NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 1**

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EVIDENCE

Witness 1: Dr. Francis Christian (Parts I and II)
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PART I

[00:00:00]

Shawn Buckley
Now, I'd like us to segue into our first witness who we're very, very pleased to have with us this morning, Dr. Francis Christian. Dr. Christian, thank you for joining us this morning.

Dr. Francis Christian
Thank you very much.

Shawn Buckley
Dr. Christian, I'd like to ask you, first of all, if you would state your full name for the record and spell your first and last name for the record.

Dr. Francis Christian
Yes. My first name is Francis, F-R-A-N-C-I-S, and my surname is Christian, C-H-R-I-S-T-I-A-N.

Shawn Buckley
Now, Dr. Christian, you have been a surgeon for over 30 years?

Dr. Francis Christian
I have. Twenty-five years, actually.

Shawn Buckley
Okay, I'm sorry. And you actually were Professor of Surgery at the University of Saskatchewan.

Dr. Francis Christian
Yes, I was Clinical Professor of Surgery in the University of Saskatchewan. That's right.

Shawn Buckley
And although you were a professor of surgery—so you're teaching other doctors how to become surgeons—you continued to be a surgeon yourself at the same time.

Dr. Francis Christian
Correct. If I may, I can just tell you very briefly what I was doing in the University of Saskatchewan.

Shawn Buckley
Yes, please do.

Dr. Francis Christian
Yes. So my roles there could be thought of in three parts. The first was as a surgeon, like you said. I did general surgery, trauma surgery, cancer surgery, that sort of thing, thyroid surgery. I have a fellowship of the Royal College of Surgeons of Edinburgh and a fellowship of the Royal College of Surgeons of Canada.

The other parts of my role: As Clinical Professor of Surgery, I was very involved in data analysis and evidence-based medicine analysis. I taught medical students and residents how to critically read journal articles, how to make sense of the data. I gave many presentations. I regularly published peer-reviewed articles.

I was also director of the quality and patient safety department in the Department of Surgery. And in that role, I introduced the department to the National Surgical Quality Improvement Program, which is a very data-intensive program. I also, with the Computer Science Department in the university, developed an app for iPhone and Android, which is still being used, I believe, throughout Saskatchewan for improving quality by recording morbidity and mortality.

In addition, the third part of my role as Clinical Professor of Surgery was in ethics and in the humanities. I was director of the Surgical Humanities Department, which I founded, and was the founding editor of *The Journal of the Surgical Humanities*, which has a worldwide circulation. I had the privilege of being the lead author of the Canadian Association of General Surgeons' position statement on professionalism.

Shawn Buckley
So you come here today speaking about how colleges have treated doctors and how doctors have acted with quite the experience and authority behind you. I will just advise the commissioners that we have Dr. Christian's CV entered as Exhibit SA-3.

Dr. Christian, can you tell us, as this COVID pandemic started to come across or be imposed on us or experienced, what your initial thoughts were? And then if your initial thoughts changed? So I'm just kind of asking you to share your first part of your journey with us.

Dr. Francis Christian
When the whole thing started in 2020, I initially thought I should give the government a bit of a rope. It was supposed to be a new virus and let's see what they come up with. But towards the end of April, the beginning of May, I started seeing signs of what I had learned in my studies, historical studies, of what happened in the Soviet Union.

You see, when I was a teenager, I read a very influential book. It's called *Tortured for Christ* and it's by Richard Wurmbrand. And essentially, he talked about how the Soviet Union,

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with its tyranny, was able to exert this control over millions of people, including this pastor Wurmbrand. And I decided at that time that I would make the study of the Soviet Union a part of my life journey.

I saw certain things which were very reminiscent to what was happening in the Soviet Union 50, 60, 70, 80 years ago. And that is censorship, the media becoming an arm of the government instead of holding government to account. I saw prominent scientists being censored, deplatformed. Words like "disinformation" crept in and that was straight out of the Soviet playbook. In fact, it was the Soviet Union that invented that word. "Disinformation" was actually a Stalinist term.

So I saw that. I saw some of the scientists that I had known about before COVID as prominent scientists—people like Paul Marik, whose work in the ICU was known to me even before COVID—were being censored. Pierre Kory was being censored. His *Point of Care Ultrasound* book is still being read by people in our hospitals here.

So then I decided to look at the data and none of it made any sense at all. And I tried to influence my colleagues. You see, as a surgeon you work with anesthesiologists and anesthesiologists often also work in the ICU. So I would engage them in conversation. I would ask them about the data, query them about the data, and then try and steer them in the way of the data. And I wasn't making much headway.

And then in the spring of 2021 the government rolled out the COVID injection to our children. And that was being done in what I would call "warp speed." And I decided that I couldn't stay silent anymore because children don't have voices and we have to be their voice. So I had a press conference in which I asked for something which shouldn't really be controversial. And that is informed consent. I pointed out what informed consent in the COVID-era looks like and what informed consent for the injection should look like.

And I had this press conference, which was actually well-attended by the local press. And one week later, I was called into a meeting and fired from my contract. And that is more or less my story.

Shawn Buckley
I'll just stop you there. My understanding is there were five doctors that participated in that press conference.

Dr. Francis Christian
No, there was me. I think you're talking about a video—

Shawn Buckley
Oh, yeah. I'm talking about the video. I am. So please tell us about that.

Dr. Francis Christian
Yeah, so the press conference was just me and another doctor who I hope will be here or is here: a good friend of mine, Dr. Chong Wong, who's a family doctor. And he also spoke at the press conference.

Shawn Buckley
What was the response to that? Well, first of all, tell us about the video and the response to the video.

Dr. Francis Christian
Well, the video itself was about a week before the press conference and that wasn't a factor in my firing—not according to that meeting and not according to what they've produced afterwards. Essentially, that was a video with five other physicians as well; that was just talking about the science around the COVID pandemic.

Shawn Buckley
Right. And to be more specific, it would be talking about the science that was not being reported by the mainstream media.

Dr. Francis Christian
That as well, yes.

Shawn Buckley
Right. So the purpose of the video was to get truthful scientific information to the public?

Dr. Francis Christian
Absolutely.

Shawn Buckley
I understand you ended up writing a letter after the video and— David, can you pull that up on the screen? I want to read, basically, your last two paragraphs from your letter. Just so that people watching understand the types of things that you were saying.

This is a June 12th, 2021, letter. It will be posted as Exhibit SA-3a on our website. Dr. Christian, you write:

[00:10:00]

“For many months during this pandemic, I have tried to influence the system from within and have not made any public statements. My decision to make the video that has generated so much interest is a direct result of the vaccine being rolled out at ‘warp speed’ to our kids. Not even a semblance of full and accurate informed consent is being made available to parents or children— and kids are being induced and incentivized to get the ‘shot’ in schools even without parental knowledge or consent.

Any attempt to silent physicians is destined to fail. The Nuremberg Code specifically makes the acquiring of informed consent an absolute requirement in the care of our patients. The Declaration of Canadian Physicians for Science and Truth, which I signed, together with my Ontario physician colleagues and concerned members of the public, is already at 16,000-plus signatures. As the Declaration points out, any attempt to stifle physicians and their pursuit of the solemn duty and obligation of informed consent may itself constitute a crime against humanity.”

Can you just explain for us that last paragraph?

Dr. Francis Christian
Yes, the Nuremberg trials were essentially held after the Second World War in order to make sure that such a thing never happens again. And the doctors’ trial was kind of a subset of the Nuremberg trials. And after that there was the Nuremberg Code that was published, which made sure that no experiment can be done on anybody without proper informed consent.

At the time of this letter, at the time of this press conference that I had, and even to this day, I believe it is still an experiment: a massive experiment on a large scale, on a population which hasn’t been given the information for informed consent. You can only give informed consent if you have the information for informed consent. And so I pointed out that that Nuremberg Code was being violated. And therefore that violation could constitute a crime against humanity.

Shawn Buckley
My understanding is that the lessons from the Nuremberg Code and basically the need for informed consent, which requires both an understanding of the benefits and the risks, has been incorporated into codes of conduct for physicians and for pharmacists and for nurses in Canada.

Dr. Francis Christian
Yes, I think you’re absolutely right. The Nuremberg Code has informed several other codes and several other statements of professionalism and ethical behavior for physicians, nurses, pharmacists, and so on. Yes.

Shawn Buckley
Now, you were telling us earlier that after the press conference, you were basically fired. Can you share with us a little more about that? Are you meaning you actually were fired as a surgeon? Were you fired from all of your responsibilities?

Dr. Francis Christian
Yes, I was fired from my contract. And because I was fired from my contract, I essentially lost my directorships as well.

I really don't know how they thought that firing me from the Director of the Surgical Humanities was going to serve the public. Because the reason I founded that department is so that the medical students, residents, surgeons, nurses can be brought into contact—can engage—with the humanities, with art and literature, poetry, drama and so on. Because my contention was, you can't really be a good surgeon or a good doctor of the human being without knowing the human story. So firing me from that position: I have absolutely no idea how that served the pandemic management purpose.

But I have to say, that particular meeting was very much— People have asked me, "Were you shocked? Surprised?" And I wasn't, because I had studied the Soviet Union.

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I was very disturbed. And there were many tribunals that were set up in the Soviet Union for the show trials. And in my presentation, I'm going to talk a little bit about that too. So I was not shocked, but I was very disturbed.

Shawn Buckley
Yes, and actually I'll invite you to go into your presentation [Exhibit SA-3c]. You've prepared some themes that you wanted to share with us and I invite you to do that now.

Dr. Francis Christian
I'll go into my presentation straight away. I think I would prefer just to go through the presentation and then I could answer questions from the commissioners after that, and from you, Mr. Buckley.

I want to thank you for giving me this opportunity to give my expert witness testimony for an event which I think will be a major historical event in the life of our nation. Because when this time is written about and spoken about, there will be a record.

The scope of my testimony is essentially going to be about our children and the COVID-19 vaccine, the suppression of early effective treatment, and how are vaccine injuries reported in Canada.

Now, before I go into that, I just want to make some preliminary remarks on the use and abuse of data by our health authorities and our governments. "Data, give me data" is actually from Sherlock Holmes and it was told to Watson. In the age of COVID it should be, "Data, give me *transparent* data." And data should not be used to frighten the people; the truth always comes out. Data should not be used to manipulate the population; the population pays the salary of public health officials, physicians, and politicians. And finally, data should not be used to obscure the real data; there will be a price to pay. And there's one more point: data should be transparent and consistent and verifiable.

Very quickly I'm going to go through some of the manipulation and obscuring of data that took place. This is Alberta data: diagnosis of COVID after the first dose. And for three weeks at least after the first dose in Saskatchewan, this group of people would be called

unvaccinated. And if you look at that graph, the peak of cases is at 10 days after the first dose. In Saskatchewan and most provinces, they would be unvaccinated.

Again, what about hospitalizations after the first dose?

Shawn Buckley
I'll just stop you, so that people understand. When you say unvaccinated, you mean for the public statistics.

Dr. Francis Christian
Yes.

Shawn Buckley
So when they're reporting on TV, "Oh, we had 20 million COVID cases this week, run and hide, and get vaccinated—" that 20 million could be all vaccinated people because their definition of vaccinated is basically 14 days after. Now in Alberta, my understanding is you were unvaccinated for statistics purposes until 14 days after your second dose, and there could be a long wait. Was that the same with Saskatchewan?

Dr. Francis Christian
I believe it's similar in Saskatchewan, yes.

Shawn Buckley
Okay, and I'm sorry for interrupting. I just thought that was important for people.

Dr. Francis Christian
And this is— Once again it's Alberta data, because we don't have Saskatchewan data released yet. And shouldn't the public, here too, know this really important group of data? I think so. So here again, hospitalizations after the first dose: it peaks at five to 15 days after the first dose. And in Saskatchewan, such a person would be called unvaccinated.

What about deaths after the first dose? These are Alberta statistics again. In Saskatchewan, we don't have this data. Notice that death peaks at 12 days after the first dose of the vaccine. In Saskatchewan, again, unvaccinated.

I'm just going to run through data, which I believe was manipulated and was given to us in a way that was meant to deceive us. And this is lifted right out of the annual Saskatchewan Health Authority report, page 15.

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And this tells us about COVID-19 and ICU beds. And if you look at that circle there, it looks at ICU bed discharges and visits before the pandemic. And then, if you look at ICU bed discharges and visits during the pandemic, it is actually less, significantly less. So you remember they were trying to scare us by saying, "Our ICUs are being overcrowded and you have to get vaccinated, otherwise our ICUs will be overwhelmed." Now, there may be

some other explanation for it, but on the face of it, the numbers do not lie. The ICU utilization before the pandemic was actually more than during the pandemic.

Now, what about throughout Canada? Many members of the public do not understand the ICU bed is not a physical bed. An ICU bed is nursing, physician and other staff required to staff a bed. And during the pandemic, was the real ICU bed shortage a shortage of staff with burnout, sick leave and so on? And were patients admitted to the ICU with COVID or because of COVID? And there's a big difference there. And how many co-morbidities did the average ICU patient have?

What about ICU bed usage in Canada before and after the pandemic? And this is CIHI data, Canadian Institute of Health, and essentially it tells the same story. On the left of your screen is ICU bed admissions before the pandemic. On the right of the screen is during the pandemic. And in fact, ICU bed admissions during the pandemic was less than before the pandemic.

Okay, with that introduction about the data, I'm going to get into the meat of my presentation. And the first subject I'm going to speak about is our children and the COVID-19 injection or vaccine.

I want to remind the public that Pfizer has a criminal history. This is in fact from the Department of Justice United States website. And it talks about how the Justice Department announced the largest healthcare fraud settlement in its history. Fraud settlement, $2.3 billion for fraudulent marketing.

Exhibit 2: "Pfizer to pay $325 million in Neurontin settlement," "defrauded insurers and other healthcare benefit providers by marketing Neurontin" in a fraudulent way. "Pfizer Admits Bribery in Eight Countries." "For three years, Pfizer Italy employees provided free cell phones, photocopiers, printers, televisions to doctors, arranged for vacations (such as 'weekend in Gallipoli,' 'weekend with companion' and 'weekend in Rome') and even made direct cash payments (under the guise of lecture fees and honoraria) in return for promises by doctors to recommend or prescribe Pfizer products." It happened in Italy, Bulgaria, China, Croatia, Czech Republic, Russia, Serbia, Kazakhstan, and I'm sure in many other countries, too.

Now, by summer of 2021, and actually much before that, it was obvious that there was more than a 1,000-fold mortality risk difference between children and the elderly. What that means is that if you're very young, you had more than a 1,000-fold less risk of dying than if you were very old. And there was the study from England that showed "SARS-CoV-2 is very rarely fatal, even with underlying morbidities," among children. In Germany, with 80 million people, this November 2021 study showed that there was not a single COVID death in children. And my contention still is that this should be, have been, in every informed consent discussion.

So what is the risk of COVID for children? In fact, there's a statistically zero risk of dying of COVID—less than the annual flu. There's 10 times less risk of dying of COVID for a healthy child than of a car accident.

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Now teachers kept saying, "Oh, we are scared that they will infect us." In fact, there were studies in multiple countries, including this one from Scotland, that showed that teachers

are safer than the general public. And so healthy children do not need/did not need the mRNA injection, which has never been used clinically in humans before.

So for a zero-risk-of-dying children's disease, what are the risks of the mRNA injection? You see, myocarditis is only one of the many vaccine harms that the data is showing. There's also paralysis, transverse myelitis, Bell's Palsy, strokes, pulmonary embolism, and a whole lot of other adverse events.

On the left, you see this very, very sad and tragic case of Maddie de Garay, a child who had paralysis waist down, being tube fed after Pfizer mRNA injection. And this girl is actually in Pfizer's own data, but Pfizer is refusing to acknowledge it.

Now the captured media says that these adverse events are rare, or very rare. What is rare? One in 10,000, one in 5,000, one in 250? Remember the COVID-19 virus poses no risk of dying of COVID for your healthy child. "Rare" is only up to the point it affects your own child. And I defy any decent human being to watch that video in that link I've put up there, and not cry with this father, Ernest Ramirez, who lost his 16-year-old son from myocarditis from the vaccine.

What is the mortality after myocarditis? We've been bombarded by the media with stories about "mild myocarditis." In fact, we know the mortality long-term. From studies in Germany, which showed that the 6.5-year mortality was 20 per cent, 20 per cent are dead after 6.5 years. The Korean study showed that 25.5 per cent with myocarditis are dead in 10 years. There's no such thing as mild myocarditis.

How many myocarditis present to hospital? In various studies, there's one in 2,500, one in 6,000. And in the Thailand study, where they actually looked for myocarditis, it was one in 250. But many myocarditis cases will not present to hospital but will still have damaged heart muscle. So what is the observed mortality of myocarditis? We know it's 20 per cent at 6.5 years and 25.5 per cent at 10 years. What don't we know about the other medium- and long-term effects of the mRNA injection?

So what should informed consent for children look like? The risk of your child dying of COVID is almost zero. The vaccine has a new gene technology that has never been used clinically before. The vaccine was approved using emergency-use or interim-use authorization. It is experimental. Its medium- and long-term effects are unknown. To qualify for emergency-use authorization, there must be an emergency. There is no emergency in healthy children. Children are of no danger to adults. There are thousands of deaths associated with the vaccine. Myocarditis is a serious condition and can be caused by the vaccine. Its real incidence is unknown. It could be 1 in 5,000 or 1 in 250 or even commoner. Myocarditis can be fatal. Many other serious vaccine adverse events are happening. And the risk of the vaccine for a healthy child is likely more than the risk of COVID. That, in my view, should be the minimum information for informed consent and this has not changed since my press conference in June 2021.

But there is a farce that is underway—of informed consent in Canadian children. This is thanks to the good folk at SASK ALLIANCE, and I've put the link there for those who want to go to their website. And these are documents through freedom of information requests.

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On the left you see consent for COVID-19 vaccine for children. And I want you to concentrate on this, "It is recommended that parents/guardians discuss consent for

immunization with their children. Efforts are first made to get parent/guardian consent for immunizations. However, children 13-years-old and older who are able to understand the benefits and possible reactions"—reactions, what does that mean? Does it mean death? Does it mean adverse events?—"for each vaccine and the risk of not getting immunized, can legally consent to receive or refuse immunization in Saskatchewan."

So this is a farce. Because if you've seen my previous slide, which 13-year-old can understand all the things that needs to be understood? I haven't met a 13-year-old who can understand even half of what is required to be understood for informed consent.

As part of the informed consent process in Saskatchewan, they were directed to the vaccine information sheet. As far as I could find out, this was the vaccine information sheet. And what they say here is, "People who are vaccinated may experience mild to moderate side effects." I don't know if you can call death a mild to moderate side effect, or paralysis a mild to moderate side effect, or myocarditis. "They are minimal for most people and should go away in a few days."

Death doesn't go away. And apparently this mantra: vaccines are safe and effective. But as we know, these are all the things that should be there in informed consent, but wasn't. And that hasn't changed.

So my question for parents is: Should you trust your children to a company with a criminal history? That illustration on the right is from the great work of the British illustrator and cartoonist, Bob Moran. I've put his website in the link there. It shows a plucky little fellow hiding behind his mother who is standing up bravely to the COVID criminal enterprise. But I want to tell the commissioners, Mr. Buckley, the public: My efforts, our efforts, our campaign to inform and educate parents and keep our children safe has worked. Much more work remains to be done but we are winning. Millions of mothers all over the world have not believed the narrative of the COVID criminal enterprise and have heroically kept their children safe.

My question for the Government of Canada, the provincial governments, their agencies and their operatives, and for corrupt legacy media: Why do you want so desperately to inject our children with a dangerous vaccine that they do not need?

And now I'll go into the second part of my testimony, which is the suppression of early effective treatment of COVID-19. And ivermectin, mind you, is only one of several different medications, drugs, and supplements that have been shown to be effective. But I'm taking this example anyway. So I'll try and tell you what happened, why it happened, and why it must never happen again.

On the right, bottom, you see the discoverer of the group of materials that later became ivermectin, the avermectin, Satoshi Omura. He won the Nobel Prize in 2015. It was commercialized as ivermectin in 1981 and since 1987, it has been used in billions of patients around the world to combat parasitic diseases. And 100 million doses of ivermectin are administered every year. It's a very safe drug and it's safer than Tylenol. It's actually in the WHO's "essential medicines" list. Ivermectin before the pandemic, the patent had long expired. It cost less than 10 cents in most countries to produce and sell. And even at that time it was being approved for uses that were off-label.

Now, off-label means that the physician, using his or her own judgment and the sacrosanct patient-doctor relationship, is able to prescribe a drug for off-label use.

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And a study showed that 20 per cent of all prescriptions in the U.S. are off-label; fifty per cent of all pediatric prescriptions in Europe are off-label.

The antiviral effect of ivermectin had already been shown for a range of viruses, including the dengue virus, the HIV virus, the encephalitis virus, and a range of RNA viruses. If you look at these studies: This one shows that ivermectin is a specific inhibitor of the replication of HIV and dengue virus, 2012 May. It shows, again in 2012, that ivermectin is an inhibitor of viral activity, new prospects for an old drug. And this is actually a very good article which is titled, "Ivermectin: enigmatic and multifaceted 'wonder' drug continues to surprise and exceed expectations." Again, before the pandemic. During the pandemic, the antiviral activity of ivermectin was actually noted against the COVID-19 virus in April, 2020.

And what about ivermectin in clinical trials? Many of you will know this website. It's from the FLCCC [Front Line COVID-19 Critical Care Alliance] website and it shows that ivermectin for COVID-19 has massive beneficial effects in COVID-19 for prophylaxis, for early and late treatment: 82 per cent, 62 per cent, 42 per cent and so on. So during the pandemic, we had no effective, approved treatment for at-home outpatient treatment. Ivermectin is one of the safest drugs known to mankind. It had already shown antiviral activity, including against the COVID-19 virus. It was showing remarkable efficacy to save lives in real-world clinical trials. Even if some studies did not show benefit, it was a safe drug to use. It was the logical drug to use for early, effective treatment.

But what actually happened is that the pharmaceutical companies started a campaign against ivermectin. The media came down on ivermectin like a ton of bricks. They were writing articles that were supposed to be done by "fact checkers." But in fact, the "fact checkers" were not doctors at all; they were mostly young people with basic undergrad degrees. And Matt Taibbi of the Twitter Files fame actually wrote an article on this, "Why Has 'Ivermectin' Become a Dirty Word?"

What happened in Canada with ivermectin? Doctors were suspended for using ivermectin. Ivermectin became scarce, probably because imports were stopped. Pharmacists refused to dispense ivermectin, even with a doctor's prescription. And pharmacists reported doctors and are reporting doctors for prescribing ivermectin. And the captured Canadian media campaigns vigorously against ivermectin.

Shawn Buckley
Doctor, can I just stop you there? Has it ever happened before where pharmacists were refusing to fulfill prescriptions written by medical doctors and reporting medical doctors to their colleges?

Dr. Francis Christian
Never. The pharmacist will sometimes call me, or call a doctor, and say, "I want some clarification and is this what you had in mind?" And that's the extent of the query that the pharmacist does to the physician.

Shawn Buckley
Okay, so this was an extreme change in behaviour.

Dr. Francis Christian
This was unprecedented. Absolutely.

Shawn Buckley
Thank you.

Dr. Francis Christian
Meanwhile, the FDA [Food and Drug Administration] put out this completely ridiculous, cartoonish thing: "You are not a horse. You are not a cow. Seriously, y'all. Stop it." As if they didn't know that it was being used all over the world in human beings. And meanwhile, *The Hollywood Reporter* is slamming Joe Rogan: "Joe Rogan Says He Tested Positive with COVID-19, Takes Unproven Horse Dewormer." And there was only one contrary article in *The Wall Street Journal*: "Why Is the FDA Attacking a Safe, Effective Drug?" After all, it is a safe drug. Let's say there was no overwhelming proof it works, why not try it?

Why the war against ivermectin? And to answer that, ask yourself the following questions: If there is a safe, early, effective treatment, why a vaccine? If there is safe, early, effective treatment,

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why emergency- or interim-use authorization for a vaccine? And if there is safe, early, effective treatment, why the lockdowns, the masks, the school closures, the business closures? And if there is a low-cost, safe, early, effective treatment, where are the billions to be made by Big Pharma?

So follow the money. COVID vaccine profits minted nine new pharma-billionaires. And Pfizer's 2022 revenue from the vaccines was a record $100 billion. The money that can be made from ivermectin? Zero.

Now, this is a very disturbing article that came out in *The British Medical Journal* last year. It looked at what percentage of the regulatory agencies in various countries—in other words, the agencies that approve drugs and vaccines—are actually financed by the industry itself. You heard that right. What percentage of the regulatory agencies, like Health Canada, are financed by the industry they're meant to regulate?

And this is the table from that article. Canada is right on the right side, and Australia, Europe, UK, Japan, USA. You'll notice that Health Canada's budget for approval and so on is massive per Canadian, compared to other countries. But more than half of its budget comes from the industry itself. Conflicts of interest, they're not made available to the public. And the regulator routinely receives patient-level data sets? No, in Canada. In other words, Health Canada simply believes whatever the vaccine company or the drug manufacturer tells them. And not surprisingly, 83 per cent of the new drugs are approved.

This is truly disturbing and bizarre. The industry—that is, Big Pharma—that the regulator, Health Canada, is meant to regulate, gives money to the regulatory agency, Health Canada. As Shakespeare would say: Not a rose, but a bribe by any other name smells just as sweet to Big Pharma. And if you want to know the Canadian implications of this, you can go to that article, which I have in my slide.

Follow the money. On the right you see this very ethical, very intelligent woman who is a physician and former editor-in-chief of *The New England Journal of Medicine*, one of the premier journals in medicine. When she retired in 2000, she wrote a book: *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. And I quote from the book. "Now primarily a marketing machine to sell drugs of dubious benefit, big Pharma uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the FDA, academic medical centers, and the medical profession itself." And also from the book: "It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I've reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine*." – Marcia Angell.

Now, it turns out that the present editor of *The New England Journal of Medicine* is also in the advisory body of the FDA approving the vaccines.

And finally, the last part of my presentation is the COVID vaccine-injured Canadian. I want to start with the COVID vaccine-injured American. They have a simple web-based form. I quote from the VAERS [Vaccine Adverse Event Reporting System] website: "VAERS accepts reports from anyone. Patients, parents, caregivers and health providers are encouraged to report adverse events after vaccination." Now remember: this is a simple web-based form.

Now, what about the COVID-vaccine-injured Canadian? Unlike an American, a Canadian citizen cannot directly report a vaccine injury to Health Canada, or even to the provincial public health agency. Don't take my word for it. This is from Health Canada itself, and it says, "Should you experience an adverse event, please talk to your doctor."

[00:45:00]

Okay, so step one is find a doctor. Not always easy for a Canadian.

Step two, get the doctor to believe you. Again, in the COVID-era, we know that most doctors don't believe patients. And you have to get the doctor to accept your injury's related to the vaccine and agree to file a report.

Okay, let's say you find such an ethical, compassionate doctor; believes you, accepts the vaccine injury, wants to file a report. He's confronted with a complex, nine-page PDF form, which he has to download from Public Health Agency of Canada. And the user guide to complete the form runs to 40 pages on how to complete the form.

Okay, so the compassionate, ethical doctor is found; he believes you or she believes you, fills out the nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency. And in Saskatchewan—this is again from the Health Canada website; you'll notice that the address to send it to is given there—the Saskatchewan Ministry of Health, Population Health Branch. But there's no fax number and no email address. You have to send it by snail mail.

Okay, step five. Compassionate, ethical doctor found, believes you, fills out nine-page PDF form with 40 pages of instructions. Doctor must send form to provincial health agency. The public health official must then approve the vaccine injury. This step is a mystery to me and to almost everybody. If not approved, the vaccine injury report is stopped cold. Remember, this public health official, who has to approve it, has not even seen the patient.

Shawn Buckley
And would that person be a medical doctor?

Dr. Francis Christian
You know, I don't know. I believe it is, but it's a mystery.

Compassionate medical doctor found, believes you, fills out a nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency; then the Public Health official must approve the vaccine injury. This step is a mystery. If not approved, the vaccine injury report is stopped cold in its tracks. And then, if the provincial Public Health official approves, the vaccine injury report is sent to Public Health Canada and entered.

What are the conclusions? The Canadian vaccine injury reporting system is convoluted and broken. There are major roadblocks and impediments to reporting at every step. It appears to be designed to actively discourage reporting. It is failing the citizens of Canada. There is an urgent need for an independent, accessible, robust, and patient-centered vaccine injury reporting system.

And I'll conclude my testimony with a few important observations. What is an expert and what is a consensus? The progress of science depends on debate, comparison, dissent, and the pursuit of truth. There are always experts on both sides of a debate. An opinion, even a majority opinion, cannot be called a consensus. There is no consensus in the COVID-19 pandemic. And you see— Can I run this two-minute video?

Shawn Buckley
You can.

Dr. Francis Christian
The experts were very wrong.

[Video] Bill Gates
During 2021, we should be able to manufacture a lot of vaccines and that vaccine, a key goal is to stop the transmission; to get the immunity levels up so that you get almost no infection going on whatsoever.

Everyone who takes the vaccine is not just protecting themselves, but reducing their transmission to other people and allowing society to get back to normal.

[Video] Rochelle Walensky, CDC
We can, kind of, almost see the end. We're vaccinating so very fast. Our data from the CDC today suggests, you know, that vaccinated people do not carry the virus, don't get sick.

[Video] Rachel Maddow, MSNBC
Now we know that the vaccines work well enough that the virus stops with every vaccinated person. A vaccinated person gets exposed to the virus, the virus does not infect them. The virus cannot then use that person to go anywhere else. It cannot use a vaccinated person as a host to go get more people. That means the vaccines will get us to the end of this.

[Video] Dr. Monica Gandhi
Essentially, vaccines block you from getting and giving the virus.

[Video] Joe Biden
Fully vaccinated people are at a very, very low risk of getting COVID-19.

[00:50:00]

Therefore, if you've been fully vaccinated, you no longer need to wear a mask.

[Video] Dr. Anthony Fauci, NIAID
When people are vaccinated, they can feel safe that they are not going to get infected. We have all the vaccines we need. We just need our people to take it. A, for their own protection, for the protection of their family, but also to break the chain of transmission. You want to be a dead end to the virus, so when the virus gets to you, you stop it. You don't allow it to use you as the stepping stone to the next person.

I think, given the country as a whole, the fact that we have now about 50 per cent of adults fully vaccinated, and about 62 per cent of adults having received at least one dose, as a nation, I feel fairly certain you're not going to see the kind of surges we've seen in the past.

[Video] Joe Biden
If you're vaccinated, you're not going to be hospitalized, you're not going to be in an ICU unit, and you're not going to die. You're okay. You're not going to get COVID if you have these vaccinations.

Dr. Francis Christian
So the experts, as you saw, were very wrong. And the other experts, it turns out, were correct. "Vaccines for all" was not the way out of the pandemic. This was the days of Delta. And it also showed that the vaccine viral load was actually the same. The COVID-19 viral load was the same in the vaxxed and the unvaxxed. And it showed that countries that were highly vaxxed (100 per cent vaccination, 99 per cent) were also getting the highest counts of new COVID cases.

And what is "misinformation" and "disinformation" in science? Both terms were used extensively in government propaganda in the Soviet Russia and in Nazi Germany. It cannot be that "I don't agree with you" equals misinformation or disinformation. If you don't agree with me, debate, discuss, and disprove me. That is the way of science.

On the right of your screen there is a virologist, viral immunologist, anti-virus vaccine developer and Canadian hero, Dr. Byram Bridle. And this is what he said in his recent Substack: "Over the past three years, not one person who has accused me of disseminating mis- or disinformation relating to COVID-19 has ever offered me the courtesy of a conversation prior to doing so. Not one."

The other thing that was said was that everything was for the common good. Individual and societal evils, which are bad, cannot justify the greater good. And they are fundamentally opposed ideas. But individuals and people, even churches, can be deluded and scared and traumatized into believing that the harm they do is for the greater or the common good. This is the playbook of totalitarian regimes. By repeating the harms, loss of our freedoms and liberties, the common good delusion is normalized and the people become desensitized to harm and evil.

Like in this case: Who doesn't remember the media headlines? "I have no empathy left for the willfully unvaccinated. Let them die." "Unvaccinated patients do not deserve ICU beds." And as a physician and a surgeon, should I be asking the question "What about the willfully obese or the willful smoker? Or do patients with alcoholic cirrhosis deserve ICU beds?" Of course, they do! We don't pass moral judgments in medicine. But government-led propaganda works. "Us and them."

I put this up because the guy on the left was supposed to be supporting the common good by saying that one of the fittest people ever to walk the planet, Novak Djokovic, is a threat to health services. I think that's enough said about that particular— Anyway.

Now I want to talk about Trofim Lysenko of the Soviet Union, who was a geneticist, who Stalin elevated to the head of the science academies. He disagreed with what he called the "bourgeois ideas of the West." And especially also the bourgeois ideas of the Austrian monk, Gregor Mendel. You must remember the Soviet Union was militantly atheistic. And it turned out that Lysenko had a particular view of science.

[00:55:00]

A view where he said that math has no place in biology. And he put the famous geneticist and his mentor, Vavilov, on the right, in prison, where he died.

You can actually look this up, even in Wikipedia. Lysenkoism is, "Only my view of science is the truth. Everything else is conspiracy, false, misinformation." Scientists and physicians were persecuted if they strayed from the official narrative. And in time, this came to include all of science except nuclear physics and space. More than 3,000 scientists were deported to the Gulag, imprisoned, or executed.

Now in the COVID-era, the academy, the university, has played lip service to academic freedom but has implemented academic tyranny. The official COVID narrative, which I call "COVIDism," which has become like a religion, and deeply flawed people like Fauci are the religion's high priests.

Shawn Buckley
And doctor, I'm just going to ask how much time you have left, just because we also want to allow for some commissioner questions.

Dr. Francis Christian
I think it'll be only another two or three minutes.

Shawn Buckley
Okay.

Dr. Francis Christian
This religion has prayers, chants and slogans like, "Vaccines are safe and effective." When faced with evidence to the contrary, they follow it up by persecution. And the free exchange of scientific ideas has been abandoned.

With the licensing bodies, they've become the top police of COVID Lysenkoism. The COVID narrative is the religion, COVIDism. The religion of COVIDism threatens to excommunicate you, i.e., take your licence, unless you recant. And the data and evidence do not count at all. And the persecution is pursued with religious fervor, ostensibly for the common good.

This is my last slide and I want to end this testimony by asking Trudeau, Wuhan, and Fauci, and Pfizer three questions. The preamble to the questions is the lab leak theory, which was once considered a racist conspiracy and which is now considered the most likely explanation.

Question one: What really happened in Winnipeg, Canada's taxpayer-funded Level 4 infectious diseases lab? You will recall that just before the COVID pandemic, two Chinese army scientists, what were they doing in our Level 4 infectious diseases lab? Anyway, they were marched out by the RCMP and deported. We don't know what they were doing. Why is Trudeau hiding the truth from Canadians and going to extraordinary lengths to do so? Was gain-of-function research being done in Winnipeg and then exported to Wuhan?

Thank you very much.

Shawn Buckley
Now, Doctor, I'm going to open you up to commissioner questions. But because we have a virtual witness scheduled in about five minutes, I'm going to ask—if there are further questions—if we could adjourn you and have you come back after the next virtual witness.

Dr. Francis Christian
Absolutely. The PDF of this should be in your record if you want it. So anybody will be able to download it and go to the links. Thank you.

Shawn Buckley
Thank you. So I'll ask the commissioners if they have any questions. And, doctor, if you can still sit down, there may be some commissioner questions.

Commissioner Kaikkonen
I want to thank you for your presentation. I too have read the book *Tortured for Christ* and found the content very insightful.

My question has to do with the Tri-Council Research Ethics Certificate Program. It addresses research ethics and informed consent requirements for minors under the age of 18 and for those persons who are unable to make informed decisions for themselves. And as you suggest in your letters, students were being induced and incentivized to get the shot in schools even without parental knowledge or consent. So my question is this: How do we reconcile that the adults in positions of authority—and I'm referring specifically to school boards, administrators, and teachers—who are taught research ethics as part of their academic credentialing, how they just complied without question, essentially doing what they were told to do to the point of putting our children at risk?

Dr. Francis Christian
That's a very good question. And I'm afraid it doesn't have an easy answer, but I can tell you what is egregiously wrong in the system.

[01:00:00]

And what is egregiously wrong is the school, the authorities in school, the government, even the school boards, take the place of parents. That is a trend that's been happening for several decades actually. It's not a new thing. The state would like to own your children if they could. And this is just another manifestation of that very disturbing trend. I think we need to take education back. We need to make it very clear to government that these are our children, not yours.

Commissioner Kaikkonen
Thank you.

Shawn Buckley
And I think we would need to adjourn. Commissioners, will there be further questions for this witness? So there will be for the witness.

Dr. Christian, if we can have you just basically stand down—

Dr. Francis Christian
Thank you very much.

Shawn Buckley
And we're going to be calling Mr. Steve Kirsch and then we'll have you back for further questions.

[01:01:15]

PART II

[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. We are going to commence this afternoon with finishing questions that the panel has for Dr. Francis Christian. And there are questions.

Commissioner Massie
Thank you, Dr. Christian, for your very interesting presentation this morning. I had a couple of questions. The first one is about all of the obstacles for reporting adverse effects following vaccination. We've seen in the States that this system has been put in place—if I'm not mistaken in the early '90s or something like that—when they wanted to make that a practice to report. It's been working for quite some time. I was not aware of the system in

Canada, that it was something that different. So there's been a number of people that have done some analysis, or attempted to analyze, the so-called under-reporting factor that we see in the VAERS data. Some people say it's 100-fold; some people say it's 30-fold, depending on how you do the numbers.

Based on the additional obstacles that seem to exist in Canada, what would you estimate the under-reporting factor to be in Canada?

Dr. Francis Christian
Is my mic on?

Thank you, Commissioner, for that question. I think it's a very important question for Canadians. That study you were referring to is the study that showed that, on a conservative scale, the under-reporting in the VAERS system—the Vaccine Adverse Event Reporting System—in the United States, is that it reports anything from one to 10 per cent of actual injuries. Okay.

Now, when coming to Canada, I think the problem is that about 99.9999 per cent of Canadians don't actually know how a vaccine injury is reported in Canada. As I pointed out in my testimony, the system is convoluted and broken. It's designed, I think, to discourage people from reporting anything at all. Now, is there a way to actually make sure that we can get robust reporting systems in place? I think, yes. But as you know, in Canada, health is a provincial subject. And provinces have to come together and all the premiers and the health ministers have to come together and say: "Our vaccine injury reporting system is lousy. It's not serving Canadians. We need a better system. It has to happen."

If the OpenVAERS system—where any U.S. citizen can actually go to the website, fill in a simple web-based form and report a vaccine injury—if that itself is showing about 90 per cent under-reporting, I would think that our under-reporting is of the order of, what, 99 per cent? Because if you look at the number of deaths associated with a vaccine in the Canadian system, it's something like 460. That's just not possible. Just look at the data around the world and it just doesn't match the data. But we know now why Health Canada has not recorded the deaths: because it's so difficult to record anything. You know, I pointed out in my testimony how difficult it is. And that hasn't changed.

Commissioner Massie
My other question has to do with the so-called, I would say, balance of benefit and risk. And it seems to me that during the COVID crisis, with respect to any potential early treatment, the benefit-to-risk ratio has been tilted towards risk, not benefit. And for the vaccine, it's been tilted the other way around. So are we facing a clear case of double standards here?

Dr. Francis Christian
Very much so, Commissioner. The fact is: the ivermectin example that I ran through in my testimony

[00:05:00]

is just one of several medications, some that are over the counter, that have been shown to have had remarkable efficacy in COVID-19.

I'll give an example. A meta-analysis—where we put all the studies together and we used statistical methods to actually arrive at a valid statistical conclusion—of vitamin D showed that if your vitamin D levels were normal, you had something like 70 to 80 per cent less risk of landing up in the ICU. And that's been repeated in studies all over the world. So all the Canadian government had to do, if they really had our health at heart, was to send vitamin D by mail to every household. And they could have made a huge difference in the pandemic. We know that Canadians, especially in winter, have vitamin D levels that are sub-optimal or deficient in up to 70 per cent of the population. So there are several drugs and combinations of drugs that have been shown in study after study to be useful, which have not been actually taken up.

So to come back to your question: The risk-benefit scales have been tilted so much in favour of benefit and they have been ignored. But I pointed out that that's because there's no money to be made in hydroxychloroquine, ivermectin, vitamin D, and some of these other medications. But there are billions and billions and billions of dollars to be made with the vaccine.

So can greed explain all this? I think it can. Corporations have no morals. I looked at the history of that banana company, I think it's called Chiquita Bananas, in South America. In order to increase the corporate profits, they have engineered coups, massacred tens of thousands of people, all just to generate billions of dollars. So billions of dollars were at stake and all these other medications—vitamin D, hydroxychloroquine, ivermectin—would have made them nothing at all.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good afternoon, Doctor. Thank you for coming back and facing our barrage of questions. I believe that when you first introduced yourself, you had said that you were involved with ethics in medicine. And my question to you is: Is this concept of informed consent something brand new?

Dr. Francis Christian
No, Commissioner, it's not brand new. It's as old as medicine itself.

Commissioner Drysdale
Okay, and who is responsible to obtain informed consent from a patient?

Dr. Francis Christian
The health practitioner who is administering the intervention or treatment, in this case the vaccine, is responsible for getting informed consent.

Commissioner Drysdale
Do you believe it's acceptable for a health practitioner to follow blindly the orders of the health department? In other words, "I was only following orders"— Is that an excuse for not following this age-old concept of consent?

Dr. Francis Christian
That has never been an excuse. It wasn't an excuse that was accepted at Nuremberg. "Just following orders" has never been an excuse. In medicine, we have to put the patient first. Not an order, but the patient in front of you. "First do no harm" starts with the patient in front of you, or the person in front of you to whom you are going to administer this intervention, the vaccine.

That is an overriding ethic, overriding principle of medical ethics, that should override everything else: putting the patient first.

Commissioner Drysdale
I think you talked about the doctor-patient relationship, or a doctor-patient privilege relationship. Based on what you had testified, did we as a society, did the medical profession allow a third party to get in between them and their patient?

[00:10:00]

Dr. Francis Christian
Yes, very much so. But I have to tell you, Commissioner, that that trend in medicine is not new. The individual judgment of the doctor vis-a-vis his or her patient was always paramount in medicine for hundreds of years. And that's because it was understood that the human body has so many variations in physiology and pathology in the way it reacts to disease, that you cannot generalize in any one particular patient. So the individual doctor-patient relationship was paramount.

But about 20, 25 years ago—I've been teaching medical students and residents all my career—there came into medicine the so-called "guidelines culture." In other words, guidelines would be put forward which are essentially algorithmic guidelines, which work perhaps in a computer but cannot work in a human being with so many variables. The algorithmic guideline culture came into medicine and medical teaching about 20, 25 years ago. So the guideline, in essence, was going in-between the physician and the patient. And who actually made those guidelines? Almost all of them are by industry-funded physicians.

If you didn't know the guidelines, you would fail your exam of course, as a medical student or resident. But the guidelines became like a god. And that came between common sense, ethical medical care. This guideline became a god. I think that explains a lot of things in the COVID debacle as well.

Commissioner Drysdale
So unlike society in general, which was embracing diversity, are you telling me the medical profession was embracing artificial uniformity?

Dr. Francis Christian
Yes.

Commissioner Drysdale
Can I ask you another question? Is there a surplus of surgeons with 25 years of experience in Saskatchewan?

Dr. Francis Christian
I don't think so, and I would say not in most parts of Canada, either.

Commissioner Drysdale
Perhaps this isn't a fair question to ask you, but do you think your removal as an experienced surgeon with 25 years of experience in Saskatchewan hurt the medical community or patient care?

Dr. Francis Christian
Most definitely, Commissioner.

Commissioner Drysdale
Are you aware that we had doctors testify to this Commission that the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] was not only difficult to report to, but that they had been punished? And one doctor who had reported 10 cases—of which 8 the health officer declined—and he was let go from his position for reporting too many reports to the CAEFISS system?

Dr. Francis Christian
I know the doctor who you refer to and I think it's unconscionable what happened to him.

I think some of the mistakes or the egregious violation of medical ethics that have been committed—I'm not saying this lightly—but some of them must go into the area of criminal liability. If in fact colleges have forbidden doctors from giving medical exemptions and then somebody with a genuine reason for a medical exemption gets the vaccine and dies or gets a serious injury, there has to be liability for that. It's not enough to say that this was just a mistake or they were doing this in error. I mean, even a common-sense analysis of some of the egregious violations of medical ethics should show the public that, in fact, the liability exists for harm to the public from the vaccine.

Commissioner Drysdale
We also had previous medical experts that testify to us that a number of the reported vaccine adverse effects

[00:15:00]

were very similar to the way that COVID-19 affected the body as well, so that it was impossible or very, very difficult to distinguish between the two. Have you heard that or have you got any opinion on that?

Dr. Francis Christian
Yes and no, because there are some vaccine-specific side effects which we know does not occur with the natural infection. And we know for example— Mr. Kirsch pointed out the fact that myocarditis after the infection is actually very uncommon but after the vaccine is exceedingly common.

We know of a big Israeli study that looked at hundreds of thousands of patients and showed that in the unvaccinated, the myocarditis rate was in fact no different from previous years. In other words, there was a steady baseline. But in the vaccinated, we know that myocarditis, and especially in young people, is a specific vaccine-related risk.

There are some other things, like Bell's palsy—that Justin Bieber got and so on—and we know that it was probably the vaccine. But we also know that the vaccine seems to be doing harm in different organ systems.

I'm not saying this is designed to cause harm—I think that question was asked of Steve Kirsch—but if somebody were designing something to cause harm and kill people, this was a genius tool. Because it's so difficult to actually say that this is completely the vaccine's fault unless you do an autopsy. And that's why I think Mr. Kirsch was saying very little is being done in terms of autopsy. It affects so many different body systems that it is actually sometimes very difficult to pin down that this is the vaccine.

Commissioner Drysdale
We heard previous testimony that the process from start to finish—and to my mind finish is putting it in somebody's arm—had serious problems, which may account for some of the variability of the reports. For instance, there were reports of concerns with regard to the technology itself. There were concerns with regard to the manufacturing quality control of the vaccines. And thirdly, there was concern voiced with regard to the actual implementation or putting needles in arms where they were not aspirating.

My question is: Is it possible that a lot of the variation of these reported effects are as variable as they are because there's so many variable issues with regard to manufacturing, actual injection, and the technology itself?

Dr. Francis Christian
Yes, I think that's very possible. Dr. Peter McCullough pointed out the fact that the storage of these vaccine batches needs a particular cold chain where it has to be maintained at anything from minus 30 to minus 10. And if it's not, the lipid nanoparticle, the mRNA and so on, can deteriorate. And therefore, a large proportion of those who are being vaxxed are actually getting duds. And therefore, they are all right. But 15 per cent or so are actually being injected with the real thing and are getting problems.

Commissioner Drysdale
One of the witnesses talked about ivermectin and they talked about the number of clinical studies that were done—peer-reviewed studies, independent studies. Despite that, it was still discouraged, shall we say, by the government. My question is: How many independent, peer-reviewed studies were carried out on any of the vaccines prior to them being injected into people?

Dr. Francis Christian
As far as I know, Commissioner, none. In most of the regulatory agencies, including in Canada, patient-level data was not requested or required.

[00:20:00]

In other words, the regulatory bodies gave approval based on Pfizer's own telling of the results. In other words, let's say you're the Health Canada person—the chair of the vaccine approval committee. Pfizer comes up to you with a list of things that their own trials have shown and you look at that and you have to give approval. But if you ask them, "Can you show me the actual data from individual patients," they don't have to show that to Health Canada. They have to show it to the U.S. FDA, though.

You probably know of the fact that there was a FOIA request, a Freedom of Information request, from the FDA for patient-level data: in other words, individual cases, the actual health records. And the FDA said, "Oh, you know, we can't give it to you because, if we give it to you, at 500 pages every month, it'll take 72 years." And then a judge said "No, you have to do it in two years." And that's actually been very good, because it's giving us good data from Pfizer's own studies that these vaccines were not working and they were actually killing people. But that's not required in the Health Canada system.

Commissioner Drysdale
Were there any studies of these vaccines on pregnant women before they were given to pregnant women?

Dr. Francis Christian
None at all.

Commissioner Drysdale
Were there any specific studies done on children before they were given to children?

Dr. Francis Christian
There were Pfizer-related trials. Those trials were a farce because when we looked at the patient-level data, it showed that those children who were vaccinated actually got more sick. They got more sick and they had more hospitalizations, and Pfizer's own data showed that the myocarditis rate with the vaccine was much higher.

So yes, there were trials—very small ones—of children, but they showed that the vaccine was completely useless and dangerous for kids.

Commissioner Drysdale
Why did they call ivermectin horse paste?

Dr. Francis Christian
Because I think they thought that we were stupid.

Commissioner Drysdale
Well, my next question on that is, isn't penicillin given to horses as well?

Dr. Francis Christian
Commissioner, that's a very good question. Because penicillin, when it first was discovered by Sir Alexander Fleming in England, started being used without randomized controlled trials. So the first randomized controlled trials in medicine were actually done in the 1950s. It was in connection with smoking and lung cancer and they showed there was a clear risk and a clear connection. But penicillin literally saved hundreds of thousands of lives on the battlefield in World War II, before there were randomized controlled trials.

Now in the case of ivermectin, not only were there randomized controlled trials that showed huge benefit, there was also observational studies that showed benefit; there were prevention studies that showed benefit; there were some studies that did not show benefit. But the point I was making in my testimony, Commissioner, is that this is a completely safe drug. Absolutely safe. In medicine, we speak of therapeutic range—in other words, the difference in dosage between the minimum effective dose and the maximum dose which causes toxic reactions. And the therapeutic range in ivermectin is very wide. It's safer than Tylenol. So why not use it? And that is the crucial point. Even if it didn't show efficacy in some studies, the majority of studies showed massive efficacy and it should have been used.

Commissioner Drysdale
Thank you, sir. Thank you.

Commissioner DiGregorio
Thank you so much for your testimony today. I was hoping you could help me understand a little bit more about the adverse event reporting system. You talked about the different layers you have to get through: finding a doctor, having the doctor navigate a nine-page report, and then having it approved by a public health official before it gets submitted to the system. I'm just wondering, are doctors in Canada required to report adverse events from vaccines?

[00:25:00]

Dr. Francis Christian
There is an ethical and moral requirement to do so. But as far as I know, I don't believe that there is a legal requirement to do so. In the steps that you just mentioned, I think you just omitted one step. And that is the doctor has to believe you and has actually to accept that this is vaccine-related. A lot of patients, a lot of our Canadian public, are stumbling at that step. Even if they find a doctor, the doctor is telling them, "Oh, this is a coincidence." In nine out of ten cases.

Commissioner DiGregorio
That actually was going to be one of my next questions, was whether doctors are trained to recognize the potential adverse effects of vaccines.

Dr. Francis Christian
The answer is no. The fact is—and this may surprise the Canadian public and people listening to this—I don't think physicians have been trained to recognize vaccine injuries

for any vaccine. So this ignoring of vaccine-related injuries, as I think Steve Kirsch pointed out, is not a new thing in COVID.

You know, I used to consider myself a pro-vaccine physician. But after this debacle I started questioning everything. The evidence for many childhood vaccines is not what they were telling us. The fact is, with childhood vaccines, with COVID, I feel confident that— I mean, in medical school, that training is not given. There is no vaccine injury segment where we teach medical students, residents, how to recognize vaccine injuries. And to answer your question: No, I don't think physicians are trained to recognize vaccine injuries.

Commissioner DiGregorio
You mentioned that once you have a doctor who does believe that there's a vaccine injury, they have to navigate this nine-page form that, I think you said, comes with a 40-page user guide.

Dr. Francis Christian
Absolutely.

Commissioner DiGregorio
Is knowing how to complete that form part of training that doctors have?

Dr. Francis Christian
Commissioner, as far as I know, that form was completely new to most Canadian physicians. That form has to be found on Public Health Canada's website and downloaded. And then there's the 40-page instructions on how to fill that form. How many physicians have the time to do that? And then, after filling that form, as I pointed out, they have to send it to the provincial public health agency in Saskatchewan. There's no fax number, not even an email address. You have to send it by ordinary mail. When that vaccine injury report is received by a provincial health agency, there is a public health officer, presumably, that looks at it. And then decides whether to approve it or not without seeing the patient. This is the broken system we have.

Commissioner DiGregorio
And my final question actually relates to that review by the public official. Are there any public or known guidelines as to when or how such a report would be accepted into the system?

Dr. Francis Christian
I would be surprised if they don't have their own guideline protocols, which inform them whether to approve or not to approve. I think this is part of the guidelines problem. It's an algorithmic approach. And the main thing is: They haven't seen the patient and they get to approve it or not approve it.

Commissioner DiGregorio
Thank you.

Commissioner Massie
To come back to my double standard idea, it seems to me that we've heard from other people at previous hearings that if a healthcare worker didn't want to get vaccinated, they were sentenced to some sort of special training session that would educate them about vaccine hesitancy and so on. So it seems that there are some resources to train the health care worker about the issue of the benefit of the vaccine. But do we have similar training about potential adverse events?

Dr. Francis Christian
The answer is, as far as I know, no.

[00:30:00]

Commissioner Drysdale
Sorry, as I was listening to you answering questions, I thought of something else. I was a professional engineer for over 40 years— 43 years, I believe. And new products were coming out for us all the time. I'll never forget, as a young engineer, I was going to use a certain product. And my boss came to me and lectured me about how I had to be satisfied in and of myself, apart from the literature, that this product was safe and effective.

My question to you is: What responsibility do individual health practitioners—not just doctors, but nurses or pharmacists who are administering these shots—what personal responsibility or professional responsibility did they have to confirm whether or not the shiny brochures they received from the suppliers actually were true and that this thing was safe and effective?

Dr. Francis Christian
That's a very good question, Commissioner. Let me answer it in two parts. Doctors are trained to look at data, to look at studies, and to look at the statistics to see whether they make sense. The training though— I had actually a lot of experience in data analysis because I was the director of Quality and Patient Safety. And the National Surgical Quality Improvement Program that I introduced was very data-intensive.

It's very interesting to me that many of the egregious violations of medicine, medical ethics, and so on, have been unearthed to the public by people like you, who have training in data: economists, for example, and people like Steve Kirsch, who have a much superior statistical understanding of how to interpret studies than doctors do.

So for example, the famous Ferguson model. There was a guy in England called Ferguson. I have absolutely no idea how he keeps his job. Because in pandemic after pandemic he has been wildly wrong and he still keeps his job. And he made a completely ridiculous, nonsensical, comical prediction about the COVID pandemic. My son, who's an economist and has been trained in econometrics, was looking at that and said, "You know, Dad, even in undergrad economics, we know that this model is all nonsense. Why don't these guys actually do proper models?" So the guys who are trained in statistics, data management and so on, including financial guys, are able to see through the data better than physicians.

I think public health people think they're the only people who can interpret data and that's not true. I can interpret data because I'm a physician trained in statistics and data analysis.

So can people who can look at the data dispassionately, like you. That's the first part of my answer.

And the second part would be to recall to the public the fact that when the data is analyzed and is clear, authorities have not accepted the data. So there's abundant evidence, as Steve Kirsch pointed out, that the vaccine does not prevent transmission and does not prevent infection. Now, public health officials in Canada and other Western countries have ignored that data and have created their own set of rules. Our Prime Minister does that all the time; he creates his own set of "truths."

And that, I think, is a societal problem: the ability to define truth for yourself instead of looking for a transcendent source of truth, which most people call God or divine truth, which used to inform medical ethics for generations. All the medical ethical codes—the code of Hippocrates, he called on the Greek gods. And even the modified Hippocratic Oath in the Christian era said that "I will never think of myself as God."

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And then the Arabic al-Wallahi oath has the looking to Allah as the source of all moral and medical knowledge and wisdom. And then you have Maimonides in the Jewish tradition, who was a rabbi as well as a physician. And then Thomas Sydenham, who actually said, *"Primum non nocere"* in the 17th century. In all this there was a looking for transcendent truth that lies beyond yourself.

In the modern era, the universities have been captured by the postmodern construct of localized version of truth. And that's why they say, "Okay, that's your truth. This is my truth. So okay, vaccines don't stop infection. That is your truth, but my truth says that it does." The data doesn't really matter. That's part of the problem in society, I think. With the public, too: they're able to construct their own truth.

I was mentioning to one of the commissioners at lunch today that the public keeps talking about doctors and says, "Where is your Hippocratic Oath?" What the public doesn't know is that only a minority of medical schools now take the Hippocratic Oath. In the U.S., it's only 40 per cent that take the Hippocratic Oath. Some medical schools, including prominent medical schools in the United States, ask medical students to write their own oaths. That is part of that postmodern construct, "This is my truth" sort of thing.

Shawn Buckley
Thank you, Dr. Christian.

Dr. Francis Christian
Thank you.

Shawn Buckley
On behalf of the National Citizens Inquiry, I'd like to sincerely thank you for attending today and sharing with us.

Dr. Francis Christian
Thank you.

[00:37:29]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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