



## NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

### EVIDENCE

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**Witness 2: Dr. Misha Susoeff**

Full Day 3 Timestamp: 02:12:52–02:52:37

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[00:00:00]

**Shawn Buckley**

Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

**Dr. Misha Susoeff**

Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

**Shawn Buckley**

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

**Dr. Misha Susoeff**

Yes, sir, I do.

**Shawn Buckley**

Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

**Dr. Misha Susoeff**

Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

**Shawn Buckley**

Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

**Dr. Misha Susoeff**

Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

**Shawn Buckley**

Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

**Dr. Misha Susoeff**

Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

**Shawn Buckley**

I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

**Dr. Misha Susoeff**

Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about—Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

**Shawn Buckley**

In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

**Dr. Misha Susoeff**

Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

**Shawn Buckley**

So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

**Dr. Misha Susoeff**

Yes, sir, internal passport version two.

**Shawn Buckley**

And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.

**Dr. Misha Susoeff**

Exactly. And it was at that moment I realized that we were in big trouble.

[00:10:00]

**Shawn Buckley**

It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

**Dr. Misha Susoeff**

As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

**Shawn Buckley**

So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

**Dr. Misha Susoeff**

Yes, sir, sadly.

**Shawn Buckley**

Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?

**Dr. Misha Susoeff**

There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

**Shawn Buckley**

Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

**Dr. Misha Susoeff**

Prior to the pandemic, I don't recall that ever happening.

**Shawn Buckley**

Okay, now did that change after the vaccine rollout?

**Dr. Misha Susoeff**

Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

**Shawn Buckley**

Okay, and how often has that happened to you now?

**Dr. Misha Susoeff**

Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

**Shawn Buckley**

Seventeen.

**Dr. Misha Susoeff**

Yes, sir.

**Shawn Buckley**

So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

**Dr. Misha Susoeff**

Yeah, exactly. To my recollection prior to the pandemic.

**Shawn Buckley**

Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

**Dr. Misha Susoeff**

Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

**Shawn Buckley**

And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

**Dr. Misha Susoeff**

Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

**Shawn Buckley**

Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

**Dr. Misha Susoeff**

Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

**Shawn Buckley**

Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

**Dr. Misha Susoeff**

They at least accepted the possibility.

**Shawn Buckley**

Right, and they're volunteering this, right?

**Dr. Misha Susoeff**

Yes, sir.

**Shawn Buckley**

And yet they they've made a comment how stupid people are who aren't vaccinated.

**Dr. Misha Susoeff**

It's unbelievable.

**Shawn Buckley**

But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

**Dr. Misha Susoeff**

In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

**Shawn Buckley**

Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

**Dr. Misha Susoeff**

Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

**Shawn Buckley**

And did anything happen?

**Dr. Misha Susoeff**

Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

**Shawn Buckley**

And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

**Dr. Misha Susoeff**

Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

**Shawn Buckley**

Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

**Dr. Misha Susoeff**

I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.



The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

**Shawn Buckley**

I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

**Dr. Misha Susoeff**

I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

**Shawn Buckley**

Thank you. I'll ask the commissioners if they have any questions.

**Commissioner Kaikkonen**

Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

**Dr. Misha Susoeff**

So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

**Commissioner Kaikkonen**

Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

**Dr. Misha Susoeff**

In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

**Commissioner Kaikkonen**

And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

**Dr. Misha Susoeff**

I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

**Commissioner Kaikkonen**

Thank you very much.

**Dr. Misha Susoeff**

Thank you.

**Commissioner Drysdale**

Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

**Dr. Misha Susoeff**

No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

**Commissioner Drysdale**

You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

**Dr. Misha Susoeff**

Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

**Commissioner Drysdale**

But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

**Dr. Misha Susoeff**

Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

**Commissioner Drysdale**

We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

**Dr. Misha Susoeff**

That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

**Commissioner Drysdale**

Thank you.

**Commissioner Massie**

Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

**Dr. Misha Susoeff**

Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

**Commissioner Massie**

Thank you very much.

**Commissioner Drysdale**

Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

**Dr. Misha Susoeff**

Yes, sir.

**Commissioner Drysdale**

But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?

**Dr. Misha Susoeff**

I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.

**Commissioner Drysdale**

Thank you.

**Shawn Buckley**

Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

**Dr. Misha Susoeff**

Thank you.

[00:39:45]

***Final Review and Approval:*** Anna Cairns, August 30, 2023.

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