NATIONAL CITIZENS INQUIRY

EVIDENCE
TRURO HEARINGS

Truro, Nova Scotia, Canada
March 16 to 18, 2023

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at https://nationalcitizensinquiry.ca.

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NATIONAL CITIZENS INQUIRY

Truro, NS **Day 3**

March 18, 2023

EVIDENCE

Witness 1: Dr. Laura Braden (Parts I and II)
Full Day 3 Timestamps: 00:07:15–01:19:09/01:42:38–02:17:05
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PART I

[00:00:00]

Ches Crosbie
Dr. Laura Braden, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Laura Braden
I do.

Ches Crosbie
Thank you.

Nicolle Snow
Good morning, Dr. Braden. Thank you for being here to give your testimony.

Dr. Laura Braden
My pleasure.

Nicolle Snow
Now, I know that you've prepared a detailed slideshow. And you're going to start with your qualifications, training, and experience. So I'm going to let you get right into the slideshow. I'm going to try not to interrupt. And if I do from time to time, it will probably just be to explain in simpler terms because I know you have a complicated slideshow. So it may be just to explain in simpler terms what you're talking about or to have you do so. So I'm going to go ahead and let you take the floor.

Dr. Laura Braden
Thank you. And again, it's a pleasure for me to be here today.

Yes, so my name is Dr. Laura Marie Braden, and I have a doctorate in molecular biology with a focus in molecular biology, cell biology and transcriptomics, genomics, functional immunology, proteomics et cetera. So my education and experience started with a degree in cellular molecular biology. I then did another one in neuroscience because I just couldn't get enough of school and that was followed by a doctorate, as I mentioned, at the University of Victoria in BC, which is my home province.

In my doctorate, I specialized in molecular immunology, with a focus on host parasite interactions. Really understanding the interface between host and pathogens, and these pathogens included virus, bacteria, and parasites. And I used techniques in molecular biology to get a better sense of these interactions. These techniques included transcriptomics, so learning how RNA expression impacts this; genomics, so the genes; functional immunology, so really getting a sense of how cells in the immune system interact with hosts and parasites; and histopathology, microscopy, et cetera.

I was then recruited to come to PEI, the East Coast, and that is my home province now; I'm a proud Islander. And I did my first post-doctoral fellowship in pathology and microbiology. I did another one again in immunology, again really focusing on understanding how the host and the parasite or the pathogen interact. I then got my big girl job—you say that after you do your postdoc—with a private biotech firm. But I maintained a tight connection with the academic world because teaching is a passion of mine; communicating science is a passion of mine. And I had an adjunct—there's a spelling mistake there, I apologize—an adjunct professorship in the faculty of veterinary medicine in pathology and microbiology.

So getting into what my career was up until 2021: I was the senior research scientist and program lead in molecular biology and biotechnology. I was in charge of development of novel biotechnology solutions, genomics, transcriptomics, again histopathology, functional immunology. And a really important piece of this, which is what I'm going to focus on a little bit later in my talk, is that I have an extensive experience in the GLP environment. And what that means is good laboratory practices, which is what regulatory compliance is all about. So, I know what it takes to go through a proper rigorous regulatory compliance approval process with the FDA and the Health Canada. And so, I have familiarity with regulatory compliance processes, the approval process of new products, and most importantly, what quality control and quality assurance means.

Nicolle Snow
Wow. Okay. Great. So we're in for a science lesson today.

Dr. Laura Braden
Yes. Okay, so number one—I already mentioned it's an extreme pleasure to be here. You know, as we got through the beginning of the COVID crisis, from the very beginning, there were red flags for me. And as someone with the understanding and education of, number one, how to read science. Science is hard to read, scientific papers are hard to read. It's very exhaustive. But with our training, we learn how to do so. I know how to interpret data; I know how to read data. And so, things were popping up that didn't sit quite right. So it was sort of a professional obligation of mine and those in my profession, I feel, to question the,

quote-unquote, science. Because that's what scientists do: we never stop questioning. Until 2020.

[00:05:00]

I'm going to highlight a few things here in the slide and then move on. There's a lot to talk about. With the brevity and in the interest of time, I would like to focus on a few things.

The first ones I've highlighted here. So number one, at the very beginning, there were genomic sequences that were published on COVID that contain some very interesting inconsistencies with the whole concept of natural origin. I also want to talk a little bit about masking and the inconsistencies in the scientific data to support indiscriminate masking of healthy people, asymptomatic spread, and also the use of PCR. I use PCR every day of my life in my career. I troubleshot PCR. I was talking with the technical support teams of the major biotech firms who were supporting PCR in my lab: I know how to use PCR. And I have some things to say about that. I'm not going to go too much into it, but there was also this demonization of early treatment strategies to control the virus. Never before have we never treated the virus. You always treat the sick people; you don't send them home. And there was this demonization of early treatment strategies with safe generic drugs that was very upsetting and inconsistent with science.

And finally, I want to point out the last piece here. This whole concept of this novel technology that, in my opinion—which was my initial and very adamant concern—that there was a lack of quality assurance and quality control to ensure there was no contamination in these products. And I fail to this day to see rigorous testing to demonstrably justify its widespread use.

So I'll move on. The first thing that I saw was early sequence data in 2020 that indicated there were novel genetic inserts in the sequence. And what that means is— We were told from the very beginning that this was a natural born virus that was a zoonotic, so it transferred from a bat to a human. They published the sequence in January of 2020, and then a paper came out, a preprint. So because there's so much data, we have to get the data out as fast as possible. Preprints are when the authors want to get the information into the realm without going through the exhaustive process of peer review, which can take many months. So a preprint, you have to keep in mind, hasn't gone through the rigorous testing of peer-review process, but it's open science: They want comments. They want to get a discussion going, which I will emphasize is the tenet of science. It's open discussion and discourse. So they want to get this done.

Okay. There was an early sequence analysis indicating there were these interesting novel genetic inserts. And this caught my attention because these inserts showed significant similarity to HIV-1 sequences that were never present before in coronavirus. And that was very interesting to me as a scientist, and I wanted to talk about it. And I was, of course, silenced from my peers, saying this was ridiculous. These sequences, I'll show here. This is a 3D generation using bioinformatics tools that you can put in a sequence of a protein and you get a rendition of what this protein looks like. So this was the spike protein from this paper. This is the paper from Pradhan et al. Uncanny similarity of unique inserts in the COVID-19 spike protein to HIV-1, gp120, and Gag. And that's just a lot of talk, saying we found similarities in COVID to HIV. That's interesting. Let's talk about it.

The really important piece of this, of course, is that these sites that they found are the sites I've highlighted here in red—that are the binding sites. These are the binding sites of the protein, meaning those are the pieces of the protein that would interact with human cells.

So if those are interesting or different and unexpected, let's talk about it. That might be something to talk about, right? Interestingly enough, those particular proteins that are similar in HIV-1 are Gp120 inserts that facilitate or allow interaction with $CD4^+$ T cells. So this was indicating that SARS-CoV-2 could interact with not just the ACE2 receptors, which we've all heard about, but also T cells. And this is a paper talking about it.

Okay. So in addition, they also found the furin cleavage site, and I've highlighted those here in green. These are the furin cleavage sites. They again were not present in any other coronaviruses, so this was an interesting finding.

[00:10:00]

And these also facilitate nuclear transport, and we're going to get into that in a little bit later, but they were different. And they also show that these particular furin cleavage sites were key to pathogenesis. This is what made COVID-19 pathological to humans. So instead of discussing this and engaging in discourse, which is typical of science, this paper was withdrawn over a weekend, and it sort of disappeared into the ether, and we never saw it again. And this was very concerning to me because this contradicts the typical process for discourse after publication. If there's a paper that's published, and there's other authors that have an issue with that, generally what happens is that there's interactions, there's comments, there's letters to the editor, et cetera, but instead of any of that, it was just mysteriously withdrawn.

Nicolle Snow
And so, if I understand what you're saying, Dr. Braden, there's early evidence that the signatures on the virus were man-made or synthetic?

Dr. Laura Braden
That's correct.

Nicolle Snow
And that did not support the theory that it came from bat to human.

Dr. Laura Braden
No. And that evidence continues to accrue. Many papers in the last couple of years have shown that, including a paper by a group of authors that have shown other endonuclease signatures that are recombinant in nature. And so, let's talk about that. And also, there's evidence coming out, of course, in the U.S., about this whole concept of lab-made origin. So instead of discussing these potentials in 2020 as a group of peers, people who brought that up were censored. They were taken down off social media sites. And of course, the papers were withdrawn, which is completely antithetical to science.

I'll move on. So the next thing that really bugged me was how they figured we would stop a mosquito with a chain-link fence. And that's tongue-in-cheek, of course. But it was the indiscriminate masking of healthy people that never made sense. And it didn't make sense to a lot of people. But those of us who worked in Level 3 biolabs, work with viruses, know how these things work. It didn't make sense even more. Yet we saw our colleagues go along with this narrative, which was especially concerning.

So we heard about the masking and how it doesn't make sense in a number of ways. It wasn't supported by science. Public Health said you need to follow the experts and trust the science, and masking is the best way to stop the spread. If you're working with virus, you need to have negative pressure rooms. You need to have flow hoods. You need to have full body suits, proper respirators, not a bedazzled cloth mask. That does not work.

And even then, we know from previous scientific research: this doesn't stop the flu, which is droplets. How could they imagine that masking would stop aerosols, which is COVID? So, it didn't make sense. But then it didn't make sense intuitively. And then large, randomized control studies were then published, one of them being from Denmark, the famous DANMASK study, and then the Bangladesh study. They showed no impact on risk reduction. This is the one from Denmark. And then we finally have, over the last couple years, despite the evidence that they don't stop spread, the meta-analysis by the Cochrane collaboration showing no impact. And I'll quote from the lead author, "The pooled results of the studies did not show a clear reduction in respiratory viral infection with the use of medical/ surgical masks." So I'll move on from that.

Nicolle Snow
Just to summarize: it sounds as though the medical professionals who were indicating we needed to wear masks were ignoring this science.

Dr. Laura Braden
They were. So the next point: moving the goal posts, as they did constantly. This one, that there's sick, perfectly healthy people. And what I mean by that is—asymptomatic people were told that they were sick because they tested positive using a PCR test. And it is my professional opinion that this was used by the media and health bureaucrats to perpetuate the fear in people. Public health, again, did not support this assumption with evidence of any kind. It was never proven that asymptomatic shedding resulted in infectious spread. And even the WHO, the World Health Organization, admitted it was rare. One of the biggest studies to sort of conclude that asymptomatic spread wasn't a thing was a Chinese study, this was published in Nature. Out of the 10 million PCR tests they conducted in Wuhan, 300 of those 10 million were asymptomatic. And out of those 300, 190 people already contained antibodies, so they had already been infected.

[00:15:00]

And out of the 300, none—not one person—produced a live virus in the lab setting, demonstrating high cycling of PCR was generating false positives.

Nicolle Snow
Okay, so the false positives were used to support the asymptomatic spread narrative.

Dr. Laura Braden
Correct. And I'll go through that a little bit more in detail here. I will be clear: PCR detects nucleic acid; it does not detect disease. Never before in my training have we used PCR to show that an animal was sick. PCR is a good diagnostic tool that is always followed up with a confirmatory test of some kind. In a virus setting, if you test an animal and it is positive for PCR—and I will also mention here within the realms and the linearity of the test itself,

which is an important part—you always confirm with either a bacterial culture or a virus culture of some kind.

That was not done in this case. Diagnostic tests need to be interpreted in the context of the patient: So whether or not this person already had COVID, if there was a presence of antibodies already in their blood, meaning they already went through the infection and they just have residual DNA because, again, PCR tests for nucleic acid. Do they have symptoms? Are they sick?

It has been shown conclusively over and over again that high cycles over 30 is detecting such low levels of viral RNA, it does not indicate infectivity. And that's what they showed with the China study from the slide before. Viral shedding occurs after recovery. DNA is sometimes sequestered, and RNA is sometimes sequestered by our immune system cells weeks after the virus is gone. Is that what is being detected here? We don't know because they never conducted culture-based methods to confirm the person actually had infectious viral particles. They use PCR cycled at ridiculously high levels, and what I mean by that is the test is only designed to confirm the presence of nucleic acid within a certain range. And that range really shouldn't be considered past 30, 35 cycles. Yet across Canada, provinces were cycling routinely 40, 45 cycles. That is inconsistent with the science, based on the test.

Nicolle Snow
And so that's where the false positives come from.

Dr. Laura Braden
Correct.

Nicolle Snow
These are healthy people that may have had the virus at one point. The signature, if you will, is still in their system. And so because they're cycling is so high, it's magnifying, revealing that signature.

Dr. Laura Braden
Precisely, yes.

And I've mentioned this point previously: PCR detection of viruses is helpful, but it does not detect infectious virus. And this has been shown exhaustively in the literature with many other viruses—that viral RNA can be detected long after the disappearance of the actual infectious virus. And actually, in Portugal, there was a Lisbon Court of Appeal that concluded the PCR test is "unable to determine, beyond reasonable doubt, that a positive result corresponds, in fact, to the infection of a person by the [SARS-COV-2] virus." And that's very important. This precedent was being set across the world, yet Canada was not following the contemporary science.

And the next slide is an example of a FOIP [Freedom of Information and Protection of Privacy] request, kindly given to me by Dr. Jessica Rose, from the Newfoundland Public Health showing the threshold is 45 cycles. And that to me in my professional opinion is abhorrent. And it's hard to find every single province across Canada, but I know that PEI was cycling to 40, I know that Ontario was cycling to 40, so we can assume the rest of provinces followed the same trend.

Nicolle Snow
And that would not be the standard, to be cycling at that level?

Dr. Laura Braden
No.

All right. So those are the pieces that I wanted to talk about in terms of the mandates.

Now I want to get into the quality control and quality assurance—or lack thereof, in my opinion. For an experimental product, we would expect rigorous quality control and assurance that the product we are receiving is consistent, it is transparent, we know what is in it. The necessary steps to approve this gene therapy, which is what it is, were rushed, incomplete, or simply ignored.

The precautionary principle was thrown to the wayside.

[00:20:00]

For example, there was no genotoxicity studies conducted because they felt it wasn't needed. And I am assuming that by the end of my presentation, you will disagree with that statement. The biodistribution studies that had to be FOIP'ed—because they didn't want us to know where it went—were extremely underpowered and lacked relevance. There was no quality assurance from sponsors. And when I say sponsors, in the regulatory realm that means the pharmaceutical companies of Pfizer and Moderna, they are the sponsors. There was none from them on very important considerations, including the potential for contamination.

This would include the RNA quality—they're injecting RNA, so we expect the quality to be consistent and high—batch composition, protein identification, any of those things. There was no quality assurance about the fragmentation of RNA. RNA can be fragmented. What does that mean? You will learn.

And Pfizer knowingly allowed contaminants, a potential danger. And you will see why.

Finally, the production process lacks fidelity and transparency. What is an injection? How do we know it's consistent from person to person lining up? How do they know that every single injection contains the exact same thing in each lot? We don't know that.

So before I go on, I want to get us all on the same page because there's going to be some technical discussions that I'm going to bring up, and I want to make sure everybody is up here. So I apologize that this is technical. I'm going to try my best to explain this.

The first thing I want to talk about is the process of reading DNA. DNA—so this is a cell. DNA lives in the nucleus: this is the brains. This is the double-stranded DNA. All the red bits here are genes. These are the pieces that make our proteins. When your body or your cells want to express a protein, the DNA is transcribed into RNA. At this point, there's many different processes to snip the RNA pieces. There's height to make it high quality. There's all these little checks and balances in your nucleus. It is then shuttled outside of the brains into the body: this is the cytoplasm of the cell. The mRNA is then translated into protein. The protein is then—so proteins are not single-stranded, they're globular. There's many domains: primary, secondary, tertiary domains. All that happens, folding, and then you have your protein.

Nicolle Snow
Can I just summarize what you said to see if we've got that. So you basically explained the process of converting the DNA into mRNA, which happens in the nucleus, the brain of the cell. Then the mRNA is converted into protein. And I know you use different words for that. But that's essentially what's happening within the cell.

Dr. Laura Braden
In a very simplified version, but yes.

Nicolle Snow
Great.

Dr. Laura Braden
Correct. All right, the next lesson: What is a plasmid?

A plasmid, you may have heard about a plasmid. What is a plasmid? What is a vector? It's a piece of DNA that can be used to transfer foreign genetic material into cells. So in molecular biology if we want to express or we want to produce a protein, we can take the piece of DNA that we want. In this case—let's say it's a virus DNA—we want to express the spike protein. We use molecular scissors to cut that gene out of the DNA. And then we insert it into this plasmid or vector, the red part. And so, you can see here, we can insert the gene of interest into the plasmid and use molecular glue. That's a simplification, but it's literally how it works to glue those pieces together. Then we have this plasmid that is a circular DNA. And we can transfer that into bacteria.

Plasmids live in bacteria, ubiquitously in nature. That's where they're from, bacteria and archaea. And there's some very important characteristics of plasmids. Number one, they can replicate on their own. They often contain genes of interest that will help bacteria survive. So if you've heard of methicillin-resistant staphylococcus aureus, MRSA, that's because they've attained antibiotic resistance from a plasmid and now those bacteria are resistant to those antibiotics. This is a very important characteristic.

Also very important, the double-stranded nature—so these are double-stranded—makes them stable. They do not degrade easily, and they replicate easy.

[00:25:00]

Okay. So just to recap: You want to express a protein of interest. You cut it up, you put it in a plasmid, and you put the plasmid into bacteria, and you grow the bacteria up rapidly, and you get many, many copies of that plasmid.

Nicolle Snow
And that's how you're making spike mRNA.

Dr. Laura Braden
That's right. So now: How did they make the spike injectables?

So we've got our plasmid that has our piece of spike in it. They're transferred to *E. coli* here. So these are the little plasmids. They're transferred to the *E. coli*. They're then fermented or grown rapidly in vats: hundreds of litres of bacteria growing in media that they like. They have all their nutrients. They're growing rapidly. With them, their plasmids are growing. Then, we can harvest. This is from Pfizer. I should mention this is the process detailed from Pfizer itself on how they made these injectables. So then they harvested the plasmids: you break apart the bacteria and you harvest the millions and trillions of plasmids. Then you need to cut up the plasmid because you need to get the DNA out, the red piece, the spike protein DNA. So, they cut them. They linearize the plasmid; that's an important piece.

They then use something called in vitro transcription. So if you recall what I said, transcription is when you go from DNA to mRNA. So in vitro, meaning it's in a tube—this is not in a cell—they add the DNA that they've now taken out of the plasmid. They add a bunch of enzymes and things, and they are looking for this mRNA: this is what is going in the injections. They then purify. All of these pieces, I should mention, by Pfizer's own lips: this is intense rigorous testing to ensure there's no contamination in every one of these steps. That they've linearized all the plasmids. That they've turned all the DNA into mRNA, and if there's any that's left—under their words—they digest it. They get rid of it. They purify the mRNA so that all they have is that mRNA for spike protein that they then add to the lipids to make our delivery mechanism then—the lipid nanoparticles with mRNA.

Nicolle Snow
Okay, can I summarize that? I'll try.

Dr. Laura Braden
Please.

Nicolle Snow
I regret skipping science class now. So the bacteria, or the plasmid, is used for replicating the DNA.

Dr. Laura Braden
Correct.

Nicolle Snow
Okay. And once it's replicated, that is supposed to be filtered out. The plasmid or the bacteria is filtered out, leaving pure DNA. Then the DNA is converted into the mRNA using the process that you showed us earlier happening in the cell.

Dr. Laura Braden
That's right.

Okay, so now that we're all at the speed on that, what did they tell us? They being the sponsors, Pfizer and Moderna: What happened during injection?

So they told us— Okay, so here's the lipid nanoparticle. You can just blow this up, please. And they injected it into the deltoid, and it stays in the deltoid: that's what they told us. And

at that point, in cells of the muscle in your deltoid, this is a cellular rendition of what is happening. So I'm just going to use my laser pointer here to show you.

This is the lipid nanoparticle with mRNA. It is taken into the cell here. This is the cell. You recognize the brains, here's the nucleus. The delivery of these mRNAs are turned into spike protein. Some of the spike protein is cleaved, proteolytically cut up into tiny little bits. Some of it is taken to the outside of the cell. The end result is—spike and spike peptides, or tiny bits of spike protein, are exposed to the immune system of the person to induce production of antibodies specific to those peptides or protein fragments, thus inducing immunity. This is what they told us would happen.

And based on data that has accumulated over the last few years, data that has been the result of FOIPs—or court-ordered discovery of documents that were otherwise going to be hidden from the public for 75 years. What we can say is happening is number one: the injections do not stay in the deltoid. And this is based on data that was under a Freedom of Information request by Dr. Byram Bridle from a study that was conducted in Japan. The distribution of these LNPs go throughout the body. That is clear. They go into very sensitive organs. They do not stay in the deltoid. And not only do they go throughout the body, but they accumulate.

[00:30:00]

What do I mean by that? That means that over—I'm going to just highlight here some tissues that are sensitive: liver, adrenal glands, your spleen, ovaries. Over time—

Nicolle Snow
One moment. I just want to make sure we're still streaming and everyone can see, so we'll just pause for a moment. Okay.

Dr. Laura Braden
Over time in these sensitive organs that I've highlighted in red, the LNP— So this is a distribution study where they radioactively labeled LNPs, and over time, were able to quantify where they went. And they show accumulation over time in these sensitive organs.

In addition, this study was based on a single dose injection. So based on this study, Pfizer concluded that it stayed in the arm. It is not relevant to the true vaccine regime: Because there's only one injection, it is not biologically relevant. They didn't do a second injection and see if there was further accumulation. They just looked at a single injection, and I'll tell you the number of rats in this study was three. For every time point, they looked at three rats.

Now, one of the most concerning pieces from this data set is with respect to the ovaries. So Dr. Jessica Rose took this data and plotted it. And you can see here that, after 48 hours, it continues to go up. This is the LNPs over time: The x-axis here is time. The y-axis here is concentration. Over time, it accumulates in the ovaries of rats. Why did they stop at 48 hours? Why wouldn't they continue until it plateaued, like what would be scientifically rigorous and ethical? They stopped at 48 hours. So, we aren't able to see what would happen. But if you were to take this and extrapolate based on the degree of increase from the data to 48 hours, this is what might be happening. But we don't know. So we have to just base this on our own integrity. Again, why was this data only shown in 48 hours? Sample size of three.

And importantly, this study was done in a non-GLP environment: the only study from the Pfizer dossiers that were not done in accordance with regulatory compliance, which is necessary for this type of approval process. They did it in a non-GLP: meaning none of the processes were vetted. They weren't under strict operating procedures. That's a huge concern for someone who came out of that environment.

Nicolle Snow
Is that a quality assurance issue?

Dr. Laura Braden
A huge quality assurance issue in my opinion, yes. So that was the first thing that we know is happening.

The second: spike peptides share significant similarities to human proteins. Now, what do I mean by that?

Remember this picture here, how the spike protein in the cells of the body is either cut up with tiny little scissors and taken to the outside of the cell or full proteins are taken to the outside of the cell. When proteins are cleaved or cut up, the results are peptides. All proteins have peptides that make up the larger protein, and they all share similar peptides when you cut them. This is a very simplified explanation, but the point I'm trying to make is— There is a huge concern for the development of autoimmune conditions when the body is instructed to create antibodies against a peptide, in this case spike, that shares very strong similarity to human proteins. There is a huge concern for autoimmune development in that case.

Nicolle Snow
And so, the concern is that the spike peptide will be attacking human protein because it's so similar?

Dr. Laura Braden
Very close. The concern is the antibodies produced by the recipient, by the human, will be against peptides that are also in spike—but also endogenous, also in the human. They share similarity to human proteins. And 27 of those share similarity with proteins involved in fertility and development of the fetus.

Nicolle Snow
And so, what might that mean?

Dr. Laura Braden
That would mean that the body will be producing potentially antibodies against proteins that are critical for human development.

[00:35:00]

And that is a concern that should have been addressed, in my opinion.

Nicolle Snow
So development of the fetus might be seen as a foreign body.

Dr. Laura Braden
Correct. Placental development, decidualization, all those things that are critical components.

Nicolle Snow
And that could lead to miscarriages?

Dr. Laura Braden
It could lead to a lot of things that I wouldn't be able to speculate on. But that should have been done. That is part of the quality assurance that wouldn't have happened. Those are studies that needed to be done.

So, I'll recap: Not only are the LNPs going to important tissues such as ovaries—and we're seeing data in real time right now that they also cross the placenta, that's a big concern—but then the proteins that are being expressed share significant similarity with human proteins.

Nicolle Snow
Is it possible the manufacturer may not have known that?

Dr. Laura Braden
In my opinion, there is no way that they wouldn't have known that. This is part of rigorous primary research that would have happened in a room full of very, very well-paid scientists over many months. Anybody in first-year biology can put in the sequence of the spike protein and find out what similarities peptides would share.

Nicolle Snow
Thank you.

Dr. Laura Braden
What else do we know? We now know that unlike what Pfizer and Moderna have said, the spike protein and the mRNA enter the nucleus or the brains of our cells. There was assurances that this wouldn't happen, but recent reports show the nuclear presence—so again, where the DNA in our cells live, that spike protein and spike mRNA localize to the nucleus. And my question is: Why is this research being done three years after the rollout of these injectables?

And this is the paper. So one of the conclusions from this paper— And if you recall, one of the pathological characteristics of spike protein is the presence of the furin cleavage site; it's one of the things that make it so pathogenic to humans. It is also a nuclear localization site, meaning that that particular sequence facilitates, helps the mRNA go to the nucleus. And that was a surprise to these researchers. This publication was from January 2023.

Nicolle Snow
That's not supposed to happen.

Dr. Laura Braden
Not what they told us what would happen, no.

Nicolle Snow
Yeah. Okay. All right, so the spike protein that's contained in the injection is landing in the nucleus, which is the brains of the cell.

Dr. Laura Braden
That's correct. And I'll just bring up this, which was on the CDC website: you can go back to the "wayback-when-machine" and find this yourself. Of course, this has been taken down.

One of the things that they say is that they these injections do not impact or interact with our DNA. And that is no longer what they claim. And this is a paper showing that—and I want to impress on you—what this means is that the spike protein and mRNA go to the brains. This is the brains right where our DNA lives. And this is showing you a picture of that data. What you're seeing here are cells under fluorescence microscopy. The blue staining is the nuclei; the green staining is the protein, the spike protein; and the red staining is the spike mRNA. And you can clearly see, and this has been replicated, a clear association with the nuclear envelope—so, what wraps our DNA in the nucleus as well as inside the nucleus of the cell.

I'll move on. What else do we know? The spike mRNA is reverse transcribed in human cells, and I will explain what that means. This is happening. So this paper here was published last year. And it was conducted in liver cells: so, this is not in humans, this is in vitro. And it shows that there's intracellular reverse transcription of the COVID injectable mRNA vaccine in vitro in a human cell line. And this is happening as quickly as six hours.

Nicolle Snow
Sorry. Is in vitro in a petri dish?

Dr. Laura Braden
That's correct. And you know, this is not happening in a human. But this type of information is critical. And these are the original experiments that needed to happen because if you see some kind of trend like this, that begs more questions. That's a huge red flag:

[00:40:00]

wait, it's reverse transcribing. And in addition to that— So reverse transcription, for everybody who is listening, is when mRNA is turned into DNA: we are going the other direction now. And this is facilitated by very important enzymes called retrotransposases. And the one that in humans that they found to be associated with this is something called Line-1. This particular enzyme is really important—and you'll notice a trend—to

embryogenesis and development of the fetus, development of people. Okay. And it is being exasperated: it is going up in expression after injection, after exposure to these Pfizer products.

Nicolle Snow
So I think I'm going to try to simplify that. Does this mean that the spike mRNA that we said is landing in the cell is then being converted to DNA, back to DNA?

Dr. Laura Braden
This is saying that is potentially happening.

Nicolle Snow
Yeah, what's happening in that Petri dish.

Dr. Laura Braden
Exactly.

Nicolle Snow
Which would be good quality assurance, I would think, to do that sort of research when you're developing the product.

Dr. Laura Braden
Correct.

Furthermore, in another study they found that that enzyme, Line-1, mediates—so it facilitates—reverse transcription of the SARS-CoV-2 virus into the genome. This is in cells of humans, this is in a Petri dish, these are human cells. This paper is where this could be found. So, the virus is being turned into DNA and going into the genome of the people cells. Sorry, that sounded quite— So, not only is it being reverse transcribed into DNA, but with the virus, it's being reverse transcribed and then inserted into the genome.

So I just want to quickly go back to this picture because I don't want to lose people. This is very important that everybody understands: reverse transcription is when you go from the RNA back to the nucleus. Line-1 is the enzyme that facilitates this. There's others, but this is the main one. And so, the concern is, not only is it going to the nucleus, as we've shown, but the potential for it to be reverse transcribed into DNA and then furthermore integrated into the genome is there. This is a concern.

What else do we know?

The products do not contain what we were told they contain. What you are seeing here is from a dossier. This is Pfizer's data showing the RNA integrity of what was being produced commercially. There was some documents that were leaked, so to speak, after the European Medical Association met with Pfizer. They had major objections because they found inconsistencies in the quality of RNA that was being produced for their clinical studies versus the quality of RNA that was being commercially produced and therefore used for widespread inoculations. There was inconsistencies.

And what does that mean? That means that the length of the RNA, the integrity of those messengers that were being injected, varied. It was inconsistent. It varied from batch to batch. And that is unacceptable quality control or quality assurance when you're considering what those things actually do. And this picture shows that. So what we should see here is just a single, very strong peak. This is showing the volume or the quantity of RNA, and it should be a beautiful peak. There shouldn't be any other peaks; there shouldn't be shoulders; there shouldn't be anything like that.

Nicolle Snow
So, the shorter peak is the shorter RNA.

Dr. Laura Braden
Is the impurity. Yeah.

Nicolle Snow
And that's a truncated piece, like that part of the message is missing, as you said.

Dr. Laura Braden
That's correct. So the per cent RNA integrity is not even close to 100 per cent. And it was closer to 55 per cent in some commercial batches. So, if this is true, we do not know what is being made in the cells after they have been injected, and the physiological impacts of this is unknown. There is no way to predict. And every single vial has a different concentration of RNA that's complete RNA. In addition to that—

So I mentioned this was leaked from the EMA. This was raised as a major objection.

[00:45:00]

And the level that was set originally was 70 per cent, which is still interesting that 30 per cent impurity is somehow acceptable. The original level was set at 70 per cent. Because Pfizer couldn't meet that, instead of increasing their quality assurance, they just reduced the acceptable background to 55 per cent. So they are okay with 45 per cent of the injections containing—who knows what.

And I'll quote from the objection: "The possibility of translated proteins other than intended spike protein resulted from truncated and/or modified mRNA species should be addressed."

And I mentioned this— Fifty-five per cent intact RNA is the new acceptable limit. So that's a concern. Truncated mRNA species is known. They are known to be potentially pathogenic. They could have unknown physiological impacts. Our cells have checks and balances to make sure that that message from the DNA to the RNA to the protein has high fidelity: is translated; there's no mistakes; there's no mutations. If this truncated mRNA is then allowed to reproduce in our cells, what is the protein impact of that? What impact does that have on the cell? Are there misfolded proteins? Misfolded proteins are a huge concern. And that's what this is talking about. If the RNA is not intact, what is the protein that's being produced?

And that was the objection raised to Pfizer. And Pfizer submitted some very interesting digitally sort of mastered proof that nothing nefarious is going on or the proteins are what they say they are. And that was just unacceptable because it was digital protein verification. They didn't give actual data to show what those proteins are. There's never been sequencing done on the proteins. There's never been crystallography done on the proteins or any of that—confirmatory steps necessary to show people, to show the public and assure them that those truncated mRNAs are not going to be a problem.

Nicolle Snow
So the truncated RNAs then, they have a partial message. So that's confusing the body or the body is— We don't know what the body is going to pick up from that in terms of messaging.

Dr. Laura Braden
Well, the message could be read. But as I mentioned: so, recall, the proteins are translated and then there's all this protein modification and their globular and all these domains. If it's a partial message, that protein could just be partially—who knows what it interacts with. There's the potential for interactions that we don't know about is very, very high.

Nicolle Snow
Okay, and so it's a matter of waiting to see how that evolves in the body.

Dr. Laura Braden
Yes.

Finally, there has been data in the last month that has been rigorously, in my opinion, confirmed to show the injections contain double-stranded DNA contamination from the plasmids. So if you recall in the process map, and I won't bring it up again: the plasmids were linearized. The DNA is then transcribed into mRNA, mRNA into the injections. That entire process appears to be contaminated. The researchers, Dr. Kevin McKernan et al. and his team, have taken it upon themselves to sequence what is in the vials. Because we were never given sequencing data; it continues to be hidden from the public. So they did it using Illumina sequencing: they did RNA-Seq, DNA-Seq, Nanopore sequencing. They have exhaustively repeated the data. Because the concern is very real, so they wanted to make sure it was what it is.

And they found, without a shadow of a doubt, double-stranded DNA contamination in the injections. They had two vials of Moderna; they had two vials of Pfizer. Contamination was present in all of the vials in various amounts. In addition, they found contamination of plasmids that contained the antibiotic-resistant gene from the original cloning experiments. Neomycin and Kanamycin, the sequences are there for those particular resistant genes. And regulatory authorities have said there is an acceptable limit of contamination by double-stranded DNA. One molecule of DNA for every 3,000 molecules of RNA.

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What they found is orders of magnitude higher than that, number one. Number two, they found intact plasmids. And I'll show you what that means. If there's no questions to that slide, I'll move on.

Nicolle Snow
No.

Dr. Laura Braden
So this is the RNA integrity plots from those vials, showing shoulders here—again, what are those? We are not sure.

Nicolle Snow
The shoulders is that the shortened—

Dr. Laura Braden
Those are truncated, and in some cases, elongated versions of mRNA.

Nicolle Snow
Okay.

Dr. Laura Braden
So I just want to recall. Plasmids: What are we talking about? They are circular DNA. They are highly transmissible and replication-competent, meaning they can replicate all on their very own. They are used in molecular biology to produce proteins of interest; in this case, it's spike protein. They are often associated with *E. coli*. That was the original bacteria that they were using to reproduce these plasmids. They contain their own promoter. They contain the interest. So here's the promoter: This is ensuring that it is replicated. So it promotes the gene of interest. This is where the spike would be. A bunch of other things. They need to be able to select that those bacteria containing those plasmids are actually containing what they think. And they do that using antibiotic resistance. So if you put this plasmid in a bacteria, you know it contains it because the bacteria will survive in the presence of that antibiotic. And in this case, it's Neomycin and Kanamycin.

So remember this diagram. These are the potential areas of contamination that I have circled here in red. According to Pfizer, the linearization of the plasmids occurred earlier in the manufacturing process. And then after this step, there's rigorous testing to demonstrate they are linear. That is not— There is circular plasmids present in these vials. And importantly, this step is considered by regulatory authorities to be a critical quality assessment, meaning this is a critical point to ensure there is no contamination. I emphasize that because of the importance of what we are discussing here. It is critical.

Nicolle Snow
And I'd like to summarize that because it is an important point. So the bacteria and the plasma that was used to replicate the DNA, we talked about that process earlier—which is supposed to be filtered out—was not filtered out in these samples that the scientists examined from Pfizer and Moderna.

Dr. Laura Braden
There's contamination. Yes.

Nicolle Snow
And that's the contamination you're speaking of. So it's that bacteria and plasmid that is in the injection, which is not supposed to be there.

Dr. Laura Braden
Correct.

Nicolle Snow
Okay.

Dr. Laura Braden
Here are some maps, the next two slides. The only thing I want to impress upon you is that not only are there plasmids present in the vials, but the plasmids are different. There's different sequences. Some have really long spikes, some have different— There's just different contamination. It's not like there's a consistent plasmid in every one. It's not like there's consistent sequences of the double-stranded DNA. It varies.

Nicolle Snow
So that would be from batch to batch.

Dr. Laura Braden.
That's correct. Pfizer and Moderna, same thing.

So, to confirm that the plasmids were what they saw on the sequencing data, they took the vials and they digested all of the RNA out of it so that all they would have left is double-stranded DNA if it was present, meaning plasmids potentially. They then exposed that double-stranded DNA to *E. coli* in a flask of medium. *E. coli* are really good at taking up plasmids, so if there's plasmids in what they just put in there, they will take it up. They then took that bacterial medium, plated it on plates, agar here, that contains antibiotics. If they were to find bacterial growth on these plates, that would demonstrate there were plasmids that were replication competent in those vials, number one; number two, that contained antibiotic-resistant genes. And they found that in both Moderna and Pfizer. And you can see that here with colonies of bacteria growing on these plates.

Nicolle Snow
And how is that important that it's in— And maybe you're going to get to that.

Dr. Laura Braden
What that confirms is that not only were they finding plasmids, they were circular, they were replication competent, and they were able to grow in antibiotic media. Now, if you imagine that those injections are going into the human body. And we know that they go all over the body, including the GI tract, and those plasmids are then—GI tract being your

colon and everything, where you have tons of bacteria growing, that's your microbiome—and those plasmids are replication competent,

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it follows they could get out and they could get into the bacteria of the human, thus transforming their microbiome with potential antibiotic-resistant genes. That is a huge concern that is unacceptable quality control.

These sequencing results of the contents of injectables found multiple versions of expression plasmids in varying degrees between vials. These are viable. There is inconsistent contamination to which people were not given informed consent.

I realize we are getting up there in time, so I will try to go a bit faster if that's required.

Nicolle Snow
No, it's pretty fascinating, so—

Commissioner Drysdale
We have time.

Nicolle Snow
Okay. Keep going. Yeah, we do.

Dr. Laura Braden
So I would just like to summarize this independent product analysis. And I would also like to say that it is unacceptable that this product analysis landed on the shoulders of independent citizen scientists and that this wasn't done by the sponsors because we wouldn't have known this was the case if Kevin McKernan and his team didn't sequence this. And I will also note, based on Kevin McKernan and his team, that they're trying to reproduce that with the original injectables. This is for the bivalent boosters that they are pushing on our children right now. That is what we are talking about.

Nicolle Snow
So, the contamination that they have identified is in the boosters.

Dr. Laura Braden
This is in the bivalent boosters that is currently being pushed on the public.

Nicolle Snow
And they haven't examined the original injections yet to say whether it's present.

Dr. Laura Braden
No, but they have high suspicions, based on earlier data, that they will find the same thing.

Nicolle Snow
I also meant to ask you whether this might contribute to the wide variety of adverse events we're having if there's so many different contaminants in the different vials, different levels of contamination?

Dr. Laura Braden
Unequivocally, yes.

So I just want to summarize this independent product analysis. They found double-stranded DNA contamination levels at up to, or maybe more than, a hundred-fold higher than acceptable limits. It's important to note: this has been under, for the last months, rigorous community discussion, scientific discourse, trying to reproduce data, trying to get at some very important questions in a way that is transparent to the public. Anybody can go and follow this stuff. They're trying to get it out in Twitter spaces; they're getting it out in their Substacks. Anybody can go follow them. And I would have to say, thank you very much to that team for doing this work.

They have estimated up to 35 per cent, again, being confirmed, of the nucleic acid in each vaccine as being expression vector. And most of this DNA is expression plasmid DNA: again, the plasmid being what was initially carrying out the reproduction of the spike protein. Interestingly, and very important: whenever you have presence of contamination like this, how can you assure the public that there isn't contamination of other bacterial-type associated things, like *E. coli* endotoxins.

So when you're growing up plasmids in *E. coli*, and you get evidence of plasmid contamination, then you must assume through logic that there might be *E. coli* contamination. So *E. coli* contains endotoxins. Endotoxins can cause anaphylaxis, TSS (toxic shock syndrome), among other things. So it's sort of like a canary, right? To see the plasma present. Again, we don't know. But that's a concern. The plasmids carry antibiotic resistance—again, the potential to transfer that to humans is a concern. And while the bacteria are unlikely to express the spike protein, they can replicate the plasmid. So, the bacteria in our guts, if they get this plasmid, there is absolute certainty that they can replicate it.

Nicolle Snow
Okay, and does that mean that it's questionable whether the body will react properly to antibiotics if they need antibiotics for some condition?

Dr. Laura Braden
That would be my concern, yeah.

Nicolle Snow
Because the body would be resistant to it, to the antibiotic. Okay.

Dr. Laura Braden
So the next really important question that follows— And I'm taking you through this in a way that I've been following it because it's step after step. So the next question that I have: Is this contaminating DNA interacting with our DNA?

In molecular biology, it is sort of a known. It's a known phenomenon that when you have high amounts of double-stranded DNA present, it can enter the genome.

[01:00:00]

And it doesn't need those special Line-1 transposases to help you. It can just do it on its own.

Nicolle Snow
And the genome is?

Dr. Laura Braden
The DNA.

And this happens during cellular division: when your cells are splitting in meiosis and mitosis, this is when cells split into other cells; they grow. It's cellular division, okay? This is known to happen during that process. What are tissues in the human body that are highly divisive, that are dividing all the time? Liver, skin, your intestinal tract, sperm cells, egg cells, bone marrow, lymphocytes, the developing fetus. All of these tissues are under high rates of mitosis. And this is the paper showing transfected plasma DNA is incorporated into the nucleus during this process. So, we know that there's publications showing this. This is a known thing in molecular biology, that the double-stranded DNA can integrate into the genome during these dividing cell processes.

So in this instance, where we have potentially billions and trillions of double-stranded DNAs in the injectables that is contaminating, they are now going throughout the body, we know that. They're accumulating in certain very sensitive areas, we know that. And those sensitive areas are subject to high rates of mitosis. And now we're showing that high levels of double-stranded DNA are present in those injections in highly dividing tissues. The logic follows there's a potential for integration into the genome. Moreover, we know that the furin cleavage site acts as a nuclear localization site, getting the DNA into the nucleus of the cells. In addition, in those plasmids that they've sequenced, they found a sequence and they know that there's a special promoter called the SV40 promoter. And that's a promoter that is used in molecular biology to replicate plasmids because it works so well. It's like a supercharger replication, okay?

It facilitates nuclear entry as well, in addition to being an oncogene. Kevin and his team found evidence of the 72 base pair insertion in this promoter that, as you can see here, has a striking effect on gene expression. So this promoter turbocharges the plasmid replication. And here is the sequence— And I apologize, you can't see, well maybe you don't want to see the letters. But basically, what this is showing in one plasmid, you see the evidence of the insertion of the 72 base pairs, and the other one you don't. So, it's just inconsistent. Some plasmids have it; some plasmids don't.

Nicolle Snow
The SV40 is not present all the time.

Dr. Laura Braden
No, the promoter is; the supercharged insertion isn't.

Nicolle Snow
I see. Okay.

Dr. Laura Braden
So what is the SC40? It's a simian virus, that's what it comes from. It's a highly competent promoter sequence used for efficient replication. And the nuclear entry of plasma DNA requires this promoter to get in.

Nicolle Snow
Okay. Is it unordinary that that it would be used in this process?

Dr. Laura Braden
No, it is not. It's a really exceptional way. Way back early—before it's in the injection—that's an acceptable way. That's an acceptable way to replicate plasmids. We're not supposed to be injected with that, though.

Nicolle Snow
Yes, okay.

Dr. Laura Braden
That's supposed to be gone.

Nicolle Snow
That's for a whole entirely different science, not for use in the human body.

Dr. Laura Braden
That's correct.

So I want to just bring this all together. When I'm talking about the abhorrent, abysmal quality control and quality assurance that in my opinion has happened with these injections, it has resulted in every injection being a new event. When you go to the grocery store, you expect your milk to all be the same. When you take a Tylenol, you expect it to be 400 milligrams, not sometimes 900, and not sometimes 300, and not sometimes containing lead. It's quality assurance and control: that is what makes the world go round in consumerism and commercial products. And that is supposed to be an accepted, sort of, standard and fundamental tenet for pharmaceutical drugs.

In this case, this is not, in my opinion, the case. Every injection is a new event. You may or may not have spike of various lengths, mRNA of various lengths, double-stranded DNA of various lengths.

[01:05:00]

You have the SB40 promoter: sometimes it contains the turbo, sometimes it doesn't. Sometimes it contains the resistant genes for antibiotics. Who knows if there's endotoxins in there? Who knows where it's going in your body? That's a really important point.

And I wanted to recall, because yesterday— I've been watching this entire testimony. Yesterday, I apologize, I forget the name, but the nurse was talking about aspirating and how they don't aspirate anymore. And how every time someone is injected with one of these products, it either could get into the blood—maybe it doesn't; maybe it stays in the deltoid a little bit, who knows? Because it's not the same for every person. And this on top of it, the confounding impacts of these contaminants, makes it so concerning for me.

Nicolle Snow
So, it sounds as though the process is well outside any kind of reasonably accepted standard.

Dr. Laura Braden
Absolutely, yeah.

Nicolle Snow
And so, and I know you can't speak to whether the manufacturer would have known this, but ought they have known this?

Dr. Laura Braden
One hundred per cent. The onus is on them to know this. The lack of sufficient quality control and quality assurance by manufacturers that every injection is consistent, lacking contamination, and that the necessary checks and balances are undertaken to ensure there is no potential negative impacts on people, was not done.

The injectables are not a conventional vaccine. They are a gene therapy drug built on brand-new technology that lacks the assurances from quality control to ensure that it was consistent and lacked contamination. It enters the nucleus; it doesn't even provide immunity; and it persists in the body for months.

Why does this matter to us? That's why.

In conclusion, things are not what they seem. The origin of the SARS-CoV-2 virus, we don't know. The true numbers of actual infections—this is my personal opinion, based on my professional experience—this has been a CASE-demic. Mandates are justified by trusting the experts. They've never been supported by citations or references and were politically incentivized. Early treatment was treated as pseudo-science despite clear benefit. How many died unnecessarily? And finally, mRNA products are an abject failure. They are not safe, they are not necessary, and they do not contain what we think they do.

Nicolle Snow
Thank you, Dr. Braden. This is fascinating data and evidence. I really appreciate you putting this slideshow together. I want to take a moment because I think the audience and the people watching live stream should know a little bit about your personal story.

Dr. Laura Braden
So I think I've demonstrated fairly well that I've had concerns about multiple facets of the COVID crisis. I live in PEI, where every Thursday, we were told by Dr. Heather Morrison, the chief public health officer, that our children were going to die if we didn't vaccinate them. We were told that there was a huge risk to their health. We were told a lot of things. And for quite some time, I as a professional did not speak out publicly because we saw what would happen to you if you did.

After they started rolling out vaccines, injections, for the children, I decided that I had a moral obligation and a professional obligation to stand up and ask questions publicly. So in November of 2021, the International Day of the Child, I attended a rally in Charlottetown, Prince Edward Island, and expressed my concerns. Of course, back then we didn't know about all of what I just spoke about. But my concerns were with respect to the silencing of early treatments, to the fact that children were not at risk, and all of those things. And in December of 2021, I was fired.

[01:10:00]

I was terminated from my position and effectively cancelled from my career, for this.

Nicolle Snow
You've sacrificed a lot to speak up on behalf of others. And what was your position?

Dr. Laura Braden
So I was adjunct faculty in the Department of Animal Medicine at the University of Prince Edward Island. And I was also, as I mentioned, program lead and senior scientist in molecular immunology and biotech for the private company that I worked for. And at no point—during me speaking out publicly—did I ever mention my employer's name. I spoke as a private citizen with the education to back up the conclusions that I made. And I never once indicated who I worked for or that I was there on their behalf. I was never given any warning. I arrived to work on a Monday morning. My supervisor was there, who flew in from the U.S. They'd never allowed me to speak to defend my position. They escorted me out of the building. I was never given any severance or any of the like. They fired me for degrading COVID to be a bad flu, for calling ivermectin a potential early treatment, and for questioning the safe and effective nature of mRNA injections.

Nicolle Snow
Thank you, Dr. Braden. At this time, we are going to take a break. And we'll have you take the stand again after. And we'll let the commissioners have an opportunity to put some questions together for you; I believe that they will have some.

So we will have a ten-minute break? Ten minutes please, thank you.

[01:11:54]

PART II

[00:00:00]

Nicolle Snow
Dr. Braden, at this time, I'm going to turn you over to the commissioners.

Dr. Laura Braden
Thank you.

Commissioner Massie
Well, thank you very much for your excellent presentation. Full disclosure. My question will be from a base of knowledge. Because all of these nice cartoons she has depicted for recombinant DNA technology and stuff, I did that in my youth. We were the first lab in Canada to do a recombinant DNA experiment with resistance gene in bacteria, so I know that stuff. I was also, during my post-doc, the first lab in Canada to produce what we call a recombinant adenovirus, which is the basis for a number of these vaccines that are currently used in the industry, so I know the technology. And having worked at the NRC, I was also involved in the commercialization of these processes, so I know the scale-up of product from *E. coli* under GLP conditions, as well as the scale-up of recombinant adenovirus. The technology I contributed to develop at the NRC was licensed with a number of companies, one of which is known. It's CanSino. It's a Chinese company that has produced a recombinant adenovirus using our technology. And I know very well what it takes to produce a quality product.

So I have a few questions for you. The first one is— I've been reviewing exactly the same literature as you presented it in a very, I think, clear way for most people. If you look at all of the issues that you raise in terms of the quality of the product, do you think that it's because it was rushed? Or all of the issues that you are presenting can be corrected if the method is properly developed and the assessment is properly done?

In other words, do you think that these mRNA liposome vaccines can be scaled up under GMP process that would be according to the highest standard? Is it possible to do it if you would do the steps properly?

Dr. Laura Braden
In theory, I think that is possible. Putting it into context, with respect to this particular injection, injectables, I do not. And this is the reason: I have yet to see any evidence to support the use of full-length spike as an antigen for the human body because spike is a virulence factor and inherently an inflammatory molecule that has lots of issues. So I could see this being—you know, I'm not sure if that's addressing your question, Dr. Massie—I could see this being something, in theory, the process without rushing the system, with ensuring higher quality throughout the process, in theory, would be possible. My objection is to the gene of delivery.

Commissioner Massie
I have a more specific question about the issue of the double-stranded DNA plasmid that can potentially insert it into the genome. I know it's a recent paper that described the frequency, and I haven't read this paper in particular. So based on what you've read from that, could we anticipate that the frequency could be a concern in terms of what it could actually trigger—in terms, for example, of insertion of the SV40 promoter near potential oncogene. Like we have seen, for example, in the first gene therapy trial with the retroviral vector where they ended up with a fairly high number of insertions that activated oncogene. Is it something, according to what you've read and what we know right now, that is a likely possibility?

Dr. Laura Braden
Yes. In short, yes, and I'll explain why.

[00:05:00]

Like I mentioned, all of this sequencing of what's in the vials and the discovery based on your sequencing, and all the work that they're doing, is really happening as we speak. And if you think about what they're showing to be present, concurrent with this sort of explosion of deleterious adverse responses, such as what they're calling turbo-cancers, and you're seeing degradation of T cell populations and innate immunity suppression in people who are injected. That information and now you have what we're seeing: it's hard not to draw some sort of correlations between the two. It's hard not to do that. And we can't because we need more data.

However, what we know is, what you've just suggested, the SV40 promoter has certain impacts. In some vials, it contains the insertion; in some vials, it doesn't. It's very potentially possible that the double-stranded DNA is getting into the nucleus. Is it inserting? We don't know. Is that impacting on cancer pathways, we don't know. We do know that spike interacts with P53, which is part of the anti-cancer pathways in people. So there's all of these lines of evidence that are all converging. And of course, there's more data that needs to be generated, but it's hard not to draw those conclusions given what we know now.

Commissioner Massie
Maybe I'll just ask one last question. The analysis that was done by the independent researcher with the vial: it was my understanding, and maybe I didn't read that correctly, that in theory you're not allowed to open these vials to do these types of analysis. Is that correct?

Dr. Laura Braden
I can't speak to that. I don't know the answer to that.

Commissioner Massie
Okay.

Commissioner Kaikkonen
I have two questions. I understand that in vaccine research, the placebo used in the non-treatment groups is usually another old vaccine. Do you know what was in the Pfizer and Moderna COVID vaccine placebo? I think many people are assuming it was plain saline?

Dr. Laura Braden
That is the assumption. That is what we're understanding: that it's saline. And they have said it in some of the dossiers that I've read that the placebo is saline.

Commissioner Kaikkonen
And my second question is, can you speak to blood transfusions?

Dr. Laura Braden
I can speak to it from a concern— So I'm not a medical doctor, I've never done a blood transfusion. So I can't speak to it from that perspective. I can speak to it from a concern of the contamination and what is being delivered into our bodies and how the production of spike that we know is existing for up to 15 months, protein present in people who are injected, circulating in their blood. So from a concerned citizen perspective as well as a professional who understands molecular biology, it is of great concern for blood transfusions to not be screened for the presence of both lipid nanoparticles or spike protein. And in fact, as a mother, I would not let my child be transfused with blood unless it was proven to be clear of both.

Commissioner Kaikkonen
Thank you.

Commissioner Drysdale
Good morning, Dr. Braden. I have a few questions, and my questions aren't as complex. I'm an engineer; I'm not a researcher or a doctor.

With regard to masking, you were talking about the difference between the virus being either aerosol or carried in fluid particles, and you'd said that COVID-19 was an aerosol-type transmission.

Are there any other known viruses prior to this that were aerosol transmission-type viruses?

Dr. Laura Braden
The other SARS, MERS, small RNA viruses.

Commissioner Drysdale
Okay, so that so that's not that unusual. It's not an unusual or a novel transmission.

Dr. Laura Braden
Not to my knowledge.

Commissioner Drysdale
Then I have another question related to that. Was there any pandemic planning done by Health Canada or the authorities in Canada anticipating a pandemic. And was there any investigation at that time as to whether or not a mask would be effective in preventing transmission?

Dr. Laura Braden
To my knowledge, there exists such a document. The publication, you'll have to double check this, it might have been in 2016.

[00:10:00]

And their conclusions were that masking would not help in a pandemic situation.

Commissioner Drysdale
And that was a Canadian report?

Dr. Laura Braden
It was a Canadian report, and I believe that Dr. Theresa Tam might have been an author.

Commissioner Drysdale
Ah. Okay. I have a few more questions, and you know it's been a long time since I've been in school, and I was more in physics and calculus than I was in biology. But just for myself: the reason DNA is so important in my understanding, and I know you'll correct me, but isn't DNA the blueprint that the body uses to create more cells or more tissue. It uses that as a guide? Is that the function of DNA?

Dr. Laura Braden
Correct. So in our cells, we have copies of genomes from both our mother and our father, both of which come together to create us. Those genomes are in our nucleus of our cells—sorry, those chromosomes, we have 46 chromosomes. In those chromosomes, which are tightly wrapped together to protect this very fragile blueprint of our bodies—it's wrapped in protein and other things in the nucleus. And it's protected in the nucleus because it is, number one, so important. We don't want deleterious mutations. We don't want things interacting with our DNA. It's housed in a very protected area to facilitate that. And because mutations, anything like that, we don't want to pass down to our offspring. And that's very important when it comes to mutations or anything interacting with our DNA, which is why genotoxicity studies should have been done.

Commissioner Drysdale
Yes. So again, just so I can repeat that. What you're saying is that the reason this is so important that you're finding that these particles are showing up in the DNA, is it's essentially, or could be potentially, putting instructions in there that wasn't before. So instead of when it goes to grow a new cell in the body, it's got new instructions and that cell isn't the way it was originally intended to be.

Dr. Laura Braden
In theory, we're following the trail of logic. Yes. There is a concern for integration of these exogenous non-human pieces of DNA now in our nucleus. We know that high levels of double-stranded DNA will insert on their very own, and there's a couple of other things that I've shown that are concerning in terms of the potential for integration. Now why is that important? Well, if these things are happening in germline cells such as sperm and egg cells, which we show the LNPs in the distribution of these injections go to, and this is happening in those cells, it is potential that that could be passed on to our offspring.

Commissioner Drysdale
Yes. I want to switch around a little bit.

Dr. Laura Braden
Again, can I finish? That it is a potential. I'm not saying that that is happening; nobody is saying that it's happening. But that is why these fundamental studies need to be done because that is a concern. So to evaluate that concern, you have these baseline studies and that was not done.

Commissioner Drysdale
So essentially, we jumped off the cliff without knowing what was at the bottom.

Dr. Laura Braden
With no parachute.

Commissioner Drysdale
With regard to the PCR testing: everybody's talking about that, and I've heard many medical people talk about the cycling. As I understand it, the PCR tests, some people called it a genetic replicator. And when you talk about cycles, is the cycles— Does it have a linear effect or is it an exponential effect? In other words, if I do one cycle or if I do two, is two cycles twice as many, or is it exponentially?

Dr. Laura Braden
It's exponential replication of nucleic acid. Every cycle, there is a doubling. So if you have n equals cycle, it's two to the power of n. So, if you, for example, run a PCR test for 40 cycles, and you started with one molecule of DNA, you will have two to the power of 40 molecules of DNA at the end.

Commissioner Drysdale
Right. So the cycling from 30 to 46—I just want to make sure everybody understands, as I understand your testimony—isn't just simply that it's 20 per cent higher, it's—

Dr. Laura Braden
Two to the power of 16.

Commissioner Drysdale
My next question I think was answered, and that was you were talking about—I was writing them down as you were speaking— But you were talking about how the vaccines were originally intended to be intermuscular, in other words, they weren't to be inserted into the circulatory system. And you said that there was evidence that it was getting out into all other parts of the body.

[00:15:00]

And my question had to do with aspiration. And if we're not aspirating, how much of that might be because of that as opposed to it just getting out?

Dr. Laura Braden
That is exactly one of the concerns. And that is from nurse to nurse, from high school student in some cases, you know whoever is giving the injection, the technique will be different, the potential will be different, and that is why it contributes to every injection being a different event.

Commissioner Drysdale
Okay. In the testing that Dr. McKernan that you had referenced? Was he testing from different batches of vials? I think you said they used two vials?

Dr. Laura Braden
Two vials from the same lot.

Commissioner Drysdale
From the same lot. So it didn't really indicate necessarily with the variation between lots. And am I correct in asking or assuming that these vials were also produced in different facilities? It wasn't just one big giant— Not for the testing, but the vials that were out being used in the public. Were they being manufactured all in one giant facility?

Dr. Laura Braden
From how Pfizer describes it—and there's a great article in the New York Times that worked with Pfizer to give a really nice overview of how they make their products—certain processes are limited to one facility. So for example, in the U.S., that's where all the plasmid is made and then linearized. And then that product is taken to another facility, Andover, for example. And then another facility, and then they come back for quality assurance, loosely termed. But all of the one process, is my understanding, happens in the same facility.

Commissioner Drysdale
Yes. I've got two questions that perhaps aren't fair—but I want to ask you because I want to know, and I think a lot of people here want to know.

From what I was listening to from your testimony, it appeared that there were massive failures or omissions in the initial conceptualization of the research. And then on top of that, there were massive failures of quality control in the manufacturing process. And then there were potentially massive failures in the actual implementation of putting needles in

arms without aspiration. So my question now is: If that is a reasonable interpretation of what you were talking about, have you ever seen that happen on this type of scale in the pharmaceutical industry or the health industry before in Canada?

Dr. Laura Braden
No.

Commissioner Drysdale
My next question is again a difficult one. Have the companies involved with this research and manufacturing and whatnot have any historic record of doing things that were perhaps not in the interest of the public?

Dr. Laura Braden
It is my understanding that Pfizer is one of the most sued-successfully companies ever in the world: I believe the lawsuits are up in the billions of dollars in litigation for various things that are available in the public sphere. But it is my understanding that that is the case. So, the answer is no, they are not; this is not a new one.

Commissioner Drysdale
I have many, many other questions, as I'm sure everybody in Canada does. But I thank you very much for your time and your expertise.

Dr. Laura Braden
You're welcome. Thank you.

Commissioner DiGregorio
I just have a few questions. Sorry, I keep not getting the mic close enough. And I apologize if these questions have already been asked and answered, and maybe I'm asking the same thing in a different way, but please bear with me.

So you spoke a little bit about the PCR not being a good diagnostic test and that it would always be followed up with a confirmatory test. Is there a confirmatory test for the COVID-19 that you would follow up after a PCR positive?

Dr. Laura Braden
Absolutely. So viruses in their very nature lyse, meaning they break up cells. And I've done this in the lab. In experiments where we've infected animals with a virus, you do a PCR to determine the level.

[00:20:00]

It is a good way to assess quickly if your animal is positive or not. Because you don't want to waste the time for the next step. If there's no virus present, you won't get a hit. And, by the way, we are using cycle thresholds of 30. You then take a sample of the relevant tissue, and you expose that tissue. In this case, it would be either spit or mucus or whatever for virus that's respiratory in nature. And you would expose that to a viral plaque assay, is

what it's called. And if there were virus present, you could visualize that underneath a microscope because there'd be clearings in your cells. So you would see the virus has lysed and broken open cells. And based on the number of those plaques—because we know that each plaque therefore equals X many virions—so, you can reasonably extrapolate how many virus particles are there. And that would be step two of the PCR to then confirm that there's virus present that is infectious.

Without that confirmatory test, you cannot say—especially when you're looking at asymptomatic, healthy people—that they contain an infectious virus.

Commissioner DiGregorio
Thank you, and do you know if that type of confirmatory testing was done in Canada as part of the PCR testing processes?

Dr. Laura Braden
There is no way that they did that with all the tests. There might have been one or two. I'm not sure if there ever was one. But with the responses that we were seeing and the testing that were being put out within hours, there's no way that they ran confirmatory tests.

Commissioner DiGregorio
And what about the rapid testing kits that people used and that were distributed? Would that have been a confirmatory test?

Dr. Laura Braden
No.

Commissioner DiGregorio
Thank you. I'm not finished, I'm just turning my page. So you've spoken quite a bit about the need for more experimentation and that some of the experimentation that you would expect to see is happening now, but did not happen earlier. And I'm just wondering what the sort of timing is to complete these types of experiments that are now happening and that we're seeing now, and whether they could have been done at an earlier time.

Dr. Laura Braden
We just witnessed within two or three weeks the entire sequencing and analysis of the genetic material potentially in these vials as well as other bacterial-associated assays that I showed you to show presence of plasmid. All of those necessary steps that should be happening within the manufacture process: there's other more eloquent and more high throughput ways to ensure quality, and that could have been done within days. Some of these things to ensure, for example, there's no double-stranded DNA—that's a couple hours. These aren't months out, and they're easy checks and balances, well, maybe not so easy. They're checks and balances that should have been done and are easily attainable with our given technology and molecular biology. These are not things that are out of the realm of possibility.

Commissioner DiGregorio
And so, the manufacturers were not— This is not testing that they would have performed as part of the development?

Dr. Laura Braden
I can't speak to whether they did. This is what the logic trail would make you do, but I can't speak to whether or not they did all those things. What they did claim, what Pfizer has claimed themselves, is that strict and rigorous quality assurances were made at every step along the way to test for these things. They say that. They tested: there was no plasmids. They tested: The double-stranded DNA was digested. The plasmids were linear. It was pure mRNA. The integrity was 100 per cent.

Commissioner DiGregorio
Thank you. When they made these statements that they had performed this testing, did you understand that that was testing on this particular injectable product, or would it have been based on perhaps past study of mRNA technology?

Dr. Laura Braden
This was with respect to this particular product.

Commissioner DiGregorio
And so, you spoke a little bit about reverse transcription, which I don't pretend to understand. But I think you explained it well enough that as a layman I got a general idea of it. And I'm just wondering if this was— Is reverse transcription an issue that was identified as part of the historical mRNA research, or is this something that has only been discovered since the COVID injectables have been rolled out?

[00:25:00]

Dr. Laura Braden
To my knowledge, there's no data pertaining to the potential for reverse transcription in human cells from mRNA technology. I could be wrong, but this is to my best knowledge. All I'm aware of is the first paper that looked at was this last year, which was on the liver cells.

Commissioner DiGregorio
Okay, thank you. I'm just turning my page.

I think you spoke at the beginning about your experience in GLP—you called it good lab practices. And I'm just wondering whether the proper implementation of good lab practices could have addressed some of the contamination issues that you've raised today. Maybe you've already answered this.

Dr. Laura Braden
I think it's a great point to hammer home. In a GLP lab environment, every single thing that you do is run by a standard operating procedure, an SOP. Those SOPs are vetted and assured by the regulatory authorities to do what they say that they're going to do. So

basically, what this enables for is—in a lab environment, every step along the way is consistently done over and over again the same way. You cannot conduct a study in a GLP environment without SOPs that are first concurred with by the FDA. The FDA and Health Canada ensure that GLP-run studies are done in this manner.

It is my assertion that, in order to run a GLP study, all of those SOPs and standard lab practices that are demonstrated to regulatory authorities need to be done. So to get to your question, is there ways where that could have been mitigated? Is that what you're—

Commissioner DiGregorio
Yes.

Dr. Laura Braden
Okay. If it was done in accordance and in compliance, no. The fact that there are these particular contamination signals and others indicates to me that they did not follow, they were not compliant.

Commissioner DiGregorio
Thank you. And one last question, just, if you could give us a— What would you recommend should have been done differently?

Dr. Laura Braden
Could you be more specific? In what aspect?

Commissioner DiGregorio
Well, what we're hoping to take from your testimony is an understanding of what has happened and an understanding of what could be done differently next time.

Dr. Laura Braden
What could have been done differently is that, at the outset of the COVID crisis, scientists could be allowed to talk to each other in an open public forum in a way that would encourage scientific discourse to understand the biological methods at play and how we could, as scientists, work together to make it go away—or to understand the insufficiencies and where data needed to be generated. Because of the censorship and silencing of people who asked questions, that entire discourse was essentially deleted. And that is one of the most important pieces of this that I need for you to understand: scientists that went against the narrative were not allowed to speak.

Commissioner DiGregorio
Thank you.

Nicolle Snow
So if there's no further— Is there a question? Oh.

Commissioner Drysdale
These are questions from the audience.

Commissioner Massie
I know we're running out of time, but there's one question which I think— Because you've said that you have expertise in immunology, I think it would be worth it to explain the idea of autoimmune reaction that might occur because the spike proteins share what we call epitope or sequences with a number of our own proteins. Because normally, my understanding is that we don't generate antibody or immune responses to our own protein because this would lead to all kinds of diseases. But why is it that having shared sequences between spike and our protein can actually lead to this process?

[00:30:00]

Dr. Laura Braden
Essentially, the injections are programming our cells to produce a protein that could then be displayed to our immune system on our cells. And they are using these receptors called major histocompatibility factors 1 and 2. And really, that part doesn't matter other than the fact that these receptors are there normally to show pieces of non-self to our immune system. So that our immune system can recognize whatever is attached to that receptor, oh dear, we'd better mount an immune response against it. And there's a number of different receptors that also do the same thing. Because this is so important, immunological responses by their very nature destroy what they're intended to destroy. Often with inflammatory diseases, collateral damage from inflammation that is left unchecked is how we get pathology, immunopathology. In a very similar way, when there are antibodies produced against pieces of our self, we develop antibodies to proteins of ourself, and then our immune system thinks our self is bad and to attack it.

So if the spike protein has peptides or epitopes that are similar to those of our proteins, and our bodies are thinking that they are bad and produce antibodies to them, that is the definition of autoimmune disease enhancement or progression. And in fact, one of the one of the proteins with the highest similarity is a protein called thrombopoietin, which is involved in the clotting cascade. So basically, the take-home message here is: the potential for autoimmune disease progression when the similarities in these proteins are so high is extremely concerning. And I'll finish the thought with— That is one of the basic fundamental tests that you would run when you're trying to decide on injecting people with a protein, if there are similar epitopes or antigens, and that is the biggest concern. That should have been done.

Commissioner Drysdale
There is a question from the audience, and it's a long one, and I'll do my best.

There has been some speculation here and elsewhere around the question: Were the problems associated with the COVID-19 injections reasonably attributable to a rushed process? Under normal circumstances, what would be an expected time period for a novel pathogen to be isolated in sequence, a suitable vaccine to be developed, manufacturing, storage, delivery, capacity to be expanded to produce sufficient vaccine vials, needle shipping boxes, et cetera in sufficient quantity to provide for billions of doses around the world?

Dr. Laura Braden
To my knowledge, 10 to 15 years.

Commissioner Drysdale
I have an additional question, I apologize. If I understood your testimony correctly, you were saying that some of these particles, or some of these revised DNA, were getting into the bacteria within the gut of people. So those bacteria now were carrying, I don't know how to call it.

Dr. Laura Braden
Plasmids.

Commissioner Drysdale
Aren't those bacteria in the gut everywhere? Like, if it's in the gut, is it possible that it's getting into the water supply and they're spreading? Do we know this?

Dr. Laura Braden
The theoretical concern is, absolutely. And no, we don't know this.

Commissioner Drysdale
Okay. Thank you.

Nicolle Snow
Dr. Braden, we thank you for your fascinating and interesting testimony here at the NCI hearing.

Dr. Laura Braden
Thank you and you're welcome.

[00:34:26]

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