NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 3**

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EVIDENCE

Witness 4: Dr. Eric Payne
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Allan Rouben
Good morning, Dr. Payne.

Dr. Eric Payne
Morning. Can you hear me?

Allan Rouben
Yes, we can, and we are seeing some of your slides coming up.

Dr. Eric Payne
That's perfect.

Allan Rouben
Before we get to that, can I swear you in, which we've been doing with the various witnesses. So do you swear that the evidence you give will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Eric Payne
I do.

Allan Rouben
Thank you. And you're joining us from Alberta, I believe, right?

Dr. Eric Payne
That's correct. I'm in Calgary.

Allan Rouben
And tell us a little bit about yourself.

Dr. Eric Payne
Well, I've got a summary of my academic background up here on the right. I am a child neurologist, Canadian-trained, worked in the States as well at Mayo Clinic for six years before being recruited back to the Children's Hospital to help build a neuro-inflammatory program, as well as my epilepsy surgery and ICU-EEG experience. We returned— We being my family, I have three small children as well, eight, six and four. We moved back to Calgary from Rochester, Minnesota a month before the pandemic started.

Allan Rouben
It says there that you were a pediatric neurologist at the Mayo Clinic for six years before you came back.

Dr. Eric Payne
That's correct.

Allan Rouben
What did that involve?

Dr. Eric Payne
Yeah, that was an outstanding experience. There's not a better healthcare delivery model system in the world, in my opinion, than Mayo Clinic. I had the ability to just focus almost entirely on epilepsy, both adult and pediatric, and I was very involved in helping to develop and run their ICU-EEG [electroencephalogram] monitoring program. So we hooked patients up who are critically ill in the ICU to EEG to look for seizures and prognosticate outcomes.

And so you know, my youngest two were actually born in the States. They're American. We had a really, really good experience and really only decided to move home to Canada when University of Calgary and the Alberta Children's Hospital came soliciting once again—you know, about six months or a year before I came—to sort of say that they had an open job coming up. And they wanted to write that job based on my credentials, which they did.

And as a result of a three-year starter package that was very generous with funding, as well as protected research time, which was going to be 50 per cent of my time, we made the decision to move to the family at that moment.

Allan Rouben
And that was in the spring of 2020.

Dr. Eric Payne
That was in February 2020.

Allan Rouben
February. Okay. All right. So what happened next, from your perspective?

Dr. Eric Payne
Well, with respect to the COVID stuff—I have a slide here on ethics—really where I got involved with this was a letter that I wrote on September 15, 2021 to the College of Physicians and Surgeons in Alberta. Because they were openly contemplating whether or not to tie our medical licences in the province to the COVID vaccination.

And at that same time, Alberta Health Services [AHS], who was my employer—or one of them anyways, University of Calgary as well—had made the decision late August that they were going to implement a COVID-19 vaccine policy. And that if you were not going to capitulate, that you were going to get locked out and lose your job.

So I wrote a letter, you know, 18 pages with about 80 references, every bullet point backed by a fact, a data point. And that letter ended up going viral, I guess. I put a copy of it, as you can see up here, on the JCCF website because people were manipulating versions of it when it first got out.

Allan Rouben
Sorry. What is JCCF? Apologies.

Dr. Eric Payne
JCCF is the Justice Centre for Constitutional Freedoms. So they were one of the only lawyers or law firms that were willing to talk to someone like myself, who was looking to fight back against these, what I felt to be, very unconstitutional mandates.

But more than that, the science at the time in the fall was incontrovertible. We knew that these things didn't stop transmission. We had all these long-term concerns. They failed to show us the bio-distribution data about where this thing goes when it travels in the body. There were a lot of concerns. And we also knew who was at risk. And as somebody who is a healthy 40-year-old, I was not in that high-risk category. So we wrote this letter and these are the main bullet points that I argued in that letter.

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And then a few weeks later, I got onto a podcast, a Shaun Newman podcast. Mainly because, one, this version of the letter was never meant to be distributed; this was written specifically to 15 physicians on the Council of the College and I felt that it was a little bit too complicated for layman interpretation.

So I got on the podcast to explain it. I also wanted to explain to my colleagues where my head was at. Why, all of a sudden, someone who they had gotten to know for a very long time, because I trained here for eight years— They knew they were getting somebody who cared a lot about their patients and was going to work hard. So I tried to explain to them where I was coming from. But very quickly after this, things went sideways. I've still not received a response from the College. So that letter that I wrote to the College has never received a response.

I sent it to the CEO of Alberta Health Services at the time, Dr. Verna Yiu. She forwarded it to Dr. Mark Joffe. Dr. Joffe is now the Chief Medical Officer of Health appointed by Premier Smith. And he wrote back to me thanking me for my letter and concerns, that they were going to continue to go with the international community. And suggested that if I had concerns about the mRNA vaccines, that I consider taking one of the DNA vector vaccines like the AstraZeneca. And of course, the AstraZeneca got removed from the shelves a few months later because of an increased incidence of clots and bleeding.

After my letter sort of went around, there was another pediatrician at the Alberta Children's Hospital who wrote a letter as well. And so this article in the *Calgary Herald* was sort of slandering what we had talked about—misrepresenting, of course, what we talked about. And one of their go-to individuals for misinformation here in Canada is an individual by the name of Timothy Caulfield, who just won the Governor General's Award for fighting COVID misinformation as a matter of fact. He's also a member of the Pierre Elliott Trudeau Foundation. And so he made this comment that calling into question the safety and efficacy of the vaccine was like "denying the pull of gravity."

But since that time, experts such as Dr. Byram Bridle as well as Dr. Steven Pelech have tried to sit down and just have a discussion about the science. And these articles here speak to those efforts to try to have a debate and discussion. But Mr. Caulfield, who is apparently an expert on COVID misinformation, refuses to sit down even two or three years out on this, which I think tells us quite a bit. And as a result, moving forward, AHS moved to take immediate action. So these are the actual cut-outs from the letters.

They took immediate action on December 13th at 12 o'clock. They let us know. That deadline got pushed back a few times, but I think at 11 p.m. that night, we got the email that we were officially being locked out the next morning. And then the very next morning, December 14th at 8 a.m., the College sent in two investigators to go through my records in front of my colleagues, looking for vaccine exemption letters.

They had, I guess, received a complaint or had concern that I might be writing vaccine exemption letters. So as you can see here, they went through letters from September on. They went through 82 patient records. They found a handful of vaccine exemption letters that I had written for select patients. And they ended up concluding that these were well-documented and valid and that there was, as they say, insufficient evidence found to suggest that I wasn't compliant.

And at the time, the College was telling physicians—I've got this on video—that the only exemption that you can write is if somebody has an allergic reaction or myocarditis after the first. There were no exemptions before the first. However, if you went to their website, there were exceptional circumstances. You had to document them properly. So that's what I did. But that's why everybody had such hard times getting these letters. And the reality was, even once the letters were written, I had colleagues here who had two exemption letters from physicians, and they were still fired from AHS.

On January 6th, the University of Calgary sent me a letter stating that they were not going to renew my contract. I had a signed three-year letter of offer, including three years of start-up funding, for the 50 per cent, 45 per cent protected research time. And they specifically said in the letter, you can see that in quotes: "removed from my education activities by the Cumming School of Medicine due to non-compliance with the University of Calgary's vaccination directive."

And so that was January 6th. And then February 28th, they dropped the policy. So I was officially non-compliant with the University of Calgary's policy for two months. And then Alberta Health Services dropped the mandate in July. I was allowed back into the hospital six weeks after they locked me out. Because at that point, they finally decided that they were going to allow testing.

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And so before I went to the hospital every day, I had to go to the pharmacy and pay for a test so I could go into work. But fortunately, I was right guessing that was going to be very temporary. And that lasted just a few months and I was back without testing. What's gone on since that time was, as a result of removing my quite lucrative salary contract, they've allowed me to continue on a fee-for-service basis in the hospital while I continue to diminish my clinical time. I've started to see patients in the community.

But just before Christmas, I was made aware that they were advertising for the job that they had removed from me. And so I decided to put my name back in the application. And I just found out a couple of weeks ago that they're not going to consider my application to move forward with that application; they're going to interview four other individuals. All excellent, I know three of the four of them, three of them are still in fellowship training. So they're not even consultants. And the other one is a general neurologist. So you know, not the same skill level or research background or experience.

And I still have two complaints against me outstanding with the College with respect to misinformation. One is related to the original letter itself. The one that I wrote to the Council, I've never received a response for. They have informed me a year and a half out that they have hired an expert third opinion. They can't find, I guess, anything scientifically wrong, so they've asked for a third opinion. And then, from what I understand from other doctors in Alberta who have gone through this with the College already: first of all, getting an outside contractor to look into this is very abnormal for them. But there's a company that they've hired for a couple of physicians. And it's a group of ex-RCMP officers who are now investigating whether or not I spread scientific misinformation when I wrote a letter to my college seeking discussion and debate about something I was very concerned about safety-wise.

The other complaint came from a colleague at my hospital, who I've known for a very long time—someone who showed the intestinal fortitude and the character of courage to just write the complaint behind my back and never actually approached me with any of these concerns. I just, all of a sudden, have a complaint from them. So that one's still open for misinformation as well.

Allan Rouben
So if I can just stop you there and summarize where we are at: you were effectively recruited by the Alberta health officials because of your expertise, recruited away from a job you loved at the Mayo Clinic. And then were promptly let go because for a period of six to eight weeks, you were not in compliance with the vaccine mandate. Is that it?

Dr. Eric Payne
That is correct.

Allan Rouben
Okay, you can continue.

Dr. Eric Payne
I thought at this point I would sort of focus on the four main points of my letter, just showing very briefly. I got a lot of slides but I'm going to go through them—not to explain everything but people can take screenshots and it's going to be there for posterity.

But the first point was that September 1st, so 15 days before my letter, the CDC [Centers for Disease Control and Prevention] decided to change the definition of a vaccine. Because these genetic jabs were not vaccines and so they had to change the definition. They weren't preventing disease. They weren't providing immunity, so they changed it to providing some temporary protection.

We also knew at that time—this is CDC data here—I mean, you know, age was an incredible predictor of who was going to get injured. So here I am within the 20- to 49-year-old group and I've got a 99.98 per cent chance of survival. We knew this within three months before it even sort of arrived on our shores officially.

And if you look at the Canadian data—this is on the Canadian publicly-available data—you can see down here: This is age and this is the number of cases of COVID over time, deaths "with" or "from" COVID. Keep in mind that at least 50 per cent of these are going to be with and they didn't actually die from COVID. This has been acknowledged by multiple public health officials many times. But as of May 13th, 2022, there were a total of 40,000 deaths in Canada in three years. And half of those were with and not from.

So we've had 20,000 deaths in Canada in three years from COVID, and 97.1 per cent of those have occurred in those over 50. If you look at the breakdown in Alberta, just focus on the summary here: Albertans over 50 years have comprised of 70 per cent of all COVID related hospitalizations, 70 per cent of all COVID related ICU admissions, and 96 per cent of all COVID-related deaths.

If you look at it divided by pediatric data, fortunately this thing has not been affecting kids. We didn't have any deaths in Alberta until the fall of 2021. So this was a full year and a bit, after the pandemic,

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just as the vaccines were starting to roll out. We have five cases of death. I know three of them died for sure with and not from COVID. I don't know all five of them, but this is the total number. This is the number of kids that got hospitalized out of all of this, total on the ICU and five deaths.

In one of those, the very first death as a matter of fact, our former Chief Medical Officer of Health, Dr. Deena Hinshaw, got on and held a press conference to indicate to families that we had just lost the first child from COVID and then promptly sort of encouraging families. That was right at the time they were both to push the vaccines in the 5- to 11-year-olds and then had to retract because a family member pointed out that the teenage boy had been suffering from stage four brain cancer and had died with and not from COVID. So she apologized and retracted that.

And this is not surprising. This is October 26, 2021, right at the time my letter went out. This was Pfizer's own modeling data that they submitted to the FDA. And they predicted that if you vaccinate one million children, so two shots fully vaccinated, you're going to save maybe one life. But you're going to cause somewhere between 34 and 17 cases of excess myocarditis in the ICU. And we know that probably 15 to 20, maybe up to 50 per cent—depending on the study of people who have ICU myocarditis—die within five years.

So based on their own modeling, before this thing rolled out in kids, before the Canadian government approved this, this table showed you that they were going to kill more children because of ICU myocarditis than save from the vaccine. And this doesn't include any of the other side effects. We were told, as you guys all remember:

[The witness plays inaudible video clip of Dr. Rochelle Walensky]

Allan Rouben
We can't hear.

Dr. Eric Payne
Oh, you guys can't hear that.

Allan Rouben
We can't hear that clip from Ms. Walensky.

Dr. Eric Payne
Okay, so that's—

Allan Rouben
The gist of it is that we were told that the vaccine would prevent you from getting Covid, yes?

Dr. Eric Payne
Yeah, that's right. I'll have to figure this out because I've got other short videos too. But she was telling us that you're not going to get it. If you get it, you're not going to spread it to other people. And then we had— And hopefully, let's see if you guys are— If I just do this, you guys may be able to hear this now.

[The witness plays an inaudible video clip of Dr. Anthony Fauci.]

No, that's not going to work. So this was Fauci saying the same thing. And these are all the people that said that.

But the key to what was taking place here was that in the official trials that were done—and they came back telling us that this was 95 per cent effective or 100 per cent effective in the teenagers—what they were providing was the relative risk. They were not providing us with the absolute risk. The absolute risk from these trials actually showed that if you had 100 per cent chance of getting COVID, these things reduced it by 1 per cent. So the number

needed to vaccinate based on these numbers showed that you needed to vaccinate 125 people or 200 people just to prevent one case.

So there was no chance that vaccinating everybody was ever going to solve this endemic virus. And this is a quote from a document from the FDA [Food and Drug Administration] itself, saying that it is actually unprofessional to just provide the relative risk and not provide the absolute risk.

This is a document that was pushed around in Canada, including the children's hospital that I worked at back in June in 2021, stating here that the vaccine was 100 per cent safe and effective based on the relative risk in those children. But they also suggested that we had no concerns for long-term risks. And I was able to confirm via email with the pediatric infectious disease doctor who was helping push these things: At the time that they were sending this to families, they only had eight weeks long-term data in adults. They didn't even have eight weeks in kids at that point.

The major integrity issues with respect to the Pfizer original trials as well, there's a whistleblower who is currently suing them. And it's incredible what they were getting away with.

Hopefully, you guys are able to hear. You guys can't hear that, can you?

[The witness plays an inaudible video clip of Bill Gates.]

Allan Rouben
No, we can't.

Dr. Eric Payne
Okay, so that's Bill telling us that these vaccines are not good at infection-blocking and preventing the disease. So he, right after making this statement, sold off a whole bunch of his Moderna shares with a pretty good upside to them.

Here is the Alberta public health data, and this is the kind of figure that I have in some of my expert opinions that are before the court with respect to COVID.

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But this is the Alberta data over time, COVID cases. Two doses is in the green, three doses is in the red, one dose blue. And so what you can see: May 2021, September '21, here we are at the Omicron, right during the truckers, in Ottawa in January of 2022. And if you had had two doses, you were twice as likely to get Omicron. And that is relative to 100,000. So this is not the absolute numbers, this is relative numbers.

This continued. And you can see here, as of March 13th, the three doses were most likely to be getting COVID by the Alberta data. And it was at this time that Alberta took this number off the website. Now certainly, there is more uptake on the third shot among elderly people, so that for sure is a part of this, but it does not account for all of it.

Here's the Ontario data: same thing, fully vaccinated, absolute risk right around January '22, more likely to get COVID if you had two shots. Relative to vaccine status per 100,000, the double-vaxxed were more likely to get Omicron last Christmas.

This is the U.S. data, looking specifically against Omicron coming out this fall: zero per cent effectiveness is here. And you can see that over time, across all age groups, this became negative effectiveness over time.

This was a prospective study just done at the Cleveland Clinic in the fall, where they looked at the bivalent effectiveness in 50,000 of their own healthcare workers. Note that they didn't even force their healthcare workers to all take the shot because they had some people with zero doses to study. But what this showed very effectively was a dose-response curve. The most likely person to get COVID Omicron this last fall was four doses, then three doses, then two doses, then one dose, then zero doses.

This video, I think many people have seen this one as well: an E.U. parliamentarian asking a Pfizer executive if they had had any evidence that the vaccine stopped transmission before they rolled this out. Which, I think, most people thought that of course they have evidence that this had. She chuckles and says, "No, we didn't have any evidence to show that this stopped transmission. We had to move at the speed of science." Whatever that is.

So right around that time, the naysayers here will say, "Well, it still does something against serious illness and disease." But in March 2022, this was the data available publicly in the U.K. And nine out of 10 COVID deaths were in the fully vaccinated. So U.K. and Israel were about three to four months ahead of us on this, so you could just look to see what was going on there to predict what was coming in Canada, which was why, when I wrote my letter in the fall, I already had Israeli data that showed that two doses comprised 60 per cent of the ICU admissions in September. So there was no way even against serious illness and death that this was going to do what they were saying it was going to do.

Here's B.C. data showing the same thing. Ninety-three per cent of the COVID-related deaths in March were in the vaccinated—85 per cent, 82 per cent of hospitalizations. And this is despite the fact that only 50 per cent of people in B.C. had taken three shots. Proportionally speaking, the triple vaccinated are most likely to die from COVID. That's in B.C.

This is the Alberta data, same thing. Three doses, 50 percent—this is hospitalizations. So you can see 81 per cent of the hospitalizations were in the vaccinated. And then in deaths, this is July 4th, 2022. Seventy-three per cent of the deaths in Alberta occurred in those who were with two or more shots. And this data is important, especially in the context that we only had 39 per cent uptake on three shots.

So this is right here at the Omicron, when it came out at Christmas time in 2022. And right when everybody who had taken two and three shots got COVID anyways, a lot of them decided that they weren't going to take three shots. So we haven't gone past 40 per cent uptake. It's plateaued since January of 2022. And in response to those numbers, AHS has taken— The Alberta government has taken the cases by vaccine outcome, death, hospitalization, and cases itself. You can no longer get that anywhere in Canada, basically.

This is Paul Offit. And he's a member of the FDA that consistently— He's a pediatric infectious disease doctor who consistently voted "yes" for the vaccines. And he's saying that he would have voted "Hell, no" if he could have said, "Hell, no," instead of just "No" to the Omicron boosters, because of the complete lack of data associated with that.

And then what we've seen here in the last six months is that because of the efficacy data and lack thereof, multiple jurisdictions are taking this from their shelves. France just removed this. Denmark stopped recommending these back in March, a long time ago—

sorry, September 2022. England. Here's Florida removing these from those under the age of 40.

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Here is the Danish health minister saying it was a mistake to recommend COVID-19 vaccines for children. Here is a health official from Quebec recently stating that they're not going to recommend boosters, only for the vulnerable, specifically drawing attention to the fact that natural-acquired immunity with respect to COVID actually exists. And those who have had it—given that about 95 per cent probably of us, based on serology studies have had it—there's no reason to boost everybody with it.

And then just this week the World Health Organization, of all people, is now no longer recommending this for those who are not at risk. You know this clip. If you haven't seen it—it's really too bad that the voicing is not working here—this is Anthony Fauci years and years ago being asked specifically on camera about a woman who just got influenza, just got the flu, and whether or not the person who just got the flu should also get vaccinated against the flu. And he says, "If she has really had the flu, then she does not need to be vaccinated."

The best vaccine is in fact being infected with the virus. So that was pre-COVID, that was the brain on pre-COVID. And then all of a sudden, right as these vaccines were coming in, we know by serology, by the summer of 2021, that probably 50 per cent of the population had been exposed to COVID. The idea that you would expose 50 per cent of your population to an experimental genetic jab if they had protection from already getting it didn't make any sense. So they had to tarnish that long-held medical established fact that, yeah, 2,000, 4,000, 6,000 years of human existence and we're here because of our immune systems.

Dr. Paul Alexander put together 160 research studies over the last few years showing a superiority of natural-acquired immunity post-COVID infection to the vaccine.

And here's a recent paper that just came out earlier in February. I'm not going go through it but basically, it was a meta-analysis of all the best data. And as a result, showing for sure that there is better robust protection. Even if you get reinfected—like with Omicron if you got, say, the original virus or alpha or something like that—you are protected against serious illness still with these numbers. And that led to actually the mainstream picking this up recently. So you know, what was actually interesting about this study was it was funded by the Gates Foundation. So they really have to acknowledge this now for that to come out that way.

But nonetheless, here is, "Three Years Late, *The Lancet* Recognizes Natural Immunity." And this is one of the points that I was apparently spreading misinformation for when I wrote that letter in September. Here's the *New York Post* stating the same thing.

These are two short videos talking about vaccine-induced enhancement. The idea that being vaccinated against certain viruses: with subsequent exposure to that virus, you can get increased infection, or you can get enhanced infection as a result of that. And it's well known.

I had written about this because we had about a dozen papers where animal models had gotten respiratory viruses. And subsequent to getting the vaccine, subsequent exposures, the animals all died due to antibody-dependent enhancement. And this is Dr. Fauci explaining exactly that: that there is this issue with vaccine-induced enhancement. The FDA

knew that it was a risk with the COVID vaccines. So they were watching for it apparently, but they haven't really been documenting any of this.

And we can get this through antibody-dependent enhancement: immune imprinting, where your immune system gets biased towards the first version of what it sees. And then it can get exhausted by all these subsequent boosters. And Peter Hotez has been one of the most vocal pro-COVID vaccine people on CNN, everywhere. But this is a testimony from him. This is really remarkable testimony as a matter of fact, back in March 2020. He himself had done vaccine research with the coronavirus and had found that vaccine-induced enhancement was an issue. And he specifically talks about an RSV [respiratory syncytial virus] vaccine where children died as a result of vaccine-induced enhancement.

And so it is an absolute concern. It was a concern. Everybody knew that it was a concern. And if you look across here now, we've got clear evidence in the peer-reviewed literature that that has taken place. That antibody-dependent enhancement has happened with Omicron, the antibodies that are being generated are not neutralizing, meaning not cancelling, the virus itself. We knew this at the time I wrote my letter.

This is the paper with respect to the Delta variant that was present in Fall 2021. Again, showing there is infection-enhancing antibodies that's been detected. And this is one of the things that I know; this was quoted as well. But look at the date that this was submitted, November 2019. So pre- this rolling into our shores, as far as we've been led to believe. Although now it's been even recognized by the former CDC director and in peer-reviewed literature. The virus was in circulation in the fall, for sure in Europe.

But anyways, here is the woman, Zhengli Shi, who's colloquially known as the Bat Lady. In their lab, they actually induced enhancement of coronaviruses.

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Before this thing got out and infected everybody, there were people playing with antibody-dependent enhancement of the coronavirus itself. And now it's widely acknowledged. What was previously conspiracy theory with respect to this thing having been generated in the lab. now I think everybody has acknowledged that it was definitely created.

The COVID genetic jabs and distribution, it's a huge issue. Because there isn't a single drug that we get that I can't look up what happens to it in your body, how long it takes for that thing to get metabolized, where it gets metabolized. And for whatever reason, that was not present with these vaccines, these genetic jabs.

And we knew that they were being housed in a fat ball, the mRNA ones were. So because of that, my thought was that this could get everywhere. We were specifically told that this produces a spike protein, but that spike protein gets tethered to a cell membrane and as a result, can't circulate in the body. And then gets recognized, destroyed; you build up an immune response and then it's gone.

Now the Canadian government is recognizing on their website. It was a conspiracy to suggest it could circulate in the fall, when I wrote this. But now the Canadian website is acknowledging that this can exist for days to weeks. It can actually exist for many, many months. There's evidence that it can even exist beyond a year.

And this point about, "This does not get into the cell nucleus," and whatever—that may not be totally true. We've got this paper by Alden et al in a cell model of HUH7, which is a liver

cancer cell model, showing that it activated a reverse transcriptase, meaning the mRNA became DNA. And then they found the spike protein inside the cell nucleus. So we need to know more about this, but this idea that this doesn't get in and it's been debunked—that's also nonsense.

This was the only data that I had in September that was really— This was obtained through access to information and this was in rats. We knew that very quickly, 0.25 hours, one hour, 48 hours, that this circulated everywhere. It was in brain, eyes, heart, kidneys, reproductive organs. That was back— Japanese Pfizer data. We've also got the data that was submitted to Australian authorities from Pfizer, showing, once again, this also gets into the bone marrow. I mean, it goes all over the place. And the uptake in the reproductive organs as well as the brain: it's very, very important.

Now, it's also been found in the breast milk. So whether that's meaningful or not, they fact check this and denigrate it, but the reality is they're finding it in people's breast milk. So to suggest that this thing doesn't travel would be misinformation itself right now. Another study showing that it circulates for at least 15 days.

Here's an adult who got the vaccine and then developed encephalitis and status epilepticus. And they found the spike protein—not the virus and envelope protein but just the spike protein—in the cerebral spinal fluid. So it has the ability to get into the spinal fluid. And it can get in and affect myocarditis. So here it is where the patients who have clinically-evident myocarditis are more likely to have detected spike protein in their body.

Here's an autopsy series where patients who had undiagnosed myocarditis— All these patients dying in their sleep, it's apparently rude to ask if they were vaccinated. Having said that, we all know that myocarditis and one of the presenting symptoms for myocarditis can be death. This has been identified. On pathology, they found spike protein in the heart.

And here's just the two studies I mentioned. One about the breast milk, but two, we also know that it can impair temporarily semen concentration and motile count. And they say temporarily because they only look for a couple of months and they stop looking. So we don't know how long that actually affects things.

Just sort of wrapping up here. Getting into the severe side effects and death, this was a tour by Dr. Hoffe and Dr. Malthouse. These are all people who were injured by the vaccine who showed up to this tour. These are not rare.

The Vaccine Adverse Event Reporting System, which is a self-reporting system by physicians and patients in the U.S. and internationally, it's now got over 2.5 million adverse events reported with respect to these vaccines, including 44,000 deaths. And this is likely an under-representation of at least a factor of 10 to 40.

Here is all the Vaccine Adverse Event Reporting System over decades. So here is all vaccines all put together. And this is the adverse events. And then, here's the COVID vaccine. So the COVID vaccine in the first 18 months accumulated more vaccine adverse events in the reporting system than all vaccines put together in 40 years. And juxtapose that with, you know, previously these things being removed from the market after just 15 cases of a bowel obstruction.

The European Union has got a database as well. They've documented 46,000 associated deaths and 4.6 million injuries. The World Health Organization has got a database as well. This also shows the same thing.

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So as of November 12th, 2021, there were 2.5 million adverse events in the World Health Organization's VigiAccess database, compared to under a million adverse events for all vaccines put together in 40 years.

This is an interesting safety database that's housed by the CDC. And for whatever reason, the CDC went to court to try to prevent its release. It's supposed to be publicly available data. They prospectively enroll patients getting vaccinated and they're supposed to report what their symptoms are on a prospective basis over the next few days. And this system showed that 7.7 per cent of everybody who took a shot—this is everybody; this is not just self-selection bias; everybody who took a shot regardless of symptoms had to add this thing in—almost 10 per cent had to go get medical attention and one of the four were missing work or school. And as I say, the CDC tried to hide this data.

The FDA tried to hide Pfizer's data. This is three-month data that we have now by Access to Information. In the first three months of the vaccine rollout—this is before it came to Canada—they had already documented 1,223 associated deaths. And the six-month Pfizer data, which if you haven't looked at the Canadian Covid Care Alliance's video, "More Harm than Good," I highly recommend it because it's extremely well done. But this is probably our best data at six months. It's actually the trial data, so they're actively followed to find the side effects. And they tried to hide this for six months. And when we got access to it, we found that injuries short-term were higher. And there were actually six more deaths in the vaccine arm at six months than there were in the placebo arm. And so there has absolutely never been any peer-reviewed, any quality phase three trial data showing that these things prevent serious illness and death. Even the original Pfizer trials, we're just looking at the presence of illness.

Allan Rouben
Sorry, Dr. Payne, we're running out of time. I'm wondering if I can just stop you and turn things over to the commissioners and see if they have any questions, if you don't mind.

Dr. Eric Payne
No problem. Yeah.

Commissioner Massie
Well, thank you very much, Dr. Payne, for your very nice overview of the COVID vaccine science over the past three years. I'll have two questions. First question is, knowing that the vaccine is not sterilizing the propagation of the virus, and also knowing that coronaviruses mutate, is it your expert opinion that the mass vaccination was contributing to the extension of the wave of new variant as we saw over the years? Also given the fact that when you look at countries where vaccination rate is fairly low, it seems that the pandemic had subsided much, much earlier than in other countries.

Dr. Eric Payne
Yeah, thanks for the question. There's no doubt in my mind that that's the case and it's not just my expert opinion on this. I was able to cite a paper from immunology and virology experts in the *New England Journal of Medicine* back in the fall of 2021, where in that well-respected journal they were warning about aggressively vaccinating in the middle of a

pandemic using a non-sterilizing vaccine, that you were going to put evolutionary pressure on the virus to mutate into something that we weren't going to be able to deal with. And so this was warned by some very smart people like a year and two years prior, and the evidence as it came out showed this. And the antibody-dependent enhancement papers I showed you show specifically that there are facilitating or enhancing antibodies that are circulating with respect to the Delta and Omicron variants. So I don't think there's any doubt that that's happened.

Commissioner Massie
My other question is relating to a sort of confirmation in the real world that the vaccine does or does not prevent hospitalization or death. It seems that it's very challenging to get the data in any jurisdiction about the actual vaccine status of people that were hospitalized for COVID or died from COVID. Do you have any sort of hope that this will happen somewhere, sometime?

Dr. Eric Payne
Yeah. So you're right. Given the limits— I thought I had a full hour to talk, so I'm sorry I went over. But the reality with respect to the death data is that they were playing with the numbers in different ways using time denominators that reflected one year of acquisition when we didn't even have the vaccine for six months of those, putting all the deaths in the unvaxxed category.

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There are ways that they manipulated it. But as I pointed out, by the time we got to Christmas 2022 last year, every single provincial database— I only showed you a few and I only showed you a few of the studies. But multiple countries all pointed out the same thing, that you were more likely to get Omicron if you had more shots. And this has continued to be the case over the last eight months, with more studies like I showed. To the point where, as you're suggesting, they've taken that data off, right? Because it's so terrible. And I think frankly, with the evidence that they're sitting on, it's beyond terrible. You know, there's a criminality to sort of hiding this data. You're not providing informed consent anymore.

Do I have hope that we're going to see? I think we have more than enough information already to pull these things off the shelves across the board. Any positive benefit from serious illness and death was temporary, and it was against the earlier variants. That is completely flipped now. You're more likely to be sick with COVID if you've had more shots. That's already the case.

And so I understand why they put that away. But I don't feel like we need more. What we do absolutely need with respect to the long-term data is that we need to be counting the beans in terms of who's been vaccinated and gets ill and who doesn't.

Recently, just two weeks ago, the German health minister who oversaw COVID acknowledged that there was at least a one in 10,000 risk of serious adverse illness and injury after the vaccine. He knew this even when he said that these things were safe and effective. He acknowledged that he lied about that in order to avoid vaccine hesitancy. But he also acknowledged that the injuries that they're seeing are not the same as those post-COVID. And I'm seeing these people in my clinic now as well. A lot of them, like 25 per cent it seems, have got permanent injury from this. And it's a different injury.

By not talking about it, we're not looking at, one, acknowledging people that are suffering—people who went along with what they were told to do. But we're not looking for solutions to try to help the people that have been injured. I have colleagues who literally, even though the Canadian government has paid out for Guillain-Barré syndrome, still do not put the vaccine on their differential for Guillain-Barré syndrome. You know, despite that data.

So we absolutely need to be following this prospectively to sort of figure out what's going on. In terms of my hope for it, I won't hold my breath.

Commissioner Drysdale
Dr. Payne, thank you very much for your testimony. A lot of information you provided us with. And I sometimes find in these technical discussions that meaningful points are missed by folks like myself who aren't medically trained.

But one item that you mentioned and I wanted to ask you for a little clarification on, is: you had one slide where you talked about the vaccines. And you said—I believe you said—that they had reported the efficacy in the 90, 95, 97, whatever it was, percent range. And you called that relative efficacy. You also talked about— You compared it to another number, which I believe you called absolute efficacy. And I'm curious if you can explain to me and the audience exactly what the difference is between relative efficacy that was used in promoting it and the concept of absolute efficacy.

Dr. Eric Payne
Yeah, sure. So we're talking specifically about the relative risk reduction about an intervention versus the absolute risk reduction from an intervention. So the relative risk in the trials, I'll round the numbers in the original trials. There were, like, 40,000 participants in the original trials—20,000 received placebo, 20,000 received vaccine.

In the Pfizer data, the numbers were something like: Among those who received the shot—And keep in mind, you're not fully vaccinated until you're two weeks post your second shot and I've got data showing they are actually increased risk of getting COVID before your two shots. But nonetheless, it's not just saying that definition. They showed that there were about 183 patients in the placebo arm during that 40,000-patient trial who got COVID. Positive test, mild symptoms.

There wasn't anybody in that 40,000-patient trial who ended up going to emerge. even, let alone needed to be admitted to the hospital. When they compared that to— Say there was about three or five patients in the vax group who got it, they compare relative to that. You know, 183 in the placebo arm got the virus.

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But only five in the vaccine arm did. So they compare those two and the relative number to 183 versus five. Here you get that 95 per cent.

But if you actually look at it in terms of the trial itself, which was 40,000 people, and you look at it that way, then you get your absolute risk reduction, which is one per cent. Right? And this is a very common way that pharmaceutical companies are known to play with the numbers when they're advertising to us. It's because we know that this is misrepresenting the actual numbers and the risk that people like the FDA here put in manuals that it's unprofessional to not provide the absolute risk reduction.

Once you have the absolute risk reduction number, you can calculate something called the "number needed to vaccinate." Which is, how many people do I need to vaccinate in order to avoid one case of COVID? And based on these absolute risk numbers, you were looking at somewhere between a hundred and 200 people to prevent one case, for something that had already affected 50 per cent of the population in the summer.

So there was no chance that this was ever going to stop or lock things down. We had somebody under oath in our case against AHS. One of their experts suggested we could just get everybody vaccinated and we'll stop the pandemic. It's a complete lie. It's been shown to be completely not true as well, but it's because of these types of things.

Commissioner Drysdale
So that when they talked about then and they gave a relative number, an ordinary person like myself who's reading that, who feels that then I've only got a 3 per cent chance—or sorry, I've got a 97 per cent protection—is really being misled, I believe is what you're telling me.

Dr. Eric Payne
You're being enormously misled. I mean, the proof is in the pudding. So while all these people here on the left told you that there's no way that you're going to get it, you're not going to spread it to anybody else. And then when that proved wrong, they told you, "Well, you're not going to get seriously ill." And when that proved wrong, they just took the data down. The reality is it was only lowering your risk of getting the disease by one per cent.

Commissioner Drysdale
You know, I'm an engineer, so I think of things in hard terms. And if I think of this in a hard term and I'm trying to evaluate two cars driving down the road and they're driving side by side at 300 kilometers an hour, their relative speed is zero. So if I give you the relative speed of those two cars driving side by side at 300 kilometers an hour, you have no idea of what risk they have and what speed they're actually driving. Is that correct?

Dr. Eric Payne
Yeah, that's a great analogy. That's exactly it. And they purposely pumped that. I mean, I showed you the one-page poster that was posted in the Emergency Department at our children's hospital and throughout Canada, where they were telling the 12- to 18-year-olds that there was 100 per cent effectiveness with this shot, when we already knew it wasn't a 100 per cent effective in the adults.

So this has been misinformation from the start. And these absolute numbers, that was available; I wrote that in my letter. This was clear to people who wanted to pay attention to it at that time.

Commissioner Drysdale
Dr. Payne, we heard from another witness in Truro, Nova Scotia. And that witness talked about the vaccine itself and the technology of the vaccine. And they talked about many of the things you talked about, about the spike protein showing up in different things and penetrating the cells.

But they also talked about a study with regard to the purity of the vaccines that are actually utilized. And they talked about the fact that the vaccines were supposed to be injected in such a way that they never went into the vascular system or the circulatory system. And what that other witness talked about was that they were supposed to aspirate on the injections. And they stopped doing that.

So my question to you on that is: are you aware of those other issues—the manufacturing issues, the actual injection issues—and do you have any comments with regard to that?

Dr. Eric Payne
Yeah, that's, I think, one of the things that blows this wide open. Because right now the vaccine companies have got immunity. We're not even allowed to look at the contracts that they've signed with the countries. However, if there was fraud involved then they don't get immunity. So with respect to what you're saying, the production: not only did they ramp this thing up fast but they had to produce it in high quality substances quickly. And that didn't happen. And there's a huge amount of literature to show that.

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But just to give you the basics on this thing: the vaccine is supposed to carry the genetic information to produce the spike protein. And what they had to prove, the companies, is that it actually produced the spike protein. And it had to produce the spike protein at a certain length. And you can measure how long proteins are in something called a Western blot. You can see how these things are actually being produced. And there were limits. At least 50 per cent of what was being produced had to be normal-sized spike protein.

I have looked into this pretty carefully and I used to do Western blots when I was a grad. When I was back in high school even, I was doing Western blots. But it looks like they cut and paste the Western blots, Pfizer did. Meaning that there's not actually any proof that they're consistently able to produce reliable spike protein. And proof of that is in the Vaccine Adverse Event Reporting System that I suggested.

So not only did people put in their adverse events but they also had to put in the drug identification number, what the actual batch number was of their vaccine. And there are studies right now out there in the peer-reviewed literature showing that there are some batches that were associated with much higher injury than others.

You can go to a website called "How Bad is my Batch," type in your batch and see. Some of those were much higher. Does it mean that some of them were maliciously formed? I mean, my impression, from what I understand from the people who know this manufacturing stuff the best, is that a lot of people got lucky and got a vaccine that just wasn't potent as a result of the fact that you're not consistently generating enough spike protein.

What you said about the injection part—and I'll leave it at that—is that, yeah, if you give this as an intramuscular injection, hopefully most of it does stay—a large part of it stays in the arm. However, if by some chance you get this into a vein, you get this into a blood vessel by accident, you could be injecting this right into the venous system. And that's why people pull back on the needle, to make sure that they don't, and make sure that they're not blowing it into a vessel when you do that.

Has that happened? Does that account for maybe why some people had really fast anaphylactic reactions or other things? Maybe. Most people would not have had that

injected by mistake into their vein. But the bigger issue is the quality of reproduction generated from this genetic recipe for the spike protein. And that quality doesn't seem to be there. And there's pretty convincing evidence that there's some fraud involved in terms of producing Western blots that met the FDA standard to allow this to get into the U.S. as Emergency Use Authorization, that were, in fact, copy and pasted.

Commissioner Drysdale
Thank you, doctor. I have a thousand other questions for you but I can't ask you a thousand other questions.

Allan Rouben
Dr. Payne, I know you didn't get to all of your slides. Is there anything in your slides that you didn't get to that is really important, that you wanted to highlight? Or did we cover off most of it?

Dr. Eric Payne
Well, we got through everything almost. I was specifically asked to make some comments about masking. And if I can just say two words about masking, I would like to.

Sorry, as you go through all these here. But in November 2022, I wrote an article for Brownstone called, "Time to Unmask the Truth" with Dr. Paul Alexander. And it's a short article, but there's, like, 60 references in it, all showing that there is not a single policy-grade level data randomized control trial meta-analysis to show that masks actually do anything to prevent transmission of influenza or COVID.

I sent this copy of this letter on November 25th to our Chief Medical Officer and health authorities in Alberta at that time. I followed up with a letter in December because there was new evidence showing that, once again, these masks don't work. And now we've got a meta-analysis that was in the *Cochrane Review,* here, looking at all this. And they've tried to attack this. But nonetheless, the summary point that they can't state is misinformation is that there is zero policy-grade data to support masking—especially our children. Here's Fauci talking about how masks don't work, "might catch some big droplet if," but that's not there.

And then you've got someone like Dr. Kieran Moore in Ontario, who on video is telling parents that if their child, a two-year-old, wakes up sick in the house, they should put a mask on them. And meanwhile he's out partying at the Top 50 Most Influential without masks at a time that he's telling everybody else. So the hypocrisy that we've seen has been difficult on the masking. It's been varied across the board about what these masking rules are from one jurisdiction to the other. And as a result of the pressure he got, I think, from being caught, he ended up changing his tune.

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And now he actually acknowledged that there can be negative effects of the masks themselves.

As a pediatric neurologist, what I want to say is: this is intrinsic. Kids need to look at your face when they're learning to speak. You can almost see them mimicking that as they're forming words. There's lots of studies to show that that's the case. And the CDC, for the first

time in over 20 years, decreased how many words a child should know at a certain age. You know, you're supposed to know so many words, a couple of words together by age two, so on and so forth.

Kids were falling behind so much so as a result of what's gone on with the lockdowns and masking that first year that the CDC is now allowing for kids to know much less words—six months as a matter of fact. And so, there's no doubt that these things can cause harm.

We know that these things get disgusting and kids have got their hands on these things all the time. And now we've got, many, many policy-grade studies all showing minimal to no effect of masking. So it's time to move on. And when and if ever we get another pandemic around, the idea that we should mask again is nonsense.

That's all I want to say about masking.

Allan Rouben
Thank you very much for your evidence. Thank you.

Dr. Eric Payne
Thank you.

[00:56:21]

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