



NATIONAL CITIZENS INQUIRY

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Day 2

EVIDENCE

Witness 6: Alison Petten

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Ches Crosbie

Alison Petten, thank you for attending. Do you affirm you will tell the truth, the whole truth, and nothing but the truth?

Alison Petten

Yes, I do.

Ches Crosbie

Thank you.

Nicolle Snow

Thank you. Good morning, Ms. Petten. For a little bit of background, Ms. Petten was a last-minute substitution witness, and so for that reason we are not going to go through direct examination. Ms. Petten has a story here to tell, and it's an important story. Ms. Petten is going to be speaking on four different topics: informed consent, appropriate techniques for intermuscular injections, collection of data, and nursing standards and ethics. I'm going to let you have the floor.

Alison Petten

Okay, thank you very much. I really appreciate the opportunity to be here today. I'm here partly because I love nursing, and I get a little emotional about this. But I'll calm down once I get going. Many of my colleagues can't be here, either because they're afraid to speak publicly, or because they're exhausted, or they're at work, or maybe they're getting a break. I have had the privilege of working four streams of nursing. I've been a clinical nurse most of my career and an educator, an administrator; and I've also had some involvement with research projects and program evaluation. I currently work as an educator and health consultant. And I've been a registered nurse for 40 years—and a really good one. I love what I do and I love teaching all around Nova Scotia. I try to be kind and helpful and non-judgmental and I think, because of that, people tell me stuff. A lot of people know me in health care and I've been hearing a lot of very disturbing stories over the last few years.

I'm here because we made some serious mistakes, and we need to do better. And I know that we can. I'm not interested in furthering the blame and shame that has gone on. I think it's important that we reflect and examine and evaluate what's been done so that we can figure out how to do things better and not just see who's at fault. I'm not usually a rebel. I can be a little—but not overly. I actually kind of like rules. We need policies and protocols and guidelines and laws to guide us and support us, but we need to follow them, and they also need to make sense.

So as I talk about these four things, informed consent, intramuscular injections, collecting data about possible adverse effects, and nursing and our code of ethics, I'd like to spend a little more time on nursing and the code of ethics. But I'll try to be brief as I go along, and I invite you to help me with my time because, I know.

Nicolle Snow

I will.

Alison Petten

Yeah. And if I talk too fast, you can slow me down.

Nicolle Snow

Okay.

Alison Petten

With informed consent: I guess I would like to convey that, with 40 years in nursing, I'm blown away. To me, informed consent, I thought, was a basic foundational secure piece of the healthcare system that we weren't allowed to mess with. For 40 years, I'm not allowed to touch people hardly. I'm not allowed to put something on someone's body or in somebody's body without them understanding it and choosing to accept it. Unless the person doesn't have capacity to do so, and then there's a process we go through with that. Information is required. When you look at the definition of informed consent, coercion is not allowed. People are not allowed to be punished for the choices that they make with healthcare. There's not supposed to be negative repercussions for their choices. With regard to mandates, quite honestly, I never dreamed that we would do that.

And especially with the high vaccination rate that we had—with all that blame and shame and encouraging people to get vaccinated. We had a very high vaccination rate, so I'm not actually sure why they were mandated at all really. People wanted them. Before we heard messages about unvaccinated people being racist or misogynist or having unacceptable views, people want drugs. Look at the TV ads! You know, there's new drugs out there to help you with your COPD [Chronic Obstructive Pulmonary Disease],

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your breathing problems. And in order to decide you're going to have them you're being told that you might have headaches or high blood pressure or a heart attack or sudden death—but people have the information and they can make those choices and they sell the drugs. It happens.

We had nurses giving vaccinations to nurses who were crying because the nurses knew enough to know that we didn't know enough about these vaccines. You couldn't get an exemption for love nor money in this province. I only know of one individual who got an exemption, and that was after their first vaccination—after they regained consciousness several days later. We know there are a lot of people for whom this vaccine was not a good idea. The chemically sensitive, the neurologically vulnerable, and many others; but I probably shouldn't spend much time on it because other people are. We heard doctors telling their patients, "I don't think this vaccine is a good idea for you, but I'm not allowed to give you an exemption." Doctors were prevented from practising medicine and providing appropriate care for individuals according to their individual situation.

Yesterday, I learned that 114 Nova Scotians died from COVID—I think in the first two years. I'm not positive, but I'm pretty sure that I could find you 114 people who either died or aren't sure how they're going to live because of vaccine injuries. Some of those people chose, but some of those people didn't feel they had a choice, so it wasn't informed consent in that case. And I think it's interesting and very sad to see that we are noting now: we have more COVID deaths after people have had two or more vaccines. So not my area of expertise, but it does seem like maybe they aren't working. So that's informed consent.

I'd like to talk about the appropriate technique for intramuscular injections. I teach this stuff, and I teach to aspirate. Shall I just explain briefly what that means?

Nicolle Snow

Yes, please.

Alison Petten

So normally, when we're giving somebody an intramuscular injection, if we're using the deltoid, we have to make sure there's enough muscle there that we can actually get into a muscle; we're not going to hit bone. We landmark to find bone and the right place to inject. And then when we quickly inject the needle, we hold it steady, and we pull the plunger back just a little bit, create a little negative pressure to see if a little blood comes back into the syringe. If blood comes in the syringe, that means I'm not in muscle, I'm in a blood vessel. So I have to remove, pull the needle out, put pressure there so they don't get a bruise and whatnot, throw that out, and then I have to draw up and landmark and inject in a different site. Because if I go ahead and give that injection, I will be giving it intravenously. And if I give a medication intravenously, usually it's with a lower dosage. So the way these vaccines were developed and the research that was done around them was around them being given IM. So I was quite taken aback to see that in Nova Scotia and across Canada—and I understand from the CDC [Centre for Disease Control and Prevention], because I did some research to see what I could find out was happening now—they are saying it's not necessary for vaccines.

Nicolle Snow

What is not necessary?

Alison Petten

It's not necessary to aspirate—not necessary for vaccines. I found this out a handful of years ago because, as I said, I teach this and I want to make sure that I'm staying current and whatnot, and what I found out was there's no research around that. The wording is

there's no evidence to support that aspiration is necessary, but there's also no evidence to support that it's not. And if I don't aspirate and I inadvertently give a medication into a vein, I could cause an overdose because we have a different dose. So for example, with morphine, if I'm giving it IM, I might give 5 to 10 milligrams. If I'm giving it IV, I give maybe a half to 2 milligrams. So it is important that we aspirate.

Maybe they're not concerned about overdosing with a vaccine, but it wasn't intended to go directly into the bloodstream. It was supposed to get there gradually, from the muscle.

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And the only reason I can really think of for them wanting to do that, that would be a good reason, would be because of wiggly children. Most of the vaccines that we give go into young children. And no young child wants to have a sharp piece of metal in their body for very long. And they're wiggly. So maybe that's why, but I didn't find any rationale documented anywhere for that. It only takes a few extra seconds to aspirate. What takes longer is if you are in a vein, then you have to throw that away and draw up a new one. So you have a little bit of wastage and a little bit more time. But that's important.

Nicolle Snow

Okay. I'm going to give you the 10-minute warning.

Alison Petten

Thank you. My son wanted me to tell you that he was taught in paramedic school to aspirate. And then suddenly when they rolled out the vaccines, it doesn't matter. So he is rightly disgusted because it does matter.

With collecting data about possible adverse effects, a lot of people are talking about that in a variety of ways. So I think I will just tell you what I thought and what I expected, and it didn't happen. I first thought, uh-oh, that was fast. This is new technology. These vaccines are so new and different, they had to change the definition of "vaccine" in order for them to meet that definition. But I thought, oh my, we're in a pandemic. We have to do things differently. I suppose that we have to—and there was no talk of mandate at that point. But I thought, as long as we are collecting data about possible adverse effects and we're ready to pull the plug, I guess we have to do this. And honestly, I've known for years that we're not good at reporting adverse effects for drugs and whatnot. I think it gets reported maybe about as much as sexual assault: like, 10 per cent or less of adverse effects for drugs and vaccines actually gets reported. And this is after 40 years of nursing I know this.

I expected that we were going to do this amazing rollout of how to use the adverse event system following immunization forms. I thought they'd be on telephone poles almost. I figured every health professional in Nova Scotia—because we all are regulated—we'd have someone that can send us an email. I figured every nurse was going to get a copy of that form and be told how to use it. I figured they were going to revise the form and make it more user-friendly, make the process easier. I figured they're probably going to get the public to complete their own, because busy health professionals could be doing something else. None of that happened. And the way that it's supposed to work is we don't analyze what we submit. If there's an adverse event that happens following immunization, it's not supposed to be analyzed first. It's supposed to be submitted.

Nicolle Snow

When you say analyze, do you mean for the causal connection to the vaccine?

Alison Petten

Yes.

Nicolle Snow

You just report it regardless.

Alison Petten

We report if it's following—yeah. And if it's a very serious one, then they're supposed to investigate. That's my understanding: it's supposed to be investigated right away if it's serious. And if it's not serious, then they just put it in the data, and if a pattern emerges, then they investigate. But if you don't collect the data, you don't get to see the pattern. And I think that's what happens.

Nicolle Snow

Yeah.

Alison Petten

I'd like to talk a little bit about my profession. I might cry, but I'll get over it, so just bear with me. I live and breathe my standards of practice and my code of ethics. Nursing is hard, but I love it. It's important work and I've been proud to do it. Nurses are supposed to be critical thinkers. We're supposed to have awesome knowledge, skill, and judgment. We're not allowed to just follow orders. Leadership is expected and required of us. It says so in our standards of practice, which are legislated documents, and our code of ethics. So legislated: to me, I understand that means it's law. This is what we're supposed to do. We're supposed to also work within our scope of practice, which means: as a registered nurse, I'm only allowed to do what I have the knowledge, skill, ability and judgment to safely, ethically, compassionately do for an individual or group.

Yes, most people are familiar with nurses caring for sick people and people who are injured and people who are dying, but we also are required to do health-promotion and disease-prevention as well. I expected public health education to not be just,

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“Stay home and wait for your vaccine and wear a mask when you go out and have distance.” I expected we would also encourage people to support their immune system—let people know, the best way to fight off a virus is to have a healthy immune system. Fear does not make your immune system stronger; it makes it weaker. We could have done things like promoted better nutrition, hydration, stress management, mindfulness, fresh air, connecting with people. We could have been checking vitamin D3 for people to see if they needed more vitamin D to be optimized. So there are a lot of things we could do: helping people to avoid sugar and alcohol, just letting them know, you know, just make other choices when you can. But instead, we were vaccine-waiting.

I want you to know that the Code of Ethics for registered nurses in Nova Scotia—I'm going to quote from it two things. It says, "In anticipation of the need for nursing care in a disaster or disease outbreak, nurses assist in developing a fair way to settle conflicts or disputes regarding work exemptions or exemptions from the prophylaxis or vaccination of health care providers." That's for every registered nurse in Canada. This code of ethics also says, and I quote, "When in the midst of a disaster or a disease outbreak, nurses advocate for the least restrictive measures possible when a person's individual rights must be restricted." We didn't do that. And I've given you a copy of the Code of Ethics [Exhibit TR-24].

Nicolle Snow

I do. Yeah, I do have a copy of that. Thank you. You can enter that.

Alison Petten

The Nova Scotia College of Nursing is the regulatory body for all nurses in Nova Scotia. And I'm going to quote once again and read, if you bear with me: "In Nova Scotia, all registered nurses and nurse practitioners are accountable to practice nursing based on that Code of Ethics, developed by the Canadian Nurses Association. The Code of Ethics is a resource to help you practice ethically and work through ethical challenges that arise in your practice setting with individuals, clients, families, communities, and the health system." That didn't happen either. In August 2021, I heard that there was talk of maybe mandating vaccines. So in August 2021, I sent an email to my nursing regulator, because my understanding is that they exist for the purpose of protecting the public from nurses. I sent them an email basically saying, Public Health needs our help. I'm concerned that they might mandate, and these vaccines have not had long term studies. We don't have enough information, blah, blah, blah. And I have given you the information.

Nicolle Snow

I have that email, which we will enter into evidence [Exhibit TR-24a]. Okay.

Alison Petten

I basically got a pat on the head. We back-and-forthed a little bit, but I was told they're not experimental and we're not going to mandate. All nurses have them, but we're going to follow what public health says. After that, I phoned the Canadian Nurses Association, because they are the people who have provided the code of ethics for nurses. And what really troubled me at the time, and still, is that I phoned, because I was afraid to email. I was somehow afraid to have an electronic footprint just by asking some questions, and I realized at that point that we'd really lost the ability to advocate, and yet we are required by law to advocate.

The next thing was in February 2022. In collaboration with some other nursing colleagues, we submitted four resolutions to the Nova Scotia College of Nursing so that we could have some discussion. We thought maybe they'll never get past, but at least we could have some discussion and some debate, because that hasn't been happening at all. The four resolutions: One was about aspirating to avoid injecting directly into the bloodstream. Another was about reporting adverse events. We wanted them to make sure nurses knew they had to do that. Another was advocating to not mandate vaccines for children and adolescents, and another was advocating to end the use of the mandates and the passports in Nova Scotia.

We got nowhere with that. Basically, they were polite and let us know that really it would be a nursing association that would deal with such things. But in Nova Scotia we don't have an association anymore.

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We just have a little bit of a Facebook page presence, but we don't— So it was like you could go there, but we didn't have “there” to go. I felt like I had exhausted what I could do through the processes that were established for nurses. I emailed and I phoned MLAs, MPs, the Governor General, the Prime Minister's Office—and I did get a couple of calls back, but more pats on the head and we'll do what public health says.

Nicolle Snow

Thank you, Ms. Petten.

Alison Petten

Could I just— Could you—?

Nicolle Snow

Yeah, you're actually out of time, but can you wrap up very quickly?

Alison Petten

Okay, I'll just quickly read this. In closing, thank you. I can't believe that we got to this in Canada. I'm trying to understand how we got here, and one of the things I think happened was it was a lot about fear. I think we need to have information and not use fear. We had processes in place to guide us, but we didn't use them. I think that was because politicians took over healthcare, and they were guided by the pharmaceutical industry, not health professionals and scientists, and leaders who developed the guidelines for just this kind of situation. Politicians are about power, and the pharmaceutical industry is about profiting. Neither is about health.

This pandemic response was managed by politicians who Canadians have allowed to have too much power. They followed recommendations by the pharmaceutical company who made too much profit and cut corners and did lousy research. This inadequately researched vaccine is now in the childhood immunization schedule in some places. I'm not sure if it's in Nova Scotia, but they were talking about that. I think politicians acted outside their scope of practice. If I did that as a nurse, I'd be in trouble. They practice healthcare without a licence. Surely that's not legal. They do not have the knowledge, skill, ability, and judgment to safely, ethically, and compassionately tell health professionals what to do, who to do it to, and how to do it. If they were nurses, I would submit a complaint to their college stating they acted outside their scope of practice.

Nicolle Snow

I'm going to stop you there to see if we have some questions from the panel. Thank you.

Commissioner DiGregorio

Thank you for your testimony. I had a couple of questions around your thoughts on informed consent. First of all, I'm just wondering if you've had any formal training on it. Is there anything as part of your nursing training?

Alison Petten

Oh, yes. Yes, in nursing school, through my diploma program, also through my baccalaureate program, and reinforced during orientation for any job that I had.

Commissioner DiGregorio

Thank you. And do you know if there's anything about informed consent in the nursing code of ethics that you've been talking about?

Alison Petten

Oh yes. Yes, it's required. We are not allowed to provide nursing care without informed consent. And if a physician was to prescribe something that I thought was not appropriate for somebody—maybe a physician prescribed something like 100 milligrams of something, and I know this person has chronic renal failure and that's too high a dose for them—then I'm not allowed to give it, and I'm required to question them. And if they say, "Oh, give it anyway," then I have to go over their head.

Commissioner DiGregorio

Thank you. One other area you spoke about was about gathering information and adverse event reporting. Can nurses complete adverse event reports?

Alison Petten

My understanding is they can, but what I've seen in practice is that we typically don't. So usually it's physicians who do, but if you read the instructions online, you know any health professional is able to do it. I had assumed during the pandemic, we'd really make sure every all the nurses knew you can do that, and this is how you do it. And we made it easy for you.

Commissioner DiGregorio

You yourself were never asked to prepare one or you never actually prepared one?

Alison Petten

I did submit a couple for a couple of clients who had problems that they had reported to their doctors, and their doctors said that they weren't going to report it. And I asked the clients if they wanted me to do it for them.

Commissioner DiGregorio

Okay. Thank you.

Commissioner Massie

Maybe a quick medical question about aspiration, because I've seen a lot of recent literature on that. I was not aware of that really before. In your best, I would say, professional opinion, would you say that the lack of aspiration—in other words, the direct injection in intravenous—could be actually the source of many of the side effects that we've seen?

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Alison Petten

In my own opinion, I think that it's possible. And I've had some other nurses share with me, they're wondering: "Do you think it's possible that with some of the things we've heard about young men and athletic young men with big biceps, they're going to have bigger blood vessels?" We're wondering, is it possible that maybe we're hitting a blood vessel and giving the vaccine directly into the bloodstream by mistake and we don't know? And then they maybe develop more of the cardiovascular problems or the sudden issues. But I don't know that. But it's something I wonder.

Commissioner Massie

Okay, thank you.

Nicolle Snow

Thank you, Ms. Petten.

[00:26:02]

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