NATIONAL CITIZENS INQUIRY

Saskatoon, SK **Day 3**

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EVIDENCE

Witness 3: Dr. Christopher Flowers
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Shawn Buckley
So our next witness is attending virtually, Dr. Chris Flowers. Dr. Flowers, can you hear us?

Dr. Christopher Flowers
Yes indeed.

Shawn Buckley
Okay and we can hear you. I'd like us to start by asking you to state your full name for the record, spelling your first and last name.

Dr. Christopher Flowers
My name is Christopher, C-H-R-I-S-T-O-P-H-E-R, Flowers, F-L-O-W-E-R-S.

Shawn Buckley
Now, Dr. Flowers, we have entered your CV as Exhibit SA-5 in these proceedings. But just so that people participating today have some idea of who you are, I'm going to go through a couple of highlights and feel free to say more. And then I'm going to ask you to discuss the War Room/Daily Clout Pfizer thing and even explain what the Pfizer dump is.

But you have a medical degree from the University of London. You are a fellow of the Royal College of Radiology. You are a fellow of the Society of Breast Imaging. You led the breast cancer screening program in South Wales. You are the cancer lead for the South Wales Cancer Network. You are an associate professor of radiology and biomedical imaging at the University of California. You are the radiology lead of the University of California breast cancer research program. You are an associate professor of the University of South Florida and Moffitt Cancer Centre. You are a medical researcher at the Johnson Cancer Centre. And now you are medical lead of what's called the War Room/Daily Clout Pfizer Document Investigations.

And I'll ask if you can explain, for those who don't know about what the Pfizer documents are, what this organization you are the medical lead of is?

Dr. Christopher Flowers
I'm very happy to do that, but first of all, I need to swear. I do solemnly swear—

Shawn Buckley
Yeah. I'm sorry, I forgot about that. So do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Christopher Flowers
I do.

Shawn Buckley
Oh, thank you. And thank you for reminding me of that.

Dr. Christopher Flowers
So what I'd like to do is just share some slides as I talk [Exhibit SA-5]. And you've heard a lot of the things that I've been— Basically my status, giving you some validation for my medical qualifications. But also I can enhance that, perhaps just saying I've been a clinical researcher for almost 40 years now. I've been involved in many clinical trials, mainly in the field of breast cancer screening. And in this sort of situation there is a serious balance that we have to take into account with every decision we make. And that's the benefits versus the risks, the harms. It's really paramount in our thinking. I've authored many peer-reviewed papers and also chapters and whole medical textbooks. And I've received awards from prestigious medical journals for distinction in reviewing. So that gives you a little bit of my background.

But today I'm actually standing on behalf of the War Room/Daily Clout Pfizer document investigators. We have approximately 3,250 volunteers who reviewed the Pfizer documents in response to the release of the documents via FOIA [Freedom of Information Act request] to the FDA [U.S. Food and Drug Administration] from a North Texas district court. We are a mixture of medical professionals from academia, primary care, but also nurses, pharmacists, and clinical trial specialists from research backgrounds. We also have actuaries. We have all sorts of things. And one of the key components of this that we felt was very important is that we have no financial conflicts. That means no one was allowed to hold Pfizer shares or have any trades based on any of the Big Pharma companies. All of the members who helped me produce this presentation for you today are unpaid volunteers.

The background to the Pfizer documents: these are the regular documents the FDA used to record. They required Pfizer to produce, as part of their application for the emergency use authorization. They were obtained firstly by a request by attorney Aaron Siri with a FOIA with a judge in the North Texas court, who granted the request in January of last year.

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Now, one of the issues that we've highlighted is that the FDA complained they would not be able to release the documents in a timely manner and it would take 75 years. So it's like they're trying to hide things—just like there have been holds on evidence for the J.F.K. assassination, for example. But thankfully, the judge ordered them to be released over the next 12 months, which they didn't do, and gave a schedule of the numbers of pages that needed to be released per month. Now, these were huge numbers of documents and number of pages.

And so only a sort of crowdfunded citizen investigation would actually work in going through all this information and pulling out the important information. One of the important questions, I think, is: When would it have been available to regulators? That means your Canadian authorities. We know for sure that the documents were shared with the European Medicines Agency as well as the agency in Australia as well as other regulators at the time, in 2020 and early 2021.

Although many thousands of these documents have been released, the way they were released and the drip, drip, drip factor of their release: they actually obfuscate the findings. Because after three months of releasing redacted documents, they started grouping files into what are called XPT files. They're a type of SAS proprietary data file. And a lot of the PDF files, the ordinary text files, if you like: they were presented as JPEG images within this file. And of course, you can't search an image when it contains words. You actually have to do optical character recognition.

And there are many outstanding documents that we need to complete the picture of both the clinical trials and the outcomes of these trials. Because the FDA actually required follow-up of a lot of these different groupings to make sure that the data was complete. So our data teams worked around the clock every month with these new files and extracted the data into searchable Excel data files. Our data team is based, in Canada, in Vancouver, all across the U.S., in London, in Paris, and in Australia.

Our team were literally able to work 24 hours of a day every time a document dump was made to produce a searchable file. They even produced an application which is available online called Abstracta, which enables you to search any of the Pfizer documents for relevant data.

As I said, many documents refer to yet another document, which in many cases have not been released. In other words, Pfizer has made it extremely difficult to get to the truth. For example, a large number of subject case report files—these are the so-called CRF files—have not yet been released. For example, female subjects account for nearly 50 percent of the clinical trials. And based on the Pfizer protocol, all females must undergo a urine analysis testing for human chorionic gonadotropin to screen for pregnancy before both dose one and dose two. So a minimum of 43,232 HCG tests would have been administered. However, so far, only nine CRF documents have been identified to date. So obviously, they're not releasing all the information.

What I would like to do is quickly go through the clinical trials and then concentrate on some of the findings that we've been able to pull out from the data.

First of all, most of the information initially came out from rat studies. These are humanized rats called Y-Star rats. And one of the very important first things was the fact that the vaccination did not remain in the deltoid muscle but spread throughout all organs of the body, including the reproductive organs. And these rats were— Basically, they were put down and analyzed

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shortly after they'd been given the vaccine for testing.

The next aspect of this was the lipid nanoparticles. They were going to be containing this BNT162b2 vaccine, which is what we had as the mRNA. And they did these testing in conjunction with Acuitas Therapeutics in Vancouver. And it was noted that there was a rapid onset of symptoms from this particular delivery system. So we were told this was something that had been well-researched but, unfortunately, a lot of the rats did not do very well after injection with this lipid nanoparticle containing the vaccine.

And here is an example of the table they produced showing increasing concentrations of lipid nanoparticles over 48 hours. And it goes up from 0.01 to 12.26 in 48 hours. But we don't have any further data because that's when the rats were humanely killed. And so we presume—or at least we're told—that the dose should be falling off, but there is absolutely no evidence of it. The only data we have is that there is increasing accumulation over a short period of time. So ovaries: we're talking about reproductive organs here. And it also occurs in the male rats: it was going to the testes.

Now the Phase 1 clinical trials, these were very shortened. Normally, safety studies take at least five or 10 years. And the BioNTech studies performed in Germany and in China only really looked at 195 subjects: 45 subjects were randomized but many more were discarded. And there's no real explanation of why this was. And they tested out various doses of the proposed vaccine.

Basically, the trial was too short and had far too few subjects to come to any potential conclusion regarding safety.

Pregnant women obviously were excluded. They had not had any evidence to declare the vaccine was safe for pregnant women, foetuses, or breastfeeding of infants. And there were far too few children below the age of 16 to draw any conclusions regarding health risks to the population.

And so they started with the Phase 2 trials. They provided a number of exclusions that were required during the trial. And the interesting feature of this clinical trial was that the full trial protocol was changed many, many times during the trial. Both before the trial, during the trial, and then after the trial—which is very, very weird. I've never come across this before in any of the clinical trials I've been involved with over the past 40 years.

So there was a total of fourteen amendments, nine of which came after the start of the phase three trial and then five right at the end. These amendment dates vary from 1st of December 2020 all the way through to 2nd of March 2021.

And here is a list of the protocol amendments with the dates. So that's a Phase 3 clinical trial. You normally have a trial protocol agreed on and approved before you start the trial. And then that is supposed to help you in analyzing the results of the trial. So if you're changing the protocol, what we're talking about here is moving the goalposts at each stage. And it just brings up more questions than giving us answers.

Here is the front page of the protocol document. But one of the things that was very interesting to me—I only happened to notice it fairly recently—was, at the bottom of this very first data sheet from 15th of April 2020, the fact that the clinical protocol template for this particular vaccine was developed on the 5th of December 2019. Now, if you remember,

the WHO only declared a COVID-19 outbreak as a public health emergency of concern in January of 2020,

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and then a pandemic on the 11th of March 2020. So many months later, which makes you wonder and ask questions about: How soon did they know things were happening and was this all planned?

There were a lot of danger signals in the first 90 days after the rollout of the clinical trial. I'm talking about the 90 days after the EUA [emergency use authorization] was granted and it was rolled out, firstly in the United Kingdom and Europe and the U.S.A. These are covered in what's known as a Post-Marketing Experience document. It is the infamous 5.3.6 data dump. It was broken down by what's called System Organ Class. So they decided to say neurological, cardiovascular, things like that. But as I'll demonstrate, they manipulated these slightly—to probably hide the sheer number of severe adverse events by trickling them out into different areas.

These are the system organ classes that were used in this document. And the headline findings are that: 275 patients had a stroke; 25,957 people had nervous system disorders; 17,283 had gastrointestinal disorders; and 8,848 had respiratory, thoracic, or other chest and heart disorders. Now this is a lot of people in the first three months.

What about deaths during the trial? Now, when the trial happened, by November the 14th basically, there was a data cut off point that was required in the trial. But only 50 per cent of the subjects had been exposed for long enough to give any idea of real safety data post dose one or dose two. But it was noted that by November the 14th, there had been 11 deaths. Pfizer, however, only reported 6: they had five in the placebo but they had 6 in the vax population. So there were more people died in the trial who were vaccinated than who were unvaccinated. Of these 11 deaths, the number of deaths due to heart attacks were 2 in the placebo and 3 in the vax.

I think you can see a trend here that being vaccinated in this trial was more cause of serious adverse events and death than anything else. So the difference in deaths between the two arms didn't really become obvious until March the 13th, 2021. And that was 21 versus 17. And of the 21 deaths in the vaxxed individuals, 9 died of heart attacks. But the 17 deaths in the placebo group, only 4 of those died of heart attacks. So clearly, the adverse event signals became clearer by the end of this post-marketing document 90 days—in March the 13th, 2021. And because of all of that, really at that point, the FDA should have said, "We need to put a stop on this until we've analyzed it further."

And that's really one of the main recommendations that we would suggest for any further trials of any sort of intervention: that you don't just rush through to an emergency use authorization, but you review the actual serious adverse events and any deaths from the vaccine rollout until you've had that immediate post-marketing experience follow-up.

So to try and make the findings easier to understand, our volunteers published micro-reports based on each of these individual system organ classes. These are all available for free on the dailyclout.io website under "Pfizer Reports."

The headline findings after this 90-day rollout were that there were 1,223 deaths. Most of the severe adverse events occurred within four days post-vaccination,

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and within 24 to 48 hours in 70 per cent of women and 29 per cent of men. And these were all under the age of 50. The highest number of cases were in this working-age bracket of 31 to 50 years. So if you take that overall, the main findings of the post-marketing study were that the serious adverse events were mainly affecting women in the working-age group of 31 to 30 [sic, 31 to 50 in slide]. Really quite important findings.

Also, interestingly enough in the post-marketing: there were 175 cases that were under the age of 17, which include a Bell's palsy in a one-year-old. Now remember, this is supposed to be given to people 16 and over but we had a one-year-old who had a Bell's palsy. We had another young patient, only seven years old, who had a stroke. And there was also kidney failure in an infant less than 23 months of age.

Furthermore, from this point of view there was no informed consent provided, as you know. If you compare the rollout of the Pfizer vaccine and the encouragement, we were just told it was safe and effective. But if you look at any biologic advert on TV, you'll see a quick thing about the benefits of it and then you'll have two minutes probably of, "Go and see your doctor if you report this, that and the other. Tell your doctor if this, that and the other happens." There was none of that with the Pfizer vaccine. And in fact, in the insert into the vial packet that is given out, the page actually states: "This page is left intentionally blank." Because it's an EUA product, there's no requirement to provide a fully reported insert into the vaccine packet.

Let me just mention something like Bell's palsy because this is a good example of one of the severe adverse events. I report a fellow countryman of yours, Justin Bieber, who, as you know, suffered a Bell's palsy after receiving the vaccine. And this occurred in four patients who received the vaccine but none of the placebos in the trial got Bell's palsy. The other interesting thing about this was that in the trial, the placebo patients were unblinded and then vaccinated. And those that were vaccinated, they also received similar numbers of Bell's palsy after the end of the trial, which is totally crazy. Pfizer's explanation was the numbers were small, but they made no explanation as to why they considered it to be significant. Because as you know, Justin Bieber is unable to carry on with his concerts and to sing because of this palsy; it's affecting his voice.

It's really tragic when you realize that severe adverse events are not just a one-off thing but there are chronic complications as a result because it's an ongoing situation. For example, if you have a stroke as a result of the vaccine, you're permanently injured. You were a healthy person; you received an intervention that was to stop you, in theory, from dying from an infection. But instead, you ended up with a stroke, which is now lifelong that you're going to have to suffer. And I think you can see if you follow on YouTube and search for some of these, many cases of news anchors or weathermen, for example, developing a rapid onset of a Bell's palsy on air. I've seen a number of these and it's really quite fascinating.

Let me just address something that's really, really important on this point of view. Because people have said, "Well, how do you know it's due to the vaccine?" Well, if I explain what latency is, you'll perhaps understand a little bit better. Latency is the time between giving the intervention, the vaccine in this case, and the onset of a severe adverse event. And this graph is just a compilation of all the cases from the 5.3.6 document showing the vast majority of people who had serious adverse events,

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occurred on day 1 and day 2 following the vaccine.

Now, it wasn't just the post-marketing event experience documentation that Pfizer reported to the FDA. But interestingly, our friends in Europe, the European Medicines Association, required a periodic safety update report. And this is covering the first six months of the vaccine rollout in Europe. Interestingly, they gave out 238 million doses in 30 European countries. And basically, their findings are very reflective of what we found in the original Pfizer documentation. It's just scaled up to a much, much larger scale. So although people say, "Well, these side effects, these serious adverse events are very rare, we don't have to worry about it," just look at these European data if you think that.

Do you really think that 1.17 million adverse events with over 5,000 deaths in the first six months of a vaccine is nothing? You know, one third of all adverse events were serious. And the commonest age range for these, again in European data, were the 31 to 50-year-old age group. Nearly half of all of the deaths, plus 86 per cent of the adverse events, were amongst healthy people. They charted that out compared with people with comorbidities. And you'd normally expect people who have some other issue—like obesity, diabetes, and other things like that—would be more likely to have serious adverse events or deaths. But no, it was actually in the healthy 31 to 50-year-old age group. We're talking about working age people, which makes you wonder, is it targeted? We need to know. We don't have any of that information.

The other aspect of both the Pfizer document and the European Union report on the Pfizer vaccination is that nearly half of the outcomes remain unresolved. We do know, however, that 23 per cent of these patients with severe adverse events did not recover. And again, the European data confirm that women suffered these serious adverse events at a rate of at least three to one compared with men.

So a question we've been asked to address was: Was there manipulation of data? We believe the data was manipulated in a number of ways. For example, in our anaphylaxis reports, we reviewed and found they'd used what's known as the Brighton Collaborative Criteria, which is a rigorous research-orientated set of definitions, to decide whether these reports should be reported or not. This allowed Pfizer to eliminate 831 of the 1,833 reports of anaphylaxis, thereby reducing the numbers that are being presented.

Furthermore, the collection of the cases for the Brighton classification were evaluated—not by a complete chart review, which is what you would normally do, or even actual patient interaction—but it was based on very limited VAERS reports or similar sources. And Steve Kirsch and others have already talked to you in their testimony about the issues with the underreporting in VAERS. It's a very variable reporting system and often you get very incomplete information.

And to trust your data to decide whether they fitted the Brighton Collaborative Criteria is actually very concerning because we need— In a healthy population, we want to know what the safety signals are. And all these serious adverse events and deaths are, by definition, harms that need to be balanced when we're talking about doing an intervention in a healthy population. So therefore, a lack of information should not be construed as data negating the diagnosis of anaphylaxis. And we would prefer to go with the 1,833 reports of anaphylaxis.

What's the importance of revealing more clinical trial data when we're assessing medical products?

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And based on just reviewing the Pfizer documentation, we believe that access to more trial data, human clinical data collected at the site level, should actually be available as an open source. A population who are involved in a trial should be able to have their data analyzed by various people, and not just go to the sponsor—the sponsor being in this case Pfizer. Because then there's no way that the data can be manipulated in any way in the presentation of the findings to help them with a particular narrative.

So we believe that there wasn't enough information to provide the vaccine prototype being 95 per cent effective as reported. We believe that it was unsafe based on the raw data that we have managed to compile from all the CRF data and others from each of the sites during the clinical trial. We also believe that the raw trial data should, when you're analyzing it, include people who are qualified but have no conflicts of interest.

And I think this has been a really big problem with the committees that basically provide the recommendations to the FDA, for example, to rubber stamp a product for an EUA, for example. We believe that these people should not be incentivized, because if you're promised a good job with Pfizer or in Big Pharma after you've already authorized their product, then you're much more likely, obviously, to be compromised in your thinking and not being critical. Because the FDA— Back in the day, I remember submitting and being part of the submission process for clinical trials. And it was a struggle to get things past the FDA; they were protecting patients. But in the last few decades, they've really become compromised with the amount of funding coming in from Big Pharma.

We also believe there is a need for ongoing analysis of the data even after the product has had the emergency authorization or been administered to the public. As I mentioned earlier, it was clear from the post-marketing experience: There were both an unexpected number of serious adverse events—in fact, enough that Pfizer had to recruit another nearly 2,500 additional analysts just to cope with the sheer number of adverse events that were occurring. These adverse events were classified by Pfizer, by the sponsor. They consistently said in their reports of each of these as though there were no new safety signals, which we believe based on the findings that we've reviewed is not justified at all. It really should have been brought up to the FDA immediately. So this function should have been performed by a trusted public body with no conflicts of interest.

And I know we've heard from many people during the testimonies over the last couple of months that people are losing their faith in the medical profession—in the three letter agencies that are supposed to protect us from harms. And really, we need to come to some form of arrangement whereby we can have a trusted public body that is responsible to the population with no conflict of interest. Because if this had been actually done in the correct manner, it is likely that the trial would have been stopped immediately, just like it was done many years ago when the swine flu vaccine was being trialed. They had a number of deaths and immediately they halted the clinical trial. Well, why didn't that occur in this particular trial?

I'd briefly like to talk about the definitions of adverse events when it regards the time limit imposed. That was a question that was asked of us. Pfizer had 14,565 unique subjects who expressed 36,567 adverse events. Now, that's a lot of them. And the onset of these adverse events was anything from one day to 213 days. But as I've shown you with what's called the latency, the vast majority of these occurred within the first few days after administration of the vaccine.

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That gives us little doubt that it was associated with the vaccine itself. Anything that occurs within the first few days, definitely—but certainly up to one month after the vaccine is administered. The big problem that we have with adverse events and biologics is that they're very different from standard drugs—for example, like a toxin like a chemotherapy drug. Because they've got different metabolism and clearance, as well as the possibility of immune suppression, we believe a longer period of observation is very important, particularly when looking at development of cancers and both infertility and birth defect potential.

And that is really where the very initial Phase 1 trial should have been properly done. This few-week Phase 1 trial was very, very poorly done and you can't possibly get reliable safety signals from such a short-term trial. The other aspect of this is that, unlike small molecule drugs, where you know how the drug is eliminated from the body—whether it's through the kidneys in the urine or it's through the liver and out that way—they're well-known and well-studied. The problem is that this mRNA lipid nanoparticle platform is still being elucidated. I mean, I was very concerned when I first came across this because we know that lipid nanoparticles can traverse every membrane of the body because it's got this fatty component that enables it to pass.

You have things called membranes in the body that separate important organs—for example, the brain from the circulation called the blood- brain barrier. And it does a very effective work in preventing toxins crossing from your blood into the brain. Now that's why, for example, chemotherapy doesn't work well with brain tumors—because it just can't get across very easily. But the lipid nanoparticle goes straight through the blood-brain barrier. Similarly, it goes across the placenta, which is supposed to protect the unborn child, which is why Pfizer in their clinical protocol stated very, very clearly that you had to avoid getting pregnant and having injections if you were pregnant. They actually said in the clinical trial documents that if you were going to have sexual intercourse, for example, if a male had had a vaccination, the male needed to use at least two reliable forms of contraception to avoid pregnancy if they'd been vaccinated. So they were aware there was going to be a problem. And the reports after vaccination of what has happened with patients and the colour of their breast milk, the failures of thriving, the effects on the placenta: all of these things are concerning because of the effect of this platform being able to cross multiple membranes.

The interesting thing if you look at this is that, very recently in a viral video, Dr. Fauci was on the doorstep of someone and he was trying to encourage them to get the booster vax. And he told these residents that this platform was perfectly safe. It had been researched for 20 years. And in fact, Dr. Peter McCullough, when he did his testimony in Truro, he shared that the platform was being researched back in 1986. The involvement of the U.S. military in the development of manipulation of viruses by gain of function, with the vaccine being produced as a prototype under another transaction agreement with the Department of Defense, really gives one pause that this potentially could have been a biomedical terrorist type of activity against our own population and the Western population. Should the Department of Defense really be involved in manufacturing and distributing vaccines? What's happened to the oversight of this? Did the world know that this was happening? I mean, we're only beginning to know now

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the extent of involvement of the Department of Defense in the development of vaccines.

So hopefully, this will give pause to consider using this technology until we know much more about the safety profile—especially of the lipid nanoparticles, of which 50 per cent of the composition is polyethylene glycol, which you may have come across as colonoscopy prep. But it's not really supposed to be given into your blood because it takes a long, long time to try and break that down and excrete from the body.

But what about the regulators and their competence to assess a novel vaccine platform? We have to remember that government regulators are bureaucrats. They're not experts, generally, in their field of occupation. Regulators rely on outside experts like the data safety monitoring boards and the institutional review boards. However, the FDA's oversight of clinical trials is extremely lax. It's slow-moving and it's secretive. Moreover, due to the pandemic, the use of on-site, no-notice inspections was paused. So you never had the real oversight of clinical trial sites that we used to have back in the day.

We are still looking, and we haven't found, official action-indicated reports for this Pfizer study. So they're saying that, "Well, nothing serious happened." But we've seen evidence that there was fraud going on in some of the clinical sites, whereby Pfizer gave taxpayer money to these sites who basically didn't do the trial properly. For example, Brook Jackson's Ventavia case: she saw so many cases of not following protocol and so many protocol deviations that trial should have been stopped. And when she complained to the FDA, the FDA got her basically sacked from Ventavia as a clinical researcher. And that trial is still ongoing in South Texas.

So I think there are three disqualifications and closures that leave trial participants and others in danger. This includes the closure of site 1161, which was Darrell Harrington in Benchmark Research in Texas; he was found missing in action. Site 1068, the Bozeman Health Clinical Research in Montana; he had 84 out of 119 subjects with important protocol deviations and 44 exclusions and they were removed from the study in March 2021. FOIA reported violations of protocol by site 1231, which was the biggest contributor to the clinical trial in Argentina in the military hospital there in Buenos Aires. And since the clinical trial, the Argentine government have actually removed the authorization to do clinical trials with Fernando Pollock and his company, the iTrials Clinical Research in Buenos Aires, because of these protocol deviations.

I'd like to end up with some ideas on the mechanisms of harm. Because the reality that we're coming to is: yes, there are harms from the deposition and accumulation of things like lipid nanoparticles in various parts of the body, including the testicles, by the way, which also affects fertility in men. But most of the effects seem to be due to what we're beginning to call spike protein disease. The NIH [National Institutes of Health] call this long-COVID or long-haul COVID. But spike protein has now been found in every part of the human body. Autopsy studies by Dr. Burkhardt in Germany and others have actually demonstrated this when they stain for it in autopsy specimens.

So what should have given researchers pause when developing this novel vaccine platform? Well, as I mentioned, or alluded to earlier, lipid nanoparticles: they cross normal defensive membranes. So that's number one. But number two is mRNA, which can be incorporated by reverse transcription into human DNA. Now, this is supposed to be short-lived, but there is evidence from some sequencing data that it has been incorporated into DNA.

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We've effectively turned our own human cells into mini spike-protein factories with no off switch. An end codon, as it's known, was incorporated into it. We're told that spike protein stops being produced at a period after the vaccine. But it's clear that in some people, the spike protein continues to be made. And there are a lot of people looking at how one can detoxify from spike protein. But at the end of the day, we need far more research into understanding spike protein, the spike protein harms, and what potential mechanisms can we use to remove this from our body.

That has left us with many questions that still need to be answered, indeed. But hopefully, this has given you some idea of the extent of problems with this Pfizer clinical trial and the vaccine itself. So I thank you for your time.

Shawn Buckley
Thank you for that presentation. Dr. Flowers, you had just mentioned that authorities are calling this, I don't know, spike protein disease as long-haul COVID and we've heard that in the media. Is long-haul COVID caused by contracting the COVID virus, or is long-haul COVID a result of vaccination, or is it the result of both exposure to the virus and or vaccination?

Dr. Christopher Flowers
Yes, again, the NIH have set up a RECOVA program, it's R-E-C-O-V-A. And they initially appointed Dr. Fauci, would you believe, as one of the executive directors of that. That made us very concerned, but all they were going to be looking at were, "Oh, this is a result of the COVID illness, and therefore you need more vaccines to try and prevent this happening." That seems to be the thrust behind it.

But we know that spike protein disease can occur after you've been vaccinated but also after you've had COVID itself, which is why some people have really quite chronic, ongoing illness as a result. So I think spike protein disease is a good overall discussion we can have. And it's a good way to go forward, looking at the spike protein: how we get rid of it and its effects. Because only by understanding this little factory that's been put in our bodies will we actually understand how to combat it and get rid of it, maybe able to turn it off even.

Shawn Buckley
Now, you had mentioned in your presentation that females are over-represented as having adverse reactions. Can you speak to what are the main adverse reactions that females are experiencing?

Dr. Christopher Flowers
Oh, my goodness, as virtually every single type of reaction you can get from strokes all the way through to heart attacks and autoimmune disease, allergic reactions. But furthermore, I think the more concerning of these is, because they're young working-age women, that it's affecting their reproductive capability, their fertility. We know, for example, that people are having problems with their menses, their periods. They're having heavy bleeding, more frequent bleeding, lots of blood clots, pain with the menses, all sorts of issues. But also, we found people are having much more trouble conceiving.

Then there's the effect on breastfeeding and the failure to thrive of infants of mothers who've been vaccinated. We know that the lipid nanoparticle crosses the placenta and gets into the breast milk. You can see changes in breast milk, changing from the normal whitish

colour to bluey green, which is more like the feces of a baby who's been changed to cow's milk; It changes from yellow to bluey-green. So it is very worrying that this sort of thing is happening.

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Some of the midwives have recently come out and been whistleblowers, telling us about the placentas they're now seeing after childbirth—that instead of the normal plush, thick, very healthy-looking placenta, you're getting thin placentas with sort of fibrous areas and white areas which basically represent calcifications. So the placenta is not working properly either as a result of this.

So again, there's a lot of work to be done, but it seriously affects women in very diverse ways. But more concerning we believe, is the effect on fertility in women and failure to thrive of infants. So it almost is like a war on women, you know? Okay, it does affect men, but when you've got a ratio of between three and four times as many adverse events in women than men, it just raises more questions than answers.

Shawn Buckley
Now, when you speak about reproductive problems, is it possible that women are not experiencing adverse reactions but their reproduction is?

Dr. Christopher Flowers
That is very possible—but also don't forget there's the equal effect on men, with the lipid nanoparticles being taken up in the testicles. For example, one of the post-mortem studies, the autopsy studies from Germany: they did a cross section of the testes in someone who died suddenly. And it actually showed conglomerations of these hard fatty particles of lipid nanoparticles inside the testicles themselves, which were affecting both the Sertoli and the Leydig cells, which are the ones that basically both provide us with sperm and with the supporting secretions that enable healthy sperm to take part in fertilization.

So you've got the effects on both women and men: problems with ovulation, problems with fertilization. And then of course, because of their issues with menstrual cycles, we presume that there is also going to be problems with implantation, that there is probably something going on with the uterus itself. But as of yet, we don't have any firm evidence, so I can't give you any more information on that.

Shawn Buckley
Thank you. In the Pfizer documents, is there revelations about what the ingredients are? If I asked you, "are you confident that the ingredients have been disclosed to the public," how would you respond?

Dr. Christopher Flowers
I'd like to say they've been fully transparent. But—we know from their documents they have not been fully transparent about anything. We do know, for a start: there are a lot of issues with the manufacturing process, especially early on, when most people were being vaccinated. Which is why certain batches, for example, gave far more serious adverse events than others.

For example, the issues in making sure that there was equal amounts of mRNA in each of the lipid nanoparticles: sometimes it depended on whether you got one of the first shots from the vaccine or one of the last ones from the vial, because the concentration varied throughout the vial. Which is why, in the instructions for giving the vaccine, they told you to invert it gently five times before you drew up the vaccine. And so there was that issue.

There's a second issue and that's with contamination. Contamination of the vaccine itself: they found particles of steel, there have been some heavy metals present; and part of the QA process, if you like, is to observe the Pfizer vials. They have a light table where the vials go on and you can see; if it's cloudy, those batches are pulled. But also, not only that. there are some issues where people think there is graphene oxide present within the vaccine. Now, there has been some findings of that, but it doesn't seem to be consistent. More appropriately is the question about aluminum oxide,

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as was found present in vaccines going back some time. There are worries that aluminum causes problems in children that is fairly longstanding and has caused potential harms in children over the years. And so again, the contaminants of the vials is very important.

But they also had to be transported at ultra-cold temperatures. Pfizer required the use of specialized freezers to transport the vaccine; it was only allowed to be brought up to room temperature at certain times. And they were also very, very clear that you had to avoid vibration of the vials because it would disrupt the lipid nanoparticles. And that's why they talked about, when you mix the vial, you just move it gently. So they were very concerned about all of these things that made you wonder whether the manufacturing process itself was up to normal distribution practice that is generally accepted throughout the industry. And it's fairly heavily regulated. But you look at the contracts with, for example, the European Union for the production of the vaccine, they actually had a paragraph within the contract itself that removed the requirements for good distribution practice from the production of their vaccine. Which just raises questions again: you know, they obviously knew it was going to be a problem with good distribution practice when it comes to their vaccine that they specifically excluded it in the contract.

Shawn Buckley
Now, you're an expert in analyzing clinical trial data and you've spent an enormous amount of time with the team behind you doing this. In your opinion, is the Pfizer vaccine safe for the human population?

Dr. Christopher Flowers
Certainly not. I believe that the benefits are outweighed by the harms tremendously—and definitely since Omicron. Of course, we've gone past Omicron now. We're into all sorts of new territory of, basically, what is a common cold. And there is absolutely no reason to vaccinate someone when you've got a chance of having such a severe adverse event which may affect you for the rest of your life.

Shawn Buckley
Aside from other adverse reactions, would you think that it would be safe—just based on the reproductive problems and menstrual problems experienced by females—to permit this on the market for the female population?

Dr. Christopher Flowers
The answer is no. It should not be used at all in the female population, especially in people who are under the age of the menopause. That's actually been taken up by some of the European countries. They've actually banned the use of the vaccine in basically, anyone under 75, unless there's a really good reason. There is absolutely no reason to offer this as a routine procedure. And yet in the U.S.A., it has now been added to the childhood vaccine schedule, which is extremely worrying because it's affecting our kids, who don't need this vaccine whatsoever.

Shawn Buckley
What do you think is going on? Why do you think that's happening? Because we're vaccinating kids in Canada as we speak.

Dr. Christopher Flowers
It's compliance? I have no idea. I can speculate all you want; I come up with all sorts of theories. But for me the evidence is quite clear that there is no reason to vaccinate children, who we know are extremely unlikely to suffer from deaths or serious injury from COVID. They're far more likely—especially if they're teenagers and teenage males in particular—to get myocarditis.

And myocarditis is actually a very serious condition. If you're someone who's going into college sports, for example and you've got your eyes set on either playing for the Montreal Canadiens or you're going to be going for the National Football League, you've got to be really fit. And myocarditis is something that can be subclinical. In other words, you don't have any symptoms until you suddenly start exerting yourself and you'll start being short of breath, for example.

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But of course, can also cause sudden unexplained death, sudden unexpected death. We nearly saw that with Damar Hamlin: This was not an effect of being hit in the heart. He had all sorts of issues and this looks far more like myocarditis underlying this. And a healthy person— Well, he died and was resuscitated several times when he fell on the field.

So definitely not for children; absolutely not, there is no reason. I would urge the Canadian citizenry to elect people who are going to protect you from harms. And that is their main job—is to protect your population from harms of any pharmaceutical intervention from outside influences, people buying up your land, and stopping you being able to produce your own food.

Shawn Buckley
Can I just ask you and it's still on the children thing: Should parents have any concern in vaccinating their children as far as affecting their children's ability to reproduce?

Dr. Christopher Flowers
Yes. Based on the adult information we have, it's bad enough for them; but for children, it's far more important. Because when you think about it, the development of the reproductive organs in children and young adolescents: that's the time when they're forming all their important potential future offspring.

Okay, the eggs, for example, are already present in the ovaries right at the beginning. But it's the supporting cells, it's everything that aids reproduction that can be damaged by the vaccine. And there is no benefit to the vaccine, so therefore, why would you even consider vaccinating your children?

Shawn Buckley
Thank you, Dr. Flowers, I have no further questions but the commissioners have some questions for you.

Commissioner Massie
Thank you very much, Dr. Flowers, for this excellent presentation. I have a couple of questions. The first one is about the extensive review that is ongoing, as I understand it, of the data from the Pfizer file. How long do you think it's going to take before you go through the bottom of it?

Dr. Christopher Flowers
Well, unfortunately, we know that we still haven't received all the documents. We thought that by December or January, we'd have had the last data dump. But they do produce data document dumps on a regular basis—although they've started to produce some more redacted files right now. And that is a worrying trend because we used to have redacted files right at the beginning and the judge managed to ensure that they got them unredacted. So they're hiding a lot of information.

But from our analyst point of view, we're missing so much patient data that's really important: For example, as I mentioned in the presentation about the human chorionic gonadotropin assays that were supposed to be taken before dose one and dose two in the females in the study, those have never been produced. Furthermore, we don't have any of the follow-up studies that were mandated by the FDA but still not produced.

Do I have any trust that Pfizer will actually provide these for us? I have to say at this juncture, I don't feel they're going to do it. They're not going to give us all the information. We're expecting in the latter documents that all the bombshell allegations that have almost been conspiracy theories right from the get-go finally turn out to be true. Fact is worse than fiction in some ways. And we expect that to happen during these final months.

But as I say, I don't think we've seen the end of this. I think they're hoping to draw things out until the Moderna files get released in July of this year. Because then the pressure will be taken off them and maybe they'll be able to slip things out later.

Commissioner Massie
If I understand what you're saying, you're expecting that maybe when you will have additional information, should you get it anytime soon,

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you'll find other interesting information that would be even more concerning than what you have found so far.

Dr. Christopher Flowers
Yes, indeed. That's exactly what we believe. All the members of the team, all the data people: you can see they've missed out in the patient files. We have so many different columns but there are important columns that are missing. They've only got minimal data. And that data was required to be collected and it is so important data that it relates to the condition of the patient at the time of the vaccine and the subsequent outcome. And so we need all that information. And so because they haven't provided that information, it just increases your concern that there is something serious going on.

Commissioner Massie
My other question has to do with this whole platform of mRNA technology that is now being promoted as a way of the future for vaccination. I understand that, in the case of the COVID vaccine, one of the issues is really the toxicity of the spike protein, but there's probably more to it than just that with the lipid nanoparticle that plays a role.

If we are continuing to push the premises that this platform is safe and effective and we're just distributing it to every other type of infection prevention, is there a risk that the kind of issues we're seeing right now with the COVID platform will just repeat itself? Unless the regulatory agency is really increasing their scrutiny on the production and all of the other aspects of the clinical trial. What do you expect will happen in the current regulatory environment?

Dr. Christopher Flowers
Yes, well, I thank you for that. That's a very important question. And in fact, that's already been going ahead because the annual flu vaccine, this time, was also an mRNA vaccine. I refused to take the flu jab this year. I said I'm not taking any mRNA vaccine ever again. I know the side effects.

I had a severe adverse event myself from a booster with something called rhabdomyolysis, where your muscle sort of almost turns to jelly and you get bleeding and blood clots in your arm. And it was really quite something. And I'm never going to take an mRNA injection again unless they can prove to me— They need to prove to me that the platform is safe and effective. The biggest problem I have is that mRNA is an under-researched platform and, in my opinion, should never be used again.

But the FDA are queuing up mRNA vaccines. Moderna have already released, for example, their plan for a whole slew of mRNA vaccines. So without changes at the FDA, but also changes locally in your own federal regulatory authorities: they need to start taking notice of this and start asking questions to protect the population. I mean, I was gobsmacked to find that the MRHA [Medicines and Healthcare products Regulatory Agency] in the U.K., for example, just kowtowed to the FDA and just took their data without analyzing it. And are just taking the recommendations as gospel, as it were.

And each country really needs to start to be more responsible for their own population. Now I know you've had issues up in Canada, as other countries have as well, with your regulatory authorities. And the over overarching arm of government has caused lots of problems. But the mRNA vaccines will continue just to be accepted as is, as a platform that's been accepted. And yet it hasn't been accepted—not by the rest of the scientific community. We have to do the research. The basic research has not been done.

Commissioner Massie
I have a question about the quality of the batches that seems to at least trigger, based on analysis, a different number of adverse events.

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And one hypothesis to explain that would be that the quality of some of the batches could have been very bad and therefore didn't really express spike protein. Or was not of the right quality to do that, or could have had, as you mentioned, contaminant. So that those hypotheses could be actually competing hypothesis.

One way to address that would be to have data—very large data on the population that have been vaccinated and see whether or not they are expressing antibody against spike. Are you aware that this kind of analysis was done in order to follow up the vaccination?

Dr. Christopher Flowers
Not as yet, they have not done anything like that. And the other thing I perhaps ought to have mentioned was: some of the contamination was from DNA, from the *E. coli* that are used to manufacture mRNA.

And there have been several studies out now showing that some batches had incredible amounts of excess DNA, which were well above the normal national standards for use in vaccines. And these contaminants sometimes got sequenced actually in the spike protein itself. There was a paper very recently, last month, that showed that one of the *E. coli* super toxins was actually encoded in the spike protein DNA. It's just absolutely amazing.

You have to understand the manufacturing process, that it starts off with a big pool of colonic bacteria, basically *E. coli*, *Escherichia coli*, and they're the ones that are used to manufacture the mRNA. They're supposed to remove most of the *E. coli* DNA and separate out the mRNA, but there's always going to be some contamination. But in many instances, the papers have demonstrated that the DNA from the *E. coli* was far above the highest level permitted in the national standards. So it makes you wonder.

Commissioner Massie
You also mentioned that you had to really assemble a huge team of volunteers in order to analyze the data from Pfizer. And given the resources in the regulatory agency, maybe they're not staffed to the level to do that kind of analysis. And this would probably call for external people to do it with the right, I guess, incentive—without conflict of interest and anything like that.

Could you propose some way that it could actually be done? Because just relying on volunteer people like your team to do this kind of analysis for all of these platforms that are coming right now is going to be a significant endeavour.

Dr. Christopher Flowers
Yes, you're absolutely right, sir. And I mean, I commend what you're doing. The National Citizens Inquiry is almost, and what we're doing with the citizens' investigations, is an example perhaps of how we need to start going forward.

What we don't want to do though, is to become employees of the government, become bureaucrats. The important thing is to try and recruit people, like a voluntary thing a bit like, but people who can say that they have no conflicts of interest, that can be proven as well. And then taking part perhaps for six months at a time, three months at a time, who knows?

I mean, there may be people who are willing to do that sort of thing. And I think the War Room/Daily Clout volunteers project shows this can be done. It takes good management, it takes effort, and it takes motivation—and you need someone at the top who's charismatic, who can give that motivation to you. We're lucky in that we had Steve Bannon calling for people to respond. We had Naomi Wolf, who's a fearless female advocate, a feminist advocate who also is one of our front-facing people, and helping to organize us with her COO, Amy Kelly, to provide this sort of investigation, an investigative process.

Doing it at a federal level, as an oversight, I would love for it to come from the citizenry.

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But I fear that even if this was agreed to by the federal authorities, that it would end up being yet another government bureaucracy and with the tendency to be corrupted by outside money—whether it's from the Chinese Communist Party, whether it's from Big Pharma or other interests. Things are likely to go downhill very, very quickly, so it would have to be truly, truly independent.

Commissioner Massie
Thank you very much.

Commissioner Drysdale
Good afternoon, sir. One of the things that I have been hearing over and over again is talk about informed consent, is talk about terminology. And I'm old enough to remember when it certainly became obvious that terminology mattered. There was a term that was used in the mid-1960s that was called "collateral damage," and we all know what that really meant, but they called it collateral damage. I remember a famous quote by Mr. Clinton about, "It all depends on what the definition of the word," I think it was "'it' is."

And when I listened to yourself and a number of other witnesses—and I also listened to Mr. Buckley's question about spike protein disease, and they call it long COVID. When we had a witness in the other day, they were talking about a biologic—and that this was a biologic—but they reviewed it under the requirements of a vaccine. And that a "vaccine," that definition changed, and it seems that the terms "safe" and "effective" changed.

Can you comment on that? Is that something common? Is that something that's just occurred now in this era? That words don't mean what they mean and by changing a word, you can completely change the safety protocols, et cetera?

Dr. Christopher Flowers
You're absolutely right what you just said. Absolutely right, spot on. The definition of language seems to change every day. We get redefinitions of various things. Everything seems to mean something else these days.

And I don't think you should forget that some of the three letter agencies in the U.S. actually have units that actually are there to develop narratives. And use ways of interpreting and changing language using social media, using the captured mainstream media to reinforce the message that gets the change of that word accepted.

And some of the information I have come across—in confidence, I can't say anything more—makes me very concerned that whatever we do, if we don't reform these, or get rid of some of these three letter agencies, we're always going to be up against it as citizenry. That we're never really going to have anything that's safe, never mind effective.

I mean, all this business about safe and effective: it was neither safe, as has been proven, and it was never effective either, to preventing COVID or stopping you from transmitting COVID. I remember all that thing about transmission or it prevents transmission. And then they said, "Oh, we never tested it for transmission," quite rightly.

So no, I believe that behind the scenes, government is working against us. And as a citizenry, in each of our countries, we need to take back our country. And that's the only way things are ever going to change. Because the way we're going right now, things don't look good for the future.

Commissioner Drysdale
One of the slides that I believe you showed had to do with the schedules of the original trials. And if I'm correct in what I saw, it looked like certain phases of the trials completed in late November. And then the Canadian government did a press release, I believe it was on the 10th or 12th of December,

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saying that they had done a rigorous evaluation of the science and that it was safe and effective. And I'm wondering: How is it possible that the Canadian government, Public Health, could have done that kind of investigation in two weeks' or three weeks' time?

Dr. Christopher Flowers
Well, we know that that is likely a tall tale, as they say—or a fable, as the Greeks would say. I think it's evident now that the different governments relied on the FDA. They did what the FDA told them. If the FDA said it was safe and effective and then rigorously tested, then they agreed.

We've watched the presentations from these committees that basically put up the vaccine for approval for rubberstamping by the FDA. They did not do due diligence themselves. There were presentations of "fact" by Pharma or Moderna or whoever. And they're the ones who did the analysis. They provided that information to the FDA committee and the FDA committee said, "Oh, thank you very much. That's wonderful. It's definitely safe and effective. Let's go ahead and let's approve this vaccine."

So the answer is: What your government said was a lie. We know that—just looking at it ourselves as professionals, independent professionals—that it was a lie. So how many times do you have to say it's true before it becomes a lie?

Commissioner Drysdale
We had previous testimony that there seemed to be a great deal of conflict of interest within the FDA. And I think, I don't recall the name, but someone had said that one of the high-up officials in the FDA or the CDC is now a vice president or something at Pfizer. Can you comment on that kind of, I don't know what the word is, integration between—?

Dr. Christopher Flowers
The precise term for it is "regulatory capture." A lot of us, as researchers, we get funding from, for example, the NIH. So for example, I did an RO1 grant application from the NIH. Now, one of the people who approves some of these grants of course is Dr. Anthony Fauci. And if you upset Dr. Anthony Fauci or Francis Collins at the top end of the NIH, it doesn't matter what score you get on your application for research funding, you don't get the money.

So it starts at the very beginning with the researchers that a) you have to research something that the higher-ups will approve of. Otherwise, you won't get funding. If you don't get funding, your tenure at your university is in jeopardy. Your contract may not be renewed at the end of the financial year. So there's a lot of pressure on researchers.

Okay, the next thing to do is of course: if you start getting research grants from Big Pharma, basically, you don't necessarily benefit it directly, but you benefit indirectly because it helps you with your tenure. And then you become an expert for that company in the regulatory authorities—so like the VRB PAC, who responded to the FDA and analyzed the vaccine trials.

And then you've got the FDA themselves. And the funding for the FDA is through Big Pharma. I think the last count was 65 per cent of funding is from Big Pharma. I mean, how come when we're giving billions and trillions to Ukraine, and yet we're not funding directly the FDA to make sure that things are safe and they are effective before it's given to the population?

So we've got that. And then of course there's the rolling door, just like there is in Congress, for example, where someone has gone in quite poor into either the House or the Senate, and then they come out quite rich. And immediately they roll into a lobbying job for some company or other, whether it's in the military arms complex or it's with Big Pharma.

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And it's like, as soon as you finish with your committee, off you go to Pfizer, you go to Merck, you go to Johnson & Johnson. And you have a very well-enhanced package of renumeration given to you for your long years of service to the FDA. "We would like to thank you by giving you this enormous salary and these fantastic benefits. Enjoy your yacht in Monaco please, sir."

Commissioner Drysdale
So what you're saying is that we've got the wolf guarding the sheep.

Dr. Christopher Flowers
That is unfortunately true.

Commissioner Drysdale
Thank you, sir.

Shawn Buckley
Dr. Flowers, I believe that is all the questions we have for you. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and the assistance you've given.

Dr. Christopher Flowers
You're welcome. Thanks very much for having me.

[01:26:07]

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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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