



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

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EVIDENCE

Witness 1: David Redman (Parts I and II)

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PART I

[00:00:00]

Shawn Buckley

And I'd like now to call our first witness of the day. I'm very pleased to announce Mr. David Redman.

And I should inform you that David was a lieutenant colonel before he retired from the armed forces. And David, can I ask you to state your full name for the record, spelling your first and last name?

David Redman

My name is David Norman Redman, D-A-V-I-D R-E-D-M-A-N, Redman.

Shawn Buckley

And, David, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

David Redman

I solemnly affirm.

Shawn Buckley

You solemnly affirm. Now, you were an officer for the Canadian Army for 27 years?

David Redman

Yes sir, I was.

Shawn Buckley

And you used the operational planning process handling major emergencies throughout your career?

David Redman

Yes sir, I did.

Shawn Buckley

You were then in Emergency Management Alberta [Alberta Emergency Management Agency / AEMA / EMA], retiring as the head of that agency responsible for Alberta provincial response to major emergencies and disasters?

David Redman

Yes sir, I was.

Shawn Buckley

You led the team that wrote the revised pandemic response plan for Alberta that was ignored during this pandemic?

David Redman

Yes sir, I did.

Shawn Buckley

And you have acted as a senior advisor for eight years in Canada and the USA in emergency management?

David Redman

Yes sir, I have.

Shawn Buckley

Now, you have come here today to present both on the pandemic plan and what happened, and I'm going to invite you to just launch right in.

David Redman

Thank you very much. Commissioners, members of the Inquiry, thank you for having me today. What I'm going to do in the next hour is walk you through a three-part presentation, but if I can just go back to my history very, very briefly.

Twenty-seven years in the army I spent learning how to handle major problems. As an officer in the army first I was taught, it was called task procedure, then it was battle procedure, then it became the estimate of the situation, and then it became the operational planning process. So as problems and challenges got bigger so did the process, but the process was identical—all the pieces of it as you worked your way up. The aim of the process was to bring all of the experts together, needed for the task you were given.

People have this vision of the army that there's a colonel at the top and everybody just does what they're told. Nothing can be further from the truth. The colonel has a whole team of experts who are always part of the planning process and yes, the colonel wears it if it goes wrong, but all those people help build that plan through this dedicated process.

When I left the army, I became part of Emergency Management Alberta and in each of the provinces and territories of Canada, there is an EMO [Emergency Medical Office] and they follow an almost identical process. Now it's been civilianized, so you take the word "enemy" out and you put "hazard" in, but it's the same process. And as we worked in EMA, one of the things I got to know was how the municipal government works. And every province and territory in Canada, the municipal government is different because they're a product of the Province. They belong to the Province and they're defined differently, so it's important to recognize differences between provinces.

Every Province has an EMO and they're staffed and trained and fully equipped. The [federal] government has an EMO, it's called Public Safety Canada, again staffed and trained. And one of the things that that agency does is identifies that which is most critical in their jurisdiction. So, for instance, within a province there's an actual secret classified list of all the things that are most critical—and that's going to be important later in my presentation—and it's maintained on an annual basis. But what that EMO also does is it manages fires, floods, tornadoes, terrorism, and should have managed the pandemic.

Can you make my slides visible to everyone [Exhibit RE-2d-Redman-2023-04-27 Presentation - Canada's Deadly Response to COVID-19]?

Shawn Buckley

They're up now, David.

David Redman

OK. This cartoon was given to me by a 15-year-old girl in the middle of the second wave. And I think it perfectly describes what was happening in our country, province by province. And what you see very proudly standing in the middle of the picture is the Medical Officer of Health for that province, stating very clearly, they're defending the medical system. The Premier hiding behind them and using them as overhead cover, making sure that they didn't get any of the splatter while we defended the medical system.

And the great glowing

[00:05:00]

rays coming out from our health care system. But surrounding it, at the top, you see the body bags of all the seniors that we allowed to die because we didn't do targeted protection for them.

And as you work your way around, on the left-hand side, you see the absolute destruction of our children's education and socialization. You see all the body bags for all of the people who died of cancer, diabetes, and all the other serious health care concerns that we simply ignored because only COVID counted. You see the destruction of our societal health and integrity. Our societal health— We've seen a massive increase in spousal abuse, child abuse, but we've also seen that you can't even travel internally in your own province, let

alone between provinces, so our societal order has been destroyed, all in the name of protecting the health care system.

And on the far side, right-hand side, you see the destruction of our economy. And everyone said, "Well, it's not a problem, we're saving lives." But the people that work in every one of those businesses, its citizens of this country and their lives were destroyed. And if we don't think that taking the national debt, sorry, the debt of our country from \$750 billion to \$1.3 trillion in one year will not affect our children as they pay taxes to pay that debt off for the rest of their lives, then you don't understand how an economy in our country works. All in one cartoon.

So my presentation is going to be in three parts. First, I'm going to explain to you what emergency management is because most people don't even know it exists. It's been existing since the 1950s. It used to be called civil defence, and it's gone through many iterations, but it's now called emergency management. And I'm going to give you a very quick overview of what it is; so you know how badly we misused the systems or abused or ignored our systems. Then I'm going to walk you through the example of this pandemic using the emergency management response and comparing it to what we actually saw. And then I'm going to sum up with perspective and concluding remarks.

So let's start with emergency management doctrine. Every day, every one of us manages risks or hazards in our life. Walking out the front door of your house is a decision, climbing in your car is the decision. So there's five different dimensions when you're talking about emergency management. If you miss any one of them, you do so at your peril. If you do all of them, and you do them all well, you can link them all together with a process that I'll describe.

So let's start at the top with the hazards. In Canada, we follow an all-hazards approach. What does that mean? That means every EMO, whether it's at the municipal order of government, the provincial order of government, or the federal order of government, assesses for their jurisdiction which of those hazards are most prevalent within their community. And they're looking to see what would be the impact of natural hazards and human-induced hazards. And there's a difference at the bottom. You can see "Safety" and "Security," and I don't consider them evil words. I consider them good words if they're done by the citizens.

So down one side, you see I've put an arrow head towards biological human. But it's just one of the hazards that are considered routinely and are monitored daily, weekly, monthly, and annually with reports going to the elected officials, the mayors or the reeves. So they understand in their community which of those are required to be looked at. The important thing to note is one hazard can of course impact all the other hazards. So you need to be looking at them collectively, not singularly.

Within emergency management, there are three types of agencies: subject matter agencies, coordinating agencies, and supporting agencies. The subject matter agencies are normally defined by law. So when you look at something like rail transportation, in the *Rail Transportation Act*, there is a certain organization assigned to be the regulator to ensure that those hazards are constantly reviewed, updated, and in the legislation there are specific tasks for the subject matter agencies.

At the bottom are supporting logistics agencies. And in almost every emergency or disaster, all the other organizations become supporting agencies when that one other hazard pops

to the top for that period of time. And they all help that one subject matter agency get through the emergency.

But common in the middle is called the coordinating agency, and those are the EMOs. And they exist at the municipal order of government, the provincial order of government, and the federal order of Government. And there can only be one per organization of government.

[00:10:00]

So there's one in Calgary. There is only one agency for the Province of Alberta: the Emergency Management Agency. There is only one for the Government of Canada: Public Safety Canada. There's not multiple. So you don't have to train huge quantities of staff and emergency management in every single hazard. You only need one coordinating agency that works across all of those hazards.

So let me give you a graphic that describes that. These are the tubes that make up our economy. And it's known as the tube chart. I've given it so many times on both sides of the border, everybody calls it Dave's tube chart. Clearly, there's many more tubes that make up our economy. That's all that fits nicely on this graphic, and it also tends to relate very clearly to a pandemic for the reasons that you'll see abundantly later. Every one of those tubes is filled up with Canadian citizens. Some of those tubes are predominantly private sector. Some of them are predominantly public sector.

Private sector, a good example, energy. Whether you're talking about the power grid, whether you're talking about the production of natural gas, or your gas stations on the corner, upstream, downstream, middle stream. But they're made up of citizens. The regulators tend to be government agencies, but the private sector makes up most of them. And one of the things that we learned following September 11th 85 per cent of all critical infrastructure in our country is owned and operated by the private sector. So if you don't link private sector and government together, you can't respond in times of emergency or disaster. The health care sector is predominantly public sector in most of our systems here in Canada, but there are private sector partners in it, and again, a regulatory system.

And it all works fine in every one of those tubes until they're impacted by a major emergency or a disaster. Then we expect citizens to be able to care for themselves for 72-hours. And if you go onto the website for the EMO, for every province and territory in Canada, you'll find your 72-hour kit and what you as a citizen are supposed to do to be able to take care of yourself. Now, as Canadians, we just used to call that personal responsibility, but things have evolved such that we have to actually teach people that they need 72 hours of water and that they need enough fuel to be able to run whatever they need to run and to care for themselves in terms of their medications.

So the citizens are supposed to look after themselves, and then we have first responders, and we have brilliant first responders in our country—fire, police and EMS [Emergency Medical Services]—that rush to those who have been directly impacted by the specific hazard we're talking about. And right above them is the municipal order of government that they work for. And that municipal order of government has an emergency operations centre and trained staff when it gets past the capabilities of their first responders to respond. They have written plans, general, for a response to emergencies, but they also have hazard-specific, in most cases, annexes. And every municipality, for instance, in Alberta, had an annex for the pandemic that was never opened.

When it gets past one community, then the provincial order of government steps in, opens their operations centre and brings all those other supporting agencies to support those municipalities that are at risk and coordinates across every one of those tubes to bring the assets of every one of those tubes to that emergency. Our order of government is then on top to drive support. We call it mutual aid between provinces and territories for those that are smaller and have less resources. We have the ability to bring all of them together and to work between provinces and help each other.

So what you see on the left-hand side is government leadership, and I want to really emphasize this right now. For the provincial order of government, the Premier is the responsible person, period. All the other people that come to support the Premier are supporting agencies or members of the task force, but the elected officials in a democracy are always in charge, not a bureaucrat like a medical officer of health. Never, ever. And who supports that government leadership? The EMO. They're trained, they're ready, they're disciplined, and we'll talk about their training in a second, but they're ready to go. And they are always standing by with the hazard assessment, watching it evolve and ready to pull the plans off the shelf and use them.

But on the other side, you see the private sector, and the EMO works constantly across all of the critical infrastructure and every industry group within the province. They know them by first name. I certainly did. I knew who was in charge of the Cattlemen's Association, who was in charge of the Alberta Electric System Operator. I knew who was responsible for the production of honey. Really.

There are four functions that make up emergency management:

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Mitigation, preparedness, response, and recovery. Mitigation is either removing the target from the hazard or the hazard from the target. That's the simplest way to define it. You'll see lots of pretty words there. But in your mind, just think about the risk is coming for you. How do we stop it getting to you, or how do I get you out of the way? Right? One of the two.

Preparedness involves walking through with all of the experts required to prepare plans to be ready to respond to any one of those hazards that's a major emergency or disaster potential in your jurisdiction: municipal, provincial, or federal. And having those plans trained and exercised constantly. You don't just write the plan and put it on a shelf. You bring together everyone who's actually going to respond in that emergency, and you run them through exercises. You watch them perform the tasks, and you train people up if they were delinquent or unable to complete their tasks.

The response then takes those plans off the shelf, spells them off, and makes them specific for the actual emergency that you're looking at. And there's a full-trained staff that knows how to run response. And there's operation centres with desks for every one of the subject matter agencies, the lead subject, the subject expert agency. We always used to call it the big kids' table, and that's where the hazard-specific person, the subject matter expert would sit, and everyone else was in rows, all looking towards the charts so we could run, support the subject matter agency with whatever they needed while taking care of the entire rest of the economy in the jurisdiction.

But the minute you start a response, the minute you take another team aside and you make them responsible for writing the recovery plan. Have you seen a single recovery plan in our country announced by any provincial government for this pandemic? The minute you start

response, you set aside a separate team to write recovery and have that plan ready to go the minute you know the pandemic went to endemic.

There are 10 activities that make up all of life. It doesn't matter if you're a soldier, sailor, airman, or whether you're a civilian in any industry, those are the 10 activities that you use to run your home. Governance at the top: operations, plans, logistics. But when you're working in a provincial agency, those are specific activities that require specific training. So you have people in the operations group that are trained to run operations. In the plans group, you have people that—the process I'm about to tell you—can teach that process and run that process for anyone in government. The ones shown in blue are formal courses that we train all first responders in every province and territory in Canada in, and it's called the Incident Command System. You see in the bottom in the blue. So those are specific training.

Every one of our first responders follows it, and it's not about doing their trade, i.e. being a paramedic or being a police officer; it's how they come together when a site gets too big and they have to work together. This is an actual activity and courses they must qualify in to move up in rank to run the Incident Command System for an event on the ground. But you need all of the boxes by the time you get to the provincial order of government. Most municipalities have separate, large municipalities have specific groups for every one of those boxes.

So how do you link all five together? With the last. So what you see here is a table, and there's hazards all the way down. You need an actual thoughtful process that leads you through every one of the boxes on that chart. And using the provincial order of government because health is a provincial responsibility, and that's where we're going in this discussion into a pandemic. You need to apply all ten activities to your mitigation plans, to your preparedness plans, to your response plans, and then to your recovery plans. You need to do each one of those boxes for all ten activities that make up all of life, and you need to resource them with the seven resources that make up every activity. There's nothing missing. If you miss any portion of this, either the seven resources, the ten activities, a specific hazard, any kind of grouping or organization, you have missed something at your peril. But there's experts that do this, and it's not hard for them. It might seem confusing for you the first time you step into it, but people live their whole lives doing this for you.

And those are the things for the commissioners that many people see and think need to be changed or corrected, and I put it to you, they are. There's some specific things we need to fix after this pandemic in terms of legislation, regulation standards, standard operating procedures, and how we move forward.

So that's the five dimensions.

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How do you link them all together? What does the process look like? This is the emergency management process. It's identical to the army process, but it's also identical to the risk management process. Those of you that were here yesterday and watched the presentation on risk management, that's how civilians would use these words. But in government, this is how we talk about it in terms of municipal and provincial order of government.

Hazards are out there every day, and all of a sudden, one of them pops up. So situational awareness for our elected officials happens all the time. There's constant briefings on a monthly basis going to the Premier. It's wildfire season here in Alberta. It's just starting. So there's a briefing note on the Premier's desk saying it's wildfire season, here's the status of

your Sustainable Resource Development firefighting teams. We can draw on our surrounding neighbours, the adjacent provinces, the wildfire operations agreement, mutual aid agreement is in place for all of Canada, blah, blah, blah, blah—just getting the Premier ready.

So it pops. Something happens. And what you see in the orange boxes is elected official engagement. That's where they're briefed, that's where they make the decisions. Okay? And they're part of the supervising and monitoring. So all those orange boxes— The black bullets are all what's being done by staff to support the elected officials. This is a democracy. Elected officials are always in charge. Never the subject matter agency, always the elected officials, whether a mayor or a reeve or whether they're a premier. And every one of those black bullets, and we're going to walk through them in an example, but every one of those black bullets is a staffing function and there's oodles of paper that get produced in order to do each one of those. So just defining the aim in an emergency, there is gobs of paper developing different types of aims for the Premier to select, which is the aim for that jurisdiction.

So when in a court case, for instance, where I was testifying against the Medical Officer of Health of Alberta, I brought stacks of evidence showing what had obviously been overlooked. They were unable to bring any piece of paper and simply said they had done the process. You have to be able to prove you've done the process. There's stacks of paper for every one of those black bullets that they were unable and are still unable to produce.

But what's happening while you're doing and managing that emergency? The hazard is evolving. As well, remember that all hazards list? Other hazards are popping up. So in the middle of pandemic, wildfires just didn't say, "Okay, we'll give you a break for two years, but we won't have any fires, okay? We won't have any train derailments. We won't have any toxic spills. There won't be any other problems. We can only deal with one hazard at a time." That's just ridiculous. But that EMO has all the pre-prepared plans for all the other hazards, and in the same emergency operations centre, you can switch between who's the subject matter agency, because today the fire just got too hot, and we can just set the pandemic aside for 24 hours while we evacuate Wood Buffalo, okay?

So let me move to the second part of the presentation. Now you understand what emergency management is, and that every province and territory has it, and in almost every province and territory, the municipal order of government has been ordered to have it by that province and territory, keeping the elected officials in charge.

Let's start with the aim. If you get the aim wrong in a military mission, you kill thousands and thousands of soldiers. If you get the aim wrong in a provincial response, you can kill your entire jurisdiction. Okay?

So the first thing you have to do is get the aim right. In our predefined pandemic plans—and there are predefined and provincial pandemic plans in all 13 provinces and territories in Canada. Every single one of them had a written pandemic plan: every one of them. If you don't believe me you can go to pandemicalternative.org, a group in Ontario built a huge research storage website for me back in December 2020, and we went to every government website, and we got them and stored them in case they decided to wipe them away and hide them. So on pandemicalternative.org, which is a Canadian-focused pandemic website, it's only talking, and it's called "alternative," because we were trying to get the message across that there was an alternative way of doing what we were doing in December 2020. And they found me because of the 12 letters I had sent to every Premier in this country, starting in April of 2020, saying:

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“Stop, drop, please phone me. I don’t want a job. I just need two hours of your time. I want to give you this presentation.” Okay?

That’s the real aim. To minimize the impact of the virus on all of society. You heard within days it switched to be to minimize the impact on the healthcare system or the medical system. Absolutely wrong aim. The result is what you’ve lived through for three years. You get the aim wrong: everything that follows is wrong.

Let’s talk about the overarching principles of emergency management. Number one, pandemics happen continuously. This wasn’t our first. In my lifetime, there have been five pandemics. I was born in 1954, and so Asian flu back in the 1956-57 era. We have huge documentation from five previous pandemics, and we’ve made massive lessons learned, both in emergency management and in public health, all thrown away. But more importantly, there is going to be another pandemic. I hope to see two more. Why? Am I a sucker for punishment? No, it just means I’m still alive for crying out loud. I want to live through two more pandemics, but I never want to live through another pandemic that is managed the way this one was.

Emergency management—these are principles—is the foundation on how we respond to every type of hazard, every emergency over and over and over. And these staff are trained, they’re competent, they’re capable, but they have some fundamental principles. And the very first one: you control fear. You never, ever, ever use fear.

I wrote my fifth letter to the premiers in August of 2000 [sic], warning them that they were using fear and that it would have unintended consequences that would last for 60 years until the children who have been affected by our response to this pandemic die. It was a very specific letter. I tried different approaches, and every letter I wrote, none of them worked. So I’m a failure. Confidence in government: You never use fear, you use the opposite. And everyone says the opposite of fear is bravery. It’s not, it’s confidence.

Confidence that you can get through something. Confidence that you can get through something together is the opposite of fear: fear of each other, fear that you can’t work together, fear that everyone is a hazard to you. I’ve been in some really awful places in the world in my 27 years in the Army—always with a rifle to defend myself. I was one of the lucky ones. But I watched populations that were raped, burned, and destroyed because their governments used fear. Use confidence in emergency management. You never, ever use fear. Your job is to suppress fear, and you suppress fear not by lying to the population. You don’t try and diminish what’s coming at you. You tell them how you’re going to handle it, and that you’ve got a plan, and that we can get through this together, and here’s how we’re going to do it. Okay?

Surge capacity is a real thing. It’s not done by taking stuff from someone else. New surge capacity is developed in every emergency. When we have a flood, and we need to dike a river all the way from the BC border to Saskatchewan to give them the water for free, we don’t re-roll things. We build new capacity. We get our citizens to come out and help build dikes, and it’s a new capacity. It’s not a re-rolled capacity.

Mutual assistance used to be a cornerstone of emergency management. Moving a patient from Calgary to Edmonton is called mutual assistance. It suddenly became evil. It was as if you had completely failed because your hospital couldn’t take every patient. We’re in the

middle of a pandemic. Of course, there will be ups and downs in every community. Communities help each other. They don't block the movement between each other. Constant feedback and evaluation of evidence. These are basic principles that were completely ignored in this pandemic.

My bottom line in terms of principles is pandemics are always public emergencies because they affect all the public. They are never public health emergencies. It's absolutely ridiculous to call a pandemic a public health emergency, and public health should never have been in charge of all of society. They are responsible for the healthcare system. Point final.

Let's move on to governance. The Premier in a province and pandemics:

[00:30:00]

healthcare is a provincial responsibility, so the premiers are in charge. Period. There is no discussion. The Prime Minister is in support of the premiers. He is not the person in charge of the pandemic. Never should be: never could be. He does not run the healthcare systems.

The Prime Minister should only have sent support that premiers ask for. He shouldn't have forced them into responses by making edicts and handing out \$500 billion to get his design for a pandemic implemented.

There should have been a task force in every province that was on all of society to respond to the pandemic, and what should that have looked like? It should have included people from every one of those supporting agencies, governmental and private sector. It should have included a huge team of the biggest brains in the province, and their knowledge in terms of all of the impacts on every one of those blue tubes should have been brought together. What did we do instead?

We put the Medical Officer of Health in charge, who gathered a group of doctors—nobody from the power grid, nobody from water supply, nobody from municipal order of government, nobody from all the other supporting agencies—and they made, designed a response to protect themselves. Public health is supposed to protect the citizens. Citizens aren't supposed to protect public health. The coordinating agency then would have supported that task force. The coordinating agency would have then run the full provincial response. They never did.

Hazard assessment. Let's go back to what we actually knew in February of 2020. How did I get this top-secret information? I used this [cellular phone]. Every one of you could have done this. The key is: the information was readily available. These charts coming out of China, you simply picked up your phone, you typed coronavirus, remember it wasn't called COVID back then, coronavirus, death by age, and then you typed in Italy, Spain, China, whatever, and you would get these.

This is in February 2020. We knew what was coming. Look at the people who are dying. Over the age of 70, what are they dying with? Severe multiple comorbidities. This was February 2020, readily available, updated routinely. I did a snapshot then, and this is in the document I originally sent to the premiers to try and say, "Hey, what are you doing? You need to be doing target focused protection," and we'll get to that, but we knew then, was that just a random sample?

Every single week, starting the first week of March, the World Health Organization produced these tables. Every single week, you can still get them, they're still available, and they're available worldwide. Who's dying? Really old people. In fact, the average age of death in Canada is 82 years old with three or more multiple comorbidities, severe multiple comorbidities. Nothing has changed.

This was known the first week of March, the second week of March, the third week of March, and what did our medical officers of health do? They tried to convince us that everybody was at equal risk. Absolutely untrue. One of the comorbidities that's missing from this chart, and which is an extremely important comorbidity, but we don't talk about it in North America because it's considered fat-shaming, is obesity. Eighty-three per cent of the people who have died in Canada and the United States, in fact, it's 87 per cent in the United States, died obese. That means their BMI [Body Mass Index] was over 30. So what did we do?

We closed all the gyms. We told them they couldn't go outside and use the walking trails, and we gave them absolutely no feedback on how to make themselves healthier in terms of diet and exercise. We did exactly the opposite. We knew what the comorbidities were and that we needed to really look at those comorbidities and build surge capacity for them while we were building surge capacity for COVID because they were going to be impacted.

We did exactly the opposite. People saw the terrible pictures coming out of Italy. The people dying in the streets. Who were they? There's from May 2020, okay? But we knew this in February. We knew this in March. It's really old people with severe multiple comorbidities. Did that actually change? Here's the same chart from May 2022. No, it never changed,

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and yet the narrative coming out of our MOH [Minister of Health] never changed either.

This is a slide you've seen in other presentations. It's now been taken down, and every one of my slides, every piece of information and data, you'll see I put the website right on it, so you can go get it yourself. But this is no longer available. It shows that people without comorbidities simply aren't at the same level of risk. In fact, it's minuscule risk.

This is the latest—and I've stopped updating this chart. This is at the end of three years, so this is March of this year, and what you see is Canada's data, as a country. But what's really interesting on this, if you look over here on the right-hand side, you will see that it says that, as at the end of March, there was 52,000 Canadians died of COVID, and that's the number that Theresa Tam still uses to scare the hell out of you every day that this is a horrible disease. But quietly behind the scenes, every province and territory in Canada has been amending their data. If you see the number on the other side, circled in red, this is from exactly the same day off of exactly the same website from the Government of Canada, you'll see that it's 36,000 died, not 52,000. Why is that? Because they're very carefully, now, removing all the people that died with COVID not from COVID. Okay, so they're cleaning up their act before we come looking for them.

So let's move on to mission analysis. Now, this is the meat of the process. Whether you're attacking an enemy or the enemy is COVID, mission analysis is where you break apart all your tasks given and your tasks implied. Just the "what." Never the "how." And you do this with the smartest people in your province. Okay, this is where the task force, and I did this for counter-terrorism with what I call "26 of the smartest people in Alberta" on September

the 12th, 2001. The following day I was made the director of counter-terrorism for Alberta, which I ran, implementing the plan that we wrote in the first two months over the next two years. But I led them through mission analysis.

What does it look like?

You sit there and you are first given, with your task given. These are the four tasks given that were written right into the Alberta, and every province and territory in Canada had a plan just like this, with the task given in preparation for the next pandemic.

Control the spread, try and reduce morbidity, but “appropriate” prevention measures is the keyword there and I highlighted it with “appropriate” underlying quotation marks. We’ll talk about that.

Mitigation of societal disruption through the continuity of critical services, not the closure, the continuity. People are going to get sick with this new virus. How do you make sure you can continue every activity in every business while people get sick?

The critical infrastructure, you have to make sure you have backups and backups, so you need surge capacity in every piece of your critical infrastructure, the people piece, because some are going to get sick. You’re not going to close them down. You’re not going to send healthy people home. You might in fact order sick people to come to work while you sort of isolate them because you don’t have enough people. Exactly the opposite.

Minimizing the adverse economic impact. I almost laugh every time I read that one. And making sure there’s effective and efficient use of resources. We failed at four out of four. Those were the tasks given in the pre-written pandemic plan in Alberta and are similar in every other province.

So you now have to rip those four tasks out into the detail required. So what’s that goal number one turn into? And this, you see the et cetera, this is one person’s brain. Imagine if you had 26 of the smartest people in that province’s brains to pull from. This is just my brain.

Number one, how are we going to care for those most at risk? We knew exactly who they were. How are we going to develop over here on the other side, a risk analysis for the population so that our family practitioners can— Our family practitioners know— We know that most of our seniors that died were in long-term care homes. So right away we should have been developing plans in bullet one for long-term care homes with the people that run the long-term care homes. Right?

Public, public for profit, private for profit, private for non-profit. Three [sic] [Colonel Redman cites four groups] groups: bring them all together, bring the unions in, bring all the best experts in, and build a plan to get us through the first wave. Then we’ll figure out the second wave, right? But over here, what about all the seniors that were living in multi-generational homes that were living at large on their own, in their own houses still? Family practitioners knew exactly who they were and where they were.

[00:40:00]

They were their doctors. We should have been developing for our family practitioners, good advice, common sense things, and trying to figure out ways to help them.

But down here, on the very bottom on the left-hand side, the development of treatment. You're going to hear from a whole bunch of doctors and talk about a whole bunch of possible treatments, but one of the things that no province or territory in our country did was peer-reviewed analysis of potential treatments worldwide.

We should have had an intelligence agency watching for every country in the world and how they were managing COVID, and whatever treatment options they were finding, like ivermectin, the terrible "I" word, but all the other ones. And we should have done peer-reviewed studies to see which ones worked. And even if they only did 3 per cent, just like in AIDS, when you add five 3 per cent options together, you get a really effective treatment option. And other countries in the world figured this out, but we never did. We did exactly the opposite. Our medical officers of health never did this task, implied matrix, and never developed teams to go and study how.

I'll go through the next ones quickly, but no one ever contacted the electric system operator in Alberta or any other province in our country to make sure they'd have enough people to get through the pandemic. Good thing they did. If our power grid had collapsed, it would have been awful. But even more importantly, water supply is a municipal responsibility, and our municipal order of government was excluded from the entire planning and execution process. Most water treatment facilities and most municipalities have two or three experts that run them. Emergency Management Alberta knew them by name. They were never included in the process.

How do you make sure you do not close business? Continuity is the word, not closure. And I mean for every business, but there will be some like tourism what other people, other countries do would have affected our tourism industry, and we should have only supported those industries that had to close because they simply couldn't exist with the clients that were going to show up at their door. Okay? But we should have ensured continuity of every other business, and we needed to make a list of them in the tasks given and implied.

And how do we manage critical resources? Well, we watched ourselves fail completely on that repeatedly. But the second portion is, after you've done your tasks given, you have to do the tasks implied that aren't in those first four.

And this is a standard template of tasks implied for every emergency, every single emergency. Okay? And Emergency Management has this list and always does it and sits down with the task force that's assigned and walks them through it and says, okay, these are the what's, can you think of any more? And then we build groups to go away and bring back options to do this.

The most important are protection of rights and freedoms and suppression of fear. Both completely never even considered.

I was the director of counter-terrorism for two years in the Province of Alberta and worked on both sides of the border, personally briefed Senate and Congress in the U.S. on what we were doing in Alberta to sustain our oil and gas. I personally briefed the American ambassador. It was always made very, very clear to me that security trumps trade. But on top of that, all that time in two years, what's the most important thing in counter-terrorism? You never deny a Charter right or freedom because if you do, the terrorists have won. That's what they were trying to do. They were trying to destroy our rights and freedoms and destroy our faith in democracy because they don't like it. We handed the response to this pandemic to our medical officers of health and what did they do? They

immediately destroyed our rights and freedoms worse than any terrorist attack ever could have done.

The next thing you do is develop options. You take all of those teams that you break out of that huge list of to-dos, you put them into groups, you bring the smartest minds for each one of those red-bulleted tasks, and you send them away for a week, and they have to come back with a costed plan. But that plan is including multiple options. There's always more than one way to skin a cat. For every option, you have to do a full cost-benefit analysis so the Premier can say, "Okay, this is what we're going to do for long-term care homes. And this is how we're going to manage critical infrastructure."

But they pick the option that they think will best protect all of society. Remember the mission statement? So your elected officials are given the options and in the box below in decision, it is the elected officials that decide which option for each of the groupings of tasks.

[00:45:00]

But the cost-benefit analysis is how they make their decision.

So we had pre-written plans before this pandemic that told us all of this information and put it together and had done part of the cost-benefit analysis for us, built on the really, really, really hard lessons learned from those previous five pandemics. Those plans, in fact, highlighted the use of a word that you now call lockdowns, but which I have always called non-pharmaceutical interventions. Okay? They had been studied inside and out for 20 years.

The document you see on the left was last updated and issued worldwide in September 2019. The 15 NPIs [Non-Pharmaceutical Measures] that you see listed on the right-hand side of the chart are showing green for ones we should have used in this pandemic, orange, which are partially applicable—and I'll talk to one in specific—and red never should have been used for this pandemic. That document on the left is 60 pages long and it discussed each one of those 15 separately, in detail. You can get the document for yourself and it says things like, for workplace closures: closures should be a last step only considered in extraordinarily severe pandemics. We did it as a first step with absolutely no cost-benefit analysis.

Let's talk about face masks because everybody likes to talk about face masks. In the first two years, I never mentioned face masks because then everybody just thought I was a conspiracy theorist. Face masks have no effect for a virus of this type. They have an effect for other viruses, but not for this virus, and we knew that from this document. This is a highly transmissible virus that they aren't applicable for. Face masks, in orange,—because in a hospital setting, worn by healthcare practitioners—of the right type of mask, for a limited duration, put on by assistance, taken off by assistance, and disposed of immediately—made sense. The document clearly said "should never have been used in the general public" because they cause massive societal impacts and damage and have no noticeable gain in stopping transmission. Okay, sorry, got to go back just for a second.

What was the worst thing we did? We destroyed our children. That's why I circled that one. The socialization and the development in elementary school, junior high, and senior high, and what we've done to our children will damage them for the rest of your life. There are many studies that show that one-year loss of education causes a five to 15-year decrease in economic ability, earning ability for that individual, and a three to five-year decrease in

lifespan. So until our children die, unless we do something to correct what we have done, this impact will exist on them. And we didn't do it for one year. We did it for two, and in some cases, three years, in our own country.

But we knew that from the study of the NPIs that all of those NPIs would have a very insignificant effect on transmission of a virus of the type of COVID. So we knew that in September 2019, we should never have used them.

But after the first wave, study after study after study compared non-lockdown to lockdown countries and showed exactly the same thing. And you've heard from Dr. J. Bhattacharya previously. This is him, but this was after the first wave, but folks, there was, this is another 35, wave after wave after wave, proving that lockdown to non-lockdown countries, and I'm sure you've all been told there was no non-lockdown countries in the world, but that's simply a lie.

Many countries in the world didn't use any of the non-pharmaceutical interventions and came out exactly the same in terms of transmission. But what we know now and what we knew in September 2019, in a 60-page document, was that non-pharmaceutical interventions cause massive collateral damage. And I'm not going to go into it. You're hearing testimony from all the others. Well, all I'm going to do is say to you that I put them into these five bins, and you can collect all of the damage.

The mental health damage that we'd done and we knew would happen. And so to me, that's individual. That's each person. The fear you have of your neighbours, the fear you have of each other, the fear you have that we're going to do this again to you. Societal fabric: the tearing apart of our society and our democracy;

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the people who had other severe health conditions that we ignored and who missed diagnosis and treatment; our children's development, important—their academic development, but far more important—their social development; and our economic well-being as individuals, businesses, and as a nation.

And I come back to the fact that we doubled our national debt. Don't think that won't have a forever impact for at least the next 60 years. And this isn't one or two or a few witnesses. There are hundreds and hundreds and hundreds of studies all been collated for us that our mainstream media continues to ignore.

I end this portion with: there should have been a written plan issued through the mainstream media to every citizen in every province saying how the Premier was going to lead the response to the pandemic and inviting feedback from the citizens. "This is what we're going to do for the first phase. We know there's going to be a second phase and probably a third phase. But in the first phase, this is what we're planning to do. This is how we're going to try and walk our way through the first wave till we know more, and we invite your feedback."

It should have been in every inbox in every citizen in each province and territory. You've never seen a written plan by any province or territory. Therefore, you've never known what the government was going to do. You just knew that it was not going to be in your best interest.

So let's go to the third part and I'm going to go through this quickly. First of all, I want to give you perspective because you've heard this from many people, but I like to collate things for people so they understand modelling. Everybody talked about modelling for the first two years and how we were all going to die.

The Imperial College of London model had been completely debunked. It had been shown to be wrong in every major emergency in the past ten years. The model outputs always predicted horrible, horrible situations. That model should never have been used. We knew it was completely flawed, and yet it was used by every province and territory in Canada, by the medical sub-officers of health, to tell you we're all going to die.

Number one, you never use fear in a pandemic, you do exactly the opposite. I'm an engineer, okay? We use modelling all the time. A model, not that one, should have been used to predict the surge capacity that was going to be required. You didn't care. It should have been invisible. Getting more hospital beds, getting more this, but the Premier could have said, "You know, we're developing real new surge capacity," and that's confidence. But you never use a model and release it to the public to terrify them. The evidence constantly proved the model wrong. Mainstream media, the medical officers of health, and the elected officials ignored the evidence every single wave and reused that model. How dare they?

The infection fatality rate was known for people under 65. The infection fatality rate of COVID was known to be less than seasonal influenza. For people over 65, it went up but never became much worse than seasonal influenza, and yet we did nothing to protect them. We never did target, focused, treatment options for our seniors.

The daily death count was used as nothing more than a terror weapon and was never put in perspective to other causes of death. Non-lockdown results from countries like Sweden, places like Florida were intentionally ignored and never talked about by your medical officers of health or your premiers.

And saving our medical system was the contra mantra, and I can do this for every province; but Doug Ford is such a perfect example. He was standing in front of the camera crying, telling people in Ontario they weren't locking down long enough, hard enough, and deep enough and that they had 1,750 people in acute care beds. He never once mentioned that there's 22,357 acute care beds in Ontario. When you ignore perspective, you can create terror. But if you were told that there's 2,000 beds used out of 22,000 beds and you're still saving the medical system, it would have caused you to question the response. Perspective was intentionally denied.

This is a cartoon that circulated all through Europe. It didn't circulate in North America. I have friends that helped me for the last three years all over the world. This was sent to me. And you see Boris Johnson, back in the first wave, trying to decide to lock down or not lock down,

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but really, he only has two options—lockdown or option B is lockdown. And the elephant in the room is Sweden. The elephant's got the little Swedish flag there because they never locked down, right? That's the elephant in the room.

So what did happen in Sweden? They decided in 2022 the pandemic was over in Sweden, so they don't report anymore. Look at the number of young people that died, look at the number of old people that died. They never wore masks. They never did school closures

other than the senior high schools for two weeks in the first wave. They never did any ordered workplace closures. They never did social distancing. He recommended Dr. Tegnell who ran the response.

And the response he ran was exactly what the Alberta and every provincial plan said we were going to do. He followed his plan. We threw ours away. They don't have an increase in mental health issues (like we do), increased suicides, increased overdoses, increased spousal abuse, increased child abuse. They don't have that because they didn't do that. And they came out of this economically better than all of their neighbours in Europe.

Let's do a fast comparison to Alberta. If you normalize the population between Alberta and Sweden, Sweden had less COVID deaths. If you actually believe the case count numbers that we have in Alberta and for Canada, I can do the same thing for Canada. Alberta came out worse than Sweden in straight COVID deaths. Forget about collateral damage. Yes, they have a much older population than us and they did not do targeted protection. Dr. Tegnell has personally and publicly apologized for the lack of targeted protection in the first two waves which caused many of their seniors to die needlessly. But how did they do overall? This is cumulative excess deaths. Look at Sweden and look at Canada. I let you make your own decisions. This is from 2022.

You saw India, you saw bodies floating down the Ganges and the terror that our mainstream media and our medical officers of health using India as a terrible example. India had three times less COVID deaths per capita than we did. Three times less with 36 times the population in one third of the geography. You don't hear them talking about that. Perspective has never been allowed. Why did they do so much better? They only had 2.8 per cent vaccination rate when Delta hit India. They did treatment. They did massive treatment, population-wide, and we denied the ability to do that in Canada. Our MOH [Ministry of Health] and our College of Physicians and Surgeons fired doctors if they did it.

Fast comparison to other things. Traffic accidents, top left—heart disease, the other side. Even if you are between the age of zero and 60, you were three times more likely to be a traffic vehicle fatality than you were to die of COVID. But we didn't see our government—Shawn's opening this morning—our government didn't ban cars. You were three times more likely to die in your car. They should have taken our driver's licences away.

And let's do one last comparison to pneumonia. Pneumonia worldwide. 2.5 million people die every year of pneumonia. COVID was less than pneumonia. And yet the World Health Organization, as we speak, is getting sovereign countries to sign a new WHO [World Health Organization] agreement that they will give up their sovereignty and allow WHO to run the next pandemic based on this extremely successful model of the use of NPIs worldwide: sooner, longer, and deeper. Canada is about to sign that agreement. We didn't close the world for pneumonia. Why not?

My final slide, conclusions. We discarded emergency management, and it has cost us dearly. The aim right from the very start was obviously flawed, and yet no one challenged it. Except for—I say no one—a few of us challenged it. Most of you sitting in this room didn't believe it. But our citizens did, as a group. The hazard assessment, we should have protected our seniors immediately, and I'm prepared to talk about what I mean by that in questions if you're interested.

But remember, I'm the guy who said you never deny a Charter right or freedom unless the individuals agree. The Oakes test is the minimum standard. It has been thrown out. Every single Charter right before it's denied must pass the Oakes test.

[01:00:00]

There has never been a single Oakes test for a single Charter right or freedom that was denied. Not one.

Lessons learned, we threw away every lesson we'd learned, and there's no point in running the lessons learned after this pandemic. Because the only lessons we'll learn if we let our governments do it now is exactly the wrong lessons. The use of NPIs were known not to stop transmission but to have massive, massive collateral damage. To use them over and over, in my opinion, is criminal negligence causing death, and we need to hold accountable those who did it. Our Prime Minister, our premiers, and MOH are those responsible people, and they need to be held accountable. If we do not immediately and vigorously remove the belief in lockdowns, we will redo this, and not just for a pandemic. We will redo it over and over and over, and our citizens will be compliant.

The presentation I've just given you is based primarily on a paper I wrote July 1st, 2021 [Exhibit RE-2e], and sent to all the premiers in the mainstream media, Canada's Deadly Response. It's 130 pages. You can get it at that link that you see. It's been used in court cases against MOH and premiers across our country, and the others are supporting documents. I stand ready to answer your questions.

Commissioners, I would point out that I've never talked about vaccines once, because in emergency management, you never count on a vaccine. A vaccine takes five to ten years to develop if you're using proven technology. They take ten years plus if you're using new technology, and a pandemic is long over before you ever get a vaccine. You may wish to have a vaccine if the virus is not a constantly shifting and changing virus. The chief medical officer of the vaccine program in Great Britain said in August—before our Prime Minister called certain people in our public, racist, misogynist people with unacceptable views—the medical officer of health in Great Britain said, "The coronavirus is now the sixth form of the common cold. We need to learn to live with it, there never will be a vaccine. We've never had a vaccine for the cold."

But I've never talked about vaccines because emergency managers know they come too late. You have to deal with the development of herd immunity long before you ever will get a safe and effective vaccine. Ladies and gentlemen, your questions please.

Shawn Buckley

Well, I get to go at you first, David. One thing that struck me is you showed data there that just the regular pneumonia that we live with for our entire life is responsible for more deaths during this pandemic than COVID. Is that correct?

David Redman

Pneumonia worldwide has always been a larger threat than COVID. In Canada, we had a more successful rate because of our— For one strain of pneumonia, there is a very good vaccine. And so we've had an ability to reduce pneumonia deaths in Canada. But worldwide, COVID was less of a risk than pneumonia.

Shawn Buckley

Now, in every year we have, I think you called it, the seasonal influenza. We have, I call it low vitamin D season, but other people call it flu season. But basically, we have a season where we have influenza and we have a number of deaths in Canada. Did I hear your evidence right that for our regular seasonal influenza for persons under the age of 65 that COVID was more of a risk to those under 65, all right, less of a risk, than seasonal influenza. That was too long. So I'm just going to rephrase that question so—

David Redman

I can answer the question. In previous presentations which many of you have seen—that I have given for the past two years before I stopped doing public presentations in February 2022—I always had a graph which showed the seasonal influenza curve from the past five years and I overlaid it with the COVID curves. And so in terms of transmission of the virus (and it's in my position paper), there's no distance between the lines. COVID went up and down no matter in Canada, no matter how hard we locked down, no matter how soon we locked down, the virus transmitted itself exactly the same. And people always ask me the question: Well, why was Taiwan and why was Australia and New Zealand able to do better in terms of sealing off the disease?

Number one, Canada is not an island.

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We had 20,000 truck drivers crossing the Canada-U.S. border every day throughout the entire pandemic. Why? Because we have a just-in-time food supply system, and we would have starved to death if we hadn't done that. So the spread of the disease just happened naturally and it suddenly became a crime to get sick. You were held in disdain by your friends and neighbours if you caught COVID because you obviously did something wrong, but they never cared if you caught the flu the year before.

Shawn Buckley

And for those under 65 the flu was more dangerous.

David Redman

And for those under 65, the flu had a higher infection fatality rate than COVID through the entire pandemic to this day and now significantly less.

Shawn Buckley

Now you had mentioned at the beginning of the pandemic, you know you have said you lived through four of them and I think you mentioned the Asian flu in the 50s, but didn't we have one called the Hong Kong flu in the 60s? Like we've had bad influenza seasons before, and I mean bad, they far exceeded the seasonal influenza.

David Redman

Absolutely correct and if you go to the position paper, there's a grading system for pandemics. It's been known worldwide. CDC put together a graphing and charting system that's been used for every pandemic dating all the way back to the Spanish flu. And so what you have to consider is both the transmissibility and the deadliness of the disease and it's

on two axes. If you place this pandemic, it is, at worst, a moderate pandemic. Most people would consider that it actually slides down into a low-level pandemic based on the CDC modelling. So this entire pandemic we've been told that it's an extraordinary event, the worst pandemic since the Spanish flu. The facts don't bear that out and the model system used by CDC—and they're part of the perpetrators of the fact that they say it's a terrible—they didn't even use their own models.

Shawn Buckley

So I wonder if the media hadn't been hyping this, would this even have been a situation where emergency plans would have even been engaged?

David Redman

We have been destroyed by our independent media, and censorship has been obvious and apparent. I'm sure everyone in this room knows it, but for most Canadians they think the mainstream media has been doing a great job simply giving them the information that the MOH and the premiers have been giving them every day. What the mainstream media forgot is that their job is to hold government accountable, and in so doing they could have used one of these (holding up cellular phone) just like I did and known that the people who are most at risk were our seniors.

Let me give you the example, just one example: Theresa Tam said in the summer of 2022 that it's a national embarrassment, us [Canada] placing last in the OECD [Organisation for Economic Co-operation and Development] in protection of our seniors through this pandemic—73 per cent of all deaths in this pandemic in Canada happened in long-term care homes; 73 per cent died in long-term care homes, not in the general public. They were our seniors with severe comorbidities. Theresa Tam personally admitted that it was a national embarrassment to place last in the OECD of countries with similar public health care systems. The mainstream covered it for one day, and you will be very hard-pressed to find that statement. I have it; it's right here, and it's in my paper.

Shawn Buckley

David, actually wasn't going at the censorship thing. I was just actually wondering, would this in the normal course of events been a situation where emergency plans would even be invoked?

David Redman

I would have put it to you that in February— Okay, let me answer your question specifically and then give you an aside. In February 2020, if I was the head of AEMA, I would have taken the pandemic influenza plan as written; I would have asked for a briefing session with the Premier; I would have asked the Premier to form a task force; and I would have prepared as if it was going to be a horrendous pandemic. Because you always go big and then ramp down. By the middle of March, I would have recommended to the Premier that for the first wave we consider options for protections of our long-term care homes and nothing else.

Shawn Buckley

And would it be fair to say that—so Alberta had a plan—basically every province in Canada and pretty well the entire world, and the World Health Organization would have had plans similar to the Alberta plan?

David Redman

Absolutely correct.

Shawn Buckley

Because basically everyone could look at the past data and draw the same conclusions.

[01:10:00]

David Redman

Everybody was using the same lessons learned and had rewritten and rewritten their plans. If I can take you back in time, I retired from Emergency Management Alberta in December 2005.

This document, the WHO document, first came out with the comprehensive study of all 15 NPIs in the summer of 2005. So the Deputy Minister of Health at the time asked me to co-chair with her the mission analysis session where we would completely redesign the Alberta plan because NPIs had not been studied in depth before, and clearly the Alberta plan was inappropriately based on using a number of NPIs. So that's why in 2005, we re-wrote the Alberta plan. It was published in 2006 after my retirement, and it was upgraded because all-hazards specific plans are rewritten every 10 years by every province and territory in Canada. The one in Alberta was republished in 2014 after another comprehensive review, basically looking like the one from 2005.

So yes, every province and territory in Canada had plans. They had pandemic plans that look very similar to the Alberta one. All 13 of 13 are available on pandemicalternative.org because we collected them; and the Government of Canada plan looked very similar to being a supporting plan for the 13 provincial plans, a supporting plan not the leading plan.

Shawn Buckley

And not a single government in Canada follows their pre-existing plan.

David Redman

In my opinion, they burnt them all.

Shawn Buckley

Thank you. Those are my questions. I am confident that the commissioners will have questions.

Commissioner Massie

Thank you very much, Mr. Redman, for this very thorough presentation. I have a couple of questions. I don't want to take all the time. I want to leave my colleagues also to ask some questions.

So my first question has to do with the planning of an emergency plan. I mean, I was working in the government, and we're always looking at these preparedness plans from a

microbiology, immunology, virology standpoint, which is one aspect, of course, and you have to work it out properly.

But to my surprise, I saw looking at the internet, as you pointed out, on cell phone or computer, there was a kind of a plan at a very high level called Event 201. That if I summarize what I've read from there is that in order to get the best possible response to this kind of global emergency, you need a global plan that will actually be prepared at high level by real experts and then will be deployed, really top-down, using all kinds of interesting communication tools.

For example, we've learned from some document in U.K. that they have this nudging unit that would actually lead people to really adopt the behavior that would be aligned with this global plan. So how would you qualify that kind of plan or planning for emergency of pandemic with respect to the most current, I would say, state-of-the-art knowledge that have been practiced for all of pandemics of the past decade?

David Redman

I would suggest you that Event 201, led by Bill Gates, was a well-intended but totally misguided group of individuals who had an industrial background, with a few doctors who had a particular bent, and the bent was, they loved NPIs. And they produced results that made absolutely no sense, in my opinion, and yet it was almost a complete carbon copy of what we did in Canada.

But I would point out to you that many countries in the world didn't believe in Event 201, didn't follow Event 201. Sweden being the classic example, and people like Ron DeSantis, Governor of Florida, who just went, "No, this is wrong." And the reason is they recognized the collateral damage, and Event 201 is based on basically locking down the entire world until another vaccine can be prepared.

And Commissioners, I would hasten to point for the Canadian public that within the next week, if it hasn't already happened,

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Canada will be a signatory to the WHO agreement that models Event 201 response for all time in the future. And that the countries that sign the agreement agree they will give up their sovereignty and follow the direction from the World Health Organization, which is based on the rapid and continuous use of NPIs.

Commissioner Massie

My other question has to do with the definition of a pandemic. Professor Didier Raoult in Marseille has always presented the notion that these infectious diseases spreading in population cannot be global because it depends on the population, it depends on the environment, the weather will play a role, the interaction between people, and therefore it has to be analyzed at a reasonably local level.

We've learned during the pandemic, for example, that there's been a gazillion of variants that we've learned about in this particularly evolving virus because we started to sequence it like we've never done before. Had we done something similar for other influenza or other types of infection, we would probably have seen similar profiles, but in this particular instance we learned a lot about the emergence of these variants that eventually became

variants of concern because they came in some area and then they were going to spread all over the world and so on.

But the reality is that the variants come and go and they sometimes remain very local, sometimes they can spread a little bit more. So this whole notion that you could come up with a plan that will be kind of a one-size-fits-all is a little bit difficult to reconcile with the notion that there's going to be a large, many factors, local factors that will influence.

And you've named, for example, the comorbidity in people that are more vulnerable, that's one element. But it could be also other elements that play in the environment that will play with the spreading and so on. So this whole notion of having a global plan for pandemic management with not much recognition for local management— Because circumstances will be very different depending on countries and so on. So how can we actually find a better way to communicate that this old grandiose plan is half-baked in the sense that, yes, you could have high-level recommendation, but what about the local implementation of the measure?

David Redman

I totally agree with both the professor and yourself. Emergencies are always bottom-up, but there's a reason for that. And in a pandemic, as you say, there are so many conditions. So let's just address a few.

Remember the all-hazards. Each jurisdiction, every municipality, every province has to make their own assessment of what it is for them. Whether environment plays such a huge role in every possible hazard, just like it does for a disease. When I do my comparisons, I never compare Florida to us. The climate in Florida is not the Canadian climate. And how a disease evolves and spreads in Florida is totally different than Canada.

But Sweden is a very good collateral model because their urban versus rural densities are like Canada. Their climate is very similar to parts of Canada, at least significant parts of Canada. So if you're going to compare apples and oranges, if you're going to build like-minded responses, you have to look for all of the impacting factors, and the best way to do it is not try and compare yourself to anybody other than to look and see what works somewhere might work here and test it.

So when you build a plan for Alberta, it's going to be different than the plan for Nunavut. Totally different because of population density, because of numbers of people, because of geography, because of climate, all with the same virus. And yes, the virus mutates— And I almost screamed at the television. I did scream. My poor wife is right there. She knows. I would get so mad when I would hear people say ridiculous things about— How could our Medical Officer of Health— Remember the 10 activities make up all of life, one of them is intelligence?

How could we not have built a medical intelligence section that was trying to find all the variants that were happening in Canada, that were not happening worldwide,

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and to see if there was a possibility for the transportation, and what would that mean?

It seemed like every wave and every variant became a surprise, but the response was always lock down. So we didn't even learn that there was going to be new variants until they almost arrived in our country. So yes, everything is local.

The way the disease evolves is local. So the idea that a World Health Organization would make a one-size-fits-all massive lockdown approach— Look at Africa, folks, sub-Saharan Africa, with absolutely no lockdowns. And it wasn't because the virus is more or worse or everything else. Its climate, its geography, it's a whole bunch of things in a very hot, dry climate versus a hot, wet climate. Look at COVID worldwide, you'll see the variations.

So it makes absolutely no sense to make a single worldwide plan to be driven out of a bureaucrat, non-elected World Health Organization to give up national sovereignty. It makes no sense.

Commissioner Massie

My last question would have to do with— You've made specific recommendations in terms of how can we do it better? As I was listening to you, it occurs to me that there's the knowledge, the expertise from the people that will support the ultimate decision by the Premier in every province. Do you know whether there is a mandatory training for this Premier, in risk management?

David Redman

There is no mandatory training for any elected official and it's something that we've long discussed because one of my ministers when I was running EMA had been a florist for 20 years. His arrival to suddenly be my boss meant he needed to learn that he was responsible for the response to major emergencies and disasters in the province. He was a very willing student. The one before him was not.

The Premier, I was blessed with having the same premier for all five years in EMA, Ralph Klein, and that man was one of the most empathetic people I had ever met. Every election— What happens in every province and territory before a premier becomes a premier, there's a briefing book and every significant function within the province prepares a one-page briefing note and premiers can invite the preparers of that note to come and give a talk and to learn more, but it's a voluntary system on their part.

But every premier in this country knows they have an EMO, it's in their briefing book, it's there the day they become premier. Should there be a mandatory training session? I would put it to you that every elected official, every elected official, local, municipal, provincial, should have a minimum of a one-week indoctrination training period where they understand, get to understand what their role is as an elected official. It sounds great, you know, "I'm going to represent the people of Kohlberg," but what does that mean? How do you do that? How does the parliament work? How does the system work?

There should be a training for that. But the minute you become a minister—go up the next step in your elected lifestyle—you should have a specific one-week session for the ministry you're now accountable for. Because unlike the United States where Congress and Senators are there simply to represent their people and do not actually run departments, ministers in our government in Canada, in the provincial order of Government and the federal order of Government, run departments.

They become the CEO [Chief Executive Officer] of a huge bureaucracy that works for them and for the people of that province. And to understand what those people do, every time they change ministries, there should be a compulsory one-week period, and it shouldn't be voluntary. It should be a requirement, in my opinion, and for the Premier, one week even more for the most critical functions that a premier is responsible for. And there isn't one bigger than responding to major emergencies and disasters for the people of their province.

Commissioner Massie

Thank you very much.

Commissioner DiGregorio

Thank you so much for coming this morning and giving us your testimony. I will also try to limit my questions, although I have many. I noticed in your presentation you spoke about the non-pharmaceutical interventions being something that are not resorted to as a first resort, but that actually seemed to be what our government did in this case in terms of implementing lockdowns in fairly short order when COVID showed up. I'm just wondering what could possibly be the goal or the justification for implementing lockdowns so early.

[01:25:00]

Is it the hope that the virus will go away? Is it that we're waiting for another intervention like a vaccine? I'm just struggling to understand how that could have been justified.

David Redman

So let's start with "the mission was wrong." If your mission is to protect the healthcare system, NPIs [Non-pharmaceutical Interventions] make a lot of sense because you actually believe that you can get all of the population to protect you, but they can't. They don't. It was well known. They wouldn't. But if you put the wrong person in charge, you end up with the wrong result, if you declare the wrong mission first. So I use three words, and I've done this with lots of people in lots of venues. And I try to be as kind as I can because the three words I use, I'll give them first and then we'll go through them. I use incompetence, hubris, and self-gain.

So at the start of the pandemic— Even in my paper, I give the benefit of the doubt for the first wave. I only call it gross negligence, which you can be held culpable for. But after that, I call it criminal negligence. And the incompetence started right at the very beginning. First on the behalf of every premier in Canada for not being in charge and not doing leadership and not doing their own personal exploration of evidence. Then they chose to put the wrong person in charge. The person in charge was them. But they chose the medical officers of health, and the medical officers of health are not trained to run major emergencies or disasters. They simply are not.

So the incompetence portion led us to putting people in charge who watched what happened in China and went, "Hey, maybe that'll work." Absolutely fear-based totalitarian response in our democracy? I don't think so. But that's what they did, so incompetence.

You put the wrong people in charge. The Medical Officer of Health was incompetent in not saying, "I can't do this alone. I need a governance task force to reflect all of society." They made the flip in the mission statement to being to protect the medical system, and the

Premier allowed them. But they should have immediately said, “This isn’t how our plans are written. This isn’t what I believe should happen. I believe this should be an all-of-society response.” So why did they go to using NPIs?

You have to ask them, and I’ve asked them in court case— Leighton Gray and I were part of a case against Deena Henshaw. They have no proof to show they did a cost-benefit analysis to justify the use. I have no idea why.

Hubris, second word. Once you make a decision, you never admit a mistake. And so wave after wave after wave, they did the same thing, even though the evidence told them, “Stop, you’re doing the wrong thing.” Hubris makes it really hard to say you’re wrong. It’s not impossible. Ron DeSantis did it in Florida. After the first wave in May, he went, “I think we’re doing something wrong.” And he invited Dr. Jay Bhattacharya. After two days, he walked to a microphone, and his first words were, “I got it wrong.”

Admit your mistake, the public’s willing to accept that. Now tell them what you’re going to do, but tell them why it was wrong. Hubris, the second roadblock.

And then why did they want to use them and keep doing them? Self-gain. And self-gain is in so many ways, it doesn’t just mean you’re going to get monetary input. In fact, I’m not saying that at all. What I’m saying is, “I’m on the TV every night. My job is secure if I keep doing lockdowns. Everybody seems to like this. The public’s demanding more.”

Instead of telling the public why you’re not going to do it, it’s just so much easier, and you win the next election. Look at Doug Ford. He won a landslide. Legault won a landslide. Self-gain comes in many forms.

So why did they use it fast and never bend? Incompetence, hubris, self-gain. It’s my only possible conclusion.

Commissioner DiGregorio

Thank you, thank you. You actually answered my second question at the same time as the first, which was why you were emphasizing that elected leaders needed to make the decisions as opposed to bureaucrats, so those tied together very nicely.

My third question relates to— I didn’t see in your framework where the media fit, and I’m wondering if you can comment on how that should go, and even whether or not it goes too far to maybe list them as a one of the potential hazards that need to be dealt with.

David Redman

Okay, so let me answer the second part first,

[01:30:00]

just in case it doesn’t come up. Remember I said there has to be a recovery plan and it should have been started to be written the day after response began. I’ve written a paper on what recovery should look like. It is exactly the same operational process, and it needs to include everything that we need to do.

We have been completely failed by our legislative system. We've been completely failed by the institution of our medical system. We have been completely failed by our independent journalists and we have been completely failed by our court system.

So when you build your recovery plan, the first thing has to be an admission that what we did was wrong, or we cannot correct any of those faults. And then there needs to be a written recovery plan issued to every citizen of the jurisdiction, every province and territory in Canada, saying how we're going to fix the terrible collateral damage we've done, and how we will run a proper "lessons learned" to make sure we never do this again this way. So to me, the whole thing backs up to the failure of our institutions.

So let's talk specifically about the media, which was your question. From the beginning of this pandemic, the mainstream media—so let me be specific, CBC [Canadian Broadcasting Corporation], CTV [CTV Television Network], and Global in my opinion—became the Ministry of Propaganda for the Government of Canada and for the premiers of Canada. They stopped becoming, in any way, investigative journalists. They could have seen the same numbers I presented on slide after slide; and I don't just mean at the start of the pandemic, I mean every wave, what was happening worldwide and the things that were going on in Sweden versus the things that were going on in Canada: they chose intentionally never to do that.

I will tell you that I was approached in February 2021 after becoming known because of Danielle Smith's talk show and *C2C Journal* in December of 2020. I was approached by a mainstream investigative reporter. He came to my house and he came to Dr. Ari Joffe's house and he did two two-hour interviews with each of us. There was massive footage, massive material. He then ghosted us for four months, and I kept sending documents to him that I thought might help in his documentary.

Finally, I received in my mailbox a handwritten letter, no email, no telephone call, nothing—a handwritten letter—because he'd come to my house, he knew my address, dropped in my mailbox said, "Please never mention my name, please never admit that I did this interview with you." Terror in his handwriting and in his words that people were shutting him up. He had tried to market the documentary and had been threatened in many ways.

I will give you one more example of what I know to be censorship. You all know "W5." Molly Thomas called me personally in April of 2021, and Dr. Ari Joffe, and did online interviews with us both. Have you ever seen that session? Molly Thomas has ghosted me to this day, and Dr. Ari Joffe. Censorship in the media is real. It happened. You've heard some really good testimony.

I've watched previous testimony from other far more experienced people in the media than me. The media should have been an ally with emergency managers distributing a written plan from every premier to the people of its jurisdiction. The media became partners with the government, but on the wrong side of the propaganda curve, and to this day, mainstream media. If you want to see any of the things I've done, you can get it through alternative media. It's out there, but 60 per cent of our population still believe lockdowns work, and vaccines were the only way out of this pandemic, and that's because of the mainstream media.

Commissioner DiGregorio

Thank you.

Commissioner Kaikkonen

Thank you for your testimony. I'd like to speak to the mobility challenges across this country, and I'm going to speak from my own personal experiences. I believe it was at Christmas, so December, beginning of January 2021, and I could be held accountable on those dates being wrong, but I believe that was the year.

I have family across this country,

[01:35:00]

so I drove east first. I went to New Brunswick, where I had to apply for— Within 24 hours of arriving in New Brunswick, I had to apply for papers that I could give to the RCMP roadblock when I got to New Brunswick border that would allow me to drive through the province, only stopping for gas. When I got to Nova Scotia—similar situation—I had to apply in advance for paperwork that would allow me to travel within the province, giving the destination of where I would be, and my COVID recovery plan if I had COVID, or my plan for arriving in that province. When I got to Prince Edward Island, like I say, I have family all over. When I got to Prince Edward Island [PEI], it was a great big barricade at the border had been erected, and we all had to be subjected to COVID testing. It was quite significant. There was a number of cars lined up, and only PEI residents were allowed to bypass that process.

Going the other way, in northern Ontario, coming out to Alberta to see family here, this is in the same four-week period, I had signs in northern Ontario that said that there would be COVID testing at the Ontario-Manitoba border. That never happened. And I travelled freely to Alberta without any restrictions or mobility challenges. I'm just wondering, in that same four-week period, how COVID could differ depending on which part of the country you were in.

David Redman

Clearly it couldn't. Remember the cartoon drawn by that 15-year-old girl that she sent to me and gave to me—that in fact ended up being a protest button in the Yukon. Societal health damage is a real thing. COVID had nothing to do with that. The actual virus had nothing to do with how our government responded because if it did we would have done targeted protection for our seniors and everybody else would have moved normally.

So the damage that the fear and the intentional growth of fear caused to our population almost made the public want those type of movement restrictions. They felt that somehow someone from Manitoba was unclean if they tried to come to Saskatchewan.

Why? Because being sick and getting sick became a crime. Just being sick. It didn't matter if it was the flu, it might look like COVID. Being sick became a crime, and the damage to our society by the constant never-ending use of fear, which is exactly the opposite of what emergency managers say you should do, caused massive societal disruption. And those barricades and those roadblocks were an expression of fear.

Worse than that, people took action into their own hands. Wonderful Canadian citizens, who I never would— When I was in the former Republic of Yugoslavia during the middle of the '95 Civil War, I watched atrocities on a daily basis. I believed that would never happen

in my country. If you drove a car with Alberta plates into British Columbia, you knew your tires were likely going to be slashed and the windows broken by rocks.

That's private citizens expressing the fear that their elected officials, that their MOH, and that their media had driven into their head. Worse, our courts backed the use of fear. So even if you said, "I don't want to do that," you saw the court cases constantly supporting the government's use of fear.

So no, the virus of course never should have ever been used for a reason to stop movement restrictions within our country. It was on the list of red things, the one that said internal movement restrictions that was shown in red. That applies directly to your question. Internal movement of the 15 NPIs, one of them is internal movement restrictions, "No, makes no sense."

The virus— It's almost like we thought the virus had a brain, and that the virus knew where the Manitoba-Saskatchewan border was, and personally wouldn't cross it unless you carried it because the virus knew the border was there so it wouldn't do it on its own. Absolutely ridiculous.

Commissioner Kaikkonen

Thank you. My second question may be a little outside of your scope, but I'm going to ask it anyway. When it comes to posturing, and the provinces are responsible for two high-end budgets, and that's the health and the education. Education closed down. They basically locked our students out of schools

[01:40:00]

and took a back seat to health. So I'm just wondering, in terms of posturing the two, is it possible that education will be pushed aside and health will take the forefront in terms of budgeting and that education just will be totally lost, not just on our students, but as a bureaucracy or as a ministry in the provinces?

David Redman

If that happens, we have destroyed our country permanently. I put the circle around education and the social and academic development of our children as the number one thing on that slide of things to continue.

The cost for medical care is a real concern. The OECD—the Organization of Economic Cooperation and Development, 36 countries—for countries similar to Canada with a public health care system, we pay the second most of all of the OECD for our health care. We have the second worst outcomes. That's in terms of wait times, that's in terms of numbers of acute care beds, ICU [Intensive Care Unit] beds, but the actual delivery of medicine in terms of wait times for hip replacement, for heart disease, for all of it. We rate second worst in the OECD of 36 countries and we pay the second most. Clearly, that's not sustainable.

We need to figure out a way to make our public health care system better. And I don't just mean better, I mean we need to make it magnificent, but we need to do it through using bright minds. And people always say we need to think outside the box. I hate that term. I've made officers never use that term in my presence in the Army. It was one of Colonel Redman's no-nos. Because no one can think outside their box. Everybody has a box and that's your box. It's based on your entire life experience, the knowledge you've learned, and

the skill that you have in applying it. Nobody thinks outside their box. So how do you fix problems? You use that process.

Why? Because you bring all the brightest boxes in the world, that all think differently, together and you run them through a process and you suck everything out of their brains and put it down. And then you develop options on how to use all that knowledge. You weigh them on a cost-benefit analysis. You make a plan and you execute the plan. You don't just write the plan; you execute the plan. So in my mind, the entire point of what we've done is that we just discarded all the boxes and only took one.

And so I don't believe that we've ever intentionally tried to fix our healthcare system in a meaningful way, bottom-up and top-down at the same time. Okay? It's always the top-down. I understand top-down. I was an officer. But bottom-up and top-down together and fix our healthcare system.

At the same time, that recovery plan I talked to you about, the very top bullet after removal of fear is, fix our children.

What we've done to our children for three years will last them their whole lives. My son-in-law teaches in elementary school. My youngest daughter teaches in a junior high. And all my grandchildren are either in college, working, or are in senior high. So I have personally been able to watch the impact of this three years on children in elementary schools, children in junior high, and children in senior high. It's atrocious. Children in junior high, when the hormones hit, go off like time bombs. They'll be sitting in a classroom, and they'll just start screaming. No reason.

If we don't understand what we've done to our children, then as a nation we don't deserve to be a nation. We should just let someone take us over, call it a day, and send our children to camps where they can be re-educated.

We need to fix the social damage we have done to babies through to 18-year-olds, so that they can take over a country and understand what a democracy is and be ready to run it after we're gone. That doesn't happen by simply saying the pandemic is over. Isn't that wonderful? Pandemic's over.

No! You have to have a recovery plan to fix the collateral damage we've done in every box. But the most important box is children because they are damaged goods, not just academically, but especially in social development.

[01:45:00]

So education has to take a front seat compared to health care, in my opinion. And more than that, we need to take it past just out of the schools.

The mental health issues we've created have to be dealt with by a proactive, not reactive, mental health care system.

Shawn Buckley

David and Commissioners, I'm just wondering: we've got an issue with the counsel that has to leave at two, that has four witnesses to run. Are you available David to take further questions from the commissioners after we—

David Redman

I'll be here until noon tomorrow.

Shawn Buckley

Okay. So Commissioners with your leave, just because we've got some other constraints today, I would suggest that we take a 10-minute break, and then march through four witnesses to lunch. And just take a late lunch and then have Mr. Redman come back after that for questions. So we will adjourn for 10 minutes.

[01:45:57]

PART II

[00:00:00]

Shawn Buckley

And Commissioners, the only person we have left is, you still had questions for retired Lieutenant Colonel David Redman. So we'll ask David if he could come back to the stand. Oh, and it's been a long day, so I appreciate that you'll have to go back in your notes.

So while the commissioners are looking at their notes, and in all fairness, they didn't know I was going to bring David back at this particular juncture. I'm going to invite everyone to come back, who are watching online and present here, tomorrow. I often said that you can't watch a day of the National Citizens Inquiry and not be changed. And I just think of, you know, Drue Taylor, who was a power yoga instructor, and just the suffering. That, you remember, she moved her camera briefly and we saw her walker that she can use in her home. But to go to a store, she has to be in a wheelchair. And if she makes the decision to walk around her house, that she's going to pay a physical price and have to lay down. And then when we see Regina here speaking about the experiences she had in Poland and how she's seen basically the same thing here, it's just very difficult.

So I'll just ask the commissioners—

David Redman

Shawn, can I just make a comment about Regina?

Shawn Buckley

Absolutely.

David Redman

A strange coincidence, in my career, in 1981, I was posted in Germany as part of 4 Mechanized Canadian Brigade Group, part of NATO [North Atlantic Treaty Organization]. And when solidarity broke— People don't understand that the Cold War was a real thing, especially for the people in Europe, and people where those two great nations decided to duke it out in the rest of the world.

But in Germany, you remember Germany was divided, and the inter-German-Czech border, the inter-German-German border, there was a— All the tactical plans said that if the Russians moved 10 divisions, and a division is 11,000 soldiers, so if they moved 10 divisions into the border areas, which included East Germany, Czechoslovakia, around Poland, that was the trigger. That's all they needed in order to take all of Europe. They would be able to roll straight through at the Fulda Gap and other areas, and they would march right to the sea.

So when Regina was taking her heroic actions, and solidarity stood up in the middle of December, on the other side of that border, every NATO soldier stood too, three times in the month of December, and the final stand too, we rolled with all our weapons, all our equipment, all our ammunition, and we stood on the East German and the Czechoslovakian border, and we were there for the month of December.

And it was because we thought the Soviets might come for us, but the real intent we knew at the time was to crush Solidarity. They chose not to, but the impact of that on all those nations and the heroic actions that they took meant that, by 1989, only eight years later, the wall came down. I was lucky enough to be on my second tour in Germany when the wall came down. The very night it came down, we were on a Canadian tour with the German Panzer Division at the Fulda Gap, and we saw it happen on the TV. And we rolled to that border and watched the people from East Germany roll in their Trabants across the border, completely shocked, and within hours, terrified, drove back.

But the actions of a person like Regina can never be underestimated. The wall came down because of what happened in Poland in the month of December 1981. The lessons she gave in her testimony today can never be overlooked. We are at a point of peril, and she's trying to warn you.

Shawn Buckley

David, thank you so much for sharing that and I believe the commissioners are now ready for their questions.

[00:05:00]

Commissioner Drysdale

Lieutenant Colonel Redman, I appreciate you brought that up because I was thinking about when, in your presentation, you talked about emergency planning, and how many years you've been involved in it.

You know, 40 years ago, I was involved in it too, and we were planning for a nuclear war. And just to show how far back that goes and how real that was, and I mentioned that for a couple of reasons: one, in regards to what your statement is just now, but secondly, since you were over there and because you're a lieutenant colonel, you've seen people in all kinds of situations, high-pressure situations, real situations. Is that correct?

David Redman

Absolutely sir, in particular in operations in Egypt after the '73 war and in Bosnia during the '95 war.

Commissioner Drysdale

Well, my question comes to the— And this is a similar question I've asked of the police, the judiciary, all levels of government, and industry that we've seen. You know, the emergency planning groups in Canada are long established, going back decades, very highly trained, very respected, very dedicated people. They're not in it to make a lot of money. They're in it to serve the country: highly trained, highly organized, tested and proven.

How did this happen? How did they get pushed aside, and maybe I'm wrong about this, but I didn't hear a peep from them. How did they get pushed aside by the politicians who then pushed aside their own responsibilities and gave them to bureaucrats? How did that happen?

David Redman

I have to tell you that you need to ask every premier in Canada that exact question. And I know you've called them and they've refused to come. I can tell you what happened in Alberta because it's my stomping ground, and because I still know people all through the Government of Alberta. So let's—

When a premier decided that instead of assigning a full task force to protect all of society and turned to the MOH, that was the first piece of incompetence. Once done, the MOH grabbed control, and I mean grabbed, and there was a power struggle. In my very first letter, I wrote only to the Premier of Alberta. All subsequent letters went to every premier in Canada, and I subsequently forwarded the first letter to the other premiers. I know they received them. I got automatic replies for them all, and there was a Freedom of Information request on the premier of Prince Edward Island, and before they could release everything I had sent to him, they had to ask me. And so I got a complete return of everything that I had sent to all the premiers. So I know they got it. It was all in the Premier's office.

So what happened was the MOH, at least in Alberta, and I'm sure exactly the same thing happened, was delighted that they could enact all of the things in the *Public Health Act*.

There had been a great discussion and I don't want to be too long, but there was a great discussion back after September 11th, 2001, that there should never be conflicting powers in any legislation. The *Public Health Act* and the *Emergency Management Act* were the only two acts in a very detailed two-year review of legislation, which I was part of working with the Minister of Justice because I was the director of counterterrorism, to go and get rid of all conflicting powers. And the only place where conflicting powers continued to exist after September 11th was in those two acts, the *Emergency Management Act* and the *Public Health Act*. And the powers, the extraordinary powers in the *Public Health Act* exactly mirror the extraordinary powers in the *Emergency Management Act*. The difference is a bureaucrat holds the powers in the *Public Health Act* and the governor general in council, which is the elected government, holds them in the *Emergency Management Act*.

So when the Premier handed the responsibility to coordinate the response to the Medical Officer of Health, they abrogated their responsibility to actually declare a state of emergency instead of a state of public health emergency, two completely different declarations.

If it was a state of emergency, it had to be reported to Parliament and had to be updated every 30 days and justified. That is not a requirement under the *Public Health Act*. So

clearly, the lesson that we had learned in 2003 when we did that review, that those conflicting powers needed to be removed, never happened.

And it was because the Public Health Agency at the time

[00:10:00]

guaranteed they would only be used for localized events, i.e., one municipality or smaller, and for a very short duration of time: clearly that became a lie.

So once you've handed that over, the Emergency Management Agency in Alberta was sidelined completely. And I can tell you, it's in my court testimony, just how badly it was sidelined, because the head of the Emergency Management Agency of Alberta was allowed, during the first wave, to apply for a lateral transfer to parks, to become an ADM [Assistant Deputy Minister] in parks.

So clearly, the Government of Alberta did not value their Emergency Management Agency and let the leader of it— In the middle of the worst disaster in the history of the province of Alberta (in their terms, I don't believe that, but in their terms), they let the head of their Emergency Management Agency wander away on a lateral transfer. They didn't even bother trying to rehire to the position until December 2020, and the position was ultimately filled in 2021. And, of course, the new individual didn't have the same background, hadn't worked all across with the private sector in the province.

So once you've made that decision, once you've decided, then that agency was removed. I was contacted by people both in the provincial agencies all across Canada, and in the municipal agencies, particularly in Alberta, and many of them simply walked away. They retired, if they could, they found other employment, because they were told, and I have emails from their supervisors, that if they spoke out one more time in terms of the fact that the provincial plan and the municipal plans were being ignored, they would have been fired. So the emergency management people weren't just sidelined, they were treated like everyone else.

The rules that were applied to them, long before the vaccine passports were applied to them, to keep their mouths shut or leave. So you have to realize that starting— Once I started to get those letters out, and people started to read them, I presented to political groups all across the country, both federal and provincial in many, many provinces and the Government. I presented to groups of media that were interested in listening and then became ghosted. I talked to doctors' groups all across Canada who knew what that was being done was wrong, and totally agreed with the presentation, and they were silenced or censored. To me, I can't get into the courts because I'm still involved in court cases, but I believe that our four major institutions have been compromised. And emergency management—really well-trained—were being used for fires and floods, but completely ignored for the pandemic. And, in fact, suppressed.

Commissioner Drysdale

You know, we talked to a witness earlier about the military, and they talked about how many people the military lost—3,000, 4,000, something like that. They testified that loss was probably the largest loss that our military has seen since World War II. What kind of loss has our emergency planning groups experienced, and are they ready now for something new, or have they been devastated like the military has, both from a morale standpoint and a personnel standpoint?

David Redman

I can't tell you in terms of numbers. I simply don't know. There's 13 of them. They're spread all across Canada and they're varying sizes, so I simply don't know. I certainly know that their morale has been devastated from the ones that I still talk to and those that left aren't ever going to come back. They believe that the profession is in severe jeopardy.

But this isn't new. I presented, two sides— I presented to the Senate Standing Committee in 2008 after I had retired from EMA. I was asked by the heads of emergency management all across Canada. The organization is called SOREM, the Senior Officials Responsible for Emergency Management, and it's the heads of each of the agencies from each of the provinces and territories. And emergency management needed to be taken seriously after September 11th, and I was asked to be their spokesperson because I couldn't be fired; I'd already retired. And so I presented a response to the Standing Committee on emergency preparedness in Canada, the Senate Standing Committee, and their report was scathing that we weren't taking the management of emergencies in our country seriously, and they listed a series of things and I came back and agreed but gave solutions. That committee was never listened to and ultimately was stood down.

[00:15:00]

And then most recently, last October, I was asked to testify in front of the Standing Committee on National Defence because the Prime Minister of Canada had asked that committee, the committee Standing Committee on National Defence, to review whether or not portions or all of the Canadian Armed Forces should be rerolled for emergency management for disasters and emergencies in Canada. My testimony was extremely pointed. I said that the Armed Forces of Canada was to defend the national sovereignty of our country, period.

And then I put my emergency management hat on and said, "You already have an emergency management agency in every province and territory in Canada, why would you reroll the military to do it unless you have another agenda? You know you have EMOs in every province and territory and Public Safety Canada exists; why would you reroll the Military?"

So it was an hour of testimony, and we went back and forth. I have no idea what that will do, but our Armed Forces are in such a terrible state in terms of numbers, equipment, supplies, and I made that very clear in my testimony. And that the mere concept of taking a portion of that completely depleted organization— I would put it to the Canadian Army is under 17,000, the New York City Police Department has 35,000 police officers in uniform. So your army is less than half the size of the New York City Police Department.

So how and what's the status of emergency management in Canada? I think we need to take a real focus, and check its status and rebuild it, and give it back the role it should have had in this pandemic. Because we can never do this again, and those professionals are the one that will help us ensure it never is done this way again.

Commissioner Drysdale

Thank you, sir.

Commissioner Massie

I have two quick questions. First one is, I've seen the plan that you've elaborated and the rules that should be followed and everything, and I guess that, as you pointed out, people would look at that and agree in principle we should be doing it. But the reason why that we failed to do it; and it doesn't seem to be, at least in the short term, consequences for that. What would be the plan mid-term in order to make sure that these rules, that seems to be very reasonable, are actually being deployed when we need them?

David Redman

So for the past three years, I've been telling the public, I need one premier, and I'll explain that why. It takes one leader to break through the iceberg, and I don't want to believe in heroes. I don't believe that one person can solve it all because it takes a whole group, as I showed you, in order to manage any emergency.

But to walk this back, because health is a provincial jurisdiction, you need a premier who has the courage to say, "What we did was wrong," and then actually use that process to write that recovery plan, and to bring all the experts together, not to rewrite the pandemic plan, that's part of it, but to rewrite the plan on how we're going to overcome the massive damage we've done.

And in so doing, make the public aware, step by step, we should never have closed schools, and why. We should never have closed business, and why. We should never have closed movement and dedicated size of meetings. You could only have the people of one household.

Every one of those is in those NPIs, and the "why" is very clear. But it's going to take one Premier, very brave, to say "I'm going to do a complete investigation of what we did in this province," and that then will shine the light for the citizens of that province to maybe open up their eyes to every other province and territory in Canada.

I had given up on the premiers after the first year and thought maybe I could solve the problem in the courts, and that's why I wrote that position paper, which has now been used in many court cases, and the courts have abandoned us.

So I go back to what Jeff Rath said earlier today. We now have to change the legislation so they can't do it again, but we still need that one province to say "we did it wrong," because the public today still believes lockdowns work and vaccines were the only way out. And both those are lies.

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Commissioner Massie

My last question is about all of the expertise that people have in this space, would it be for risk management or science or whatnot that you need in order to bring to bear, to come up with a plan in this given situation. One of the issues that I've seen is that a lot of people that are knowledgeable could actually very often find themselves with an institution which would put them in some sort of conflict of interest in order to speak up, fearing for their position, their grants or other type of pressure.

But there is a number of "senior" people that you would hope have some wisdom that could be available to set up some sort of a panel or commission of wise people that have no link,

no conflict of interest, and the only interest they would have is to bring to the table what's the best possible solution based on their recognized expertise that they've gathered over their long career.

So would there be a way to establish a panel like that as an advisory body that would not be as susceptible to all kinds of influence?

David Redman

Absolutely. In the other, one hour presentation I have that's on recovery, in my final conclusions I say that it is useless to hold a government-led inquiry until all the current leadership is gone. So we're talking five years because they'll never hold themselves accountable.

An independent agency, my only concern would be: Who do they report to and what is their power? Because if you can't enforce the findings of a commission, there is no need for a commission. It's an exercise in futility unless, like your commission, it's for public awareness.

And so public awareness is an admirable attribute. But to actually then take a group to rewrite the plans, first of all they need to be provincially based because a pandemic is a provincial government, and which province is going to host it and lead it? And that's why I have come all the way back in my circle after three years to saying, "Without a premier that panel will have no power."

If a premier appoints a panel like that that covers all areas of society, is prepared to admit what was done was wrong, they can then actually enact legislation like we've heard. And in my opinion, that's one of the key components is getting the legislation right. But legislation is only as good as the people that implement it.

And so you have to make sure that you separate the powers so that only the elected officials can hold the power because we can hold them responsible every election. Where bureaucrats can— And remember, I was a civil servant for my whole life, first in your army and secondly in a government institution. I understand the good that civil servants do, the ones who believe they are servants of the people, and there's many, many, many of them— but what we've seen is what happens when civil servants take their personal interests instead of those of the public. So yes, we can establish that type of a commission, but it has to have teeth, and it has to be able to actually implement the changes to show the people, number one why, and number two that there's a better outcome.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

We have heard testimony over the journey across this country about the military going door to door, and seeing who was inside if they were vaccinated, and also going into nursing homes. Do you have any thoughts on that?

David Redman

Number one, I don't believe the military did that. The police might have, but the military, to the best of my knowledge, was never used in that role.

The military's role is either aid to the civil power or aid to the civil authority in most, in two ways. For them to have done that, there would have had to been a request from the province, from their Attorney General to the Chief of the Defence Staff [CDS], to have aid to the civil power, authorities granted for the military to take a role like that. I am unaware of any request from any provincial Attorney General to the Chief of the Defence Staff, and I am unaware of the Chief of Defence Staff authorizing any aid to the civil power.

What was requested that we're well aware of is what happened in Quebec, an aid to the civil authority, which was made by Premier Legault, in order to get the medical staff to go into the long-term care facilities. A completely different task, aid to the civil authority for that type of use,

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and we see that used for fires, floods, tornadoes, bagging sandbags on the Red River, that's a normal sort of role.

But an aid to the civil power is very specific, has to be made by an Attorney General directly to the Chief of the Defence Staff. It's very public approval. It does not go through the Prime Minister. It goes directly from the Province to the CDS [Chief of Defence Staff], and only the CDS can approve it. And the CDS can only approve it if he has the resources to meet that commitment while still meeting NORAD [North American Aerospace Defense Command] and NATO commitments. So I'm unaware that that ever happened.

I certainly know that on the internet there were many, many claims of the military building things and doing things. And I still have pretty good connections in the military—testified to the Standing Committee on Defence, as I've said—I am unaware of any request for an aid to the civil authority during the entire pandemic.

Commissioner Kaikkonen

Perhaps it was just more media propaganda. Thank you.

David Redman

I absolutely would believe that's possible. When I was the head of Emergency Management in Alberta, an aid for assistance during times of floods and fires and the rest of that went through EMA. But for civil authority, it went the other way through the Attorney General. And they're very rare: normally for prison riots.

Shawn Buckley

Lieutenant Colonel Redman, thank you for staying so that we could, at this late hour, ask you further questions. And on behalf of the National Citizens Inquiry, I sincerely, sincerely, thank you for coming and sharing. You've opened some eyes today and shared some very important information and thank you.

David Redman

Thank you.

[00:27:10]

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