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EVIDENCE

Witness 7: Dr. Roger Hodkinson

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Shawn Buckley

Now, our next witness is also going to be attending online, and that is Dr. Roger Hodkinson. And Roger, I'll ask first of all if you can hear me.

Dr. Roger Hodkinson

Yes, I can.

Shawn Buckley

Okay, can you turn your video on so we can see you as well as hear you?

Dr. Roger Hodkinson

Yes, indeed. Just a second, please.

Shawn Buckley

Now, Roger, we always start by swearing our witnesses in, so I'll start with that. Do you promise to tell the truth, the whole truth and nothing but the truth?

Dr. Roger Hodkinson

Yes, I do.

Shawn Buckley

And can you please state your full name for the record, spelling your first name and spelling your last name.

Dr. Roger Hodkinson

My name is Dr. Roger Grant Hodkinson.

Shawn Buckley

And I just want to introduce you briefly to the commissioners and also to those that are watching online. And Commissioners, we will enter Dr. Hodkinson's biography as an exhibit. But Dr. Hodkinson, you trained in medicine at Cambridge University in the United Kingdom?

Dr. Roger Hodkinson

That is correct.

Shawn Buckley

You were a scholar at Corpus Christi College?

Dr. Roger Hodkinson

Yes, indeed.

Shawn Buckley

And you are a certified pathologist, so you have specialized after getting your medical degree in pathology.

Dr. Roger Hodkinson

That is correct.

Shawn Buckley

Now, some people don't understand what pathologists are, but—and correct me where I get this wrong—but my understanding is pathology is basically the study of how disease and illness progresses. So you're actually an expert in how disease and illness progresses, and pathologists are known basically as the doctor's doctors. They're not just the people that do the autopsies. You're looking at biopsies. You're telling the doctors what is going on so that they can treat their patients.

Dr. Roger Hodkinson

That's a very accurate description. We're the backroom guys that give other physicians the answers, and they take all the credit.

Shawn Buckley

Yeah. No, no, it's just I've had lots of pathologists as experts in my legal career, and so I had started thinking: Oh, no, it's like Quincy, the autopsy guys. No, no, they're dealing with living patients because they're the experts in how conditions progress. Now, you were also Chairman of General Pathology Examination Committee for the Royal College of Physicians and Surgeons of Canada. Is that correct?

Dr. Roger Hodkinson

Yes, that is correct, a rather responsible position to make sure that the residents coming out of the tube were correctly reading breast biopsies, for example. A rather important role that meant I was trusted at that time.

Shawn Buckley

Right, and so this is important. This is basically the committee that would decide whether or not a doctor that had done a residency in pathology was actually qualified or not. And you cite that it's a very important role, and you use breast biopsies as an example, because it's pathologists that will look at the breast biopsies to determine whether they're cancerous or not.

Dr. Roger Hodkinson

Yes, in general pathology it's important for everyone to realize that the word "general" is used because we simultaneously run the big labs with all the instruments that produce the hematology, chemistry, microbiology results, including virology investigations, while at the same time having a very different role: looking down a microscope at tissue biopsies and doing autopsies. Those are very different roles. And what that does give me as a general pathologist by training, a very broad scope of practice that allows me to condense various facts and theories for a testimony, such as today.

Shawn Buckley

And you were invited to come and testify today on some COVID issues. My understanding is you've prepared some words to say to us. And I think I would just invite you now to launch into your presentation and then I'll have some questions for you.

Dr. Roger Hodkinson

That's very kind of you, Mr. Buckley. And I would like to add one additional element to my CV which is not traditional. I was the first physician in western Canada, one of only two in Canada, to stand up against big tobacco in the late seventies and eighties. In other words, I've been steeped in public health for decades, and I consider my role as Honorary Chairman of an organization called ASH, Action on Smoking and Health, I would consider that I'd saved more lives trying to control big tobacco than I ever have as a pathologist. But that experience with big tobacco was a huge education for me because big pharma is operating has exactly the same predatory marketing characteristics.

Shawn Buckley

Right, so you've got experience then with basically an industry and how they act, promote their interests that may not be in line with good health outcomes.

Dr. Roger Hodkinson

I would say that I understand real public health, not from an academic ivory tower perspective, which is what's got us into all this trouble, but from a real practical, down to earth, street level, level-headed, common-sense approach, which of course is something that was severely lacking.

Shawn Buckley

Yes. And so, do you want to share with us now the comments that you've prepared?

Dr. Roger Hodkinson

Yes, I would love to. Thank you.

First of all, of course, I would like to thank you for your kind invitation to address this historically important inquiry. I'm honoured to have been invited. My presentation today is about the most grave injustice western society has ever experienced. I'm here because this is the most important moment in my medical career and indeed my entire life. It's the fight for freedom and the very preservation of democracy. The tyranny must be exposed and stopped dead in its tracks.

As you have heard, I'm an old school, traditionally-trained medical specialist who has been a soldier for organized medicine and public health for over 50 years. But no more. I am ashamed of what medicine has become. I intend to paint a very big canvas of the terrible things that happened during COVID. It was never about public health, but all about control.

The Alberta truckers were the first to battle against the despots, not doctors, not the church, not the media—truckers. I was there with them “on the hustings” in Ottawa. Although they failed in their primary objective, they achieved two much bigger victories: They forced the hand of government to take extreme, unwarranted measures to suppress the democratic process using the Emergencies Act, and the truckers also started an international movement to push back on wokeism in all its dystopian guises, including climate change.

Let me summarize what has happened to date. I call it the big kill of people, economies, and trust in all our previously cherished institutions. Nothing was needed to manage COVID-19 except common sense, chicken noodle soup, vitamin D, and reliance on our miraculous natural immunity. If we had done nothing other than how we handled previous flu epidemics, no one would have noticed. It was never close to a viral pandemic, an epidemic at most. What it was, was a virulent pandemic of fear, largely based upon the monumentally flawed PCR test. I speak somewhat knowledgeably of that as a pathologist. We seem to have forgotten what Voltaire presciently said a long time ago. The art of medicine consists of amusing the patient while nature cures the disease.

Everything we were forced to endure predictably failed, with the singular exception of the orchestrated campaign of lies and deceit, which succeeded brilliantly. Yes, the virus is real, but the reaction was a hoax that raped our very soul. I define a hoax as a widely publicized fraud intended to invite unthinking acceptance. I steadfastly refuse to retract my use of the word. It is unquestionably correct. None of the many mandates had any evidence of effectiveness in the medical literature. Masks, social distancing, business closures, travel bans, contact tracing, asymptomatic testing, prohibited gatherings, et cetera, et cetera, et cetera. It was all lies. Nothing could work, nothing did work, and therefore nothing will work now. Period.

The so-called modified mRNA vaccines were actually the first ever large-scale experimentation of gene therapy in humans. The majority of the world's population trusted the fraudulent propaganda and got willingly poisoned. It was not needed, was not tested, didn't work, and has now been shown to have had calamitous consequences. We know from the incredible work of Denis Rancourt, Jessica Rose and Peter Halligan that it has

killed approximately one in a thousand injected and about 20 million worldwide. I said 20 million—and I would like that to sink in.

Ed Dowd has shown that the statistics on permanent disability are many times worse. Humanity essentially became lab rats for experimentation by Big Pharma, and our bodies simply toxin factories. The cure was far worse than the disease and is now documented as the most catastrophic event in medical history. The most sinister use of the gene therapy with children is stopped in many jurisdictions internationally, but in Canada, it is still being advocated at six months of age. This can only be called child sacrifice on the altar of the new gods. No child in good health has died of COVID anywhere. And this gene therapy in children has resulted in untold, senseless deaths. This is murder, plain and simple, and must be prosecuted to the fullest extent of the law.

What did not happen is also deplorable. I'm talking about the total disinterest in urgently investigating all of these disturbing issues, including the massive increase in unexplained deaths, so-called sudden adult death syndrome, or SADS, which is now the commonest cause of death in Alberta. This is disgusting, wilful blindness, because we don't know what we don't know until we look.

I would now like to move on to the even more dreadful outcomes from the gene therapy that I believe are likely to happen in the future. I am talking about a delayed epidemic of premature heart failure and dementia due to silent, diffuse capillary thromboses that kill random cells in those organs, only to be diagnosed later as a major organ dysfunction, conveniently when the perpetrators are themselves dead and buried. But even worse is the probability of the gene therapy causing permanent changes in the human genome due to a process we call reverse transcription. That means the permanent incorporation of genetic information from the gene therapy into the DNA of rapidly dividing human cells in the bone marrow, gut, and testes. We have absolutely no idea what the consequences will be, but the human genome may have been changed transgenerationally forevermore.

The study of reverse transcription into spermatozoa is currently being undertaken by Canadian molecular biologist Dr. David Speicher and others. If this is shown to be occurring, and I believe it will, it would be a Nobel-worthy discovery. Remember, 8% of the human genome is viral in origin from eons ago, so we do know for certain that reverse transcription happens.

These events have been so grotesque we must then ask the obvious question: How could this have possibly happened? Well first off, in my opinion, this was not intentional genocide. I believe such an explanation is ludicrous for a huge variety of reasons. It was the law of unintended consequences resulting from a program operated by the US Department of Defense, the DOD, called dual-purpose research. That is the allegedly synergistic combination of gain-of-function research with preparation for mass vaccination with mRNA in response to actual biowarfare.

Gain of function, of course, is the supremely ridiculous concept that by making a virus more infectious and lethal, one can devise methods to control and treat it. The idiocy of that concept is that viruses, especially RNA viruses like COVID-19, mutate randomly all the time and their mutations are impossible to predict. But more than that, if a lethal virus were to be created with high transmissibility, gain-of-function research is clearly an existential threat to humanity. It must stop by international convention.

The gain of function work was quietly offshored to Wuhan in lockstep with the DOD funding aggressive research into mRNA gene therapy to rapidly counter a potential bio-

terrorism attack with an unrelated novel virus. When COVID-19 escaped from the Wuhan lab, the secrecy of that project was blown and the DOD went into immediate crisis mode with full bore production of a modified mRNA gene therapy to justify the existence of gain-of-function research. They were lusting to trial run a response to a potential future bio threat. It was a purely military operation from start to finish, tightly managed in every detail by the ex-military Dr. Birx. Fauci was just a front-end stooge acting as spokesperson.

The response to the escape should rather have been based upon the founding principles of public health: namely the duty to protect the public from risks they cannot manage themselves, carefully managing risks versus the benefits of intervention. That principle was rapidly dumped and replaced by four repulsive processes that have operated 24/7 for four unbelievable years: namely gargantuan greed by big pharma, stupendous stupidity by the idiocrats, Machiavellian manipulation by the mainstream media, and intimidation of MDs and information suppression by Colleges of Physicians. Every jurisdiction simply copied the lead of China and the USA. The general operating principle was: Don't trouble me with due diligence; it takes expertise, time and money that I don't have.

But oddly, I can also say thank God for COVID, as this unforgivable series of events has had two positive outcomes. Massive institutional corruption has been revealed for the first time involving big pharma, the courts, mainstream media, the alphabet agencies—by which I mean WHO, WEF, CDC, FDA, and NIH—as well as organized medicine. Colleges of medicine internationally have been shown to be co-conspirators with the state in murder by intimidating physicians into compliance with the mandates and gene therapy. They have essentially told physicians to swear that the earth is flat or risk losing their livelihood.

Those colleges are principally there to ensure there is informed consent for treatment, and that treatment should do no harm. But they bowed to governments' dictates and blatantly contravened their own ethical standards by persecuting physicians like me and others who dared to uphold those time-honoured principles. One could summarize this by saying, "Government is now your new doctor. Be worried. Be very worried." Or as I have previously said, "Politics playing medicine is a very dangerous game."

The other positive outcome is that the ultimate cause of all this evil has been revealed. Wokeism. The enemy is now declared and has no clothes. One cannot fight an invisible enemy that wants to abolish religion, travel, money, cars, food, work, parents, and family. Wokeism started insidiously in universities decades ago by an arrogant, self-perpetuating intellectual elite that's been slowly eating away at traditional democratic freedoms. We are stupidly paying them to destroy us.

But then the bad, the very degree of corruption has resulted in the worst outcome of all, the loss of trust in all our previously cherished institutions. Trust is the cement that holds society together. Distrust leaves the people feeling isolated, and that makes them fair game for government control. The successful recipe has now been baked in and is ready to be applied to the next hoax: climate change. The unholy alliance of the WEF, unelected billionaires and multinational corporations, otherwise known as fascism, has furthered this dystopian nightmare.

Another contemptible outcome during COVID has been the massive increase in national debt, the rapidly growing interest of which must be paid, and now amounts to fully one third of all US government revenue. That is totally unsustainable. And I am here reminded of Stein's famous law: if something cannot go on forever, it will stop.

Shawn Buckley

Dr. Hodkinson, can I just break in for a second?

Dr. Roger Hodkinson

Yes.

Shawn Buckley

I'm just curious because we're getting off out of medical stuff. Are we getting close there? There's a whole bunch of stuff I want to follow up with you on.

Dr. Roger Hodkinson

Sure. Yes, I've nearly finished.

Shawn Buckley

Okay. Sorry to interrupt.

Dr. Roger Hodkinson

If you could bear with me. We should all remember that the primary determinant of health is the ability of an economy to pay for it. Logarithmic increases in the interest on the national debt will result in higher taxes, reduced essential services, or both, impoverishing us all. Government has basically legitimized a Ponzi scheme where money has to be borrowed simply to pay the interest on money previously borrowed.

So what can we do about all of this? Is there hope? Remember that the Achilles heel of democracy is enjoyment without responsibility. The resulting silence implies compliance. Our enemy is complacency, and tinkering will not succeed. But crises always create opportunity for major change, and I call the solution The Great Reject. We need to think local, but act global.

First, bottom up. We need solutions, not whining. I hate whiners. People must get involved locally on school boards, city councils and constituency associations to prevent further infiltration by activists determined to destroy our traditions and culture. I call this the tyranny of the minority. Involvement may involve job loss and serious economic hardship, but it is for the greater good of society. Don't leave it up to others to do the heavy lifting.

People must also make a determined effort to get educated by following reliable alternative media, such as the Brownstone Institute, and subscribe to various Substacks such as those run by Dr. Makis and Dr. Trozzi, and the Grey Matter podcast run by Alberta lawyer Leighton Grey. Listen to the recordings of the NCI from truly global experts. And remember, there is a unique Canadian disease called the "terminal niceness syndrome." Just do something, anything. Fight. Demand change. Stop being polite. Bang the table. Our children's future is in dire peril.

Then there's top down. We need Magna Carta 2.0, but that will never happen in Canada with the Supreme Court stacked with Liberal Party appointees who will always obey the Laurentian elite, believing that judges are there to make the law, not to interpret it. No, there needs to be an example on a small scale to show how real democracy could work. That endeavour is already underway and is called a movement for an independent republic

of Alberta, espousing the traditional roles of family, religion, culture, hard work and risk taking.

Then and only then, we will be able to burn all the corrupt institutions down to the studs. We will empower Nuremberg 2.0, and meaning no amnesty for the criminals, rather vengeance delivered by an elected judiciary. This new country will be the happiest, freest democracy in the world—I have nearly finished—and a beacon to emulate. How intoxicating it will be to see a process started by Alberta truckers come full circle and be the saviour of democracy. It can be done.

To close here are my final action items. Get educated and involved. Take your vitamin D, and use cash, not credit. Thank you again, for the opportunity to speak. And here's to freedom, justice and democracy.

Shawn Buckley

Now, Roger, I'm going to want to ask you some specific things, because you covered a lot of topics. And one of the things you spoke about was basically that there could be an upcoming epidemic of heart disease, but this is not something that's going to happen in the next year or two, but literally could be manifesting in ten years. And I'm wondering if you can explain why you feel that way, because I know you feel that you're worried that about ten years out, we're going to have heart disease—so basically, people taking about a significant amount off their life because of the vaccines and basically micro clotting issues. Can you explain that, please, for the commissioners?

Dr. Roger Hodkinson

Yes. The basic mechanism here, as you mentioned, is blood clotting in very small vessels we call capillaries. We know that is happening when people feel perfectly well after receiving this gene therapy because there are certain tests, one is called the D-dimer test. That was first noted by Dr. Hoffe in British Columbia. We do know that diffuse asymptomatic clotting in capillaries is taking place in people who feel perfectly well following receiving a COVID so-called vaccine.

Now, when a capillary clots, the cells it supplies with oxygen and glucose will die, dependably die. But if not enough of them die, and if their distribution is random, it will not produce a clinical presentation of any type. People will not know anything is wrong at all. But the cells that die are the cells that we rely upon as a reserve of those organs when we get to my age. And so killing off those cells, theoretically, and I believe probably, will accelerate the onset of the inevitable heart failure and dementia that we experience in older age. That is truly scary, because the healthcare system is already massively undermanned and underfunded, and that will be an enormous additional amount of money that needs to be provided for staff and resources.

Shawn Buckley

If I can just rephrase that is so our heart and our brain cells do not repair. They don't replicate. We got what we got, and we've got extras. But if we're losing those extras that we're going to rely on as we have die-off as we age, we're basically dramatically moving forward and are going to experience younger dementia and heart disease. Is that basically what you're explaining?

Dr. Roger Hodkinson

That is the prediction.

Shawn Buckley

Okay.

Dr. Roger Hodkinson

There's obviously no way of proving that until it happens, because the very nature of the random distribution of that cell death is hard to quantify. What we do know is that the blood vessels are clotting, the capillaries are clotting. We know that for certainty. The consequence of that is cell death.

Shawn Buckley

I want to move us into a different category because there's a pattern change in cancer. And we've had a couple of witnesses today explain to us some mechanisms about how the vaccination could lead to cancer. But we haven't had anyone sharing with us what the pattern change has been in cancer. And so I'm wondering if you can share with us what you've been seeing in the research and with other experts that you're in contact with about the changes in the patterns of cancer.

Dr. Roger Hodkinson

Yes, we're not talking here about the mechanism, but the demographics have changed dramatically. It used to be very rare to see a young person with an advanced aggressive cancer. It's typically a condition of middle and older age. We're now seeing a large number of younger people presenting late—quite often for the first time in emergency departments—presenting late with an advanced cancer that on biopsy is shown to be aggressive and which refuses to respond to traditional therapy. That group of conditions we're now calling turbo cancer.

And as you probably heard, the two biggest experts on that internationally, one is a Canadian here in Edmonton, Dr. William Makis, an oncologist by training, and also Professor Dagleish, St. George's Hospital, London, England, also an oncologist—both very sane, deeply experienced oncologists who are saying this is real and needs to be quantified. But like everything else that's happening, the authorities are refusing adamantly to investigate any of these kinds of issues.

Shawn Buckley

And then I want to move to another topic. And it's just, I know that you spend hours and hours a day researching and that you're in contact with a large number of experts, and so you're kind of a generalist as a pathologist that I can rely on. There's also been changes with fertility and pregnancy, and I'm wondering if you can share with us your knowledge on that.

Dr. Roger Hodkinson

Yes, well, I know you're going to be hearing from Dr. Jim Thorp, or you already have. I know him, a wonderful man, the first to blow the whistle on the frequency now of spontaneous abortions, stillbirths, decreased fertility, et cetera. If I could just take you down the tube, so

to speak, starting with the ovary and ending with delivery, I think you can appreciate the multiple points at which attack can take place, with the overall result being what I described.

First of all, we know from Byram Bridle's request to the Japanese authorities' Freedom of Information Act for the Pfizer experimental data. We do know that in rats, the lipid nanoparticles themselves are inflammatory for the rat ovary. The second biggest hit is on the ovaries of rats. That's obviously significant if that's happening in humans, because an inflammatory process in the ovaries is clearly not a good idea if the number of eggs there are limited. A baby girl is born with all the eggs she's ever going to have. They don't make more, a million or so, and every one that's lost because of inflammation is the potential loss of a live birth. That's the first point.

The second point is that if an egg does manage to escape and start moving down the fallopian tube, it may or may not meet a spermatozoan to fertilize the egg, because we now know that there's also been a serious attack on the testes with reduced sperm counts, reduced functional aspects of sperm motility and function, and the possibility, as I said earlier, of reverse transcription having changed the genome of spermatozoa.

But let's assume for a minute, that that fortunate egg meets a fortunate spermatozoa and there is fertilization in the fallopian tube. The fertilized egg continues into the uterus, and what does it find? It finds carnage. The endometrium of the uterus is the most fragile tissue in the entire human body, especially when it's being prepared for implantation. You can put your finger in it, it's mushy. The blood vessels in the endometrium are the most fragile in the entire human body, and they are loaded with the ACE-2 receptor for the spike protein. That is a setup for capillary thrombosis in the endometrium, and bleeding. We know there's been a massive increase in menstrual abnormalities following the so-called vaccination.

So a fertilized ovum is going to have a hard time getting implanted because it finds a very hostile environment. But let's assume that it does implant and continues to grow. We then have the risk of transplacental passage of lipid nanoparticles from a vaccinated mother, again known to be inflammatory, again possibly causing reverse transcription. We do know there's been an increase in fetal abnormalities, as Dr. Thorp will describe. So altogether, there are multiple ways in which one could see why there's an increase in spontaneous abortion, stillbirths, reduced fertility. Multiple pathways, again screamingly obvious possibilities, and it's likely that that is the case.

But where are the studies to show that? Government is running scared. It will not, underlined in neon, undertake to fund any investigation that proves how malicious their actions were. I know for a fact that in Canada, no one, no medical examiner's office or coroner's office, none of them—despite the epidemic of sudden adult death syndrome—none of them have instituted the special stains to differentiate between COVID infection and a consequence of the vaccination. Those tests are well known, well described in the literature, but they will not put in the small amount of money, \$10,000 or something ridiculous like that, they will not put in the program to show with some definitive result, what the cause of death was. They're running scared.

Shawn Buckley

And Roger, if I can just make sure that the commissioners and everyone watching understands. So, Dr. Ryan Cole, I think it is, has developed the test so that—

Dr. Roger Hodkinson

Yes.

Shawn Buckley

—pathologists doing autopsies, or even with tissue samples, you can determine: Are these tissues damaged from the vaccine, or are they damaged by spike protein caused by COVID? Do I have that right?

Dr. Roger Hodkinson

Yes. It's not that complicated. Antibodies are raised in rabbits, specifically against the capsule of the virus. The capsule of the virus itself, not the spike protein, the nucleocapsid of the virus. And another antibody is raised against spike protein. So if you find positive staining for the capsule of the virus, it implies that it may be COVID infection itself that's the problem. On the other hand, if that's negative and you're finding positive staining for the spike protein, it implies it's not the COVID infection, but it's more likely to be the vaccine itself.

Shawn Buckley

Right. And here's the cover-up that you're talking about: There's a reliable test for pathologists—you know, whether they're looking at biopsy samples or whether there's an autopsy—there's a test that they can use, but government won't pay for the test so that they can use it. So it's basically a wilful blindness: let's not have the test necessary to determine the cause of the damage or the cause of death.

Dr. Roger Hodkinson

Exactly.

Shawn Buckley

Okay. I just wanted everyone to be clear what you were referring to. It's just governments won't fund it. It's not that pathologists wouldn't use the test, but it's not provided to them by a deliberate government choice. And the last thing I wanted to do is: You became a bit of a celebrity because you did a presentation to Edmonton City Council—and I think this was in 2020. So the Edmonton City Council was going to be considering whether or not to renew a mask mandate, and you did a presentation that somebody taped audio. I'm going to play that for you and then just my question is: I assume you'll adopt that is still true today as far as the efficacy of masking? So David, if I could have you play that audio for us:

Dr. Hodkinson [Recording]

Mr. Chairman, this is Dr. Hodkinson. I just want to let you know I'm standing by.

Chairman [Recording]

Oh, okay. Well, we would love to hear from you. The floor is yours.

Dr. Hodkinson [Recording]

Thank you very much. And I do appreciate the opportunity to address you on this very important matter. What I'm going to say is lay language and blunt. It's counter-narrative. And so you don't immediately think I'm a quack, I'm going to briefly

outline my credentials so that you can understand where I'm coming from in terms of knowledge base in all of this.

I'm a medical specialist in pathology, which includes virology. I trained at Cambridge University in the UK. I'm the ex-President of the Pathology Section of the Medical Association. I was previously an Assistant Professor in the Faculty of Medicine doing a lot of teaching. I was the Chairman of the Royal College of Physicians of Canada Examination Committee in Pathology in Ottawa. But more to the point, I'm currently the Chairman of a biotechnology company in North Carolina selling a COVID-19 test. And you might say I know a little bit about all this.

The bottom line is simply this. There is utterly unfounded public hysteria driven by the media and politicians. It's outrageous. This is the greatest hoax ever perpetrated on an unsuspecting public. There is absolutely nothing that can be done to contain this virus other than protecting older, more vulnerable people. It should be thought of nothing more than a bad flu season.

This is not Ebola, it's not SARS, it's politics playing medicine, and that's a very dangerous game. There is no action of any kind needed other than what happened last year when we felt unwell. We stayed home. We took chicken noodle soup. We didn't visit Granny, and we decided when we would return to work. We didn't need anyone to tell us.

Masks are utterly useless. There is no evidence base for their effectiveness whatsoever. Paper masks and fabric masks are simply virtue signalling. They're not even worn effectively most of the time. It's utterly ridiculous seeing these unfortunate, uneducated people—I'm not saying that in a purgative sense seeing these people walking around like lemmings, obeying without any knowledge base to put the mask on their face.

Social distancing is also useless because COVID is spread by aerosols which travel 30 meters or so before landing. And closures have had such terrible unintended consequences. Everywhere should be open tomorrow, as was stated in the Great Barrington Declaration that I circulated prior to this meeting.

And a word on testing, I do want to emphasize that I'm in the business of testing for COVID. I do want to emphasize that positive test results do not, underlined in neon, mean a clinical infection. It's simply driving public hysteria, and all testing should stop unless you're presenting to hospital with some respiratory problem. All that should be done is to protect the vulnerable and to give them all in the nursing homes that are under your control, give them all 3000 to 5000 international units [IU] of vitamin D every day which has been shown to radically reduce the likelihood of infection.

And I would remind you all that using the province's own statistics, the risk of death under 65 in this province is 1 in 300,000—one in three-hundred thousand. You've got to get a grip on this. The scale of the response that you are undertaking with no evidence for it is utterly ridiculous, given the consequences of acting in a way that you're proposing: all kinds of suicides, business closures, funerals, weddings, et cetera, et cetera—it's simply outrageous. It's just another bad flu, and you've got to get your minds around that.

Let people make their own decisions. You should be totally out of the business of medicine. You're being led by down the garden path by the Chief Medical Officer of Health for this province. I'm absolutely outraged that this has reached this level. It should all stop tomorrow. Thank you very much.

Chairman: Well, thank you for that again. Hopefully all layers of governments are listening. We have the least amount of influence, but we definitely appreciate everything that you just had to say.

Shawn Buckley

So, Dr. Hodkinson, I think that was in 2020 and it seems now, almost four years later, that I assume that you'd stand by everything you said.

Dr. Roger Hodkinson

I don't change a single word. In fact, it was understated.

Shawn Buckley

Yes. Now I'll turn you over and ask the commissioners if they have any questions of you.

Commissioner Kaikkonen

Thank you, Dr. Hodkinson, I have a question about an earlier comment that you made. You said that the Canadian disease was terminal niceness. I'm just wondering, in terms of our students in the school, how do we instill in our children values that will help them to understand that saying, "No" is okay, because that terminal niceness starts when the school system starts to control our children all the way through. And they're not learning curriculum outcomes as we were raised to learn in an education system. That's being replaced with ideologies.

So I'm just wondering, how do parents, what recommendations would you have for parents that would encourage them to teach their children history and things that matter about our society around us, about democracy, the founding of our country, our great nation, Canada. And that students would understand that there is going to be times in their lives when they're going to have to say no, not to comply to the authority figure in their institution, which is the schooling system. I'm just wondering, what recommendations would you have for parents that will just help the future generations? Thank you.

Dr. Roger Hodkinson

It's very difficult for an individual to change the system. As a practical solution that's immediate, homeschooling is the obvious preferred way to educate children now, because you don't know what's being taught in the classroom. You don't know what books are being made available in the library. We know all about the books advocating homosexuality and graphic details of sexual acts, et cetera, et cetera. The only way to change the schools themselves is to change the dystopian way teachers have been educated themselves.

Remember that a child is taught by a teacher, various "a nudge and a wink," we know what's going on. We know how you influence a child's thinking indirectly, as an adult. That child's thinking is influenced in school, and then they go to college or university and they get a second dose, so it must be right. The second dose, of course, is from the very

professors that taught the teachers. And you churn that for 20 years, and you create a culture of teachers that is total anathema to what teaching should be all about. It's totally distorted the educational experience of our children.

And if there's any way to control that, it's to turn the spigot off in universities, which is populated—Ninety per cent of junior faculty are now obviously, on surveys, 90% of junior faculty are rampant socialists or closet communists. The only way to control that is to fire the lot of them and have them reapply for the positions after having gone through an intensive interview as to what their political standing is. Turn the spigot off. There will be a wailing and gnashing of teeth that we're interfering with the freedom of speech, but of course, it's exactly the other way round. If recent politics has taught us anything, it's that when you're being accused of something, it's a defence, because they are doing exactly that. So there can be no compromise with universities, because they are killing us.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

Good afternoon. You made a couple of comments and I have some questions about some specific issues that I hadn't heard before. And then I would like to ask you about some other more broader issues. Around when you first started your presentation, you talked about the flawed PCR test. And I want to ask you, is it the test that was flawed or the application of the test to something that was never intended to be?

Dr. Roger Hodkinson

Well, it's both. Dr. Mullis, who got the Nobel Prize for the PCR methodology, was the first to say this test should never be used to diagnose anything. What PCR is all about is simply one thing. It's making more of the stuff that you want to study. It's not a diagnostic test, it's a method of making more of it so that you have something to identify. It's the identification of what's being multiplied where the problem lies, because the way the testing was done in the so-called PCR method is that you've got this multiplied product, and then you apply to that conceptually a mirror image molecule of what you're trying to detect. It's a lock and key concept, and the molecule that you're using to try and detect it conceptually has a light bulb on it, so that when that molecule latches onto the target, like a lock and key complementary shape, the light bulb goes off and you have a positive.

Now that's the ideal situation, but unfortunately, there are many other ways to get the light bulb to go off. One of them is the reality that the shape that you're trying to detect is similar to other proteins, many different types that have some similar shape. And so you bring in your detecting molecule that hasn't changed, but the thing it attracts now and attaches to is something with similar shape. The light bulb still goes off, a nonspecific reaction. And so our estimate is that 95% of the so-called positive results in asymptomatic people that drove the graph in the morning paper, those were false positive tests. The person did not have COVID—a truly false positive result that, however, met the criterion of the idiots, namely to drive fear.

A case in clinical medicine is not a positive laboratory result. A case in clinical medicine is someone who is sick in front of you with a runny nose and a cough and a sore throat and a fever maybe. That is what a case of upper respiratory tract infection is. A case is

emphatically not a positive result. It's got to be correlated with a clinical presentation. That was ignored because it suited the concept of driving fear.

Commissioner Drysdale

My understanding was that not only were they using this test inappropriately and or the test was detecting other particles, or similar particles, or portions of particles, but not necessarily the virus. But I also understood from testimony that we heard, particularly in Toronto last time around in 2023, that a lot of these hospitals' emergency rooms had a long checklist. And if you came in, I think the quote by one of the paramedics was, "If you came in with stubbed toe, you met the checklist criteria for having a COVID infection." Are you familiar with these checklists and how they were doing this as well?

Dr. Roger Hodkinson

No, I'm not familiar with the checklist. But you did describe another way in which you can get false positives, and that is if you continue with the multiplication, which is logarithmic 2, 4, 8, 16, 32, 64, 132, et cetera, you eventually end up with a large number of copies of what has been multiplied. If you continue that beyond at least 24 cycles, 24 doubling events, you end up with such a gigantic amount of junk that it's not surprising that famous President of an African state found a positive result with papaya. You can find a positive anywhere you want if you cycle that. If you increase the doubling number of times the population doubles, you will guarantee a positive result with absolutely no evidence of the originating organism being present. The whole thing was utterly fraudulent. They knew it was and they continued using it to drive fear.

Commissioner Drysdale

I know we had testimony from Dr. Laura Braden in Truro last year, and we talked about this very issue. And I recall that there was a time when they were arguing about whether they would do—I don't know, I'm going by my memory—24 cycles on the PCR test, or 37, or 42, or whatever. And Dr. Braden had talked a little bit about that, and she said that when you take 24 cycles and let's say you go to 35, that might not sound like a lot, but you're actually creating billions and billions of replications. And it was always explained to me the magic of compound interest. This is kind of the same thing where it's not a linear line, it's a logarithmic line, which means it's almost a straight line up.

Dr. Roger Hodkinson

Yes. And in many jurisdictions, it was cycled 40 times. That was the case in Manitoba. That's a guaranteed way of pleasing your political masters.

Commissioner Drysdale

You made a comment that I had never heard before, and I might be a little off topic here, but I'm curious. You made a comment about Dr. Birx and I'd never heard that before. Do you have any other comments on that? Or could you elaborate a little bit on that? I think you had mentioned she was military or ex-military.

Dr. Roger Hodkinson

Yeah, that's right, the Colonel. Fauci was identified as the principal problem. He was not. He was just the spokesperson put up there by Birx. She ran the shop with a rigid, rigid handle.

She ran the show. She was ex-military. Look, the whole thing was military. The research was military, the distribution of the product was military. It was a military program to potentially—that's the operative word—potentially protect us against a real bioterrorism threat. You would expect them to have that program ready. It would be demanded of them in case that happened, to have some way of responding.

And so they were developing that mRNA technology for ten years. It wasn't immediately produced. The conversation between Fauci and Trump would have gone something like this: "Hey Don, you know what? We can lick this thing in six months. We got a vaccine almost ready to go." What Trump didn't realize was, it had been developed for the last ten years. It had failed in its intended purpose of delivering chemotherapy for brain cancer. It was known to be very toxic. Fauci didn't tell Trump that. And so Trump would have said— I mean, look, we're dealing with a narcissist here. Trump being pitched by a failed Lilliputian who failed in everything he'd done, in particular the AIDS vaccine, he was looking for glory at the end of his life. And this failed Lilliputian with all the money was pitching to a narcissist who said basically after 30 second conversation, "Hey Tony, let's do it," and the rest is history. He was lied to.

Commissioner Drysdale

Well, I understand that, and I understand how a layman can be lied to. And it's been some time since my wife and I had children, but when we had children 40 years ago, the doctors would tell us, don't take aspirin, don't have a drink of alcohol, don't do all of these things. And I'm old enough, Dr. Hodkinson, to remember thalidomide. And so my question to you is, how did the medical community, how were they convinced to convince their pregnant patients to take a product that had never been tested, was not a vaccine by the conventional sense from what I understand from testimony. How did they convince the medical profession to do this?

Dr. Roger Hodkinson

Because the colleges were instructed by the Ministers of Health to conform with the political playbook. And they did so.

Commissioner Drysdale

You know, having lived through it, it was chilling. But hearing you say that is even more chilling. You know—

Dr. Roger Hodkinson

Look, you've got to understand how the colleges are constituted. First of all, they're private corporations. Secondly, the people that get, as we say, get to be, "on the college," are basically sycophants who are looking to tick off the box on their CV to say they've been "on the college." They're all brownnosers. They're not the people who are going to object and lead. They're going to follow because their careers depend on it. If they were to object at a college meeting that something is unethical and they were the lone man out, if they were thinking of doing that, they'd shut up. Because it's not good for their career. The colleges are staffed by, you know, lesser lights. They're not leaders, they're followers. They got the political message: do as you're told, intimidate, and make it happen. Yes, sir, three bags full, sir. Hence the prosecution of physicians like me and others in Canada, Dr. Hoffe, Dr. Patrick in Ontario, Trozzi, Makis, Luchkiw, et cetera.

Commissioner Drysdale

But has the climate not changed somewhat, that the medical profession should be stepping up? I mean, look at—just a moment—what I see happening in this country is I see people starting to wake up and they're starting to realize the things that you've been talking about, some of the other witnesses have been talking about. And yet the CBC that we paid \$1.4 billion for last year hasn't reported on it. But the CBC is running along behind the Ottawa politicians chasing car theft. I've not heard of a person killed by car theft. But do you expect this to change from the ground up in the medical profession when they're starting to see and starting to understand what happened? Or do you think— I mean, from what I hear from you, I think you're saying that we're at great risk of other things that are coming down the pipe, and if our—

Dr. Roger Hodkinson

Unquestionably. Unquestionably. Look, medicine is bought and paid for by big pharma. Bought and paid for. The journals are corrupt. The journals are a business. The principal advertiser in journals are big pharma. Journals will not publish, have not published during COVID any articles that are counter-narrative until very recently when the writing is on the wall. It's a business. You don't upset the principal advertiser. That's just one example.

A principal source of funding of the CDC and the FDA is Big Pharma money. You've got the Chairman of Senate and Congress committees who are lobbied by Big Pharma, and money is put into their re-election campaigns, and they are bought and paid for. How many people know, for example, that 90% of all our drugs currently come from China, our future enemy? That's a mad decision. Very much like Germany thinking they could buy gas from Russia. You don't trade with your enemy. There was a medieval concept of warfare. You starve your enemy to death, you put a siege around their castle. The general operating principle, in my opinion, of global politics should be very simple. It's called ABC: Anything But China, Anywhere But China. They're our future enemy. They're coming to get us. They're in the ascendancy. They don't give a damn about carbon dioxide. I don't think we should either, but we're crucifying ourselves, impoverishing ourselves, making us weaker, and they're loving it.

So, yeah, there's a lot of corruption going on in medicine. Look at American television. I listen to Fox News a lot. That says a lot about me, doesn't it? I listen to Fox News a lot. And on Fox News, on any American channel, you will see a great deal of pharmaceutical advertising. Now, the advertising gets ridiculous in describing all the adverse events that could happen. And you'd like to think that big pharma would be moaning about that as an unnecessary expense because it's the doctor's job to tell you that. No, no, not at all. Because by feeding the mainstream media all that money, they become dependent on you. And so that affects the editorial content. So mainstream media was bought and paid for during COVID. They wouldn't tell you the opposite side of the story. Not a chance, because their advertising revenue depends on it.

Commissioner Drysdale

Thank you, Doctor.

Commissioner Fontaine

Yeah, I'll have a quick one, if I may. So. Yeah, thanks for your testimony, Doctor. So just a quick question. I took some notes here, and I hope I got them right. So I note you said, like, all is a lie. You know, it's a hoax. The PCR is a fraud. You've mentioned about the military program. But on the other side, you spoke about a real threat, and you spoke about a virus being real. I'd just like to know if you consider the possibility that, you know, this lie would also include the existence of a new virus.

Dr. Roger Hodkinson

No, that's a conspiracy theory. I distance myself from any conspiracy theory because the fact-checkers will get you and deny everything else that you're saying. No, the virus is real. It's been seen by electron microscopy. It's been shown to infect cells in tissue culture. It's been identified by virtue of its protein coat with antibodies directed against it. The COVID-19 virus is unquestionably real.

Commissioner Fontaine

Okay, thanks.

Shawn Buckley

And I believe that's it for questions. Dr. Hodkinson, it's just been an honour to have you come and testify. And on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying this afternoon.

Dr. Roger Hodkinson

It's been my pleasure, and I really enjoyed it. Thank you so much.

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