



## NATIONAL CITIZENS INQUIRY

Truro, NS

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Day 1

### EVIDENCE

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**Witness 6: Dr. Stephen Bate**

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**Ches Crosbie**

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

**Dr. Stephen Bate**

I do.

**Gayle Karding**

Thank you. Good afternoon, Dr. Bate.

**Dr. Stephen Bate**

Good afternoon.

**Gayle Karding**

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

**Dr. Stephen Bate**

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

**Gayle Karding**

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

**Dr. Stephen Bate**

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

**Gayle Karding**

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

**Dr. Stephen Bate**

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

**Gayle Karding**

Do you apply that interest in a number of areas?

**Dr. Stephen Bate**

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

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

**Gayle Karding**

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

**Dr. Stephen Bate**

Correct.

**Gayle Karding**

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

**Dr. Stephen Bate**

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

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

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

**Gayle Karding**

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

**Dr. Stephen Bate**

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

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

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

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And surveillance will continue.”

**Gayle Karding**

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

**Dr. Stephen Bate**

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

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

**Gayle Karding**

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

**Dr. Stephen Bate**

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

**Gayle Karding**

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

**Dr. Stephen Bate**

We're looking now at Canada.

**Gayle Karding**

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

**Dr. Stephen Bate**

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

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

**Gayle Karding**

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

**Dr. Stephen Bate**

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

**Gayle Karding**

And where did you obtain this data?

**Dr. Stephen Bate**

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

**Gayle Karding**

Is this still there?

**Dr. Stephen Bate**

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

**Gayle Karding**

Whether it is still accessible.

**Dr. Stephen Bate**

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

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

**Gayle Karding**

What, if anything, do you make of that?

**Dr. Stephen Bate**

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

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

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

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

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

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

### **Gayle Karding**

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

### **Dr. Stephen Bate**

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

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

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

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

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

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

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

### **Gayle Karding**

Okay, does that conclude your prepared statements?

### **Dr. Stephen Bate**

Not quite, no.

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

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

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

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

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

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

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

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

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

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

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

### **Gayle Karding**

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

### **Commissioner Massie**

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

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

### **Dr. Stephen Bate**

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



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

**Commissioner Massie**

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

[00:22:27]



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

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