckley
Well, that's why I say this is the minimal, what's there is the minimal language for the political goal. Regardless of where you are in the conversation on COVID, who would support all these restrictions—which are premised on the vaccine being safe and effective? I mean, we're not going to accept restrictions on not being able to fly because someone didn't eat cornflakes. Nor would we because someone didn't take a vaccine that Health Canada is saying, "Well, we don't know if it works, and we don't know if it's safe." We wouldn't support any of these restrictions without the messaging.

So that's why, in my opinion, that messaging is the minimal messaging that's necessary to support the political decision.

Commissioner DiGregorio
My final question relates to the power that the Minister of Health has to make these interim orders to exempt drugs from the normal approval process. In your opinion, is there ever a reason that the Minister should have this power, or should the safety and efficacy tests that are in the Act or in the Regulations always need to be met when a new drug is introduced in Canada?

Shawn Buckley
Remember when Bruce Pardy was testifying in Toronto about how we've moved to an administrative state? And this is a relatively new section, so I'm guessing it's maybe been there 20 years. It was used similarly during this swine flu period and the interim order that kind of showed the way for COVID.

But no, in my opinion, if we are going to have a government that's responsible for things, then this should be done in Parliament. And if we really actually did have a crisis and Parliament was informed with the truth, I'm confident that we could handle things like we've handled things in the past. I mean, we've gone through pandemics and we've gone through wars and we didn't have the administrate having these types of powers.

If I can just segue: the Minister of Health now, and this happened in my career, was given the power to exempt any food or drug from any part of the Food and Drug Regulations. But there used to be safeguards. So when the power first came in— And this is administrative state creed. So the power first comes in, and the Minister can only do it if the Minister determines it's safe, and it has to be published in the Canada Gazette so that everyone can see. So let's say you were concerned about some food or some drug you are taking. Is this compliant with the Food and Drug Regulations? You could at least hire a lawyer like myself and I could go through the Gazette and see whether it's been exempted. But then they went further and basically permitted the Minister to exempt any food or drug, and the safety requirement was taken out, and the requirement to publish it was taken out. So now you couldn't even hire me to tell you whether any given food or drug complies with our Food and Drug Regulations.

And especially in the area of food regulations—I mean, it's basically accumulated wisdom. So let's say we want to introduce orange popsicles for the first time. Well, they have to be what we call "ultrasafe." And ultrasafe is just one death per million per year. So if there's 36 million of us, as long as only 36 children die with a certain level of orange dye in our popsicles, then that's ultrasafe and we'll approve it and we'll put that level in our food regulation. So it's kind of accumulated wisdom: we can't increase the amount of that dye or we'll kill 37 kids instead of 36 and that's not permissible.

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But when you create a situation where you can't even tell if a food or drug complies with this accumulated wisdom, it becomes quite problematic. I have to tell you that, when they took that power away, the publishing requirement, I thought, what are they hiding? So I went back, and just on my own, okay, well, what are they exempting? And they were exempting all this—like, beer and wine and spirits and all of this allowing genetic stuff in, so I just I switched to European or organic beer. Yeah, because you just don't know what's in this stuff anymore.

So it's interesting. From a lawyer that's practised in the area of mostly drugs but also in food, because they interlace, it's troubling when you feel that the law no longer serves the populace—that it's actually become adversarial.

Commissioner DiGregorio
Thank you.

Commissioner Drysdale
You know, you talked about how the regulations were changed and the tests were changed within the regulation, but one thing I don't think you spoke about I'd like you to comment on, is that fundamental definitions and words changed. You said in one of your statements that words are important. And we've heard through days of testimony that the word "vaccine," the meaning was changed; the word, "pandemic," the meaning was changed; the word "biologic," the meaning was changed, because they took a genetic treatment, which was the mRNA biological treatment and said it was a vaccine, so it could skip certain requirements of revision. One of the favorite ones I've heard you say before is how they changed the word "snitch" to "ambassador" and the last one was "safe and effective."

They seem to have changed the fundamental meanings of these fundamental words. How do you account for that? Is that a lead-up to what happened?

Shawn Buckley
Well, I mean, the problem is— I think what we're experiencing truly is what Bruce Pardy, or Professor Pardy, described as the administrative state. And you can't just have a law that just on its face says something, or people will wake up, right? Which is why I'm suggesting that this political language is necessary. So when the state became adversarial against us, they started just passing, you know, playing these tricks.

Equally disturbing, and I can speak about it in the *Food and Drugs Act* area but it applies everywhere, is we've basically put the administrative bodies in the position where they can destroy any company or any person for perceived administrative wrongs without you ever seeing the inside of a court. So for example, in the *Food and Drugs Act*, they created a new term, "therapeutic product" because the populace wasn't willing to accept these penalties for natural health product manufacturers. But I mean, the Minister can make an order just saying that you're to do this or that and it's literally a million-dollar-a-day fines for violation. And I mean, they could destroy any small business and you never have the right to go to court, and it's never adjudicated.

I know years ago during the Harper administration, when Tony Clement introduced Bill C-51, An Act to amend the Food and Drugs Act, and then Harper introduced Bill C-52, this Consumer Product Safety Act, both of them had basically the same language to introduce all these huge penalties. And it's always in the name of safety. But when you give bureaucrats the ability to destroy businesses and people in the name of safety without there being a neutral arbitrator, there's a problem. And when I say, "safety is used as a weapon," because I'm involved in the natural health community, I campaigned on Bill C-51. And we got that where that has only come back in pieces over the last years, but an election was called and Harper reintroduced Bill C-52 and I wasn't fighting that. I vicariously fought that when the two bills were together and I remember— I don't know if it was Irwin Toy, it was some big manufacturer of children's carriages and toys and all of this called me and said, "Are you going to fight this?" And I was like, "No, I'm the natural health product guy.

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Why aren't you guys fighting?" And he says, "The industry can't fight this. It's safety. We'd just get slaughtered in the press."

It's another example where it's this kind of, like— People have to understand that whenever the word "safety" is used by the government, they're being duped. I mean, if we were to back up 20 years and say, "What laws did we not have that we have now that we really needed?" Were we less safe 20 years ago? I'd argue we were more safe. And were we less safe 30 years ago? I'd argue we were more safe. And so the law isn't the answer. It's the application of the law. And we cannot be moving ourselves and—well, we're already there. We're in a full-on administrative state, where in pretty well every sector you can be completely destroyed if you tick off a bureaucrat. Yeah, and the rent-seeking is just outrageous, so.

Commissioner Drysdale
Well, that seems to be a trend and just— Because we've had this testimony earlier with regard to the *Broadcasting Act*, they've now given even broader powers to a regulatory agency, the CRTC, which they never had before. So that they now have the ability to crush individual content-makers. And in that instance, it's safety. They don't use the word "safety," they use "disinformation," "misinformation," and "Canadian content."

So is that another example of what we're talking about where, rather than writing a specific law, they're handing it over to a bureaucratic board?

Shawn Buckley
Now, I have to confess that I don't recall if they were changing penalties, but I do know that they were giving the CRTC authority over online content now and that the justification is to protect Canadian content and Canadian values. Obviously, I find that extremely threatening to give the government any more control over speech because, without free speech, you have tyranny. And it's one of the biggest problems. I mean, is an inquiry like this going to be legal in a year? Or are we going to be streaming online things that go against government values? I don't know.

It is funny, I often wonder. Pre-COVID, I used to lecture fairly regularly at health shows. I would just wonder, well, at what point is what I say going to become illegal?

Commissioner Drysdale
Perhaps we'll go back to the way it was in the 1950s when they set up those giant radio transmitters offshore or in Mexico and broadcast in North America.

Shawn Buckley
I'm game.

Commissioner Drysdale
Thank you, sir.

Louis Olivier Fontaine
Okay. So that was a very interesting presentation, Mr. Buckley, so thank you very much for your testimony.

Shawn Buckley
Thank you.

[00:58:39]

Final Review and Approval: *Jodi Bruhn, August 20, 2023 (updated to include a missing exhibit number and clarify the testimony's language and URL source on November 25, 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

Quebec, QC **Day 2**

May 12, 2023

EVIDENCE*

(Translated from the French)

Closing Statement: Philippe Meloni and Ches Crosbie
Full Day 2 Timestamp: 11:52:27–11:56:45
Source URL: https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html

[00:00:00]

Philippe Meloni
Hello everyone. To end the day, I asked Ches, who—along with Shawn, who you just heard—is one of the lawyers without whom all you have seen here today would not have taken place. Unfortunately, he does not speak French, but I thought we could arrange something together. So he prepared a little statement in English and I will repeat it in French at the same time as him—one after the other, of course.

So these are the words of Ches.

Ches Crosbie
Merci mon ami, Philippe. [Thank you, Phillipe, my friend.]

[In English] Philippe invited me to say a few words. I'm the Administrator of the Inquiry. I'm honoured by Philippe to say a few words in summation: a very few. One of the founders of Western philosophy said: the price good men pay for indifference to public affairs is to be ruled by evil men.

No one in this room, nobody watching, no volunteer, no witness in these hearings is indifferent to the events of the last three years. And none of us want to be ruled by evil, although we know that evil abounds.

I'm referring now to the slide that you should see in front of you. The antidote to evil is courage: the courage to speak your truth and to support those who speak their truth. Every National Citizens Inquiry volunteer and every witness has that courage.

A wise English novelist, C.S. Lewis, said: "Since it is so likely that children will meet cruel enemies, let them at least have heard of brave knights and heroic courage."

* Presented by Ches Crosbie in English. Philippe Meloni provided line-by-line translation into French.

You are those knights and heroes. For the future of Quebec and the Canada we love, inspire your children to be like you. And remember, evil knows how to divide and conquer. Courage knows how to unite and build.

Thank you all.

[00:04:18]

Final Review and Approval: *Erin Thiessen, November 14, 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, and further translated from the original French.*

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NATIONAL CITIZENS INQUIRY

EVIDENCE
QUEBEC HEARINGS

Quebec City, Quebec, Canada
May 11 to 13, 2023

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). 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 July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

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.

TRANSLATION TEAM
(French to English)

Managing Editor
Erin Thiessen

Translation
Susan Burns, Jeanne Chabot, Lucy Narbaitz, Val Sprott,
Erin Thiessen, Elizabeth van Dreunen

Copyediting and Formatting
Jodi Bruhn

Final Review
Erin Thiessen

NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE*

(Translated from the French)

Opening Statement: Shawn Buckley and Philippe Meloni
Full Day 3 Timestamp: 00:00:23–00:15:25
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Shawn Buckley
[In English] Welcome to Day Three of the National Citizens Inquiry in Quebec City. My name is Shawn Buckley. I'm a lawyer that has been volunteering with the National Citizens Inquiry.

I'm from Alberta, and coming from Alberta is important at this time because there's a synergy between Alberta and Quebec. Quebec and Alberta have been the two provinces that have traditionally been most concerned about provincial rights. Flowing from that, Quebec and Alberta have been the two provinces most concerned about freedom generally. And because the cultures of Quebec and Alberta have been freedom-loving cultures, Quebec and Alberta now bear the largest shame for allowing what has happened to happen.

I want to speak about the example—the bad example—we have set for our children. Three years ago, before COVID, our children were witnessing us acting like free citizens. We were free to go where we wanted to go. We were not told by anyone that we had to basically be under house arrest in our own homes. We did not have to show identity papers to be granted privileges from the state. And most importantly of all, our children did not witness us prior to COVID being afraid of our government.

But that all changed because we were not prepared for what we experienced. Our children watched us stand by silently while we were told that we were confined to our homes. Our children watched us stand by silently as our schools and economy were shut down. Our children watched their parents, for the very first time, being afraid of their government. And how is that generation—how are our children—going to stand up against the government and stand for freedom when they face their challenges, when they've seen their parents cower in fear?

[00:05:00]

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* Shawn Buckley made his opening statement in English with line-by-line interpretation by a volunteer. For ease of reading, the French interpretation has been omitted. Mr. Meloni spoke in French – editor.

I want to speak about a police state ritual that our children watched us participate in. And what I specifically want to talk about are the vaccine passports. But I'm going to refer to them as what they are: they're identity papers. Before the passports, we were free to go wherever we wanted to go. If you wanted to go to your kid's hockey game, you could go. If you wanted to go to a restaurant, you could go. And we knew we were free to do these things because we did not have to ask permission from our government. We just were free to do them.

But all of a sudden, we found ourselves in a situation where we had to participate in a police state ritual of showing identity papers to do things we were once free to do. I need you to understand that the act of showing identity papers for permission to enter a place or be part of an activity is actually a police state ritual that conditions your mind. When you have to show your identity papers to be able to enter a restaurant, psychologically the message from the police state is that you are not free to enter the restaurant, but you must perform a ritual to be granted permission from your master, the government. Every single time you show your papers, you are subconsciously reinforcing the message that you are no longer free to do something you were free to do before, but you must perform the ritual to be granted permission by your master.

Traditional police states like Nazi Germany or Stalinist Russia: when they set up roadblocks in cities, they really didn't care where you were going because they knew where you lived and they knew where you were going home at night. The real purpose of the roadblock is to reinforce in the citizen that the citizen is a servant to the state which is a master that controls the citizen's movement.

[00:10:00]

And we need to understand that our children have just watched us participate as servants in a police state ritual of providing identity papers to do things we were once free to do. And how do we come back from that? How do we undo the damage that we have done in the minds of our children? How do our children have any chance of being free after the example we've set of cowering before our governments?

And that's the decision that you have today because we're in a situation where you need to make some choices. We are at a crossroads in Canada where if the citizens do not start standing up for freedom, our children will find that they have no freedom. I'm going to urge all of you to basically understand that you can no longer sit on the couch. You can no longer just watch other people stand up and try to protect your freedom. This is the time that you must take personal responsibility.

But I also want you to understand that you no longer need to be afraid because you are no longer alone. We are many and we are beginning to stand together. And so I'm very proud to be in Quebec, which is essential. This nation will not become free again without Quebec demanding freedom. So I'm proud to be here standing with you.

And I'll end by just saying that I'm praying that this generation will undo what it's done and set an example that our children will be proud of going forward.

Philipe Meloni
Hello everybody. After these profound words, I will talk to you about more practical things. As you know, this Commission is financed solely by citizen donations. Among the things we

have set up today is a silent auction. You may have seen it in the room on the other side; we have paintings and we have clothing with the commission logos. Quite simply, it began with the start of these commission hearings in Quebec. If you like an article, you write down your telephone number and the article number that interests you. And this afternoon, at 4 o'clock in the afternoon, we're going to take a little break. And at this time, we're just going to pull out all the ballots and see who won the different prizes. So it will be done at 4 o'clock this afternoon.

I wish you a good day, which will probably be as intense as the previous two.

[00:15:02]

Final Review and Approval: *Erin Thiessen, November 13, 2023.*

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NATIONAL CITIZENS INQUIRY

Quebec, QC **Day 3**

May 13, 2023

EVIDENCE

(Translated from the French)

Witness 1: Jérémie Miller
Full Day 3 Timestamp: 00:15:59–00:49:45
Source URL: https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html

[00:00:00]

Konstantinos Merakos
So good morning, everyone, to our third marathon day. I'd like to thank everyone for their patience: the online viewers, the audience, the team, the commissioners, the lawyers and the technicians. So if you'll excuse me, I'm going to present myself for the third time, but it's for new people, new viewers who don't know us.

My name is Konstantinos Merakos. I'm a lawyer in Canada with Bergman & Associates. And just a little bit about us to explain why we're here: In 2020 and 2021our firm, Bergman & Associates, on behalf of federal public service employees, took the federal government to court for having violated its employees' constitutional rights—rights under the Charter of Rights and Freedoms—and human rights, on grounds of the choice of bodily integrity, medical choice, and the right to privacy.

I'd like to congratulate the Inquiry first, for having offered its professionalism, for having offered a level of transparency and willingness to listen and learn among citizens, and for having an exchange that is respectful and conducted with honour among people. All this is extremely important for a free and democratic society, especially in today's world. I'd also like to congratulate you because there have been many testimonies so far from different people with different experiences, different cultures, and different backgrounds.

Today we have testimony from another unique perspective. I'd like to welcome Jérémie Miller, who is with us in person today. Hello, Jérémie.

Jérémie Miller
Hello.

Konstantinos Merakos
Do you prefer Jérémie or Monsieur Miller?

Jérémie Miller
It doesn't matter.

Konstantinos Merakos
It doesn't matter, okay. We'll say Jérémie, as we would among friends. Okay. I hope it'll be easier for you, for your testimony. I want you to be calm, don't worry. If you need a minute, don't hesitate to ask. I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say, "I do" or "I solemnly swear."

Jérémie Miller
I solemnly affirm.

Konstantinos Merakos
Excellent. Your name, please, and would you spell it?

Jérémie Miller
Jérémie Miller. J-E-R-E-M-I-E M-I-L-L-E-R.

Konstantinos Merakos
Okay. So Jérémie, let's start at the beginning of the story, around the vaccination. According to you, it was from that day onwards that you started to have questions. So go ahead.

Jérémie Miller
Yes, well, I'd had questions even before the vaccination but when it came time to decide whether I was going to get vaccinated—so we're talking about the end of May, the beginning of June in 2021—my wife and I were talking. And I said to her, "Well, listen, I don't really mind getting vaccinated. I don't see the importance of getting vaccinated, but I don't mind. I just don't think mass vaccination will ultimately have much effect on the continuation of the pandemic."

I was basing my opinion on the statistics available from Israel, which had a much higher vaccination rate at the time. And I won't go into the details, but I told her, "In six months' time, we'll be back to square one even if we have mass vaccinations." And indeed, three, four months later, the Delta variant arrived; about six months later, there was Omicron. Seven months later, in Quebec, we had serial closures around the holiday season in 2021 and even a second curfew.

My decision to take the vaccine was, in fact, because I was strongly against compulsory vaccination. I could see that this was what was coming, and I wanted to be able to speak from a position that would be accepted by the people around me, and not be categorized as a "whacko" who believes that vaccination is dangerous or bad or whatever. And at that time, people weren't listening at all to what I had to say.

[00:05:00]

That was really the only reason I wanted to be vaccinated, so "I'm going to get vaccinated." The first dose I got—

Konstantinos Merakos
How did it go after the first dose?

Jérémie Miller
After the first dose—in fact, 24 hours later—I was in the office working quietly when suddenly, I began to have difficulty breathing. I had a pain in my chest. It lasted about two to three hours, so it wasn't very long. It was long enough to be worrisome, but I didn't go straight to hospital because eventually it passed on its own.

Konstantinos Merakos
Excuse me, how long after?

Jérémie Miller
Twenty-four hours after the first dose.

Konstantinos Merakos
Twenty-four hours later. Thank you.

Jérémie Miller
And I didn't think about it again until the next dose—the second dose—which was a month later. And I arrived to get vaccinated and the nurses looked at me, and there were four or five nurses around me saying, "No, you should see a doctor before you have your second dose. With the side effects you had from the first dose, it could actually be quite serious."

At that point, I made an appointment to see a family doctor. My question at the time was, "What's the risk of taking the second dose in my situation, given that I had these effects with the first dose?" And we know that it can be up to ten times more serious after the second dose. So I wanted a rough idea: "What are the risks? Have you seen other cases like this? And how should I proceed with this?" The doctor's response to this question was, "Well, there are more benefits than side effects or problems with vaccination." And I wasn't really satisfied with that. I'm a safety officer. I work in risk management. My question was to determine the level of risk, not to determine whether there are more benefits than side effects in the general population; it was in my personal situation.

Then I heard stories of two other contacts—not close friends but contacts—who were also told by their doctor, or by certain doctors, that they should receive the COVID vaccine, even though in one case she'd been told for a decade not to take any more vaccinations because she'd had an autoimmune disease triggered by another vaccination that I can't recall. Then the second friend: this woman tended to have a lot of thrombosis and a doctor told her to take this vaccine anyway. She took it and of course she suffered from thrombosis as a result.

Konstantinos Merakos
So there were concerns. You went to the doctor looking for an answer because you were open, but you wanted to balance the risks and benefits. And in your opinion, were you satisfied that you'd been given free and informed consent, that you'd been given all the information, and that you could say, "Well, I got the answer I wanted: clear, neat and precise"?

Jérémie Miller
In fact, no. The answer I got was more or less the public health message. It wasn't an informed medical opinion on my situation based on my medical history, which is what I was really trying to get. It was just a very generic message, and I decided not to have the second dose because of that.

Konstantinos Merakos
Allow me to interrupt you. You mentioned history; Do you have a pre-existing history of problems here at this level [gestures targeting the heart and lungs]?

Jérémie Miller
No, actually, it's more the case history of the first dose.

Konstantinos Merakos
Okay, but in general—

Jérémie Miller
In general, no, I didn't have any problems. But I did know that I was in the population most at risk of heart problems following vaccination because I'm a relatively healthy young man. I already had this information before I went for the vaccination, after the effects of the first dose. But I wanted a clearer answer.

Konstantinos Merakos
What do you think were the effects for a young, healthy man? What do you think the risks are? What would your doctor have told you, for example?

Jérémie Miller
Well, I knew there were risks; it wasn't the doctor who told me about them: risks of pericarditis, myocarditis, among other risks for young men. And even my wife met a perfectly healthy young man in his early twenties who, for several months after his vaccination, couldn't even walk a long distance because he had heart problems. So I wasn't prepared to put that on the line.

Konstantinos Merakos
One last question before the next topic: Is this doctor a family doctor you've had for a long time, or is it someone you found because you previously didn't have a family doctor?

Jérémie Miller
It was a family doctor who was replacing my family doctor who was on leave, but even then, I'd only seen my family doctor once.

Konstantinos Merakos
Okay. Even then, there was something missing.

Jérémie Miller
Yes, I didn't have a relationship with that doctor.

Konstantinos Merakos
Okay. So the next step is for you to talk about your social experiences with the health measures in general.

Jérémie Miller
Yes, more broadly. I work in the aviation industry, so from the first days of the state of emergency, I lost my job within the first two weeks.

[00:10:00]

Then for six months, it was impossible to find another job. I was too qualified for unskilled jobs; they knew it was dangerous to hire me because I'd leave if other opportunities opened up in aviation. So I lost my job for six months. I got through it relatively well financially because I didn't have many expenses, but it's clear that my financial situation right now is much worse than it would have been if I'd kept that job and worked those six months. I wouldn't be in the same place at all in my life right now.

Konstantinos Merakos
And Jérémie, do you have a family? Do you have any children?

Jérémie Miller
I have gotten married and had children, but that was later.

Konstantinos Merakos
Okay. Excellent.

Jérémie Miller
As for the vaccine passport, well, I couldn't get one. I'd had only one dose. What I found most damaging wasn't necessarily not being allowed to go to certain places—although to me that seemed unjustified on the part of the government, and very questionable to say the least—but it was above all the message coming from the government, the message we were getting from everyone around us, saying, "It's your fault we're still in a pandemic; it's the fault of the unvaccinated."

In fact, since the first wave, the government has been looking for scapegoats. So at first it was the spring break, which was earlier in Quebec than elsewhere, that made the situation worse in Quebec. Then it was the fault of the "covidiots." Then after mass vaccination, it was the fault of the unvaccinated.

And when I'd talk about my particular situation, a lot of people would say, "Oh yeah, you're different," but I'm no different. People don't get vaccinated for many reasons. Some of them are really valid. And in implementing these requirements on a large scale, the government completely forgot about this impact: that there were people who had valid reasons, who were just completely forgotten in all of this, and who then suffered the consequences for something that was beyond their control.

Konstantinos Merakos
Some had medical exemptions, religious exemptions.

Jérémie Miller
Personally, I had to be vaccinated because I worked in the aviation industry. I managed to get a vaccination exemption, not for medical reasons because I didn't have a precise diagnosis—I went to the doctor too late and I would have had to go straight away when I developed symptoms. But I managed to get it for religious reasons.

In fact, it's a conscientious objection because at the federal level, the religious exemption is also a conscientious exemption. I was against compulsory vaccination; and I submitted this request for exemption, which was accepted because—among other things—the general manager of my company, the owner of the company, and several other people in the company were also against compulsory vaccination and were not vaccinated either. And the airport manager had no interest in playing police officer when it came to vaccinating employees at her airport.

So at that time, we had these exemptions that were authorized quite easily, but I know that's not the case for everyone. I know I fell in with a company that accepted this kind of thing. It isn't the case for everyone.

Konstantinos Merakos
Yes, so here we could talk about exemptions based on freedom of religion, for example. So you offer an interesting perspective because in society, there are different cultures and there are different religions. And I imagine that for some people who don't frequent religious venues, they haven't had the experience of what happened, whether it be in a church, a mosque, a synagogue. So if you like, can you talk about what happened in the religious sphere?

Jérémie Miller
So in fact, at the religious level it's an interesting question. Because the right to practice one's faith is a right that is protected by the Constitution with good reason, because someone who isn't religious himself doesn't have many conceptual tools to understand the religious phenomenon. And so there is constitutional protection to ensure that these values, which are central to the lives of believers, are protected from a government that might override certain elements that are important to someone who is religious.

What I found deplorable was that we had a government that is secular—that wants to be secular, that seeks to be secular, to be perceived as secular—that is generally also made up of atheists and agnostics at about probably the same ratio as the general population.

[00:15:00]

They were the ones who assumed the right to decide whether the Church was essential or not, even though they didn't necessarily have the requisite religious knowledge to have an enlightened perspective on the matter. They went so far as to decide where, when, how, why we could practise our faith—and even beyond that, who could practice their faith—at the outset. They did it by limiting the number of people in places of worship, which was problematic enough: in the churches I attended, we were obligated to hold two different services and to split the church in two, which is unheard of in a liberal democratic society. And then, by eventually imposing the vaccine passport, which is absolutely immoral from a theological point of view.

The government has no place deciding who has the right to come to church. And church leaders were put in a position where they were forced to say to believers, to the faithful who had been in their church for decades, "No, you—you don't have the right to come in." There are many churches that decided to simply close and wait it out. Unfortunately, there are a few churches that decided to implement it. The church I grew up in—it's no longer the church I attend—decided to implement it. It led to a division in the church that is still present.

So the government, by interfering where it had neither the knowledge nor the right from a constitutional point of view, has caused damage that is potentially irreparable. They've inflicted it on families, but they've also inflicted it on religious families—on families of faith—and I find that irresponsible. Irresponsible.

Konstantinos Merakos
Which means that in your opinion, according to the government's statements and actions, there's a division not only in the church or religious center, but in society as a whole. Would you agree that this would constitute a "divide and conquer" in society? What was your understanding of why the government was using such a divisive tactic in society?

Jérémie Miller
I think it's mostly ignorance. I think it's ignorance, among other things you know. Because, well— Between the curfew issue that would not have impacted the homeless in Montreal and the Prime Minister saying, "Ah, there are plenty of resources for all the homeless," that just demonstrated an ignorance of certain segments of society. It's because they were too small a group—just the executives—to be making all the decisions unilaterally as a crisis unit—even smaller than just the executives. I think that it's the same reason at the religious level too: it was just ignorance of the religious reality. That's how I understand it. I don't think it was deliberate.

Konstantinos Merakos
Okay, excellent. Jérémie, do you have one last thing to add, something you'd like to say to the world here right now, or to our viewers?

Jérémie Miller
Well, there was only one subject I would have liked to cover, but I don't have the time.

Konstantinos Merakos
Go ahead in one sentence.

Jérémie Miller
As a safety officer in an airline company, I work in risk management and emergency measures management. And there are some really basic, conceptual elements that I have some really serious questions about in terms of how the pandemic was managed at the governmental level, mainly in terms of assessing the effects of the health measures and the long-term effects of the measures that were put in place: something that the government to this day systematically refuses to do at all levels of government. They don't want to hold investigations that question their decisions, either at the parliamentary level or even at the civil level—even though that's the basis of risk management: you want to learn from the past to prepare for the future. Governments systematically refuse and that, to me, is incomprehensible.

Konstantinos Merakos
Okay. So last comment: in your opinion, because you work in risk management, could things have been done better over the last three years? Would you agree that the approach could have been more humane?

Jérémie Miller
Well, first I think that the risk analysis of the health measures was botched and not well explained, and secondly that the analysis of long-term effects was not carried out. There was a refusal to do so and that's inexcusable. It's really inexcusable.

Konstantinos Merakos
Okay. Thank you, Jérémie. I'll now open the floor to questions from the commissioners. Go ahead.

Jérémie Miller
[In English] I can take questions in English also.

Commissioner Massie
But we will start in French.

Jérémie Miller
Excellent.

Commissioner Massie
First of all, I'd like to thank you, Monsieur Miller, for your testimony.

[00:20:00]

I have to admit, I was very impressed by the depth of your reflection and the range of elements you covered in terms of the dimensions of the health crisis; it is not just societal, but has a spiritual dimension that you brought into the discussion which is very interesting. In fact, when I closed my eyes, I wondered whether I was dealing with a young man or a very wise, mature man. And I have to admit that when I opened my eyes, I was always surprised, every time, to hear you. It's very refreshing to see young people like you expressing themselves so well and taking a stand.

I'd like to ask you a few questions about the various aspects you've covered. The first is about your approach. You mentioned that you carried out relatively rigorous analyses; and since you're in risk management, I think you have the mental framework to carry out analyses that will lead you to draw certain conclusions. And based on these analyses, you concluded that, in your case, vaccination was not indicated. But you decided to vaccinate anyway. I understand that where you worked, it was strongly recommended even if it wasn't yet compulsory at the time you decided to be vaccinated. Is this the case?

Jérémie Miller
Well, actually, there were a lot of dissenting voices at work even so. But more generally it was within society that made me—

Commissioner Massie
Within society.

Jérémie Miller
Within society in general.

Commissioner Massie
And your position was to say, "I'm not ideologically opposed to vaccination, but in this case, I want to express my opposition. I want to show that I'm not ideologically opposed by getting vaccinated." If I've understood you correctly, that's what you did?

Jérémie Miller
Well in today's world, image is more important than content. It's the reality of the matter and that's very unfortunate. But I knew that image. If I wasn't vaccinated, people would say, "Ah, but that's because you're just thinking about yourself, you just want your own freedoms and you don't want care about the rest of society." There are a lot of people I knew who weren't vaccinated. They were the most supportive people I've known, who gave a lot of their time to society. It wasn't a question of that at all. In fact, I wanted to get that image completely out of the way so I could speak out against compulsory vaccination. Because that's really what I found problematic. I knew it was coming too.

Commissioner Massie
So in the sequence of events, when you go back to get the second dose, what I understand is that you had a conversation with the people who were there to vaccinate; and in the course of that conversation you told them that you had had some adverse effects and that worried

you. What did they say when they advised you: "Well, maybe, in your case, it would be a good idea to seek consultation before getting the vaccine"? From all the testimonies we've heard to date in the Inquiry, it's very rare that people who have been confronted with these situations have had this kind of advice.

Could you tell me a little more about the kind of conversation you had at the time when you were advised to see a doctor?

Jérémie Miller
Yes. In fact, when I went to get my second dose, I just wanted to get it over with and move on. So when the nurse stopped me and said, "Wait, I'm going to see my superiors"—they were other nurses but they were in charge of the vaccination center, which was pretty big—I was more concerned about it because I'd never made the connection to myocarditis or pericarditis either. In fact, the thing that really struck me was that I had a metallic taste in my mouth. I thought it was strange, and so I researched it, but I didn't find anything about myocarditis or pericarditis. But when she told me, I questioned myself a bit more: "Ah, okay, maybe it's more serious than I thought."

And then there were four or five nurses, including those in charge of the vaccination site, who said, "No, that really doesn't sound good, and we don't feel comfortable giving it to you before getting a doctor's opinion." Because they didn't want anything to happen at that time and to have to deal with a serious situation. They wanted to make sure they had a doctor's opinion because they weren't able to assess the risk at that level.

Commissioner Massie
So what you experienced was a clear indication that this kind of questioning could be done in the vaccination centres, even if many people told us that they were vaccinated without being asked many questions?

[00:25:00]

Jérémie Miller
Well for the first dose, there weren't many questions; they were very generic. I'm in good health, I've never had any problems, so I was cleared to get vaccinated as a matter of course. For the second vaccination you had to go through another nurse who asked you what your side effects were from the first dose, so that's when it was caught. What I found deplorable was that the nurses seemed much more worried than the doctor. As for the doctor, it seemed to be absolutely nothing because he didn't examine me for another month.

Commissioner Massie
Finally, my other question concerns what I would call your conscientious objection to compulsory vaccination which, according to your analyses, you found to be unsupported, and also the element of social discrimination that this implies. And you made a comment that I find quite rare in people of your age, which was: "How can a society run by people who, for the most part, are non-believers or agnostics understand what religious practice means for people who practise religion?"

And when you made this comment, I was reminded of a phrase by [Alexis de] Tocqueville who wrote extensively on democracy. He said that in a democracy, firewalls or institutions have to be put in place to protect minorities from the tyranny of the majority. Isn't this what we experienced in this lockdown, particularly in terms of religious practice? As I travelled across Canada, I sensed that in other parts of the country, religious practice was, perhaps, more frequent than in Quebec. In Quebec, it seems to me that religious practice is rather low compared to the rest of Canada.

Jérémie Miller
Well, that's one of the reasons I wanted to talk about it: because in Quebec, there are fewer of us. Well, historically, there are reasons for that too.

And what I deplore is the fact that—if we go back to March 2020—we see that at the start of the crisis, it was as if the government had touched a "panic" button. And all of a sudden, there were no more safeguards. All the institutions that were in place to protect minorities were completely sidelined in favor of a crisis unit run by a tiny group of people with a very, very, very limited perspective that would not allow the justifiable protection of minorities. As we've seen from a number of health measures, this had a disproportionate impact on marginal populations: the poorest, the most religious, and so on.

And for me, that's inexcusable because we have parliamentary institutions for a reason. But it's as if we had a government that—because it was quicker and simpler—just decided to say, "No, we'll put that aside and go ahead pragmatically." This goes against the very basis of a liberal democracy. I was already of this opinion long before the vaccination campaign, and it's one of the factors that informed my decision in this respect.

Commissioner Massie
My last question concerns the question put to you by Monsieur Konstantinos: What is your position on what happened during the crisis and on what we currently face? And I think that your attitude towards this is relatively Christian or benevolent, in the sense that your main explanation is ignorance, which is a perfectly plausible explanation. But with the accumulation of all the information available, how far can ignorance be pleaded today?

Jérémie Miller
I have already said what I could be confident in saying. And further, in a society where there's no longer any trust in our fellow man, dialogue actually becomes impossible. That's part of our Judeo-Christian heritage. I think you need to have at least an inkling of the good faith of people who are of a contrary opinion in order to be able to work together constructively.

[00:30:00]

And this is another reason that I wanted to speak publicly. Because in my opinion, everything I said during the pandemic privately to the people around me— I think it is important in a democracy that it's said, that it's heard, so that we can work constructively. I don't think it's constructive or useful in the long term to simply repudiate the institutions that are in place. It's important to reaffirm their foundation and solidify the foundations that have been shaken, I believe, by ignorance; some might say by malfeasance but I'd only go so far as to say by ignorance.

Commissioner Massie
Thank you very much for your testimony.

[In English] Any questions, Ken?

Commissioner Drysdale
[In English] Good morning. In your testimony, you talked about government messaging that seemed to target—or not tolerate—the unvaxxed. And my question is: How did the messaging that you heard from Mr. Trudeau and Mr. Legault make you feel?

Jérémie Miller
Okay. In my testimony, I spoke about the messages from the governments. And the question is how I felt about the way Monsieur Trudeau and Monsieur Legault communicated with the public. I felt a lack of respect, a lack of listening, which was surprising at first. But eventually, after two-and-a-half years of this kind of situation, you get used to it. But it showed me that there was no possible way to make a government listen to reason when it had decided to distance itself from its parliamentary base, and that there was really no will to listen to the citizens they were supposed to serve at the grassroots level. And that's certainly deplorable.

Konstantinos Merakos
Jérémie, be a little more specific, especially towards the word that the commissioner used: the word 'tolerate,' especially the phrase that it was used in.

Jérémie Miller
[In English] "Do we tolerate these people?" [In French] That question, yes?

Konstantinos Merakos
Yes, just a clarification on exactly that question.

Jérémie Miller
If a prime minister doesn't even tolerate a significant portion of his population, how can we move forward as a country? Really, my reaction as a citizen was to say, "It's impossible to recover from this. Well, it's possible, but it takes a lot of work at the level—"

It doesn't demonstrate the integrity of our Prime Minister or the ability to listen that's necessary for someone in that position in order to move forward as a society together. The language is "exclusionary" [in English]; I'm not sure of the French word.

Konstantinos Merakos
That's perfect, yes.

Jérémie Miller
And these types of comments destroy our society in my opinion.

Konstantinos Merakos
Excellent. So Commissioners, thank you so much for your questions. Jérémie Miller, once again, thank you sincerely for your testimony today. You're a brilliant young man. Thank you very much and we wish you every success in the future. Once again, thank you, thank you.

Jérémie Miller
Thank you.

[00:33:46]

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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, and further translated from the original French.

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