



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

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EVIDENCE

Witness 7: Vonnie Allen

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Ches Crosbie

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

Vonnie Allen

I sure do.

Ches Crosbie

Thank you.

Vonnie Allen

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you.

Gayle Karding

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

Vonnie Allen

Yeah.

Gayle Karding

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

Vonnie Allen

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

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

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

Gayle Karding

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

Vonnie Allen

Oh, absolutely, yes, yeah.

Gayle Karding

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

Vonnie Allen

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

Gayle Karding

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

[00:15:00]

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

Vonnie Allen

Yes.

Gayle Karding

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

Vonnie Allen

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

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

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

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

Gayle Karding

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

Vonnie Allen

Every one of them.

Gayle Karding

How did you do that? Tell us about that.

Vonnie Allen

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

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

Gayle Karding

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

Commissioner Drysdale

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

Vonnie Allen

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

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

Commissioner Drysdale

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

Vonnie Allen

March and September.

Commissioner Drysdale

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

Vonnie Allen

Yeah.

Commissioner Drysdale

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

Vonnie Allen

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

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

Commissioner Drysdale

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

Vonnie Allen

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

Commissioner Drysdale

Thank you.

Vonnie Allen

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

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

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

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

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

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

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

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

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

I have been censored.

Gayle Karding

Thank you, Ms. Allen.

[00:30:35]

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

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

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